POLICY AND PROCEDURE

POLICY NAME: Encounter Data	**POLICY ID:** LA.CLMS.05
BUSINESS UNIT: LHCC	**FUNCTIONAL AREA:** Claims
EFFECTIVE DATE: 07/01/15	**PRODUCT(S):** Medicaid
REVIEWED/REVISED DATE: 7/15, 6/16, 6/17, 6/18, 6/19, 6/20, 2/22, 1/23, 10/23, 8/24, 6/25, 10/25	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:
This policy outlines Encounter Data procedures.

PURPOSE:
The purpose of this policy is to clearly define the PLAN guidelines for Claims Encounter Submissions to the state or its designee.

SCOPE:
Louisiana Healthcare Connections (PLAN).

DEFINITIONS:

POLICY:
Claims Encounter Data will be submitted in adherence to information as specified in section 2.18.15 of LDH's Model Contract and in compliance with all applicable State and Federal laws, rules, and regulations.

PROCEDURE:

1. **Encounter Data-** Identify all data elements as required by LDH for Encounter Data submission as stipulated in the *MCO System Companion Guide*; Accept submission of electronic adjustment and void transactions.
    a. The PLAN's system is able to transmit to and receive electronic data from the FI's system as required for the appropriate submission of Encounter Data.
    b. The PLAN has created a unique Processor Control Number (PCN) and unique Group number (if a group number is utilized) for the Louisiana Medicaid Program and submits the PCN, and group number (if a group number is utilized), and the Bank Identification Number with the Encounter Data submission.

2. **Encounter Data submissions**, the PLAN:
    a. Submits complete and accurate Encounter Data at least monthly for all dates of service during the term of this Contract to LDH or FI, as directed by LDH; and
    b. Submits the Encounter Data in accordance with the Encounter reconciliation schedule published by LDH or its contracted review organization, including Encounters reflecting a zero-dollar amount ($0.00) and Encounters in which the PLAN or its subcontractor has a capitation arrangement with a provider. If the PLAN or its subcontracted vendor(s), excluding the Single PBM, individually or in aggregate, fails to submit complete Encounter Data as measured by a comparison of Encounters to cash disbursements within a two~~one~~ percent (2~~1~~%) error threshold (i.e., Encounters are at least ninety-eight~~nine~~ percent [98~~9~~%] but no greater than one hundred percent [100%] of cash disbursements), LDH may impose Monetary Penalties in accordance with Attachment G, *Table of Monetary Penalties*. LDH, at its sole discretion, may waive the penalty if Encounters processed by subcontracted vendors (e.g., pharmacy, non-emergency transportation, vision) fall below the completion threshold during the transition to a new vendor; however, this grace period shall not exceed ninety (90) Calendar Days for Encounters processed by either the exiting vendor or the new vendor.
        i. The Encounter Data completion standard for pharmacy Encounters processed by the Single PBM shall be a three percent (3%) error threshold (i.e., Encounters are at least ninety-seven percent [97%] but no greater than one hundred percent [100%] of cash disbursements).

3. The PLAN submits HIPAA compliant 837 Encounters for Institutional, Professional and Dental, and the NCPDP D.0 format in a batch processing method for pharmacy Encounters. The PLAN is able to transmit this Encounter Data to the FI thirty (30) Calendar Days after the Operational Start Date. Inpatient Hospital Services (Institutional Encounters indicating Facility Type Code of 11, 12, 18, 21 or 86) are Adjudicated at the document level. All other Encounters are Adjudicated at the line level.

4. As part of the Readiness Review, the PLAN's system shall be ready to submit Encounter Data to the FI according to specifications, including data elements and reporting requirements, in the *MCO System Companion Guide*. The PLAN's system shall submit such Encounter Data within thirty (30) Calendar Days of the Operational Start Date.

The PLAN shall incur all costs associated with certifying HIPAA transactions readiness through a third party prior to submitting Encounter Data to the FI.

5. The PLAN provides the FI with complete and accurate Encounter Data for all levels of health care services provided, includinged all Claims paid, denied, adjusted, or voided directly by the PLAN or indirectly through a subcontractor, regardless of whether the subcontractor's agreement has since termed.

6. The PLAN has the capability to convert all information that enters its Claims system via hard copy paper Claims to electronic Encounter Data, for submission in the appropriate HIPAA compliant formats to LDH's FI.

7. The PLAN ensures that all Encounter Data from a subcontractor is incorporated into files submitted by the PLAN to the FI. The PLAN shall not submit separate Encounter files from subcontractors.

8. The PLAN ensures the level of detail associated with Encounters from providers with whom the PLAN has a capitation arrangement shall be equivalent to the level of detail associated with Encounters for which the PLAN received and settled a FFS claim.

