POLICY TITLE:	**Encounter Department Policies and Procedures**
DEPARTMENT:	**Encounters**
ORIGINAL DATE:	**January, 2020**

Approver(s):   Della Tipton, Manager, Encounters
                            Bhavin Shah, Sr. Director, Encounters
Policy Review Committee Approval Date: January 22, 2020

Product Applicability: mark all applicable products below:

COMMERCIAL	[ ] HMO [ ] PPO *Products:* [ ] Small *Exchange:* [ ] Shop [ ] All
	[ ] Indiv. [ ] Indiv.
	[ ] Large
	States: [ ] GA [ ] MD [ ] OH [ ] TX [ ] NM [ ]Other_____
GOVERNMENT PROGRAMS	[ ] MA HMO [ ] MA C-SNP [ ] MA D-SNP [ ] MSSP [ ] Next Gen ACO [ ] MA All
	[X] Medicaid *States:* [ ] DC [X] KY [ ] MD [ ] TX [ ] FL [ ] AR
	[ ]Other _____
OTHER	[ ] Self-funded/ASO

Regulatory Requirements: Kentucky State Contract Section 16.

Related Documents: NA

PURPOSE
        To ensure accurate and timely encounter submissions to DMS.

DEFINITIONS
Original: An Original Encounter is a new day claim that paid. The claim frequency type code submitted in loop 2300, segment CLM05-3 is a 1
Denied: This encounter is sent whenever a claim was denied by the MCO at the header or all details were denied. The claim frequency type code submitted in loop 2300, segment CLM05-3 is a 1. Each line is denied on the encounter by placing an indicator of A1 in the K3 segment in loop 2400.
Void: The Void (V) 837 Encounter is a cancellation of a prior Accepted paid Encounter. The claim frequency type code submitted in loop 2300, segment CLM-05-3 is an 8.
Adjustment: An Adjustment is defined as a request to negate a partial amount on a previously accepted encounter. The claim frequency type code submitted in loop 2300, segment CLM-05-3 is an 7.
Resubmission: These encounters were submitted previously to DMS by the MCO and

returned back to the MCO on a 277U Claim Status transaction with a reason for rejection code. The claim frequency type code submitted in loop 2300, segment CLM05-3 is a 1.

POLICY

Evolent will ensure Encounter data is consistent with the terms of the contract with DMS and all applicable state and federal laws. Evolent will have a computer and data processing system sufficient to accurately produce the data, reports and Encounter Files set in formats and timelines prescribed by DMS as defined in the DMS contract. Evolent will electronically provide Encounter Files to DMS on a weekly schedule that will follow the format, data elements and method of transmission specified by DMS. Evolent will submit electronic test data files as required by DMS in the format referenced in the DMS contract and as specified by DMS. The electronic test files are subject to DMS review and approval before production of data.

PROCEDURE

I. Encounter Build Process

The trigger event for generation of an encounter file is the weekly Check Run/Request For Funds (RFF).

Once the RFF has completed a csv file is generated:

Data Integration Procedure creates the csv file.

hpsprdefepip01 ▸ Evolent ▸ Edifecs ▸ PHKY ▸ Evolent.Hps.Claims.Runner

Name	Type	Date modified	Size
encounters-2019-06-25	Text Document	6/25/2019 12:30 PM	4 KB
encounters-2019-06-24	Text Document	6/24/2019 10:30 PM	7 KB
encounters-2019-06-23	Text Document	6/23/2019 10:30 PM	7 KB
encounters-2019-06-22	Text Document	6/22/2019 10:30 PM	8 KB
encounters-2019-06-21	Text Document	6/21/2019 10:30 PM	535 KB
encounters-2019-06-20	Text Document	6/20/2019 10:30 PM	8 KB
encounters-2019-06-19	Text Document	6/19/2019 10:30 PM	363 KB
encounters-2019-06-18	Text Document	6/18/2019 10:30 PM	8 KB
encounters-2019-06-17	Text Document	6/17/2019 10:30 PM	7 KB
encounters-2019-06-16	Text Document	6/16/2019 10:30 PM	7 KB
encounters-2019-06-15	Text Document	6/15/2019 10:30 PM	8 KB
encounters-2019-06-14	Text Document	6/14/2019 10:30 PM	563 KB
encounters-2019-06-13	Text Document	6/13/2019 10:30 PM	8 KB

