
21. ENCOUNTER DATA REPORTING

A. Encounter Data Submission Requirements

APPLIES TO:

- A. This policy applies to all IEHP Medicare DualChoice (HMO SNP) Providers.

POLICY:

- A. IEHP contractually requires Providers to submit all utilization and encounter data to IEHP within 3 months of the month in which services were rendered.
- B. All Providers must meet timeliness, validity, and adequacy requirements for all encounter data submissions to IEHP.
- C. IEHP imposes a penalty on any Provider who fails to meet the timeliness, validity and adequacy requirements, per the IEHP Capitated Agreement.
- D. On an annual basis, IEHP re-evaluates validity and adequacy standards based on state and federal regulatory changes, HEDIS® audit results and historical encounter data experience.

PURPOSE:

- A. Providers are required to submit this data for the following reasons:
1. To enable IEHP to comply with regulatory requirements;
 2. To accurately capture data for various medical programs; and
 3. To help improve medical and financial performance.

PROCEDURE:

- A. Providers must submit, via File Transfer Protocol (FTP), the appropriate encounter information in the HIPAA Compliant 837 Version 4010 transaction set format to IEHP within 3 months after the month in which services are rendered to a Member.
- B. Providers must submit data for all covered services provided to a Member, including PCP visits and subcapitated services.
- C. Each month, the encounter data submitted to IEHP must meet three requirements: **Timeliness, Validity, and Adequacy**. Each month is reviewed on an aggregate basis.
1. **Timeliness:** Encounter data must be received by IEHP within 3 months after the month in which services are rendered to a Member. This is known as the Due Date. Errors found in these files must be corrected and returned to IEHP by the Final Due Date as outlined in Attachment 21-1 in Section 21, "Attachments." 95% of all encounters must be submitted within 6-months of the date of service.
 2. **Validity:** A compilation of the initial monthly file submission and any subsequently corrected data for the same file name must be 98% valid.

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3. **Adequacy:** A compilation of valid data received within the month for the specified timeframe, must meet 100% of the following adequacy standards:

Provider	Outpatient Primary Care Physician Visits (medical encounters)	Outpatient (Non-ER) [all medical encounters such as specialty physician visits, lab, x-ray, etc.]	ER Visits [medical encounters]	Hospital Inpatient
IPA	250 per 1000 per month	167 per 1000 per month	19 per 1000 per month	No minimum standard
Hospital	No minimum standard	No minimum standard	19 per 1000 per month	14 per 1000 per month

*Adequacy standards based on state regulatory changes, HEDIS® audit results and historical encounter data experience.

- D. Within one week of receipt of the encounter data file, IEHP processes the data and places error reports that summarize the data received and rejected due to errors on the FTP server in the Provider’s specified file location.
- E. IEHP will utilize the “Official ICD-9-CM Guidelines for Coding and Reporting” as part of the validation process. These guidelines provide assistance on coding practices and require diagnosis codes to be reported to the greatest degree of specificity, when applicable.
- F. Age and gender rules for CPT codes will be enforced.
- G. For all IPA medical encounters, , the National Provider Identifier (NPI), is required to be submitted as the “Rendering Provider ID.” Exceptions are limited to the following:
- a. 01-Adult Day Care Center
 - b. 02-Assistive Device and Sickroom
 - c. 04-Blood Bank
 - d. 13-Hearing Aid Dispenser
 - e. 14-Home Health Agency (HHA)
 - f. 17-Certified Long Term Care (LTC)
 - g. 30-Ground Medical Transportation
 - h. 38-Air Ambulance Transportation Service
 - i. 90-Out of State

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Encounters for the above listed services should be submitted with the “Rendering Provider ID” as the Tax Identification Number (TIN) but the “Referring Provider ID” field must contain the National Provider Identifier (NPI), of the referring physician.

