

# Encounter Processing Frequently Asked Questions

## 1. Where can I find the companion guides and other encounter resources that relate to submissions?

Resources that relate to encounter processing can be found at [HIPAA - Companion Guides](#) under the section titled “Medicaid Encounter Technical Guidance”. Our state specific companion guides are used to clarify loops and segment requirements from the standard 837 TR3 implementation guides. (ASC X12N/005010X223 – Institutional, ASC X12N/005010X222 – Professional, and ASC X12N/005010X224 – Dental)

## 2. Our encounter data vendor is changing, do we need to complete testing?

Yes, if you are changing vendors and a different entity will now be creating or submitting your 837 files, you are required to pass testing with our B2B team. Please email the encounter data mailbox at [MDHHSEncounterData@michigan.gov](mailto:MDHHSEncounterData@michigan.gov) and include the B2B team at [MDHHS-B2B-Testing@michigan.gov](mailto:MDHHS-B2B-Testing@michigan.gov) to initiate testing.

## 3. How can I ensure I receive a TA1 response?

To receive a TA1 acknowledgment the ISA14 segment of the 837 encounter submission file should contain a 1. If a 0 is submitted no TA1 will be generated.

## 4. Why did I not receive an ETRR?

Encounters can take up to 7 days to process in CHAMPS. If it has not been 7 days, there is still a chance the encounters are processing in the system and an ETRR will generate. If the 7 days has passed and a response is still missing, please reach out to [MDHHSEncounterData@michigan.gov](mailto:MDHHSEncounterData@michigan.gov) with the ICN (ISA13) and batch ID (BHT03) so we can appropriately investigate.

## 5. Why am I not seeing my encounter in CHAMPS?

Champs only stores encounter data for 6 years. Encounters are purged on a yearly basis, typically at the end of the state fiscal year in Q4. If an encounter set the eligibility edit 1098, the encounters do not populate in CHAMPS. If you are looking for an encounter that is older than 5 years, you will need to change the “In” filter in CHAMPS to “All”, “All”.

## 6. How can I see all encounters that were previously submitted for a member including all adjustments and voids?

You can traceback encounters by using the search filters in CHAMPS. Filter on Beneficiary ID, to/from dates of service, and billing NPI, encounter claim, and all for the timeframe to pull all encounters. All same day services provided by the same physician, should be billed on one claim/encounter.

## 7. Are plans required to submit denied encounters to MDHHS?

*Yes, we expect to see all adjudicated claims, even denied claims, as encounters except those that cannot make it through CHAMPS editing, which may include duplicates and those where third-party insurance is not reflected. Once the claim is corrected and can pass CHAMPS editing, the plan is required to submit the encounter even if they did not pay.*

## 8. How do I submit encounters for deeming or discrepant members?

*If a member is not showing enrollment in CHAMPS with the health plan, your encounters will not accept. If the deeming period or discrepancy is resolved, you can submit encounters for those dates of service at that time. Otherwise, you do not need to submit encounters for members in their deeming/discrepant period as they will never accept. (Note: if the discrepancy is in the MARx system and there is enrollment showing in CHAMPS, the encounter should accept.)*

## 9. Why do our claim line numbers not match the line numbers stored in CHAMPS?

*We expect and require that the encounter in CHAMPS matches the claim exactly how the provider submitted it to the health plan. Health plans should not be changing the encounter. The encounter should not roll up lines or remove lines from submission to MDHHS. Plans must ensure that the encounter submitted and processed in MDHHS system is unchanged from the claim that was submitted by the provider.*

## 10. Can plans send MDHHS a different billing NPI than what was billed by the provider?

*No, plans should submit the billing NPI as it was submitted on the claim from the provider. Plans must ensure that the encounter submitted and processed in MDHHS system is unchanged from the claim that was submitted by the provider.*

## 11. How should plans report sub-capitated encounters?

*MDHHS requires that all health plans (MHPs, ICOs, Dental, MI Choice, NEMT) represent Sub-Capitated Arrangements on 837 encounters by using Claim Adjustment Reason Code (CARC) 24. The Amount Paid on the encounter should be \$0, the CARC should be 24, and the associated Monetary Amount should equal the fee schedule amount or amount you would have paid if the service had not been sub-capitated.*

## 12. Why did an encounter line set edit 20172 (service date greater than system date) but the encounter is still accepted?

*20172 is a line level rejection that looks at the from and to dates of service on the specific line. If any of the dates of service are in the future, the system will set the edit. Encounters should not be submitted with future dates of service.*

### 13. How should we submit Dual encounters in the ICO and MICH program?

*Any encounter where Medicare paid more than \$0 should be submitted on the Medicare associated class ID (5776 for ICO and 6501 for MICH). Any encounter where Medicare denied or paid \$0 should be submitted on the Medicaid associated Class ID (5777 for ICO, 6500 for MICH).*

### 14. Will waiting until the deeming span is reinstated to submit encounters for deeming members cause the encounters to be flagged as untimely?

If the encounter was paid prior to the month it was submitted in, the encounter will flag as an untimely submission. We are working internally to develop the deeming information into the timeliness measure for the MICH program so that these encounters do not cause plans to miss the threshold for timely encounter submissions.