42149,81042193,81042249,81042298,81042310,81042340,81042393,81042488,81042493,81042308,81042339,8
1042608,81051916,81053053,81054220,81057866,81058802,81058846,81059745,81071815,81072228,81072968
,81072971,81073364,81073527,81073878,81074059,81074087,81074279,81074507,81074698,81074862,810751
92,81075243,81075323,81075326,81075447,81075719,81076237,81076761,81077472,81080104,81080375,8108
0778,81081725,81082515,81082904,81083642,81084433,81084961,81085185,81085224,81085571,81087118,81
087330,81087683,81090122,81091342,81091718,81092924,81093134,81093298,81093539,81093650,81093842,
81094051,81094277,81094451,81095183,81193349,81193400
2019-06-21 01:09:04.7267||Hps.Logging.NLog.NlogAdapter|INFO|59952 claims have been created.
2019-06-21 01:09:04.7267||Hps.Logging.NLog.NlogAdapter|INFO|Beginning data enrichment.
2019-06-21 01:13:18.9313||Hps.Logging.NLog.NlogAdapter|INFO|Data enrichment complete.
2019-06-21 01:13:19.0719||Hps.Logging.NLog.NlogAdapter|INFO|Opening file D:\Edifecs\PHKY
\Professional_PASSPORT_CSV_190621011319071_47730.dat for writing
2019-06-21 01:14:10.0509||Hps.Logging.NLog.NlogAdapter|INFO|Opening file D:\Edifecs\PHKY
\Institutional_PASSPORT_CSV_190621011410050_12222.dat for writing

The csv file is then picked up via a Move-it job) and loaded into the Edifecs Encounter Management (EM) Platform

The files go through Edifecs EM editing for Compliance, Business Validation, Provider Validation, Duplicate check, as well as state specific edits.

Encounters that pass editing are batched weekly on Fridays for submission to the state.
- The build process will not pick up any encounters that are in an accepted, rejected, or sent status. The process will pick up voids that have an original encounter in an accepted status each build.
- All encounters are due to DMS on Sunday of every week for the previous week's adjudicated claims.

- No more than 10,000 maximum detail records per file to allow for a 1 to 1 match to the 277U.
- Files are zipped with .txt inside a .zip and contain the following naming convention:
  - KYW837I_9900005019_O_ccyymmdd.hhmmss.txt
  - KYW837I_9900005019_D_ccyymmdd.hhmmss.txt
  - KYW837I_9900005019_V_ccyymmdd.hhmmss.txt
  - KYW837P_9900005019_O_ccyymmdd.hhmmss.txt
  - KYW837P_9900005019_D_ccyymmdd.hhmmss.txt
  - KYW837P_9900005019_V_ccyymmdd.hhmmss.txt

Batched files are then run through Edifecs RAMP Manager for an additional compliance check prior to submission to the state.
- Any fallout from this process is investigated by the Encounters team.
  - Action is taken to engage appropriate team/platform owners for remediation.

Files are then loaded to a secure FTP site.

An automated Move-It job then picks up the encounter files and submits them to the state on Saturday night at 11:59 PM.
- All subcontractors submit their encounter files to Passport. The files are archived and transmitted to the state.
- Our acceptance rate must be minimally **95%.** Any files below 95% acceptance are considered failed files per acceptance rate standards and are subject to penalties. The State will process all accepted encounters and reject all erred encounters within each file.
  - All thresholded/rejected encounters are stored in the State's Resubmission Hold Table and are subject to penalties.
- The Encounters team tracks all file transmissions through the Edifecs Encounter Management Platform (EM).
- All files built, received and returned are archived in a HIPAA secured archive client.
- The returned 999 file shows whether the file was accepted, rejected or a partial-rejected from the state.
  - The 999 transaction set is used as the first response to receiving an 837. The 999 informs the 837 submitter that the transmission arrived. In addition, the 999 can be constructed to send information about the syntactical quality of the 837 transmission.
  - KYW837I_9900005019_O_ccyymmdd_hhmmss.dat.1.999.zip
  - KYW837P_9900005019_O_ccyymmdd_hhmmss.dat.1.999.zip
- 277U files show the accepted and rejected encounters-received from the state.
- KYD837277U_9900005019_001_ccyymmdd_hhmmss
- Encounters team generates a weekly report of all rejected encounters

- Encounters team generates a report weekly for reconciliation

II. Encounter Void Process

Void Process -.
Voids are to be requested when the encounter was submitted with the wrong billing provider number, under the wrong Medicaid beneficiary ID number, or for a service that was never rendered to the Medicaid beneficiary.

