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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. Encounter Data Records are identified by a unique Claim Reference Number (CRN) and the IEHP assigned Provider 3-digit ID.

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 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 is in the process of developing final encounter data disposition status reports that will be shared with each submitter. This report is not currently available to all submitters.

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### **B. Encounter Data File Due Date Schedule**

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#### **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 48 hours, IEHP will contact you directly to establish an alternative method for file submission.

#### **Response Report Transmission**

IEHP places all response reports on the SFTP server in the RESPONSE\_PROD folder in the Submitters folder, (Example: /01S/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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### C. 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 the file minus the number of non-fatal 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, on a monthly basis, for data that is 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

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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 Adjudicated claims.

**Q: Are Submitters required to submit all data with the exception of claim routed Incorrectly and denied for a member not being on file?**

**A:** All Submitters must submit all data that has been paid or denied from all types of service to IEHP for the collection of Encounter Data.

**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 or denied 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 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