
4. ENCOUNTER DATA PROCESSING PROCEDURES

A. General Information

Encounter Data reporting is a shared obligation of IEHP and Providers. Centers for Medicare and Medicaid Services (CMS)/California Department of Health Care Services (DHCS) has mandated encounter data report formats and reporting timelines with which IEHP is required to comply. IEHP, in turn, contractually requires capitated Providers to provide encounter data based on IEHP's regulatory obligations. IEHP has streamlined reporting requirements, to the extent possible, and implemented electronic methodologies for Providers to transfer encounter data as securely, economically, and efficiently as possible.

In accordance with IEHP companion guides, IEHP requires Delegated Providers (also referred to as Submitters and/or Trading Partners) to submit encounter data within ninety (90) days from the date of service. Encounter data must be submitted for all covered services provided to assigned capitated Members. Covered services include PCP visits as well as sub capitated services, regardless of place of service, type of service, or method of reimbursement to the Provider of Services. Failure to provide adequate and valid encounter data in the required format results in penalties being imposed as described in the IEHP Capitated Agreement. The attached Companion Guides describe some specific data element and format requirements for submission of encounter data to IEHP.

When submitting encounter data, IEHP requires Submitters to submit HIPAA Compliant 837I & 837P Version 5010 files; in accordance with the IEHP 837P & 837I Companion Guides.

IEHP Companion Guides have to be used in conjunction with the HIPAA X12N 837 Institutional and Professional Standards for electronic data Interchange.

Encounter Data Records are identified by a unique Claim Reference Number (CRN).

Upon receipt of an encounter data file, IEHP will generate a (999) Functional Acknowledgement response file and (277CA) - Claims Acknowledgement Report, along with an IEHP Proprietary (EVR) - Encounter Validation Response file and an XML encounter data response file that will outline all encounters that have been either accepted or rejected during the IEHP front-end-validation.

All accepted encounters will be forward to IEHP's regulatory bodies (i.e., DHCS, CMS) based on the Member's line of business for the date of service that was rendered. Each Submitter will be provided their own unique distinct assigned response reports. All Rejected encounters must be corrected and resubmitted.

It is important to note that Final encounter disposition status of the submitted encounter record is subject to the response from the regulatory bodies. IEHP will provide an IEHP Proprietary Agency Response Encounter Validation Response file that will outline all encounters that have either been accepted or rejected by DHCS or CMS.

A. Method of File Transmission

All Encounter data files must be submitted to IEHP PGP encrypted and placed in the assigned Secure File Transfer Protocol (SFTP) folder. If the Submitter experiences difficulties accessing IEHP's SFTP server, the Submitter should contact the IEHP Encounter Data via email at EncounterData@iehp.org. If the server is down, please contact the IEHP Help Desk at (909) 890-2025. If the server is down for forty-eight (48) hours, IEHP will contact you directly to establish an alternative method for file submission.

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A. General Information

B. Professional Inbound File Naming Convention

1. IEHP assigned 3-digit Submitter ID
2. 2 Digit Month
3. 2 Digit Year
4. File Type (m = Professional)
5. 3 Digit File Iteration Number
6. File Extension (.enc)

C. Institutional Inbound File Naming Convention

1. IEHP assigned 3-digit Submitter ID
2. 2 Digit Month
3. 2 Digit Year
4. File Type (h = Institutional)
5. 3 Digit File Iteration Number
6. File Extension (.enc)

D. Inbound Professional & Institutional Encounter File Naming Convention Examples

In the chart below you will find examples for both Professional (m) and Institutional (h) inbound file naming conventions based on the requirements outlined above.

Item #	File Naming Convention Examples	Description
1	00Z1218m001.enc	Professional (837P)
2	00Z1218h001.enc	Institutional (837I)

E. Response Report Transmission

IEHP places all response reports on the SFTP server in the RESPONSE_PROD folder in the Submitters folder, (Example: /XXX/5010/Encounters/RESPONSE_PROD/). All Response Report will be placed in the Submitters response folder within three (3) working days from the receipt date, as long as the files conform to IEHP naming conventions and procedures. It is the Submitters' responsibility to check their assigned SFTP folder for any response reports within three (3) working days from file submission. A Response report is uploaded to the assigned SFTP folder file submitted.

If a Response report is not received within three (3) working days from submission, the Submitter should email to the Encounter Data Department via email at EncouterData@iehp.org

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IEHP Inbound Encounter Submission Response Files

TA1 Acknowledgment Report

The submitter will only receive a TA1 ISA13 and GS06 values are not unique

999 Acknowledgment Report

A 999 Acknowledgement Report is generated for every file submission and is used to inform submitters of the processing status of the functional group and transaction sets included in the file.

277CA Acknowledgment Report

A 277CA Acknowledgement Report provides the status of each encounter records as either accepted or rejected due to IEHP encounter data processing edits.

