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### Encounter Data Monitoring Part I: Business Process and Documentation

<b>CMH:</b>	
<b>Date:</b>	
<b>Reviewer:</b>	
<b>Name of Data System:</b>	

Business Process and Documentation		(Y or N)	Comments
<b>1</b>	<b>Coverage Plan detail in Encounter Reporting</b>		
1a.	Describe the process for preparing to report the new COB order requirements in Encounter data for FY23: Order of Payer, Billing Provider Name and Tx ID, Loop detail etc.		
1b.	Provide documentation of how EHR is updated to incorporate the inclusion of charged Coverage Plan Name/s and Plan IDs in Encounter Reporting.		
<b>2</b>	If applicable, has the system been updated to account for the U* Modifiers for code S9446?		
<b>3</b>	Besides those included above, have there been any changes to the CMH process or EHR in relation to Encounter reporting in the last		
3a.	Are the changes sufficiently documented?		

CMH:	
Date:	
Reviewer:	
Name of Data System:	

Encounter Identifiers				Does the 837 data match either (1) the data in the system or (2) the data in the sytem as translated by the documented 837 creation process?						Make notes here on problems found--for example: --Items marked "no" should have a note about what is observed --If processing (translation of codes) doesn't meet DCH requirements --Other notes on issues that need attention or explained.	
Pulled in from Records tab				Y, N, or NA							
Consumer ID	Procedure code	Unit Type (hour, enc, etc)	Date of Service	Diagnosis	Procedure or Revenue code	Procedure modifier code	Quantity of Service	Facility code (inst only)	LARA License	Rendering Provider	Comments
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