- H. For all encounters, the National Provider Identifier (NPI), is required to be submitted as the “Referring Provider ID.” Exceptions are limited to the following:
 - a. 30-Ground Medical Transportation
 - b. 38-Air Ambulance Transportation Service
 - c. 90-Out of State
 - d. Primary Care Visits
 - e. Public Health Visits
- I. For all hospital encounters, the National Provider Identifier (NPI) must be submitted as the “Rendering Provider ID.”
- J. For all hospital encounters, , the National Provider Identifier (NPI), is required to be submitted as the “Attending Provider” or the “Operating Provider.”
- K. Files submitted with the same provider specialty code will be rejected in their entirety.
- L. It is the responsibility of the Provider to retrieve the error reports; then correct and resubmit the encounter data rejected due to errors within the specified timeframe. All encounters that are rejected MUST be resubmitted, regardless of whether or not the threshold has been met (see Attachment 21-1 in Section 21, “Attachments,” for timeframes).
- M. In addition, every Monday IEHP places reports on the FTP server that indicate whether or not the validity and adequacy standards have been met. These reports help the Provider identify a standard that has not been met in a given month.
- N. IEHP works with each Provider to ensure that any problem areas can be corrected in a timely manner. For assistance in working through the details of encounter submission, contact the IEHP Healthcare Analytics and Reporting Department at (909) 890-5649.
- O. Failure to submit encounter data that meets IEHP’s submission requirements for Timeliness, Validity, and Adequacy results in IEHP permanently deducting one percent, unless successfully appealed, of the Provider’s monthly capitation for the first month the encounter data fails to meet the Timeliness, Validity, or Adequacy requirements. IEHP will deduct three percent of the Provider’s monthly capitation for the second month, and five percent for each subsequent month the encounter data fails to meet the Timeliness, Validity, or Adequacy requirement. If the Provider has failed to meet the Timeliness, Validity and Adequacy standards for six consecutive months during the calendar year, the Provider will be ineligible to participate in the IPA Pay for Performance Program.

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- P. HEDIS® medical record abstraction data will be used to identify “missed” encounters. IPAs found to have more than 25% of unsubmitted encounters will be notified and required to submit a Corrective Action Plan (CAP) outlining the steps taken to resolve the issue (see Attachment 21-2 in section 21, “Attachments”).
- Q. Additionally, when encounter data does not meet the submission requirements for either Validity of any two different file names, or Adequacy for any two months of service in a rolling four month period, or if IEHP identifies any other systemic data completeness issues, IEHP requests a Corrective Action Plan (CAP) from the Provider to remedy the problem, as follows:
1. IEHP sends a letter to the Provider requesting a CAP (see Attachment 21-2 in Section 21, “Attachments”). The letter details the following:
 - a. The months that the encounter data did not meet the requirements;
 - b. The dates when the encounter data was due to IEHP;
 - c. The file names for all encounter data files that did not meet the requirements;
 - d. The reasons the encounter data did not meet the requirements, whether it be timeliness, validity, adequacy, or a combination of the three;
 - e. The date the CAP is due to IEHP; and
 - f. Request for submission of valid and adequate encounter data for the timeframes in question.
 2. The Provider must submit a CAP to IEHP within 30 days from the date of the CAP Request letter. The CAP must include the following:
 - a. The name of the person responsible for implementing the CAP;
 - b. A list of specific actions to be taken to ensure that encounter data meets the submission requirements;
 - c. Completion dates for each of the corrective actions; and
 - d. A valid and adequate encounter data file.
 3. IEHP sends the Provider a letter of acceptance or rejection of the CAP within 30 days of receipt of the CAP.
 - a. IEHP includes the specific reasons for rejection of any CAP.
 - b. Any rejected CAP must be resubmitted within 15 days to IEHP.
 - c. Timeframes can be altered at the discretion of IEHP depending on specific circumstances.
 4. Providers who fail to submit an acceptable CAP within the required timeframes and/or valid and adequate encounter data, are frozen to new enrollment until such time that the CAP and/or data is approved and meets standards.