9. The PLAN utilizes the *MCO System Companion Guide* to become familiar with the Claims data elements that shall be included in Encounters. The PLAN retains all required data elements in Claims history for the purpose of creating Encounters that are compatible with LDH and the FI's billing requirements.

10. The PLAN adheres to Federal and/or LDH payment rules in the definition and treatment of certain data elements, such as units of service that are a standard field in the Encounter Data submissions and will be treated similarly by LDH across all PLANs.

11. The PLAN submits paid, denied, adjusted, and voided Claims as Encounters to the FI. LDH shall establish the appropriate identifiers to indicate these Claims as Encounters, as provided in the *MCO System Companion Guide*.

12. The PLAN ensures that Encounter files contain settled Claims, adjustments, denials, or voids, including, but not limited to, adjustments necessitated by payment errors, processed during that payment cycle, as well as Encounters processed during that payment cycle from providers with whom the PLAN has a capitation arrangement.

13. The FI Encounter process utilizes an LDH-approved version of the Claims processing system (edits and adjudication) to identify valid and invalid Encounter records from a batch submission by the PLAN. Any submission which contains fatal errors that prevent processing, or that does not satisfy defined threshold error rates, shall be rejected, and returned to the PLAN for correction and resubmission to the FI in the next payment cycle.

14. LDH has authorized its FI to edit the PLAN's Encounters using a common set of edit criteria, that might cause denials, and the PLAN should resolve denied Encounters when appropriate. Encounter denial codes shall be deemed "repairable" or "non-repairable". The PLAN is required to be familiar with the FI edit codes and dispositions for the purpose of repairing Encounters denied by the FI. A list of Encounter edit codes is located in the *MCO System Companion Guide*.

15. In order to maintain integrity of processing, the PLAN shall address any issues that prevent processing of an Encounter. The PLAN shall address ninety percent (90%) of reported repairable errors within thirty (30) calendar days and one hundred percent (100%) of reported repairable errors within sixty (60) Calendar Days or within a negotiated timeframe approved by LDH in writing. Failure to promptly research and address reported errors, including submission of and compliance with an acceptable Corrective Action Plan, may result in Monetary Penalties.

16. The PLAN CEO, CFO or their designee shall attest to the truthfulness, accuracy, and completeness of all Encounter Data submitted.

17. The PLAN makes an adjustment to Encounters when the PLAN discovers the data is incorrect, no longer valid, or some element of the Claim not identified as part of the original claim needs to be changed except as noted otherwise. Incorrect provider numbers, incorrect Enrollee Medicaid ID numbers, or incorrect Claim types cannot

be adjusted. Rather, the Encounter must be voided and resubmitted as an original. All other adjustments to an Encounter shall be done as an adjustment record.

18. Encounters submitted by the PLAN contain the Claims data submitted to the PLAN by the provider without alterations, except for adjustments required for Claims processing as provided above. To the extent that the provider submits an adjusted Claim to the PLAN to correct missing or incomplete medical information, the PLAN must then submit the corrected Claim to the FI as an Encounter.

19. If LDH or its designee discovers errors or a conflict with a previously Adjudicated Encounter, the PLAN shall be required to adjust or void the Encounter within fourteen (14) Calendar Days of notification by LDH, or if circumstances exist that prevent the PLAN from meeting this time frame, by a specified date approved by LDH in writing. The PLAN shall obtain prior approval from LDH in writing for any submission to the Fiscal Intermediary for numbers greater than one hundred thousand (100,000) Encounters.

20. The PLAN shall identify In Lieu of Services in Encounter Data in accordance with the *MCO System Companion Guide*.

REFERENCES:
LDH Model Contract – Section 2.18.15.1 - 2.18.15.20, ~~and~~ 2.2.3.12.4.2, and 2.4.4.6
MCO System Companion Guide

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:
La R.S. 46:460.54 does not apply to this policy.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Encounter Data (1.): Deleted “DHH” per current RFP Added “and accurate” (2.) Combined & language updated per current RFP 17.8.3.3 (3. & 4.) Removed “DHH Posted” per current RFP (5.) Added “including all claims paid, denied or adjusted directly by the MCO or indirectly through a subcontractor” per current RFP (8.) Removed sentence re: separate files per current process (10.) Delete “the DHH posted” per current RFP (18.) Delete 17.8.18 in References – no longer in RFP Changed DHH to LDH	06/24/16
Annual Review	No revisions	06/23/17
Annual Review	No revisions	06/25/18
Annual Review	No revisions	06/24/19
Annual Review	Under the Encounter Data submissions section, changed Plan ID to Submitter ID and added Requested Units, Documentation Received Date, Tax Identification Number (TIN), and Auth Days and Hours Code	06/22/20
Annual Review	Added sections regarding Encounter Data and associated timelines.	02/28/22
Annual Review	Encounter Data: changed “Section 17 of the current 2014 RFP” to “Section 2 of the current Contract effective 1/1/2023” Encounter Data (1.): changed “receive encounter data” to “receive electronic data”; added “(if a group number is utilized)”; changed “Louisiana Medicaid” to “the Louisiana Medicaid Program” Encounter Data submissions (2a.): added “for all dates of service during the term of this Contract to LDH or FI, as directed by LDH” Encounter Data submissions (2b.): Removed “Due no later than the twenty fifth (25th) calendar day of the month following the month in which they were	01/11/23