Void request cannot be used to correct information on a previously rejected encounter. Void request for a previously rejected encounter will be denied. A previously rejected encounter should be resubmitted as an original with corrected information present in the field/fields, which originally caused the rejection.

When submitting a void encounter all data elements of the previously accepted encounter along with former Internal Control Number (ICN) received on the 277U for that accepted encounter must be present in their corresponding loops and segments within the file. If any information differs on the void encounter from the original accepted encounter, the void will fail.

The former ICN data element is the ICN of the original accepted encounter that is to be voided. It will be provided on the 277U. Failure to provide a correct former ICN will cause the void request to be denied.

Steps to follow:

- Submit claim frequency type code 8 in Segment CLM05-3 of Loop 2300.
- In Loop 2300 REF – Payer Claim Control Total is also required to be submitted. This is the MMIS ICN from the most recent accepted paid encounter.
- Submit Voids (V) on only Accepted Original (O), Adjustment (A), or Resubmission (R) encounters.
- Denied Encounters cannot be voided
- Before submitting a new Original (O) 837 Encounter wait until the Void (V) 837 submitted to DMS has been Accepted.
- Once the Void (V) 837 Encounter has been accepted according to the 277U response file, submit the new Encounter in an Original (O) 837 Encounter file.

What if the Void is Rejected?
If the Void (V) 837 Encounter is Rejected, then the rejection will need to be corrected if possible and another Void (V) 837 Encounter will need to be submitted. The 837 Encounter you are voiding is not voided/removed from the DMS system until the Void (V) 837 Encounter is Accepted. If the Void (V) 837 Encounter is not Accepted before

the new Original (O) 837 Encounter is submitted, a Duplicate Threshold Error will be received.

Void Process Example	Date	Claim Lines	Encounter Process
Original	10/1/2018	Line 1- $50.00	Send in Original encounter file. Encounter is accepted by DMS.
		Line 2- $25.00	
		Line 3-$75.00	
		Line 4-$50.00	

Possible Next Steps	Date	Claim Lines	Encounter Process
All 4 claim lines are recouped	11/1/2018	Line 1- $50.00	Send all four lines in a Void encounter file with the ICN of the Original encounter from 10/1/2018. Wait for accepted 277U response file from DMS.
		Line 2- $25.00	
		Line 3-$75.00	
		Line 4-$50.00	

Possible Next Steps	Date	Claim Lines	Encounter Process
Repayment of claim	11/1/2018	Line 1- $50.00	Send Encounter in an Original encounter file to DMS
		Line 2- $30.00	* All lines re-adjudicated can go to DMS in an Original encounter. This is considered a "new day claim" and should have a new adjudication date.
		Line 3-$75.00	
		Line 4-$60.00	

Encounters Void Process

Void Encounter Generated

Void Encounter File Sent → Accepted? — No → Errors Returned on 277U → Corrected Void Encounter Generated

