
21. ENCOUNTER DATA REPORTING

A. Encounter Data Submission Requirements

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Capitated Providers.

POLICY:

- A. IEHP contractually requires Capitated Providers to submit all utilization and encounter data to IEHP within three (3) months of the month in which services were rendered.
- B. All Capitated Providers must meet timeliness, validity, and adequacy requirements for all encounter data submissions to IEHP.
- C. IEHP imposes a penalty on any Capitated Provider who fails to meet the timeliness, validity and adequacy requirements, per the IEHP Capitated Agreement.
- D. On an annual basis, IEHP re-evaluates the validity and adequacy standards based on state regulatory changes, results of the Healthcare Effectiveness Data and Information Set (HEDIS®) audit and historical encounter data experience.
- E. IEHP must conform with the Department of Health Care Services (DHCS) Quality Measures for Encounter Data. Additional information can be found at:
<http://www.dhcs.ca.gov/dataandstats/Pages/QualityMeasurementAndReporting.aspx>

PURPOSE:

- A. Capitated Providers are required to submit this data to enable IEHP to comply with regulatory requirements, accurately capture data for various medical programs, and help improve medical and financial performance.

PROCEDURES:

- A. Capitated Providers must submit, via Secure File Transfer Protocol (SFTP), the appropriate encounter information in the Health Insurance Portability and Accountability Act (HIPAA) Compliant 837 Version 5010 transaction set format (ASC X12 Health Care Claim Type 3 Technical Report (TR3), referred to as the Implementation Guide (IG)). This is in conformance with the IEHP companion guide as outlined by IEHP's Electronic Data Interchange (EDI) Manual and Encounter Data Companion Guide.
- B. Encounters must be submitted to IEHP within three (3) months after the month in which services are rendered to a Member.
- C. Capitated Providers must submit data for all covered services provided to a Member, including Primary Care Physician (PCP) visits and sub-capitated services.
- D. Each month, the encounter data submitted to IEHP must meet three (3) requirements as set forth by IEHP: **Timeliness, Validity, and Adequacy**. Each month is reviewed on an aggregate basis.

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1. **Timeliness:** 100% of encounter data must be received by IEHP within three (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 (See Attachment “Encounter Data Submission Schedule” in Section 21).
2. **Validity:** A compilation of the initial monthly file submission and any subsequently corrected data for the same file name must be 95% valid.
3. **Adequacy:** A compilation of valid data received within the month for the specified timeframe, must meet 100% of the following adequacy standards:

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

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

- E. Within three (3) business days 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 SFTP portal in the Capitated Provider’s specified file location.
- F. IEHP utilizes the “Official ICD-10-CM Guidelines for Coding and Reporting” as part of the validation process.
- G. ICD-9 codes must continue to be used when submitting Encounter data with DOS prior to 10/01/2015. These guidelines provide assistance on coding practices and require diagnosis codes to be reported to the greatest degree of specificity, when applicable.
- H. Age and gender rules for CPT codes will be enforced.
- I. For all IPA medical encounters, the Individual (‘person type’) National Provider Identifier (NPI), is required to be submitted as the “Rendering Provider ID.” Exceptions are limited to the following:
 1. Adult Day Care Center
 2. Assistive Device and Sickroom
 3. Blood Bank
 4. Hearing Aid Dispenser
 5. Home Health Agency (HHA)

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6. Certified Long Term Care (LTC)
7. Ground Medical Transportation
8. Air Ambulance Transportation Service
9. Out of State

The “Referring Provider ID” field must contain the National Provider Identifier (NPI), of the referring physician.

1. For all encounters, the Individual (‘person type’) National Provider Identifier (NPI), is required to be submitted as the “Referring Provider ID”
 2. Ground Medical Transportation
 3. Air Ambulance Transportation Service
 4. Public Health Visits
 5. Emergency Medicine
 6. Out of State
 7. Primary Care Visits
- J. For all hospital encounters, the Individual (‘person type’) National Provider Identifier (NPI) must be submitted as the “Attending Provider ID.”
- K. For all hospital encounters, the National Provider Identifier (NPI), is required to be submitted as the “Rendering Provider” or the “Operating Provider.”
- L. It is the responsibility of the Capitated 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, “Encounter Data Submission Schedule” in Section 21 for timeframes).
- M. In addition, every Monday IEHP places reports on the SFTP portal 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 Capitated 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 HelpDesk at (909) 890-2025.
- O. Failure to submit encounter data that meets IEHP’s submission requirements for Timeliness, Validity, and Adequacy may result in IEHP permanently deducting one percent (1%), unless successfully appealed, of the Capitated Provider’s monthly capitation for the first month the encounter data fails to meet the Timeliness, Validity, or

