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July 6, 2026

MEMORANDUM

MEMO NO.

QI-2516A (Replaces QI-2516)
CCS-2503A (Replaces CCS-2503)

TO: QUEST Integration (QI) Health Plans
Community Care Services

FROM: Meredith Nichols
Med-QUEST Division Administrator

ML

SUBJECT: IMPLEMENTATION OF MANAGED CARE ENCOUNTER RECONCILIATION (MCER)
MAINFRAME PROCESS

This memorandum replaces QI-2516 and CCS-2503 issued on July 3, 2025. Updated guidance is in shaded text. Voided text is stricken.

KEY UPDATES

- Four new fields added to the MCER mainframe process.
- Appendixes A and B updated with the new four fields included.

Med-QUEST Division (MQD) ~~implemented~~ will be implementing the Managed Care Encounter Reconciliation (MCER) (aka "Magic File") mainframe process for Med-QUEST Health Plans effective September 15, 2025. MQD is creating an extract of encounters submitted by Health Plans to Hawaii's Prepaid Medical Management Information System (HPMMIS) to be generated for data reconciliation each month. Health Plans will receive monthly extracts of encounters submitted to HPMMIS for internal reconciliation and each Health Plan will share their results of reconciling their data against the MCER files with MQD to improve the completeness and accuracy of HPMMIS data in preparation for use in rate setting. Health Plan specific extracts will only be accessible to their respective Hawaii Medicaid Health Plans, ensuring that each Health Plan has access to its own data only and each Plan will only have access to their own respective data.

MCER Parameters

The MCER files will be considered the definitive source of truth for the file's time-period. In cases where there are discrepancies between a Health Plan's data sets and the MCER files, data should be reconciled to align with the MCER files. The MCER files will be limited to the generation of encounters datasets by Health Plan. Once generated, MCER files will be transferred to the Health Plans' secured FTP folder.

Data Fields

MCER files will contain the following data fields:

Form type	HP Paid Amount	Contract Type
Bill type	HP Allowed Amount	Ingredient Cost
Reconciliation Category	MDC Paid Amount	Dispensing Fee
HP claim no	INS Paid Amount	Number of Scripts
Patient account no	Bill Amount	Days Drug Supply
Adjudication status	TSN	Quantity Dispensed
CRN date	Diagnosis 1	HP Paid Date
Service begin date	Diagnosis 2	Days (Length of Stay)
Service end date	Diagnosis 3	Admit Date
HAWI ID	Diagnosis 4	HP submitted DRG
Service Provider ID	Service Provider NPI	Bill Provider ID
Bill Provider NPI	Prescription Number	CRN
NDC Code	Place of service	Procedure Code

Additional information on the layout of the MCER files can be found in Appendix A. Information on the mapping of MCER field names to HPMMIS, Institutional service (837I), Professional service (837P), and ~~to 837~~ and National Council for Prescription Drug Programs (NCPDP) locations can be found in Appendix B.

MCER Extraction Dates

MCER data extracts will be generated monthly and will contain all encounters with a Claims Reference Number (CRN) that were processed through HPMMIS during the prior 36-month period. Encounter cycles run on the 1st and 3rd Wednesday of each month and MCER extracts will be generated within 5 days after the completion of the 2nd encounter cycle of the month (3rd Wednesday) and will contain all files included in that cycle. Files provided to the Health Plans will include the following adjudication status: Pended, Adjudicated-Approved, Voided, MQD Denied, and Denied by Health Plan. Additional information on the encounter processing cycle is described in the HPMMIS Technical Encounter Guide.

Category of Service

- Facility Inpatient
 - Diagnostic Related Groups (DRG) Eligible: Bill Type 11X and Bill Provider ID 082268, 251745, 085498, 005774, 006236, 803678, 078352, 085499, 506074, 490417, 490368, 085500, 082521, 684804 (based on QI-2319/FFS 23-08/CCS-2306), 592338, or 592247 (based on QI-2403/FFS 24-01/CCS-2402).