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- R. Providers that receive a request for CAP twice within a one year period are immediately frozen to enrollment and are subject to one of the following actions:
1. IPAs are required to subcontract with an MSO or TPA for handling and submitting encounter data;
 2. Hospitals are required to convert from a capitated contract to a Per Diem Agreement; or
 3. Termination of the IEHP Capitated Agreement.
- S. Providers wishing to appeal an adverse decision may do so in accordance with Policy 16C, “Provider (IPA, Hospital, and Practitioner) Grievance and Appeals Process.” Providers must cite specific reasons for their appeal.
- T. For a comprehensive outline of FTP protocol, Encounter Data error reports, etc., please refer to the Electronic Data Interchange Manual.
- U. The responsibility for Encounter Data reporting, as outlined above, continues until all services rendered during the timeframe a Capitated Agreement was in place are reported.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Effective Date:	January 1, 2007
Chief Title: Chief Executive Officer	Revised Date:	January 1, 2011

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Attachments

<u>ATTACHMENT</u>	<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
21-1	Encounter Data Submission Schedule	21A
21-2	CAP Request Letter – Encounter Data	21A
21-3	Penalty Letter – Encounter Data	21A

IV. ENCOUNTER DATA PROCESSING PROCEDURES

E. Encounter Data File Due Date Schedule



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The following schedule outlines what data (the month that services were rendered) is due to IEHP. It also provides timelines when IEHP provides any error reports and the date this corrected data is due back to IEHP.

Date Encounter Data Due To IEHP	Claims Processed In The Month Of	File Name Due (Assessed for Validity)	Month of Service Assessed for Adequacy	Final Date Corrected Errors Due to IEHP
01/02/2012	Nov-2011	id1111xxx.enc	Sept-2011	01/31/2012
02/01/2012	Dec-2011	id1211xxx.enc	Oct-2011	02/28/2012
03/01/2012	Jan-2012	id0112xxx.enc	Nov-2011	03/31/2012
04/02/2012	Feb-2012	id0212xxx.enc	Dec-2011	04/30/2012
05/01/2012	Mar-2012	id0312xxx.enc	Jan-2012	05/31/2012
06/01/2012	Apr-2012	id0412xxx.enc	Feb-2012	06/30/2012
07/02/2012	May-2012	id0512xxx.enc	Mar-2012	07/31/2012
08/01/2012	Jun-2012	id0612xxx.enc	Apr-2012	08/31/2012
09/03/2012	Jul-2012	id0712xxx.enc	May-2012	09/30/2012
10/01/2012	Aug-2012	id0812xxx.enc	Jun-2012	10/31/2012
11/01/2012	Sept-2012	id0912xxx.enc	Jul-2012	11/30/2012
12/03/2012	Oct-2012	id1012xxx.enc	Aug-2012	12/31/2012
01/02/2013	Nov-2012	id1112xxx.enc	Sep-2012	01/31/2013
02/01/2013	Dec-2012	id1212xxx.enc	Oct-2012	02/28/2013
03/03/2013	Jan-2013	id0113xxx.enc	Nov-2012	03/31/2013
04/01/2013	Feb-2013	id0213xxx.enc	Dec-2012	04/30/2013
05/01/2013	Mar-2013	id0313xxx.enc	Jan-2013	05/31/2013
06/02/2013	Apr-2013	id0413xxx.enc	Feb-2013	06/30/2013
07/01/2013	May-2013	id0513xxx.enc	Mar-2013	07/31/2013
08/01/2013	Jun-2013	id0613xxx.enc	Apr-2013	08/31/2013
09/01/2013	Jul-2013	id0713xxx.enc	May-2013	09/30/2013
10/01/2013	Aug-2013	id0813xxx.enc	Jun-2013	10/31/2013
11/03/2013	Sep-2013	id0913xxx.enc	Jul-2013	11/30/2013
12/01/2013	Oct-2013	id1013xxx.enc	Aug-2013	12/31/2013
01/02/2014	Nov-2013	id1113xxx.enc	Sep-2013	01/31/2014

***ID is your IEHP assigned Provider Number – one or two characters for IPAs, two for Hospitals (in lower case)**

(xxx is the file type and encounter type and file iteration number, e.g. “m001” for medical file, first iteration)

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t is the file type and encounter type nnn is the file iteration number.