	processed (paid or denied)…"; Changed "ninety-five (95) percent complete" service level agreement to "encounters are at least ninety-nine percent [99%]"; added Attachment G, *Table of Monetary Penalties* and additional contract language. (3.): changed "The Plan shall be able to transmit encounter data to the FI in … sixty (60) days after the contract start date" to "The Plan's system shall submit such Encounter Data within thirty (30) Calendar Days of the Operational Start Date." (4.): added "The PLAN's system shall submit such Encounter Data within thirty (30) Calendar Days of the Operational Start Date"; deleted "EDIFECS" (5.): added "The PLAN shall provide the FI with complete and accurate Encounter Data for all levels of health care services provided…"; deleted "All encounters shall be submitted electronically in the standard HIPAA 5010 transaction formats, specifically the ANSI X12N 837 provider to payer to payer COB transaction formats." (6.): deleted "The information reported shall contain but not be limited to" and the individual list of data elements (8.): changed "fee for service" to "FFS" (9.): changed "utilize LDH provider billing manuals" to "utilize the MCO System Companion Guide" (15.): Changed "ninety-nine percent (99%) of reported repairable errors within sixty (60) calendar days" to "one hundred percent (100%) of reported repairable errors within sixty (60) Calendar Days"; added "in writing" (17.): added "Incorrect provider numbers, incorrect Enrollee Medicaid ID numbers, or incorrect Claim types cannot be adjusted. Rather, the Encounter must be voided and resubmitted as an original. All other adjustments to an Encounter shall be done as an adjustment record." (18.): added "Encounters submitted by the PLAN must contain the Claims data submitted to the PLAN by the provider without alterations, except for adjustments required for Claims processing as provided above. To the extent that the provider submits an adjusted Claim to the PLAN to correct missing or incomplete medical information, the PLAN must then submit the corrected Claim to the FI as an Encounter." Changed all instances of "*Systems Companion Guide*" to "*MCO System Companion Guide*" (19.): changed "If LDH or its subcontractors discover" to "If LDH or its designee discovers" References: updated Section numbers per current Contract effective 1/1/2023, removed old Section numbers per 2014 RFP Updated Attachment Reformatted to latest Policy Template	
Annual Review	Grammatical Updates (updated to present tense) Updated "Policy" section Removed Attachment (table of monetary penalties) Updated Reference and Regulatory Reporting sections	10/10/23
Annual Review	(2b.): added "excluding the Single PBM"	08/13/24
Annual Review	Encounter Data submissions (2b.i) added: "The Encounter Data completion standard for pharmacy Encounters processed by the Single PBM shall be a three percent (3%) error threshold (i.e., Encounters are at least ninety-seven percent [97%] but no greater than one hundred percent [100%] of cash disbursements)"; these pharmacy encounter additions related to the Single PBM were added under Contract Amendment Number 4	06/10/25
Annual Review	Encounter Data submissions (2b) changed from: "If the PLAN or its subcontracted vendor(s), excluding the Single PBM, individually or in aggregate, fails to submit complete Encounter Data as measured by a comparison of Encounters to cash disbursements within a one percent (1%) error threshold (i.e., Encounters are at least ninety-nine percent [99%] but no	10/13/25

	greater than one hundred percent [100%] of cash disbursements), LDH may impose Monetary Penalties in accordance with Attachment G, *Table of Monetary Penalties*" to: "If the PLAN or its subcontracted vendor(s), excluding the Single PBM, individually or in aggregate, fails to submit complete Encounter Data as measured by a comparison of Encounters to cash disbursements within a two percent (2%) error threshold (i.e., Encounters are at least ninety-eight percent [98%] but no greater than one hundred percent [100%] of cash disbursements), LDH may impose Monetary Penalties in accordance with Attachment G, *Table of Monetary Penalties*"; this change was made under Contract Amendment Number 10. Encounter Data (20) added: "The PLAN shall identify In Lieu of Services in Encounter Data in accordance with the *MCO System Companion Guide*"; this addition was made under contract Amendment Number 10.	

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.