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- DRG Ineligible: Bill Type 11X, 12X, 18X, 21X, 28X, 41X, or 86X.
- Facility Outpatient: Services recorded on Bill Type 13X, 14X, 32X, 33X, 34X, 43X, 61X, 63X, 71X, 72X, 73X, 74X, 75X, 76X, 77X, 79X, 81X, 82X, 83X, 84X, 85X, or 89X.
- Professional/Other: Services recorded on a CMS 1500 claim that do not have an HCBS Procedure Code.
- Pharmacy: Services recorded on an NCPDP claim.
- Nursing Home and Waitlist: Services recorded on Bill Type 22X, 23X, 65X, or 66X.
- Home and Community Based Services (HCBS): Services recorded on a CMS 1500 claim with the Procedure Code H0045, S5101, S5102, S5105, S5108, S5109, S5110, S5111, S5115, S5116, S5120, S5121, S5125, S5130, S5135, S5140, S5150, S5151, S5160, S5161, S5162, S5165, S5170, S5185, S9122, S9123, S9124, S9125, S9452, T1005, T1019, T2001, T2003, T2004, T2022, T2025, T2028, T2029, T2031, T2033, T2035, T2038, or T2039.
- Undefined bucket for services that do not fall in any categories above.
- MCER files do not report UB revenue lines for Institutional records (837I) but do provide Procedure Codes for Professional records (837P).

Reconciliation Category Field Classifications

- The Reconciliation Category field contains a two-byte code with the following values:
 - Facility Inpatient = IP
 - Facility Outpatient = OP
 - Professional/Other = PR
 - Pharmacy = RX
 - Nursing Home and Waitlist = NF
 - Home and Community Based Services (HCBS) = HC
 - Undefined = XX

~~Additional guidance on using the MCER files for data reconciliation will follow in a future memo.~~

If you have any questions, please contact: mqd-datarequests@dhs.hawaii.gov

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Appendix A: MCER File Layout

Field	Name	Field Start Position	Field End Position	Length
CLM-HP-ID	HP ID	1-6	6	6
ADJU-STA	Adjudication Status	7	8	2
CRN-DAT	CRN date	9	16	8
CRN	CRN	17	31	15
HP-CLM-NO	HP Claim No	32	61	30
FORM-TYP	Form Type	62	62	1
RECONC-CAT	Reconciliation Category	63	64	2
AHCCCS-ID	HAWI ID	65	73	9
PAT-ACCT-NUM	Patient Account No	74	93	20
SER-PR-ID	Service Provider ID	94	99	6
SER-BEG-DAT	Service begin date	100	107	8
SER-END-DAT	Service end date	108	115	8
ADJU-PMT-DAT	HP Paid Date	116	123	8
BIL-AMT	Bill Amount	124	134	11
HP-ALLOW-AMT	HP Allowed Amount	135	145	11
MDC-PAID-AMT	MDC Paid Amount	146	156	11
OTH-CVG-PMT-AMT	INS Paid Amount	157	167	11
HP-PAID-AMT	HP Paid Amount	168	178	11
PRI-DIAG-CD	Primary Diagnosis	179	185	7
PRI-DIAG-CD-1	Diagnosis 2	186	192	7
PRI-DIAG-CD-2	Diagnosis 3	193	199	7
PRI-DIAG-CD-3	Diagnosis 4	200	206	7
PLACE-OF-SER-CD	Place of service	207	208	2
CN1-CODE	Contract Type (CN1 Code)	209	210	2
TRAN-SUB-NO	TSN	211	212	2
NDC	NDC Code (If Form Type = C)	213	223	11
RX-NUM	Prescription Number (RX-Number) (If Form Type = C)	224	235	12
DISP-FEE-PD	Dispensing Fee	236	246	11
INGRED-COST-SUBMIT	Ingredient Cost	247	257	11
SUPL-DAY	Days Supply	258	260	3
ITM-QTY	Quantity Dispensed	261	270	10
NUM-REFL-ACT	NumScripts	271	272	2
BIL-TYP	Bill Type (If Form Type = I, L, O)	273	275	3
ADM-DAT	Admit Date	276	283	8