Accepted? — Yes → New Original Encounter Generated → Send New Original Encounter → Assume Acceptance → End
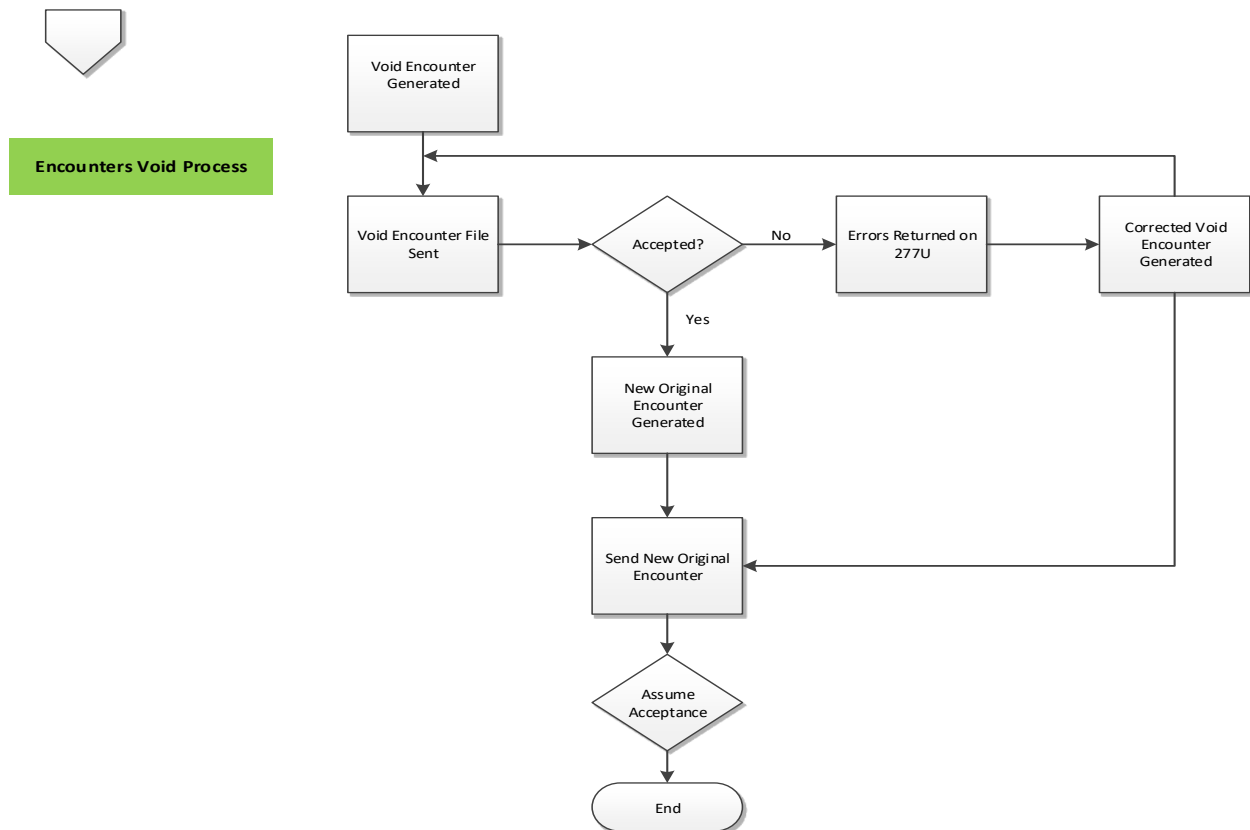
III. Adjustment Process

Adjustment Process

Adjustments cannot be used to correct information on a previously rejected encounter. Adjustments for a previously rejected encounter will be denied.

Failure to properly identify adjustments to encounters as well as failure to provide data elements from the original accepted encounter may result in the denial of the encounter as a duplicate of a previously accepted encounter.

When submitting an adjustment encounter, the additional data elements of the claim along with the former Internal Control Number (ICN) must be present in their corresponding loops and segments within the file.

The former ICN data element is the ICN of the original accepted encounter that is to be adjusted. It will be provided on the 277U. Failure to provide a correct former ICN will cause the adjustment to be denied.

Original or normal production processing and adjustments may not be submitted in the same batch of files.

Steps to follow:
- Submit claim frequency type code 7 in Segment CLM05-3 of Loop 2300.
- In Loop 2300 REF – Payer Claim Control Total is also required to be submitted. This is the MMIS ICN from the most recent accepted paid encounter.
- Submit Adjustment (A) on only Accepted Original (O) or Resubmission (R) encounters.
- Adjustments can only be made to encounters that were accepted by the State.
- Adjustment encounters must contain all data elements from the original accepted encounter, except for the data that was adjusted.
- Include former ICN on each accepted encounter
- Voided encounters cannot be Adjusted
- Denied encounters cannot be Adjusted

Adjustment files must be sent to the State in a separate batch.

Adjustment Process Example	Date	Claim Lines	Encounter Process
Original	10/1/2018	Line 1- $50.00	Send in Original encounter file. Encounter is accepted by DMS.
		Line 2- $25.00	
		Line 3-$75.00	
		Line 4-$50.00	

Possible Next Steps	Date	Claim Lines	Encounter Process
Reprocess claim to pay lines 2 and 4 at corrected rate	11/1/2018	Line 1- $50.00	Send encounter in an Adjusted encounter file to DMS. The ICN of the Original encounter must be used. Provider data from the Original and the Adjusted encounter must match.
		Line 2-$30.00	The Original Encounter previously submitted on 10/1/2018 has now been replaced. Any subsequent voids MUST use the ICN from THIS Adjusted Encounter.
		Line 3-$75.00	
		Line 4-$60.00	The Original encounter is no longer in the system at DMS once an accepted 277U has been received.