EVR (RPT) Acknowledgment Report

The Encounter Validation Response (EVR) Acknowledgement Report is a flat file that provides the status of each encounter records as either accepted, denied or rejected due to IEHP encounter data processing edits. Summarized counts and validity percentages are also provided.

XML Acknowledgment Report

The inbound XML Responses that are generated by the Encounter Data Processing System are an outcome of the same data validation rules applied at the 277CA and EVR levels. The XML documents contain information about the outcomes of validation either on the transaction itself or each of the encounters within the transaction.

IEHP Outbound Regulatory Encounter Submission Response Files

Outbound Regulatory EVR (RPT) Acknowledgment Report

The outbound regulatory Trading Partner encounter Validation Response (EVR) acknowledgement report is a flat file that provides the status of each encounter records as either accepted, denied, or rejected due to Regulatory (DHCS/CMS) encounter data processing edits. Summarized counts and validity percentages are also provided.

Outbound Regulatory XML Acknowledgment Report

The outbound Trading Partner Regulatory XML Responses files are an outcome of the Regulatory (DHCS/CMS) encounter response reports provided to IEHP. The XML documents like the EVR provides the status of each encounter record as either accepted, denied or rejected due to Regulatory (DHCS/CMS) encounter data processing edits minus the summary counts.

IEHP Response File Naming Convention Examples

The TA1, 999, 277CA, EVR and XML response reports will be produced for every inbound 837 Encounter file where applicable and will have the same file name as the inbound encounter file with the exception of the extension (i.e. TA1, 999, 277CA, .RPT, XML) according to the version.

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There will also be a corresponding outbound DHCS and CMS EVR and XML response file provided where applicable. These response reports communicate the final processing status for inbound encounters accepted by IEHP and then forwarded on to the appropriate Regulatory Body based on the line of business.

Inbound Response File Naming Convention Example

If the inbound encounter filename was “00Z1218m001.enc”, then the response file created for this submission will be named “00Z1218m00.rpt” and “000Z1218m00.xml”.

Item #	File Naming Convention Examples	Description
1	<Inbound File Name>.TA1	IEHP TA1 Response
2	<Inbound File Name>.999	IEHP 999 Response
3	<Inbound File Name>.277	IEHP 277 Response
4	<Inbound File Name>.RPT	IEHP EVR Flat File Response
6	<Inbound File Name>.XML	IEHP XML (XSD) Response

Outbound Regulatory Agency Response File Naming Convention Example:

The Trading Partner outbound regulatory response filename will consist of the Regulatory Agency (DHCS/CMS), the Trading Partners IEHP assigned 3-digit submitter id along with the response reports file creation date and extension code (i.e. RPT/XML).

Item #	File Naming Convention Examples	Description
7	< DHCS_XXX_P_20200101_00001>.RPT	DHCS EVR Flat File Response
8	<DHCS_XXX_P_20200101_00001.xml>.XML	DHCS XML (XSD) Response
9	< CMS_XXX_P_20200101_00001>.RPT	CMS EVR Flat File Response
10	<CMS_XXX_P_20200101_00001.xml>.XML	CMS XML (XSD) Response

If you have any questions, please contact the IEHP EDI Team at Encounterdata@iehp.org.

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B. Encounter Data File Due Date Schedule

The following schedule outlines what Encounter Data is due to IEHP (the Month of Services were rendered). It also provides timelines when IEHP delivers any error reports and the date this corrected data is due back to IEHP.

