Improving Provider Encounter Data

July 2023
Agenda

1. Encounters website page
2. Top five EDI encounter and claim rejections/solutions
3. Provider Connection update
4. Risk adjustment overview
   • Q&A
New encounters website

Lili Chavez, Systems Analyst, Senior
Encounters page on Provider Connection

Welcome to a one-stop-shop for information related to encounter submissions:

- Encounters overview
- Encounter contacts and frequently asked questions (FAQs)
- Encounter updates and alerts
- Webinar recordings on improving encounter data
- How to enroll in EDI
- EDI Companion Guides
- Provider manuals
Top five EDI encounter and claim rejections

Kelli Gonczeruk, Systems Analyst/Consultant, Encounters Performance Organization
<table>
<thead>
<tr>
<th>Volumes</th>
<th>Rejection reason</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>59,579</td>
<td>Duplicate to a previously processed claim (WBE837P-302 &amp; WBE837I-302)</td>
<td>For Blue Shield: Record is a duplicate of a previously accepted within the last 365 days submission.</td>
</tr>
<tr>
<td>9,076</td>
<td>We are unable to identify the patient who received services with the information submitted (WBE837P-300 &amp; 0x8110003)</td>
<td>For Blue Shield: Please confirm the Subscriber ID correct and resubmit if necessary.</td>
</tr>
<tr>
<td>1,967</td>
<td>Unable to identify provider (WBE837I141)</td>
<td>For Blue Shield: Please confirm the Provider information correct and resubmit.</td>
</tr>
<tr>
<td>1,962</td>
<td>A data element with ‘Mandatory’ status is missing (8454222)</td>
<td>For Blue Shield: Element DTP03 (Date Time Period) is missing. This Element’s standard option is ‘Mandatory’. Segment DTP is defined in the guideline at position 1350.</td>
</tr>
<tr>
<td>1,756</td>
<td>Service Date is required (0x3938b08)</td>
<td>For Blue Shield: Segment DTP (Date - Service Date) is missing. It is required on outpatient claims when statement covers period more than one day and drug is not been billed.</td>
</tr>
</tbody>
</table>
### Top 5 EDI rejections: Blue Shield Promise Encounters (Medi-Cal*)

<table>
<thead>
<tr>
<th>Volumes</th>
<th>Rejection reason</th>
<th>Action needed</th>
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</thead>
<tbody>
<tr>
<td>20,2033</td>
<td>Value of element LIN03 is incorrect. Expected value is from external code list – NDC (0x393933b)</td>
<td>For Blue Shield Promise: The submitted NDC is incorrect. It must be the code found on the package, 11 digits and valid according to the Food and Drug Administration (FDA) NDC list.</td>
</tr>
<tr>
<td>14,066</td>
<td>Duplicate of a previously accepted record (DUPRej_02)</td>
<td>For Blue Shield Promise: Record is a duplicate of a previously accepted within the last 365 days submission.</td>
</tr>
<tr>
<td>10,958</td>
<td>NDC code is missing or invalid for the submitted PAD (0xe0277)</td>
<td>For Blue Shield Promise: Claims and encounters reporting Physician Administered Drugs (PADs) must include both the Healthcare Common Procedure Coding System (HCPCS) code and a valid National Drug Code (NDC).</td>
</tr>
<tr>
<td>2,144</td>
<td>Patient not eligible for submitted date of service (MLRej_02)</td>
<td>For Blue Shield Promise: Patient is not eligible for the date of service.</td>
</tr>
<tr>
<td>1,126</td>
<td>Invalid Address Information in Billing Provider Address (60003463)</td>
<td>For Blue Shield Promise: Value of element N301 is incorrect. Expected value should not be a 'PO BOX' or 'P.O. BOX'.</td>
</tr>
</tbody>
</table>

* Medi-Cal Los Angeles and San Diego
# Top 5 EDI rejections: Blue Shield Promise claims (Medi-Cal* fee-for-service)

