

\*\*\*DRAFT\*\*\*

September 3, 1998

# Enrollment and Encounter Task Force

## Elements Considered but Not Included

### VII. ENCOUNTER ELEMENTS FILE [Elements Considered but Not Included.]:

Item	FN-11	Source	Other	← ----- Committee Recommendation ----- →	
#	Data Element	Document	Name	Definition	Workgroup Comments
1	Psych. ER visits for non-emergency	EE #14			
2	Residential Placement	EE #17			
3	Principal Procedures	EE #48	Principal Procedure (inpatient) or ambulatory		
4	Other Procedures	EE #49			
5	Dates of Procedures	EE #50			
6	Attending Physician Identification (inpatient)	EE #38		Unique identifier to the physician who provided the service.	

7	Date payment made	EE #69, 61		Check date	
8	Admitting service	EE #19			
9	Employee home phone	EE #97		Home phone number of the organization's staff member who provided a service	
10	Visits during office hours	EE #8			
11	Benefits Currently Used	EE #67	Benefits currently received		
12	Date of Referral	EE #96		Date on which the referral was made (mm/dd/yyyy)	
13	Type of Referral	EE #95			
14	Daily Activity Code	EE #7			
Item	FN-11	Source	Other	← ----- Committee Recommendation ----- →	
#	Data Element	Document	Name	Definition	Workgroup Comments
15	Service hours and days of operation	EE #25			
16	Dependent Birthdays	EE #92		Date of birth for the dependent(s) of the client (mm/dd/yyyy)	
17	Dependent gender	EE #93		Gender of the dependent(s) of the client (male/female)	
18	Patient's relationship to	EE #91			

	subscriber/ enrollee				
19	Number of visits for each client	EE #11			
20	Total Amount Paid	EE #58			
21	Staff member(s) reporting	EE #63 FN-10, p.60		Unique identifier(s) used to associate the data in the human resources component or file with the staff member(s) reporting	
22	Persons involved in event	EE #60			
23	Scheduled event	FN-10 p.63		Event was scheduled, i.e., the activity, patient, and staff involved in the event were known at least 24 hours in advance.  Event was unscheduled, i.e., the activity, patient, and staff involved in the event were not known at least 24 hours in advance	
24	Medical Record Number	EE #65		Unique client number used by service facility/county/state.	

Item	FN-11	Source	Other	← ----- Committee Recommendation ----- →	
#	Data Element	Document	Name	Definition	Workgroup Comments
25	Client's Expected	EE #56, 74	Type of	None (organization to absorb total cost)	

	Sources of Payment	FN-10 p.45	Coverage; Expected Payment Source	<p>Personal resources (patient's or patient's family)</p> <p>Commercial health insurance</p> <p>Service contract (to provide mental health services under a written agreement on a fee-for-services, capitation, or lump-sum basis)</p> <p>Medicare (Title XVIII)</p> <p>Medicaid (Title XIX)</p> <p>CHAMPUS</p> <p>Worker's Compensation</p> <p>Other public sources</p>	
26	Authorized Service			The type of service(s) authorized by payer.	
27	Authorized Units	EE #30, 71	Eligibility Days (or time between eligibility begin and eligibility end); Units of Service Authorized	The number of visits days the payer has authorized for the client.	
28	Medications Prescribed	EE #52		The medication name prescribed for the client at time of service.	