IV. Resubmission Process

Resubmission criteria:

1. Encounter staff will identify encounters for Resubmission.
2. Submit claim frequency type code 1 in Segment CLM05-3 of Loop 2300.
3. Denied, Void, or Adjustment Encounters that have been rejected cannot be resubmitted in an R file.
   a. Rejected Denied must be sent as a Denied (D), Rejected Void must be sent as a Void (V), Rejected Adjustment must be sent as an Adjustment (A).

What if the Resubmission is Rejected?

Review the rejected Resubmission file, ensure all data elements are correct as described in above steps. Review the previously thresholded encounter against the last iteration to ensure all errors were corrected. Submit corrected Resubmission in a Resubmission File (R).

V. Encounter Error Remediation Process

Edifecs Channel Exceptions/Internal Errors

- Business Validation, Provider Validation, Duplicate Validation and Compliance Validation is performed within the Edifecs EM (Encounters Management) Platform. Errors are investigated by the Encounters team. Errors that require Claims or Provider team intervention are sent to the respective teams. Encounters resulting in claims paid in error are reviewed by a team for recoupment.

External Rejections

- All NPI rejections are investigated by the Encounters team. If it is possible to update the information, Passport submits the corrected encounter data in a Resubmission batch.
- Provider rejections are investigated by the Encounters team. Once the information is updated in the appropriate system, the encounters are resubmitted to the state in a Resubmission batch.
- Duplicate rejections are investigated by the Encounters team. If the claim is corrected, this activity will be picked up in the next encounter build.
- Miscellaneous claims rejections are reviewed by the encounter team.

VI. Encounter Reporting

Weekly Acceptance Rate Report:

Weekly Acceptance Rate Reports are created by the Encounters team to reflect data for all encounter files submitted to the state. The report includes Total Encounters Submitted, Encounters Rejected for SNIP Edits, Encounters Submitted, Encounters Rejected for Threshold Errors, Total Acceptance Rate and SNIP and Threshold Failure Rate.
This report is filtered by subcontractor and distributed for performance monitoring.

Batch File	Total Encounters Submitted	Encounters Rejected for SNIP Edits	Encounters Submitted	Encounters Rejected for Threshold Errors	Total Acceptance Rate	Snip & Threshold Failure Rate
Avesis	7,022	-	7,022	12	99.83%	0.17%
Beacon	38,394	-	38,394	93	99.76%	0.24%
Superior	2,506	-	2,506	30	98.80%	1.20%
CVS	152,143	-	152,143	14	99.99%	0.01%
Evolent	197,902	76	197,826	752	99.58%	0.42%
Total	**397,967**	**76**	**397,891**	**901**	**99.75%**	**0.25%**

Weekly, Monthly and Quarterly Acceptance Rate Reports are generated utilizing the same data and are used for internal reporting.

Transmission Summary: Provides metrics of inbound and outbound transactions or files transmitted in and out of Encounter Management (EM) with a count of files by file type, status, transaction type and so on. This provides insight into the file/transaction activity happening within a specific time period.
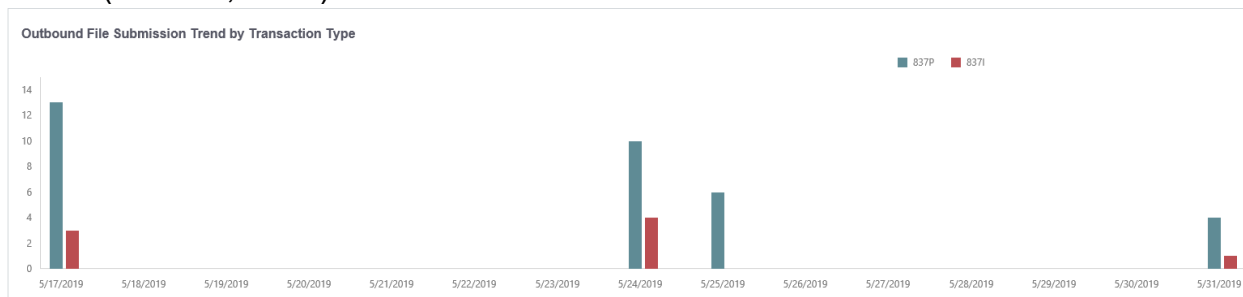
Inbound File Submissions are Files received by Edifecs EM (i.e. 277U, 999, Claims files, etc).