Date Encounter Data Due To <u>IEHP</u>	File Name Due (Assessed for Validity)	Month of Service Assessed for Adequacy	Final Date Corrected Errors Due to IEHP
01/05/2020	[id]0120[m or h]001.enc	Oct-2019	01/31/2020
02/05/2020	[id]0220[m or h]001.enc	Nov-2019	02/28/2020
03/05/2020	[id]0320[m or h]001.enc	Dec-2019	03/31/2020
04/05/2020	[id]0420[m or h]001.enc	Jan-2020	04/30/2020
05/05/2020	[id]0520[m or h]001.enc	Feb-2020	05/31/2020
06/05/2020	[id]0620[m or h]001.enc	Mar-2020	06/30/2020
07/05/2020	[id]0720[m or h]001.enc	Apr-2020	07/31/2020
08/05/2020	[id]0820[m or h]001.enc	May-2020	08/31/2020
09/05/2020	[id]0920[m or h]001.enc	Jun-2020	09/30/2020
10/05/2020	[id]1020[m or h]001.enc	Jul-2020	10/31/2020
11/05/2020	[id]1120[m or h]001.enc	Aug-2020	11/30/2020
12/05/2020	[id]1220[m or h]001.enc	Sep-2020	12/31/2020
01/05/2021	[id]0121[m or h]001.enc	Oct-2020	01/31/2021
02/05/2021	[id]0221[m or h]001.enc	Nov-2020	02/29/2021
03/05/2021	[id]0321[m or h]001.enc	Dec-2020	03/31/2021
04/05/2021	[id]0421[m or h]001.enc	Jan-2021	04/30/2021
05/05/2021	[id]0521[m or h]001.enc	Feb-2021	05/31/2021
06/05/2021	[id]0621[m or h]001.enc	Mar-2021	06/30/2021
07/05/2021	[id]0721[m or h]001.enc	Apr-2021	07/31/2021
08/05/2021	[id]0821[m or h]001.enc	May-2021	08/31/2021
09/05/2021	[id]0921[m or h]001.enc	Jun-2021	09/30/2021
10/05/2021	[id]1021[m or h]001.enc	Jul-2021	10/31/2021
11/05/2021	[id]1121[m or h]001.enc	Aug-2021	11/30/2021
12/05/2021	[id]1221[m or h]001.enc	Sep-2021	12/31/2021
01/05/2022	[id]0122[m or h]001.enc	Oct-2021	01/31/2022
02/05/2022	[id]0222[m or h]001.enc	Nov-2021	02/28/2022
03/05/2022	[id]0322[m or h]001.enc	Dec-2021	03/31/2022
04/05/2022	[id]0422[m or h]001.enc	Jan-2022	04/30/2022
05/05/2022	[id]0522[m or h]001.enc	Feb-2022	05/31/2022
06/05/2022	[id]0622[m or h]001.enc	Mar-2022	06/30/2022

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C. Questions and Answers

Q: How is validity determined?

A: Validity is determined by calculating the number of unique Claim Reference Numbers (CRNs) submitted in the file minus the number of errors. The number of valid CRNs is divided by the result. The accumulation of all encounter data records submitted with the same file name must be at least 95% valid in order to meet IEHP validity standards.

Note: Validity reports will be placed in assigned Secure File Transfer Protocol (SFTP) folder on a weekly basis.

Q: How is adequacy determined?

A: The Adequacy is the determined by following items mentioned below:

- Adequacy is determined by an Unduplicated count of all valid encounters received from a Provider.
- Unduplicated (Unique) Encounter will be defined as a single “Date of Service”, “Provider of Service” and “Member Identifier” combination.
- All “Valid” encounters are categorized into IPA responsible services and Health Plan responsible services.
- When calculating IPA Adequacy, only IPA responsible services are assessed.

Providers must meet the following adequacy standards monthly for encounter data due to IEHP.

Provider	Total Encounters: Non-SPD	Total Encounters: SPD	ER Visits [medical encounters]	Hospital Inpatient
PMPY Standard: IPA	5.00	13.00	Not Applicable	Not applicable
PMPY Standard: Hospital	No minimum standard	No minimum standard	0.23	0.17

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Q: In the 2300 Loop Claim Information (CLM01), can a Submitter use the same Patient Control Number (PCN) if the files are named differently?

A: No, the patient control number must be unique, it's used to track a claim from the beginning to the end of processing through the system.

Q: What is encounter file? Does it include any claims data submitted from provider to plans?

A: Encounter Data comprises any claims data information entered in the 5010 format with only post-adjudicated claims.

Q: Are Submitters required to submit encounter data for claims routed incorrectly or assigned a Denied adjudication status?

A: All encounter data including Denied claims should be submitted to IEHP and assigned the appropriate Contract Type (CN101) as outlined in the IEHP Companion Guide.

Q: Will the National Provider Identification (NPI) number be required for claims submission?

A: Yes, NPI will be required.

Q: What does adjudicated mean?

A: Adjudicated claims are those that are paid, denied or capitated claims.

Q: Are Submitters required to submit encounter data weekly or monthly?

A: Currently, Submitters are required to submit encounter data monthly. However, IEHP strongly recommend that plans submit more frequently.

Q: For adjustment submissions, how will Submitters reference the original encounter?

A: For the encounters submitted with frequency code "7" in CLM05-3 (replacement/correction). The original claim id has to be placed in REF*F8 segment,

Q: For void submissions, how will Submitters reference the original encounter?

A: For the encounters submitted with frequency code "8" in CLM05-3 (**void**). the original claim id has to be placed in REF*F8 segment,

Q: Will IEHP new member ID card start with a four (4)?

A: As of April 1, 2018 with IEHP New Payment system Go-Live, all NEW IEHP Member's ID numbers will start with a four (4). Keep in mind that if a Member was active in the past, they will retain the ID number they had when they originally were with IEHP; this is so that IEHP can maintain Member Continuity. In addition to IEHP member ID's ending in '00', new IEHP members will receive an auto numbered ID beginning with 4XXXXXXXXXXXX00.

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Q: What will the New MBI Medicare Beneficiary ID look like?

A: The MBI will be different from the HICN and RRB number. The MBI will have 11 characters in length. The MBI will consist of numbers and uppercase letters no special characters