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## 4. ENCOUNTER DATA PROCESSING PROCEDURES

### A. General Information

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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](mailto: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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#### 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](mailto: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](mailto:Encounterdata@iehp.org).

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### B. Questions and Answers

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**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.

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

**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.

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### **B. Questions and Answers**

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**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: 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