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Adequacy requirements. IEHP may deduct three percent (3%) of the Provider's monthly capitation for the second month, and five percent (5%) for each subsequent month the encounter data fails to meet the Timeliness, Validity, or Adequacy requirement. If the Capitated Provider has failed to meet the Timeliness, Validity and Adequacy standards for six (6) consecutive months during the calendar year, the Provider may be ineligible to participate in the IPA Pay for Performance Program (P4P).

- P. If the Capitated Provider is able to meet the adequacy and validity requirements at the end of the year through the submission of additional encounter data, the Provider may be eligible to receive half of the total amount of capitation deducted during the calendar year.
- Q. HEDIS® medical record abstraction data will be used to identify “missed” encounters. IPAs found to have more than 25% of encounters unsubmitted may be notified and required to submit a Corrective Action Plan (CAP) outlining the steps taken to resolve the issue (See Attachment, “Encounter Data CAP Request Letter” in section 21).
- R. At the request of IEHP the IPA will need to provide primary source verification data upon request to support encounter data validation activities.
- S. Additionally, when encounter data does not meet the submission requirements for either Validity of any two (2) different file names, or Adequacy for any two (2) months of service in a rolling four (4) month period, or if IEHP identifies any other systemic data completeness issues. IEHP may request 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, “Encounter Data CAP Request Letter” in Section 21). 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 (3);
 - 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 thirty (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;

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A. Encounter Data Submission Requirements

- c. Completion dates for each of the corrective actions; and
 - d. A valid and adequate encounter data file.
 3. IEHP sends the Capitated Provider a letter of acceptance or rejection of the CAP within thirty (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 fifteen (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.
- T. Capitated Providers that receive a request for CAP twice within a one (1) year period are immediately frozen to enrollment and are subject to one of the following actions:
 1. IPAs are required to subcontract with an Management Services Organization (MSO) or Third Party Administrator (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.
- U. Capitated Providers wishing to appeal an adverse decision may do so in accordance with Policy 16C, "IPA, Hospital and Practitioner Grievance and Appeals Resolution Process." Providers must cite specific reasons for their appeal.
- V. For a comprehensive outline of SFTP portal, Encounter Data error reports, etc., please refer to the EDI Manual.
- W. The responsibility for Encounter Data reporting, as outlined above, continues until all services rendered during the timeframe of a Capitated Agreement have been reported.

REFERENCES:

- A. Department of Health Care Services (DHCS) All Plan Letter (APL) 14-009, Transition of Encounter Data Submission to National Standard Transactions (ASC X12 837 510, NCPDP 2.2 or 4.2).
- B. Department of Health Care Services (DHCS) All Plan Letter (APL) 14-019, Encounter Data Submission Requirements.

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A. Encounter Data Submission Requirements

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on File</i>	Original Effective Date:	April 1, 2007
Chief Title: Chief Medical Officer	Revision Date:	January 1, 2019

21. ENCOUNTER DATA REPORTING

B. Encounter Data Submission Requirements for Directly Contracted Capitated Providers

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Capitated Providers.

POLICY:

- A. IEHP contractually requires Capitated Providers to submit all utilization and encounter data to IEHP within thirty (30) days from the date of service and in a format acceptable to IEHP.
- B. All Capitated Providers must meet timeliness and adequacy requirements for all encounter data submissions to IEHP.
- C. IEHP imposes a penalty on any Capitated Provider who fails to meet the timeliness and adequacy requirements, per the IEHP Capitated Agreement.
- D. On an annual basis, IEHP re-evaluates the adequacy standards based on state regulatory changes, results of the Healthcare Effectiveness Data and Information Set (HEDIS®) audit and historical encounter data experience.
- E. IEHP must conform with the Department of Health Care Services (DHCS) Quality Measures for Encounter Data. Additional information can be found at:
<http://www.dhcs.ca.gov/dataandstats/Pages/QualityMeasurementAndReporting.aspx>

PURPOSE:

- A. Capitated Providers are required to submit this data to enable IEHP to comply with regulatory requirements, accurately capture data for various medical programs and help improve medical and financial performance.