<table>
<thead>
<tr>
<th>Volumes</th>
<th>Rejection reason</th>
<th>Action needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>25,268</td>
<td>National Drug Code (NDC) is invalid (0x393933b)</td>
<td><strong>For Blue Shield Promise</strong>: The submitted NDC is incorrect. It must be the code found on the package, 11 digits and valid according to the Food and Drug Administration (FDA) NDC list.</td>
</tr>
<tr>
<td>16,693</td>
<td>Duplicate of a previously accepted record (DUPRej_02)</td>
<td><strong>For Blue Shield Promise</strong>: Record is a duplicate of a previously accepted within the last 365 days submission</td>
</tr>
<tr>
<td>13,770</td>
<td>Referring, service facility, ordering or supervising provider NPI must be submitted (0xe00009)</td>
<td><strong>For Blue Shield Promise</strong>: An NPI must be present if a referring, service facility, ordering or supervising provider is submitted.</td>
</tr>
<tr>
<td>1,207</td>
<td>Description should not be used when valid HCPC code is present (60003799)</td>
<td><strong>For Blue Shield Promise</strong>: Sub-element SV 101-07 is used. It should not be used when loop 2410 is used and HCPCS code from SV 101-02 is not from external code list.</td>
</tr>
<tr>
<td>784</td>
<td>Supervising Provider Name should not be used. (0x3938c72)</td>
<td><strong>For Blue Shield Promise</strong>: Loop 2310D (Supervising Provider Name) should not be used when loop 2310B is used with the same information.</td>
</tr>
</tbody>
</table>

* Medi-Cal Los Angeles and San Diego
Provider Connection update

Janet Mills, Principal Learning Consultant, Provider Education
What’s new

• Search member eligibility:
  • Member ID
  • Member Last/First and DOB
  • Medicare Beneficiary ID (MBI)
  • Social Security Number (SSN) (NEW)
  • Client Index Number (CIN) (NEW)

• Attach documentation to:
  • Finalized claim (NEW)
  • Pending dispute (NEW)

• Submit disputes online for Blue Shield Commercial, Shared Advantage®, and BlueCard® claims

Quick-Reference Tutorials (with screenshots)
• Verify eligibility & benefits
• Attach documents to a finalized claim
• Attach documents to a pending dispute
• Submit disputes online for Blue Shield Commercial, Shared Advantage, and BlueCard claims
Attach documentation to a finalized claim from Claim status (log in required)

Available for all lines of business.

1. Click **Claims** in the top menu, then click **Check claim status**.

2. Using one or more search fields on Claims status, locate the claim for which you are submitting additional documentation.

   Click **Search**.

3. The search result displays in the table below the blue header. Click the claim number.

4. The **Claim details** displays for that claim. Click **Attach supporting documents**.
Attach documentation to a finalized claim (continued)

5. The Attach Documents to a Claim screen displays with prepopulated claims data.

6. Drag and drop or select up to five (5) files at a time for a total of 20 files.

<table>
<thead>
<tr>
<th>File types</th>
<th>File size (per file)</th>
<th>Max # of files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Shield</td>
<td>PDF, Excel, Word</td>
<td>50 MB</td>
</tr>
<tr>
<td>Blue Shield Promise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BlueCard®</td>
<td>PDF</td>
<td>10 MB</td>
</tr>
</tbody>
</table>
Attach documentation to a finalized claim (continued)

7. An Attach documents pop-up displays. Select a “type” for each document. Options are:
   - Medical record
   - Contract/pricing
   - Itemized bill
   - Other, with a description field

   Click Next document until all document types are identified. Click Attach.

8. Documents display on the Attach Documents to a Claim screen.

9. Enter an email where you can be notified if there is a problem with accepting your file.

10. Enter a description of the document(s), the reason for submission, and expected outcome.

11. Click Finish.
Attach documentation to a finalized claim (continued)

12. A confirmation screen displays with a list of the submitted documents.

13. If desired, click **View this claim** to return to the **Claims detail** page.

14. To see a list of documents submitted for this claim, scroll to **Uploaded documents** on the **Claims detail** page and click **Show**. Click **Hide** to collapse the list.
   - Only documents submitted online will display.
Attach documentation to a pending dispute (log in required)

1. Click **Claims** in the top menu, then click **Claims issues & disputes**.
   - Scroll to the blue box.

2. Click **View my disputes** under **Submitted disputes**.
   - All claim(s) disputes submitted under the Tax ID(s) connected to your Provider Connection account display on one of two tabs:
     - The **Submitted online** tab displays disputes filed on Provider Connection.
     - The **Submitted by mail** tab displays all other dispute submissions.

