

Data Elements for Encounter Data Set			
Domain	Data Element	Definition	Ready for Prototype
Unique Identifiers	Plan Identifier	A unique identification number for the entity that has responsibility for paying the claim. The plan and sponsor may be the same organization.	No
	Enrollee Identifier	The unique identification number for the members of a plan. The enrollee and dependents would each have a unique ID.	No
	Provider Specialty Type	Identification of the provider's professional classification or specialty (e.g., physician, psychiatrist, psychologist, master level therapist, peer counselor).	No
	Facility Identifier	If services are rendered in an organization (e.g., the provider is employed by an organization that holds the contract with the plan, hospital, etc.), this is a unique ID that identifies the facility.	No
Service	Claim Identification or Transaction Number	The unique identification number assigned to the transaction.	Yes
	Date of Service	The date the service is delivered to member.	Yes
	Date Service Begins	The date the service started (e.g., hospital admission date, partial care start date, first outpatient visit in an episode of care).	Yes
Service Continued	Date Service Ends	The date the service terminated (e.g., hospital discharge date, partial care stop date, last outpatient visit in an episode of care).	Yes
	Admission Date	The start date for inpatient services.	Yes

	(Inpatient)		
	Discharge Date (Inpatient)	The discharge date for inpatient services.	Yes
	Duration of Service	The actual time in hours and minutes provider was involved in the encounter.	Yes
	Type of Service	The codes for services delivered by the provider. This might include a subset of codes that describe treatment in detail (e.g. individual supportive psychotherapy, cognitive-behavioral group therapy).	Partial
	Provider Identifier	The code that uniquely identifies the service provider for this encounter (may be more than one).	No
	Service Location	The place of service delivery.	Partial
	Medications Prescribed	The data will include prescription(s), unit/dose, refill number using coding recommended in HIPAA standards: National Council for Prescription Drug Programs (NCPDP).	Partial
	Disposition/ Discharge Status	The chief reason for termination or discharge and the recommendation of the provider at the end of the encounter (e.g., further treatment needed).	Partial
	Discontinuation Date	The date the provider terminates the client from treatment.	Yes
Member	Principal Diagnosis	The diagnosis chiefly responsible for admission of the member (inpatient) or for seeking the service (outpatient).	Partial
	Primary Diagnosis	The diagnosis that is responsible for the majority of the care given to the member or the resources used in the care (inpatient and outpatient). Primary and principal	Partial

		diagnosis may often be identical.	
	Other Diagnosis	Other diagnoses that coexist or develop subsequently that may affect the treatment received or length of stay. NCVHS recommends coding for onset prior to admission (yes or no).	Partial
	Legal Status	The member's legal status with regard to the encounter (e.g., involuntary civil or criminal commitment, voluntary admission).	Yes
Cost	Total Charge	The total charges for the encounter (this should reflect the total cost of the encounter).	Yes
	Member Co-pay	The amount of payment covered by the member.	Yes
	Payment Method	Method of payments (pmpm, case rate, fee for service, etc.)	Yes
	Plan Pay	The amount of payment expected to be covered by the plan for fee for service charges.	Yes