DEFINITION:

- A. Capitated Providers - For the purpose of this policy, Capitated Providers are Providers with a capitation agreement with IEHP for services including: Primary Care Services, Lab Services, Dental Services, Pharmacy Services, Inpatient and Outpatient Services.

PROCEDURES:

- A. Capitated Providers must submit, via IEHP's secure site or via the claims department utilizing a completed CMS 1500 or EDI form, the appropriate encounter information to IEHP within thirty (30) days after the month in which the services are rendered to a Member.

21. ENCOUNTER DATA REPORTING

B. Encounter Data Submission Requirements for Directly Contracted Capitated Providers

- B. Capitated Providers must submit data for all covered services provided to a Member, including Primary Care Physician (PCP) visits and sub-capitated services, and must include all available diagnosis codes related to the service provided.
- C. Each month, the encounter data submitted to IEHP must meet the following three (3) requirements as set forth by IEHP: Timeliness, Validity, and Adequacy. Each month is reviewed on an aggregate basis.
 - 1. Timeliness - Encounter data must be received by IEHP within thirty (30) days after each month of service to IEHP Members.
 - 2. Validity: A compilation of the initial monthly file submission and any subsequently corrected data for the same file name must be 95% valid.
 - 3. Adequacy - A minimum amount of encounters in a specified time frame. Capitated Pediatric Providers are targeted to submit a minimum of 2.5 primary care encounters per Member per year. All other Capitated Providers are targeted to submit a minimum of 3.0 primary care encounters per Member per year.
- D. IEHP utilizes the “Official ICD-10-CM Guidelines for Coding and Reporting” as part of the validation process. ICD-9 codes must continue to be used when submitting Encounter data with DOS prior to 10/1/2015. These guidelines provide assistance on coding practices and require diagnosis codes to be reported to the greatest degree of specificity, when applicable.
- E. Age and gender rules for CPT codes will be enforced.
- F. For all medical encounters submitted, the National Provider Identifier (NPI) is required to be submitted as the “Rendering Provider ID.”
- G. IEHP monitors and 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 please contact the IEHP Provider Relations Team at (909) 890-2054.
- I. When encounter data does not meet IEHP’s submission requirements for timeliness, or adequacy IEHP may request a Corrective Action Plan (CAP) from the Provider. The Provider must submit a CAP within thirty (30) days from the date of the CAP Request letter. The CAP must include the following:
 - 1. The name of the person responsible for implementing the CAP;
 - 2. A list of specific actions to be taken to ensure that encounter data meets the submission requirements;
 - 3. Completion dates for each of the corrective actions; and
 - 4. A valid and adequate number of encounters.
- J. Capitated Providers who fail to submit an acceptable CAP within the required timeframes may be frozen to new enrollment until such time that the CAP is approved and meets

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B. Encounter Data Submission Requirements for Directly Contracted Capitated Providers

standards. Capitated Providers that continue to be non-compliant with encounter data submission will result in conversion from PCP capitation to a fee-for-service arrangement with IEHP.

- K. Capitated Providers wishing to appeal an adverse decision may do so in accordance with Policy 20A1, “Claims Processing - Provider Dispute Resolution Process – Initial Claims Disputes.” Capitated Providers must cite specific reasons for their appeal.
- L. 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.

REFERENCES:

- A. Department of Health Care Services (DHCS) All Plan Letter (APL) 14-009, Transition of Encounter Data Submission to National Standard Transactions (ASC X12 837 510, NCPDP 2.2 or 4.2).
- B. Department of Health Care Services (DHCS) All Plan Letter (APL) 14-019, Encounter Data Submission Requirements.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	August 1, 2007
Chief Title: Chief Medical Officer	Revision Date:	January 1, 2019

21. ENCOUNTER DATA REPORTING

Attachments

<u>DESCRIPTION</u>	<u>POLICY CROSS REFERENCE</u>
Encounter Data CAP Request Letter	21A
Encounter Data Penalty Letter	21A
Encounter Data Submission Schedule	21A

[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 Submission Requirements”, 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 IT Data Management, no later than «Due_Date».**

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

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[Date]
«Entity_Name»

Attachment - Encounter Data CAP Request Letter

IEHP's ultimate goal is to receive complete and accurate encounter data. If you have any questions, please contact the IEHP HelpDesk at (909) 890-2025.