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Quick-Reference Tutorial (with screenshots)
- Attach documents to a pending dispute

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Blue Shield of California | Blue Shield of California Promise Health Plan
3. Click either the **Submitted online** or the **Submitted by mail** tab.

4. Click **Filter** to open the search functionality.

5. Enter data into one or more search fields to locate the dispute. Click **Show results**.

6. The search result displays in the table below the blue header. Click **Add documents** in the **Dispute status** column.
7. The **Attach Documents to a Dispute** screen displays with prepopulated claims data.
   - Drag and drop or select up to five (5) files at a time for a total of 20 files.
   - An Attach documents pop-up displays. Select a “type” for each document. Click Next document until all document types are identified. Click Attach.
   - Documents display on the **Attach Documents to a Disputes** screen.

8. Enter an email where you can be notified if there is a problem with accepting your file.

9. Enter a description of the document(s), the reason for submission, and expected outcome.

10. Click **Finish**.
Attach documentation to a pending dispute (continued)

11. A confirmation screen displays with a listing of the submitted documents.
   • Your case number will not change.

12. If desired, click **View all disputes** to return to the *Submitted disputes* page.
Filing a dispute

• Disputes can be filed online for finalized Commercial, Shared Advantage, and BlueCard.
  • Individual claim or bundled claims for the same type of issue.

• Disputes for Promise Health Plan, Medicare, Medicare Advantage, and FEP claims, must be filed by mail.

• To file a dispute online, go to the Claim section on Provider Connection:
  1. Click **Check claim status** in the blue sub-menu bar.
  2. Search for the finalized claim.
  3. Click the claim number to open the Claims Detail page.
  4. Click the **Resolve claim issue or dispute** link. This link will be active only if the claim has been finalized.
Four steps in the online dispute process

1. Verify claim information.
2. Provide a statement of dispute and supporting documentation.
3. Verify contact information pre-populated from your Provider Connection profile.

- Quick-Reference Tutorial: Submit disputes online for Blue Shield Commercial, Shared Advantage, and BlueCard claims.
- Recorded webinar and presentation PDF
Risk adjustment overview

Lorraine Versoza, Risk Adjustment Consultant, Blue Shield Medicare Risk Adjustment
Risk adjustment – Actuarial model implemented by CMS and HHS

<table>
<thead>
<tr>
<th>Why is risk adjustment important?</th>
<th>What are attributes of risk adjustment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improves patient outcomes</td>
<td>• Supported by evidence-based medicine</td>
</tr>
<tr>
<td>• Encourages regular office visits</td>
<td>• Based on the capture of chronic conditions</td>
</tr>
<tr>
<td>• Supports early detection and prevention</td>
<td>• Predicts medical expenses incurred</td>
</tr>
<tr>
<td>• Avoids emergency department and hospitalization</td>
<td>• Minimizes incentive to enroll based on health</td>
</tr>
<tr>
<td>Improves communication between providers</td>
<td>• Encourages competition among health plans</td>
</tr>
<tr>
<td>• Enhances continuity of care</td>
<td></td>
</tr>
<tr>
<td>• Identifies severity of illness</td>
<td></td>
</tr>
</tbody>
</table>
Risk adjustment factor ( RAF ) overview

1. A higher risk score means the individual will have higher healthcare costs.
   - Essential to ensure there is funding to provide quality patient care.

2. Diagnosis codes establish the complexity of patient health status, medical decision making, and the funding for care.

3. Diagnoses, in conjunction with demographic factors, are used to calculate a risk score.

Complex diagnoses = Higher risk values
Evaluation & Management (E&M) Metrics Report

- E&M metric measures **completeness** of provider groups encounter submissions.
- Benchmarks for Commercial & Medicare are outlined in [HMO IPA/Medical Group Procedures Manual](#).
- Metric is based on number of visits Per Member Per Year (PMPY).

<table>
<thead>
<tr>
<th>Line of business</th>
<th>Benchmark PMPY</th>
<th>90% threshold PMPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>3.0</td>
<td>2.7</td>
</tr>
<tr>
<td>Medicare</td>
<td>8.0</td>
<td>7.2</td>
</tr>
</tbody>
</table>

**Complete Submission**

Blue Shield will measure encounter submissions based on a rolling year of utilization data. The Centers for Medicare & Medicaid Services (CMS) requires EOBs for Medicare Advantage members with Medicare Part C. IPAs are required to submit encounter submissions with Maximum Out-of-Pocket “MOOP” for Medicare Advantage members. If cost share information applies to a record, please submit the information. If cost share information is not available, do not submit the information. Refer to the EDI Companion Guides on Provider Connection at blueshieldca.com/provider for additional details.

