

ODJFS Encounter Data Submission Guidelines

For the Provider Agreement effective through June 30, 2013

Issued: December 2012

General Information

Each managed care plan (MCP) is required to report encounter data to the Ohio Department of Job & Family Services (ODJFS) in accordance with Ohio Administrative Code rule 5101:3-26-06 and ODJFS is required to collect this data pursuant to federal requirements. The Ohio Health Plans (OHP) uses encounter data: to measure clinical and access-related performance; to conduct access and utilization reviews; to reimburse MCPs for newborn deliveries; in the premium payment setting process; and for policy development. Thus, encounter data must be timely, accurate, and complete. Data quality and performance measures and standards are included in the MCP provider agreement.

An encounter represents all of the services, including medical supplies and medications, provided to a member of the MCP by a particular provider, regardless of the payment arrangement between the MCP and the provider. For example, if a member had an emergency department visit and was examined by a physician, this would constitute two encounters: one related to the hospital provider; and one related to the physician provider. If a member visits their PCP and the PCP examines the member and has laboratory procedures done within the office, then this is one encounter between the member and their PCP. If the PCP sends the member to a lab to have procedures performed, then this is two encounters; one with the PCP and another with the lab.

Encounters include services paid for retrospectively through fee-for-service payment arrangements, and prospectively through capitation arrangements. ODJFS requires MCPs to submit all encounters for which the MCP paid (either in full or partial payment). ODJFS encourages MCPs to submit zero paid claims which fall into the following categories:

- coordination of benefits
- administrative denials due to:
- timely filing
- prior authorizations
- non-participating providers
- clinical coding edits
- benefit limits

ODJFS Encounter Data File Submission Specifications (Post-MITS Implementation) include: encounter data companion guides for institutional, professional, and dental 837 EDI transactions; NCPDP 5.1 files; 824 EDI response transactions; U277 EDI response transactions; *ODJFS Encounter Data Submission Guidelines*; and *Delivery Payment Specifications*. The encounter data companion guides must be used in conjunction with the X12 Implementation Guide for EDI transactions; instructions for submitting information that is not found within the companion guides must follow X12 Implementation Guide submission specifications.

Acceptance Testing

Acceptance testing of encounter data is required:

- 1) Before an MCP may submit 837 EDI encounter transactions to the MITS production database
- 2) Whenever an MCP has a system's change which impacts claims data or if the MCP changes the intermediary which submits the EDI 837 transactions
- 3) If ODJFS determines that a MCP's encounter data has quality issues that may be discovered through: data quality performance measures; audits; or high rejection rates.

Encounter Data Submission Procedure

An electric version of *Ohio Medicaid's Encounter Data Certification Form* must accompany the submission of an 837 EDI encounter transaction via email to the MCP's contract administrator. The certification letter must be signed by the MCP's Chief Executive Officer (CEO), Chief Financial Officer (CFO), or an individual who has delegated authority to sign for, and who reports directly to the MCP's CEO or CFO.

The MCP may not submit more than 700,000 encounters via EDI 837 transactions on a given day, with a total of no more than 999,999 encounters via EDI 837 transactions and NCPDP 5.1 pharmaceutical files. In accordance with HIPAA, ODJFS recommends that the MCP send no more than 5,000 STs per file. If there is any X12 format error, the ST/SE will be denied at the Translator level and a TRC is generated. The MCP may only submit encounter data on the MCP's designated days on *ODJFS Encounter Data Submission Schedule*, unless given permission by ODJFS to submit on a different day.

Completeness and Accuracy of Encounter Data

On an ongoing basis, ODJFS monitors the completeness and accuracy of encounter data through performance measures, rejection reports, and studies conducted by the External Quality Review Organization. For a listing of these measures, the standards, and the penalties for noncompliance with the standards, and the penalties for noncompliance with the standards, see appendix L of the provider agreement.

Timing of Encounter Data Submissions

ODJFS recommends submitting encounters no more than thirty-five days after the end of the month in which they were paid. For example, claims paid in January are due March 5.