[Date]

MAILED VIA CERTIFIED MAIL #

«Admin_Sur_Name» «Admin_Name»
 «Admin_Title»
 «Entity_Name»
 «Admin_AdjAddress»
 «Admin_AdjCity», CA «Admin_AdjZip»

RE: Request for Corrective Action Plan

Dear «Admin_FirstName»:

As you are aware, all contracted Providers must meet Inland Empire Health Plan's (IEHP) timeliness, validity, and adequacy requirements for all encounter data submissions.

An assessment of «Entity_Name»'s historical encounter data submissions was performed on «Date_Reviewed». According to our records, «Entity_Name» has failed to meet the following requirements, as indicated, at least two times in a rolling four-month period.

Months of Service	File Due Date	File Names	Standard Not Met	IEHP Requirement	Hospital Data Reported

IEHP has determined that «Entity_Name»'s failure to meet the <<Type>> standard is attributed to <<Insert identified problems here>>.

In accordance with IEHP Policy 21A "Encounter Data Reporting", IEHP is requesting a Corrective Action Plan (CAP) for the above specified deficiencies. Please include the person responsible for implementing the CAP, the specific actions to be undertaken that will ensure the encounter data meets submission requirements and the anticipated completion date(s) for each corrective action. **«Entity_Name» must submit all requested information to the attention of the IEHP Director of Healthcare Analytics, no later than «Due_Date».**

Additionally complete, valid and adequate encounter data must be resubmitted for the identified deficient files within this timeframe.

IEHP's ultimate goal is to receive complete and accurate encounter data. If you have any questions, please contact the Healthcare Analytics & Reporting Department at (909) 890-5649.

Sincerely,

Director of Healthcare Analytics & Reporting

cc: «Encounter_Name», «Encounter_Title»
«Claims_Manager»
«CC_Encounter»
«PSR_Name», «PSR_Title»
«File_Code»
IEHP Director, Healthcare Analytics & Reporting
IEHP Manager, Healthcare Analytics & Reporting

[Date]

MAILED VIA CERTIFIED MAIL #

«Admin_Sur_Name» «Admin_Name»
 «Admin_Title»
 «Entity_Name»
 «Admin_AdjAddress»
 «Admin_AdjCity», CA «Admin_AdjZip»

Dear «Admin_FirstName»:

In accordance with IEHP Policy 21A “Encounter Data Reporting”, all Providers must meet timeliness, validity, and adequacy requirements for all encounter data submissions to IEHP as follows:

- **Timeliness** Encounter data must be received by IEHP within 3 months after the month in which services were rendered to the member.
- **Validity** A compilation of the initial monthly submission and any subsequently corrected data for the same month must be at least 95% valid.
- **Adequacy** A compilation of the initial monthly submission and any subsequently corrected data for the same month must meet the following adequacy standards:

Medical – IPA: 417 Total Encounters per month per 1000 members.
 Hospital – 14 Inpatient encounters per month per 1000 members.
 Hospital ER – 19 Emergency encounters per month per 1000 members.

Upon review of «Entity_Name»’s encounter data submissions due to IEHP «Due_Date», the data failed to meet IEHP requirements in the area(s) noted below:

Standard Not Met	IEHP Requirement	Reported	Months Non-Compliant

Please understand that because the above standards were not met as indicated and, as outlined in the IEHP Capitated Agreement, «Entity_Name»’s capitation will be reduced by «Penalty%». Therefore, a «Penalty%» penalty will be reflected in your «Cap_Check_Date» capitation check.

IEHP's ultimate goal is to receive complete and accurate encounter data in a timely manner. If

you have any questions, please contact me at (909) 890-2926. In order to avoid future penalties, you may contact the Healthcare Analytics & Reporting Department at (909) 890-5649 for additional support.

Sincerely,

Director of Healthcare Analytics & Reporting

cc: «Encounter_Name», «Encounter_Title»
«Claims_Manager»
«CC_Encounter»
«PSR_Name», «PSR_Title»
IEHP Chief Network Development Officer, «File_Code»
IEHP Director, Healthcare Analytics & Reporting
IEHP Director, Network Operations
IEHP Manager, Healthcare Analytics & Reporting