For Medicare Advantage encounter data submissions to the CMS, there is also a compliance measurement reflecting the data collection period. Benchmarks using Evaluation and Management (E&M) CPT codes are used. The benchmarks are:

- **Commercial Membership**: 3.0 E&M Visits PMPY
- **Medicare Advantage Membership**: 8.0 E&M Visits PMPY

Certain types of denial services are included in calculating each IPA medical group’s annual E&M visit rates.

A provider network contract may include an incentive program or capitation withhold provision that would apply for performance, relative to the above benchmarks. The current performance target is at least 90% of the benchmark.
Action items for you

• Ensure members come in for annual comprehensive visits, and capture their chronic conditions

• Submit all encounter/claim data to Blue Shield

• “If more than 12 diagnosis codes need to be reported, submit a subsequent claim/encounter with Billed Amount as zero charge, and key the additional diagnosis codes at the claim level.”
  • EDI Blue Shield Companion Guide
## Resources

<table>
<thead>
<tr>
<th>Action</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Encounter-related questions</strong>&lt;br&gt;Email: <a href="mailto:EPE@blueshieldca.com">EPE@blueshieldca.com</a></td>
<td>• Provider Connection <a href="#">Encounters resources</a> page  &lt;br&gt;• <a href="#">Unsolicited 277C Transaction for Adjudicated Encounters Standard Companion Guide</a>  &lt;br&gt;• <a href="#">EDI Blue Shield Promise Companion Guide</a>  &lt;br&gt;• <a href="#">EDI Blue Shield Companion Guide</a></td>
</tr>
<tr>
<td><strong>Provider incentives questions</strong></td>
<td>Email: <a href="mailto:providerincentives@blueshieldca.com">providerincentives@blueshieldca.com</a></td>
</tr>
<tr>
<td><strong>Blue Shield Provider Connection website</strong></td>
<td>blueshieldca.com/provider (Log in required for authenticated tools.)</td>
</tr>
<tr>
<td><strong>Provider Connection training</strong> (No log in required)</td>
<td>• Reference Guide and Quick-Reference Tutorials (with screenshots)</td>
</tr>
<tr>
<td><strong>Provider Customer Service</strong>&lt;br&gt;(For general help.)</td>
<td>• Blue Shield Phone: (800) 541-6652  &lt;br&gt;• Blue Shield Promise Phone: (800) 468-9935  &lt;br&gt;  • Live chat from Provider Connection is available from all pages after login.</td>
</tr>
<tr>
<td><strong>Provider Information &amp; Enrollment</strong>&lt;br&gt;(For network inquiries, credentialing, etc.)</td>
<td>• Email: <a href="mailto:bscpublisherinfo@blueshieldca.com">bscpublisherinfo@blueshieldca.com</a>  &lt;br&gt;• Phone: (800) 258-3091</td>
</tr>
<tr>
<td><strong>AuthAccel Online Authorization System training</strong> – no login required.</td>
<td>• <a href="#">Blue Shield prior authorization list</a>  &lt;br&gt;• <a href="#">Blue Shield Promise prior authorization list</a></td>
</tr>
<tr>
<td><strong>Blue Shield &amp; Blue Shield Promise</strong></td>
<td><strong>HEDIS® Guides</strong> – no log in required.</td>
</tr>
<tr>
<td><strong>Medi-Cal billing guidelines</strong></td>
<td>• <a href="#">Dialysis: Chronic Dialysis Services (ca.gov)</a>  &lt;br&gt;• <a href="#">Dialysis: End Stage Renal Disease Services (ca.gov)</a></td>
</tr>
<tr>
<td><strong>Medi-Cal Rx provider portal</strong></td>
<td><strong>Blue Shield Promise resource for nursing facility providers.</strong></td>
</tr>
<tr>
<td><strong>Blue Shield Promise resource for nursing facility providers.</strong></td>
<td><a href="#">Blue Shield Promise Nursing Facility reference guide</a></td>
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