ACOM-DA	Days (Length of Stay)	284	286	3
DRG-CD	HP submitted DRG	287	289	3
SER-PR-NPI	Service Provider NPI	290	299	10
BIL-PR-NPI	Bill Provider NPI	300	309	10
BIL-PR-ID	Bill Provider ID	310	315	6
HCP-PROC-CD	Procedure Code (If Form Type = A)	316	320	5
FILLER	Filler	290	320	31

Appendix B: Data Mapping MCER Field Names to HPMMIS and 837/NCPDP Location

MCER Field Name	HPMMIS Table.FieldName	837/NCPDP Location	Note
Bill Type (EC810)	EC-FACL-CLM.FACL-TYP- CD	2300/CLM05-1 – Facility Type Code	
Reconciliation Category of Service	None (see note)	N/A	Derived from MedQuest user-based logic.
HP Claim No	EC-MED-PYR.HP-CLM-NO	2330B/REF02 – Other Payer Claim Control Number	When 2330B/NM101 = "PR" And 2330B/NM109 (Other Payer Primary Identifier) =1000A/NM109 And REF01 = "F8" Original Reference Number Move REF02, ELSE None
(EC810)	EC-FACL-CLM.HP-CLM-NO	2330B/REF02 – Other Payer Claim Control Number	When 2330B/NM101 = "PR" And 2330B/NM109 (Other Payer Primary Identifier) =1000A/NM109 And REF01 = "F8" Original Reference Number Move REF02, ELSE None
(EC215)	EC-DRUG-DTL.HP-CLM-NUM	896 – Transaction ID	
Patient Account No	EC-MED-CLM.PAT-ACCT-NUM	2300/CLM01 – Patient Control Number	
(EC410)			
(EC810)	EC-FACL-CLM.PAT-ACCT-NUM	2300/CLM01 – Patient Control Number	

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Adjudication Status	ADJU-STA	N/A	
CRN Date	Process Date	N/A	Converted from julian to gregorian
Service Begin Date (EC810) (EC215)	EC-PROF-DTL.SER-BEG-DAT EC-FACL-CLM.SER-BEG-DAT EC-DRUG-DTL.DISP-DAT	2400/DTP03/ 2400/DTP03 – Service Date 401-D1 – Date of Service	
Service End Date (EC810)	EC-PROF-DTL.SER-END-DAT EC-FACL-CLM.SER-END-DAT	2400/DTP03 – Service Date 2400/DTP03 – Service Date	When DTP01 = '472' AND When DP02 = 'D8' When DTP01 = '472' AND When DP02 = 'D8' When DTP01 = '472' AND When DP02 = 'D8' When DTP01 = '472' AND When DP02 = 'D8'
HAWI ID (EC205) (EC810) (EC440)	EC-MED-CLM.CLM-RP-ID EC-FACL-CLM.CLM-RP-ID EC-DRUG-CL.CLM-RP-ID	2010BA/NM109 – Subscriber Primary Identifier 2010BA/NM109 – Subscriber Primary Identifier 302-C2 – Cardholder ID	When NM101 = "IL" And NM108 = "1" When NM101 = "IL" And NM108 = "MI"
Servicing Provider ID (EC205)	EC-MED-CLM.SER-PR-ID	2310B/REF02 – Rendering Provider Secondary Id	When 2310B/NM101 = "82" Rendering Provider And 2310B/REF01 = "1D" Move 2310B/REF02 Else Where 2010BB/NM101 = "85" Billing Provider, And 2010BB/REF01 = "1D"

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(EC240)	EC-FACL-CLM.SER-PR-ID	2310D/REF02 – Rendering Provider Secondary Id	When 2310D/NM101 = "82" Rendering Provider, and 2310D/REF01 = "1D" Move 2310D/REF02 Else Where 2010BB/NM101 = "85" Billing Provider, and 2010BB/REF01 = "1D" Move 2010BB/REF02
(EC215)	EC-NCPDP-CLM.SER-PR-NPI	201-B1 – Service Provider ID	
CRN (CLM NUM and LN NUM)	EC-MED-PYR.HP-CLM-NO	2330B/REF02 – Other Payer Claim Control Number 2400/LX01 – Service Line Number	When 2330B/NM101 = "PR" And 2330B/NM109 (Other Payer Primary Identifier) = 1000A/NM109 And REF01 = "F8" Original Reference Number
(EC810)	EC-FACL-CLM.HP-CLM-NO	2300B/REF02 – Payer Claim Control Number 2400/LX01 – Service Line Number	When 2330B/NM101 = "PR" And 2330B/NM109 (Other Payer Primary Identifier) = 1000A/NM109 And REF01 = "F8" Original Reference Number
(EC215)	EC-FACL-DTL.LINE-NUM	896 – Transaction ID	
	CLM-NO	N/A	
	LN-NO	N/A	