Inbound File Submission Trend by File Type
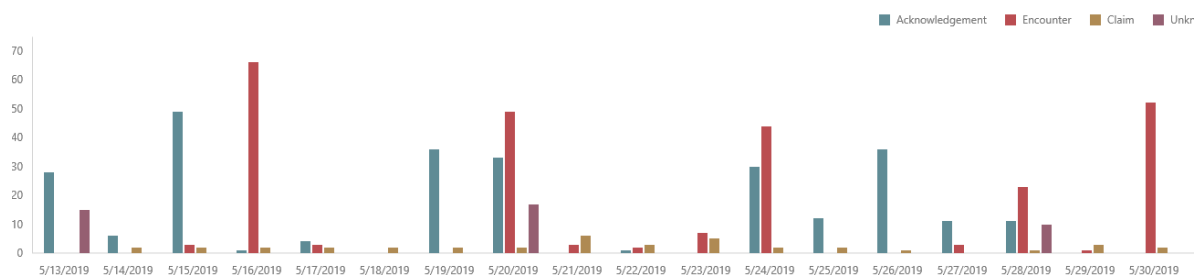
Outbound File Submissions are all Medical Encounters sent from Edifecs EM

(i.e. 837I, 837P)

Outbound File Submission Trend by Transaction Type

Claim Summary: Provides metrics about the number of claims in each activity state and disposition. Provides view of the latest status (Activity State/Disposition) of each claim by different dimensions like LOB (Line of Business), Receiver (for encounters) and Claim Type.
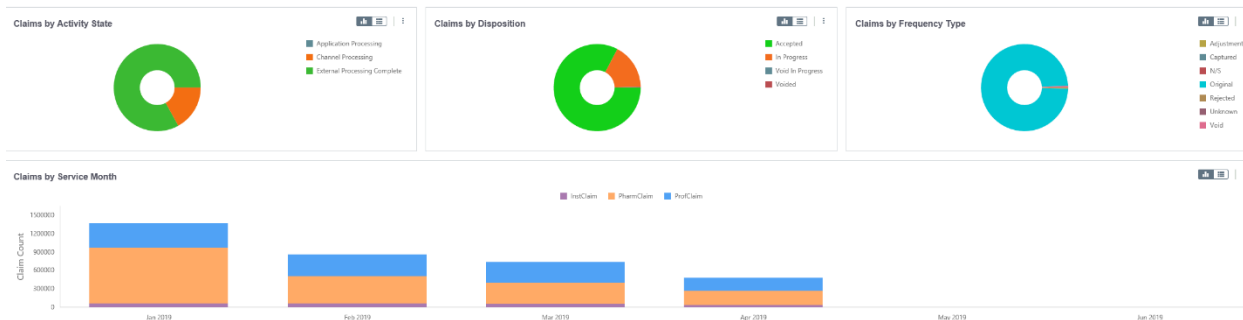

Encounter Summary: Provides metrics about the number of encounters in each activity state and disposition. Provides view of the latest status (Activity State/Disposition) of each encounter by different dimensions like LOB (Line of Business), Receiver (for encounters) and Claim Type.
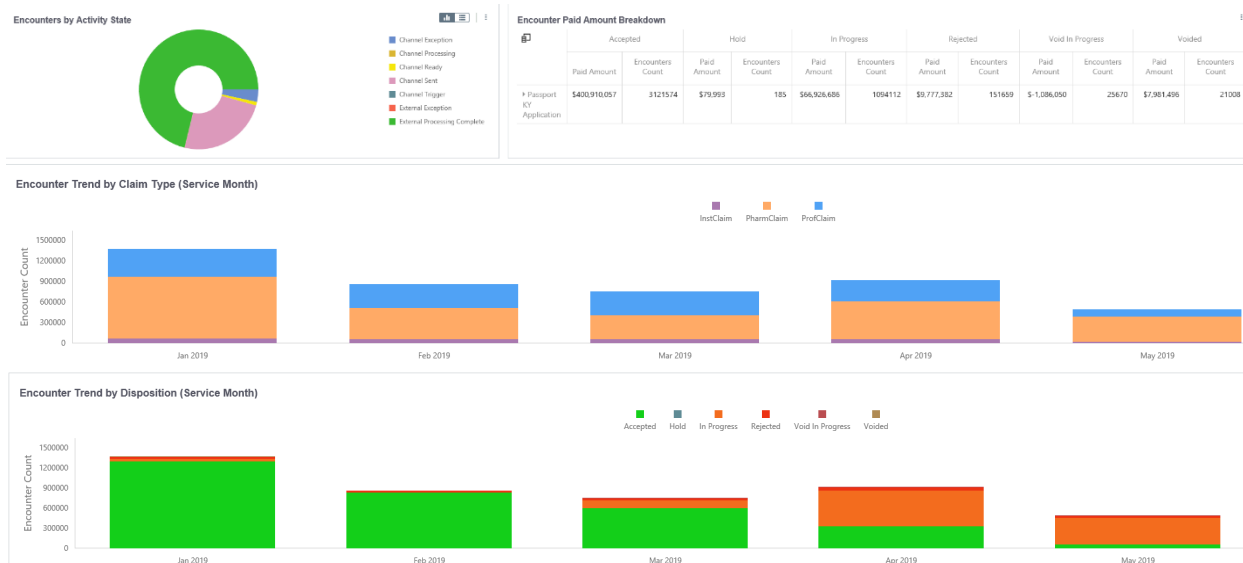
Encounter Exception Summary: Provides correction information by date.

