

July 3, 2002

**MCP ENCOUNTER DATA  
INSTRUCTIONS FOR COMPLETING  
LETTER OF CERTIFICATION/BATCH RECAP FORM ODJFS 6313**

**The information on the sheet must match the accompanying tape. This information will be entered into the computer before your tape is run. If this information is inconsistent with that on the tape, the tape cannot be processed.**

**One Letter of Certification/Batch Recap is required per "single file."**

**SIGNATURE OF AGENT:**

This letter must be signed by the MCPs Chief Executive Officer (CEO), Chief Financial Officer (CFO), or an individual who has delegated authority to sign for, and who reports directly to, the MCPs CEO or CFO. Please print the signer's name beside the signature.

**EXTERNAL REEL/CARTRIDGE NUMBER FORMAT:**

**The external media number must appear on the outside of your tape or cartridge. Begin each reporting format's sequence number at one, and increment it with every tape/cartridge until the value ninety-nine is used. Then begin again with the sequence number one. ODJFS DATA SCHEDULING WILL RETURN ANY TAPE RECEIVED OUT OF SEQUENCE WITHOUT PROCESSING IT.**

**Each media has its own format.**

1. Cartridge consists of the same four data fields entered in the following order.
  - (A) a 2-digit sequence number. Increment the sequence number by one for each cartridge
  - (B) 'H' for MCP encounter data,
  - (C) 2<sup>nd</sup> through 3<sup>rd</sup> character: Put the first 2 characters of the 3 character alphabetic submitter ID
  - (D) 4<sup>th</sup> character: Indicate the format type as follows  
( 'D' for NCPDP, 'N' for NSF, 'U' for UB-92)

Example using MCP Dayton Area Health Plan (DAU) for UB-92 data:

01HDAU

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2. Magnetic reel consists of the following information:
- (A) 1<sup>st</sup> character: Put an 'H' for MCP encounter data
  - (B) 2<sup>nd</sup> through 3<sup>rd</sup> character: Put the first 2 characters of the 3 character alphabetic submitter ID
  - (C) 4<sup>th</sup> character: Indicate the format type as follows  
( 'D' for NCPDP, 'N' for NSF, 'U' for UB-92)
  - (D) 5<sup>th</sup> through 6<sup>th</sup> character: Put a 2-digit sequence number. Increment the sequence number by one for each tape.

Example using MCP Dayton Area Health Plan (DAU) for UB-92 data:  
HDAU01

**This file contains:**

First-time submissions, Resubmissions/Replacements -- check one or both boxes as appropriate.

*First-time submissions:* Encounters include services paid for retrospectively through fee-for-service payment arrangements, and prospectively through capitated arrangements. Only encounters with services (line items) that are paid by the MCP, fully or in part, and for which no further payment is anticipated, are acceptable encounter data submissions, except for immunization services. Immunization services submitted to the MCP must be submitted to ODJFS if these services were paid for by another entity (e.g., free vaccine program). All other services that are unpaid or paid in part and for which the MCP anticipates further payment (e.g., unpaid services rendered during a delivery of a newborn) are not to be submitted to ODJFS until they are paid.

ODJFS recommends submitting encounters thirty-five days after the end of the month in which they were paid. For example, claims paid in January are due March 5. These current encounters are first-time submissions. Also, ODJFS recommends that MCPs submit tapes by the 5<sup>th</sup> of each month. This will help to ensure that the encounters are included in the ODJFS master file in the same month in which they were submitted.

*Resubmissions and Replacements:* Resubmissions are corrected claims that were previously rejected. Replacements are updated claims. These claims can be added to the monthly tape with first-time submissions.

**TYPE SUBMISSION:**

NCPDP, UB-92, or NSF -- Check the appropriate box.

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**Single Media External # (Single File):**

Enter the external media number under this heading.

**NAME OF MCP SUBMITTED FOR:**

Enter the name of the MCP whose data is contained in the file being submitted.

**TOTAL CLAIMS:**

For NCPDP this is the number of physical records in the file, omitting any null records used to satisfy blocking requirements.

For UB-92 and NSF this is the number of claims in the file.

**ELECTRONIC MEDIA SUBMITTER NAME:**

Enter the name of the electronic media submitter making the physical tape.

**MCP SUBMITTER'S 3-DIGIT ID NUMBER:**

Enter the three-digit encounter submitter ID of the MCP whose data is on the reel/cartridge.

**ELECTRONIC SUBMITTER'S STREET ADDRESS, CITY, STATE, ZIP, AND TELEPHONE  
NUMBER WITH AREA CODE.**

Enter the address and phone number for the electronic submitter.

**Do not fill in any other information on the sheet.**