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HP Paid Amount (EC205)	EC-MED-PYR.PAID-AMT	2320/AMT02 – Payer Paid Amount	MDC: If Sum of all 2320/AMT02 elements When 2320/SBR09 = "MA" or "MB" And 2320/AMT01 = "D" Move 2320/AMT02 Else PLAN PAID: When 2330B/NM109 = 1000A/NM109 And AMT01 = "D" Move AMT02 When None OTHER PAYER: When AMT01 = D (Payer Amount Paid) Move AMT02
(EC810) (EC215)	EC-FACL-PYR.HP-PAID-AMT EC-DRUG-PYR.PAID-AMT	2320/AMT02 – Payer Paid Amount 228/COB Primary Payer Paid Amount	When 2320/AMT01 = "D" (Payer Amount Paid)
HP Allowed Amount (EC205) (EC810)	EC-MED-DTL.HP-APPR-AMT EC-FACL-CLM.HP-APPR-AMT	2400/CN102 – Contract Amount 2300/CN102 – Contract Amount	When 2320/SBR09 = "MA" or "MB"
MDC Paid Amount (EC205)	EC-MED-DTL.MDC-PAID-AMT	2430/SVD02 – Service Line Paid Amount	Medicare: When 2320/SBR09 = "MA" or "MB"
(EC810)	EC-FACL-CLM.MDC-PAID-AMT	2320/AMT02 – Payer Paid Amount	MDC: Where 2320B/SBR09 = "MA" or "MB" Move 2320/AMT02
(EC215)	EC-DRUG-PYR.AMT-PAID	234 – COB Secondary Payer Amount	When 238 – COB Secondary Payer ID = "MEDICARE"
INS Paid Amount (EC205)	EC-MED-DTL.OTH-CVG-PMT- AMTW	2430/SVD02 – Service Line Paid Amount	When Other Payer Primary Identifier not equal to "MA" or "MB" or "MC"
(EC810)	EC-FACL-CLM.OTH-CVG-PM- AMT	2320/AMT02 – Payer Paid Amount	If not HP-paid or MDC paid or Plan Paid (2330B/SBR09 = "MC" Move AMT02) THEN OTHER PAYER

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(EC215)	EC-DRUG-PYR.AMT-PAID(2)	234 – Secondary Payer Amount	If - COB Secondary Payer ID = Other ID
Bill Amount (EC205)	EC-MED-DTL-A.BIL-AMT	2400/SV102 – Line Item Charge Amount	
	EC-INST-CLM.TOT-CLM-CHRG	2300/CLM02 – Total Claim Charge Amount	
(EC215)	EC-DRUG-DTL.BIL-AMT	430-DU – Gross Amount Due	
TSN	EC-MED-CLM.TP-SUPL-ID	1000A/NM109 – Submitter Identifier	When NM101 = "41" and NM108 = "46" - Move Pos 7-9
(EC810)	EC-FACL-CLM.TP-SUPL-ID	1000A/NM109 – Submitter Identifier	When NM101 = "41" And NM108 = "46" Move Pos 7-9
Diagnosis 1	EC-MED-DTL.PRI-DIAG-CD	2400.SV107-1 – Diagnosis Code Pointer	Edit Workbook If SV107-1 = 1, move HI01-2 If SV107-1 = 2, move HI02-2 If SV107-1 = 3, move HI03-2 If SV107-1 = 4, move HI04-2 If SV107-1 = 5, move HI05-2 If SV107-1 = 6, move HI06-2 If SV107-1 = 7, move HI07-2