Sincerely,

Director of Encounters and EDI

cc: «Encounter_Name», «Encounter_Title»
«Claims_Manager»
«CC_Encounter»
«PSR_Name», «PSR_Title»
«File_Code»
IEHP Senior Director, Quality Systems
IEHP Director, Advanced Technology
IEHP Director, HealthCare Informatics
IEHP Manager, Provider Delegation

[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 Submission Requirements”, all Providers must meet timeliness, validity, and adequacy requirements for all encounter data submissions to IEHP as follows:

- **Timeliness** Encounter Data must be received 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 (Non-SPD) – IPA: 417 Total Encounters per month per 1000 members.
 Medical (SPD) – IPA: 1084 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 or to avoid future penalties, you may contact the IEHP HelpDesk at (909) 890-2025 for additional support.

Sincerely,

Director of Encounter and EDI

cc: «Encounter_Name», «Encounter_Title»
«Claims_Manager»
«CC_Encounter»
«PSR_Name», «PSR_Title»
IEHP Chief Network Officer, «File_Code»
IEHP Senior Director, Quality Systems
IEHP Director, Advanced Technology
IEHP Executive Director, Health Services Operations
IEHP Director, HealthCare Informatics



INLAND EMPIRE HEALTH PLAN

The following schedule outlines when data is due to IEHP. It also provides timelines related to the dates corrected data is due back to IEHP.

Date Encounter Data Due To IEHP	File Name Due (Assessed for Validity)	Month of Service Assessed for Adequacy	Final Date Corrected Errors Due to IEHP
01/02/2018	[id]0118[m or h]001.enc	Sep-2017	01/31/2018
02/01/2018	[id]0218[m or h]001.enc	Oct-2017	02/28/2018
03/01/2018	[id]0318[m or h]001.enc	Nov-2017	03/31/2018
04/03/2018	[id]0418[m or h]001.enc	Dec-2017	04/30/2018
05/01/2018	[id]0518[m or h]001.enc	Jan-2018	05/31/2018
06/01/2018	[id]0618[m or h]001.enc	Feb-2018	06/30/2018
07/03/2018	[id]0718[m or h]001.enc	Mar-2018	07/31/2018
08/01/2018	[id]0818[m or h]001.enc	Apr-2018	08/31/2018
09/01/2018	[id]0918[m or h]001.enc	May-2018	09/30/2018
10/02/2018	[id]1018[m or h]001.enc	Jun-2018	10/31/2018
11/01/2018	[id]1118[m or h]001.enc	Jul-2018	11/30/2018
12/01/2018	[id]1218[m or h]001.enc	Aug-2018	12/31/2018
01/02/2019	[id]0119[m or h]001.enc	Sep-2018	01/31/2019
02/01/2019	[id]0219[m or h]001.enc	Oct-2018	02/28/2019
03/01/2019	[id]0319[m or h]001.enc	Nov-2018	03/31/2019
04/02/2019	[id]0419[m or h]001.enc	Dec-2018	04/30/2019
05/01/2019	[id]0519[m or h]001.enc	Jan-2019	05/31/2019
06/01/2019	[id]0619[m or h]001.enc	Feb-2019	06/30/2019
07/02/2019	[id]0719[m or h]001.enc	Mar-2019	07/31/2019
08/01/2019	[id]0819[m or h]001.enc	Apr-2019	08/31/2019
09/03/2019	[id]0919[m or h]001.enc	May-2019	09/30/2019
10/01/2019	[id]1019[m or h]001.enc	Jun-2019	10/31/2019
11/01/2019	[id]1119[m or h]001.enc	Jul-2019	11/30/2019
12/03/2019	[id]1219[m or h]001.enc	Aug-2019	12/31/2019
01/02/2020	[id]0120[m or h]001.enc	Sep-2019	01/31/2020

***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)**