Provides ability to analyze information on exceptions that are open and view exceptions-related activity summary (like closed and open exceptions) for the Lines of Business.
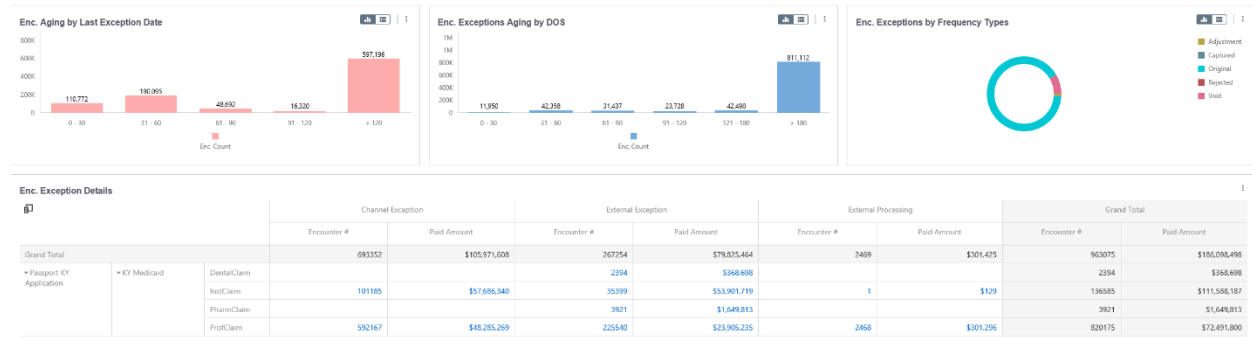
Outbound Reconciliation Report: Provides information on the outbound trading encounters submitted to the Department grouped by Line of Business (LOB), Destination/Receivers and Status/Disposition. Provides ability to view and reconcile the Outbound encounters and files that submitted for the Line of Business, and drill down into details.

Outbound Submission Stats

- Encounter Acceptance Rate
- File Acceptance Rate
- Number of encounters
- Number of files open
- Number of files rejected
- Number of files submitted

Monthly Encounter Summary, Outstanding Rejects: monthly report that summarizes Reject Codes for outbound encounters that have not yet been resolved

Top 10 External Errors

Error ID	Error Message	Count	Paid Amount
277U_97:QC	Patient eligibility not found with entity. Usage: This code requires use of an Entity Code. Patient.	592	$393,038
277U_21	Missing or invalid information.	1065	$115,520
277U_54	Duplicate of a previously processed claim/line.	303	$50,852
277U_198	Medicare effective date.	667	$18,305
277U_562:71	Entity's National Provider Identifier (NPI). Usage: This code requires use of an Entity Code. Attending Physician.	8	$8,101
277U_132:85	Entity's Medicaid provider id. Usage: This code requires use of an Entity Code. Billing Provider.	44	$3,754
277U_666	Surgical Procedure Code.	1	$2,565

:8080/evh/servlet/com.edifecs.cdesk.ui.action.ActionHandler?uid=VVPnnYBiSiteKey=default&CommunityGatewayID=142%7B100001%7D&GroupID=3%7B100004%7D&ActionBarID=Operational&Ac...

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	REVISION DATE
Formalized SOP into Policy and Procedure	01 / 2020