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(EC810)	EC-FACL-CLM.PRI-DIAG-CD	2300/HI01-2 – Principal Diagnosis Code	If SV107-1 = 8, move HI08-2 If SV107-1 = 9, move HI09-2 If SV107-1 = 10, move HI10-2 If SV107-1 = 11, move HI11-2 If SV107-1 = 12, move HI12-2 When HI01-1 = "BK" (ICD-9), "ABK" (ICD- 10) Move HI01-2
(EC215)	EC-DRUG-DTL.DIAG-CD-1	424-DO – Diagnosis Code (1)	
Diagnosis 2	EC-MED-DTL.SEC-DIAG-CD	2400/SV107-2	If SV107-2 = 1, move HI01-2 If SV107-2 = 2, move HI02-2 If SV107-2 = 3, move HI03-2 If SV107-2 = 4, move HI04-2 If SV107-2 = 5, move HI05-2 If SV107-2 = 6, move HI06-2 If SV107-2 = 7, move HI07-2 If SV107-2 = 8, move HI08-2 If SV107-2 = 9, move HI09-2 If SV107-2 = 10, move HI10-2 If SV107-2 = 11, move HI11-2

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(EC810)	EC-INST-CLM.OTH-DIAG-CD-1	2300/HI01-2 – Other Diagnosis Code 1	If SV107-2 = 12, move HI12-2 There can be two occurrences of the HI "Other Diagnosis Code Segment." Move the first 12 Diagnosis codes received, no matter what occurrence of the segment. Move HInn-2 Where HI0_-1 = "BF" (ICD-9), "ABF" (ICD-10) Move HInn-9 (Present on Admission Indicator)
(EC215)	EC-DRUG-DTL.DIAG-CD-2	424 – Diagnosis Code (2)	

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Diagnosis 3	EC-MED-DTL.OTH-DIAG-CD-1	2400/SV107-3 – Diagnosis Code Pointer	If SV107-3 = 1, move HI01-2 If SV107-3 = 2, move HI02-2 If SV107-3 = 3, move HI03-2 If SV107-3 = 4, move HI04-2 If SV107-3 = 5, move HI05-2 If SV107-3 = 6, move HI06-2 If SV107-3 = 7, move HI07-2 If SV107-3 = 8, move HI08-2 If SV107-3 = 9, move HI09-2 If SV107-3 = 10, move HI10-2 If SV107-3 = 11, move HI11-2 If SV107-3 = 12, move HI12-2
(EC810) (EC215)	EC-INST-CLM.OTH-DIAG-CD-2	2300/HI03-2 – Other Diagnosis Code 424	See Above
	EC-DRUG-DTL.DIAG-CD-3	Diagnosis Code (3)	

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Diagnosis 4	EC-MED-DTL.OTH-DIAG-CD-2	2400/SV107-4 – Diagnosis Code Pointer	If SV107-4 = 1, move HI01-2 If SV107-4 = 2, move HI02-2 If SV107-4 = 3, move HI03-2 If SV107-4 = 4, move HI04-2 If SV107-4 = 5, move HI05-2 If SV107-4 = 6, move HI06-2 If SV107-4 = 7, move HI07-2 If SV107-4 = 8, move HI08-2 If SV107-4 = 9, move HI09-2 If SV107-4 = 10, move HI10-2 If SV107-4 = 11, move HI11-2 If SV107-4 = 12, move HI12-2
(EC810)	EC-INST-CLM.OTH-DIAG-CD-3	2300/HI04-2 – Other Diagnosis Code	See Above
Contract Type (CN1 Code) (EC205)	EC-MED-DTL.CN1-CD	2400/CN102 – Contract Type Code	When 2400/CN101 is present
(EC810)	EC-FACL-CLM.CN1-CODE	2300/CN101 – Contract Type Code	01 – Diag Rel Group (DRG) 02 – Per Diem 03 – Variable Per Diem 04 - Flat 05 - Capitated 06 - Percent 09 - Other
Prescription Number (EC810)	EC-FACL-NDC.RX-NUM	2410/REF02 – Prescription Number	If Form Type = C When 2400 REF01 = "XZ" Move REF02
(EC215)	EC-DRUG-DTL.RX-NUM	402-D2 – Prescription/Service Reference Number	

