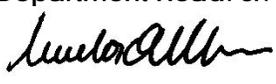


Policy Title: Outpatient Encounter Data Processing and Reporting – Central Valley		POLICY #: 70.2.38	
		Line of business: ALL	
Department Name: Utilization Management	Original Date 1/00	Effective Date 5/19	Revision Date 12/18
Department Head: Sr. Director, UM 			Date: 3/21
Medical Services/P&T Committee: (If Applicable) PHP CMO 			Date: 3/21

PURPOSE

To define a process for Blue Shield of California Promise Health Plan’s (Blue Shield Promise) Utilization Management (UM) Department for collecting, tracking and reporting outpatient encounter data. An encounter is a record of a single “face-to-face” delivery of a medical service by a health care provider on a given date of service.

POLICY

To process, track and report all outpatient encounters in a timely and accurate manner to comply with contractual reporting requirements with LA Care Health Plan, for quality/utilization oversight and to decrease HEDIS reporting Costs. All direct-contracted providers and delegated IPAs are required to submit to Blue Shield Promise each month complete encounter data for previous month.

Encounter data is collected by Blue Shield Promise in three ways: electronically, through claims paid history and manually (hard copy of PM 160, HCFA 1500, Super bill or Blue Shield of California Promise Encounter Data Form).

A master repository has been created specifically for aggregating the encounter data submitted through the three methods. The data is downloaded into an Access database to allow manipulation for reports, including sum totals and errors reports.

PROCEDURE

REPORTING

1. Blue Shield Promise submits outpatient encounter data, which incorporates all three methods of collection, to LA Care by the 30th of the month
2. After data is deposited into the encounter Access database, the UM Data Analyst runs submission tracking and error reports. Reports will include:
 - a. Encounter submissions for each Region 10 provider for tracking and follow-up
 - b. Encounter submissions and errors for all Regions for comparison
 - c. Encounter submissions for each IPA listed by provider
3. The UM Department phones all Region 10 providers with more than 50 members who did not submit encounter data by the 10th of the month. UM tracks all calls. Providers who

consistently fail to submit encounter data in a timely manner will be referred to the Medical Director for review and action.

4. Region 10 providers who are not submitting sufficient encounter data to meet the required benchmarks as established by Blue Shield of California Promise and the State Department of Health Services (SDHS) are referred to the Provider Relations Department for follow-up and possible sanctions.
5. Comparison reports for all Regions are submitted to the Contract Committee and Medical Services Committee for review and action
6. The UM Manager forwards the IPA submission tracking reports, including submissions listed for each IPA provider, to the IPAs by the 5th of each month.
7. Other reports are created and presented as requested or needed.

DATA SUBMISSION

Encounter Data is submitted processed and deposited into the Encounter Data repository in the following manner.

Electronic Data

1. Delegated IPAs submit electronic encounter data on disk to the Encounter Data post office box or through e-mail, if arranged through MIS. Electronic submissions must be submitted by the 10th of the month for encounters occurring in the previous month.
2. MIS processes the submission and, by the 15th of the month, creates an error report that indicates the number of lines submitted, the number accepted and the number rejected. MIS provides the report on disk to the UM Department by the 16th of the month.
3. The UM manager forwards the error report to the IPA for review and action by the 18th of the month. IPAs are required to submit corrections prior to or with their next month's encounter data submission.
4. MIS downloads the accepted data into the data repository by the 16th of the month.

Manual Data

1. Direct contracted providers (Region 10) submit encounter data manually on the appropriate forms (e.g., PM 160, HCFA 1500, Super bill or Blue Shield Promise Encounter Data Form) to the Encounter Data post office box. Manual submissions must be submitted by the 10th of the month for encounters occurring in the previous month.
2. The Encounter Data Clerks enter the encounter information on all complete forms into the Encounter database. Incomplete or unclear forms are returned to the provider for completion or correction. Data submitted on improper forms are also returned to the provider with information on proper submission formats.
3. Encounter Data Clerks start entering data for the previous month on the 6th of the next month. They stop for that month on the 5th of the succeeding month (e.g., data entered between February 6 and March 5 will be considered January data)
4. MIS downloads the accepted data into the data repository by the 10th of the month.

Claims Data

1. MIS extracts claims paid data for claims paid directly by Blue Shield Promise from the claims system for and downloads it to the data repository by the 30th of the month.

REFERENCES