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NDC Code (EC810)	EC-FACL-NDC.NDC-CD	2410/LIN03 – National Drug Code	If Form Type = C When LIN02 = “N4” Move LIN03
(EC215)	EC-DRUG-DTL.NDC-CD	407-D7 – Product/Service ID	
Ingredient Cost (EC215)	EC-DRUG-DTL.INGRED-COST-SUBMIT	409-D9 – Ingredient Cost Submitted	New
Dispensing Fee (EC215)	EC-DRUG-DTL.DISP-FEE	507-F7– Dispensing Fee Paid (Health Plan)	New
NumScripts (EC215)	EC-DRUG-DTL.NUM-REFL-ACT	403-D3 – Fill Number	New
DaysSupply (EC215)	EC-DRUG-DTL.SUPL-DAY	405-D5 – Days Supply	New
Quantity Dispensed (EC215)	EC-DRUG-DTL.ITM-QTY	442-E7 – Quantity Dispensed	New
Days (Length of Stay)	N/A	N/A	For Form Type I (UB) This is a calculated value and -does not exist in the 837 Logic is discharge date -admit date Verify logic for DRG is needed.
Admit Date	EC-FACL-CLM.ADM-DAT	2300/DTP03	New For Form Type I
HP submitted DRG	EC-FACL-CLM.DRG-CD	2300/H101-2 -Diagnosis Related Group Code	New For Form Type I
DishDate	EC-FACL-CLM.SER-END-DAT	2300/DTP03 – Statement To Date	New For Form Type I When HI01-1 = “DR” Move HI01-2

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HP Paid Date (Form Type A; I/L/O; NCPDP)	EC-INST-PYR.ADJU-PMT-DAT	2330B/DTP03 - Adjudication or payment date	New For Form Types I, A, and NCPDP
EC810 EC205	EC-MED-ADJU.ADJU-PMT-DAT	2430/DP03 – Adjudication or payment date	For Form Type I If EC- ADJU.OTH-PYR-IND = 'H' then EC-MED- ADJU.ADJU-PMT-DAT
Place of Service (EC205)	EC-MED-DTL.PLACE-OF-SER- CD	2400/SV105 – Place of Service Code	New For Form Type A When 2400/SV105 is present move SV105
Servicing Provider NPI (EC205)	EC-MED-CLM.SER-PR-NPI	2310B/NM109	When 2310D/NM101 = "82" Rendering Provider And 2310D/NM108 = "XX" [NPI] Move 2310D/NM109 Else When 2010AA/NM101 = "85" Billing Provider And 2010AA/NM108 = "XX" [NPI] Move 2010AA/NM109
(EC240)	EC-FACL-CLM.SER-PR-NPI	2310D/NM109	When 2310D/NM101 = "82" Rendering Provider And 2310D/NM108 = "XX" [NPI] Move 2310D/NM109 Else When 2010AA/NM101 = "85" Billing Provider And 2010AA/NM108 = "XX" [NPI] Move 2010AA/NM109
(EC215)	EC-DRUG-CLM.SER-PR-NPI	201-B1 – Service Provider NPI	When 2310D/NM101 = "82" Rendering Provider And 2310D/NM108 = "XX" [NPI] Move 2310D/NM109 Else When 2010AA/NM101 = "85" Billing Provider And 2010AA/NM108 = "XX" [NPI] Move 2010AA/NM109

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Billing Provider ID (EC205)	EC-MED-CLM.BIL-PR-ID	2010AA/NM109	
(EC810)	EC-FACL-CLM.BIL-PR-ID	2010AA/NM109	
Billing Provider NPI (EC205)	EC-MED-CLM.BIL-PR-NPI	2010AA/NM109	When NM101 = "85" Billing Provider And NM108 = "XX" Move M109
(EC810)	EC-FACL-CLM.BIL-PR-NPI	2010AA/NM109	When NM101 = "85" Billing Provider And NM108 = "XX" Move M109
Procedure Code (EC205)	EC-MED-ADJU.PROC-CD	2430/SVD03-2	MCER files do not report UB revenue lines for Institutional records (837I) but do provide Procedure Codes for Professional records (837P).