

ATTACHMENT C.7.B - ENCOUNTER DATA PROCESSING POLICY AND PROCEDURES

Encounter Program Management Policy and Procedures

I. POLICY

The UnitedHealthcare Community Plan (The Plan) will submit the required record of encounters to DMS weekly for pharmacy, medical, vision and at least monthly for transportation.

This Policy and Procedure will be in draft status until all encounter submission requirements have been finalized.

II. PURPOSE

This policy delineates The Plan's guidelines for reporting encounters for services provided by participating and nonparticipating providers. Encounters shall be reported timely, accurately and completely. The Encounter Program Management team shall be responsible for the described procedures.

III. DEFINITIONS

Encounter	An encounter is a record of a medically related service rendered by a registered provider to a DMS member enrolled with The Plan on the date of service.
National Encounter Management Information System (NEMIS)	National Encounter Management Information System (NEMIS) is the Oracle based encounter database used to manage encounter submissions for UHC.

IV. PROCEDURE

- A. Participating and nonparticipating providers who provide services to members must submit claims and/or encounters to The Plan pursuant to contractual or statutory requirements. The service must have been completed before a claim and/or encounter can be submitted.
- B. Claims may be submitted by paper, magnetic tape or electronic data interchange (EDI) media.
- C. Finalized Medical and Behavioral Health claims will be extracted from the claim adjudication system and loaded into the NEMIS encounter system on a weekly basis. Validations will be done to verify all claims were successfully loaded.
- D. The vision, transportation, and dental vendors will send a weekly file of claims to be submitted as encounters. These claims will be loaded into NEMIS. Validations will be performed to verify all claims were successfully loaded.
- E. The pharmacy vendor will send NEMIS a weekly file of denied claims to be submitted to DMS. Validations will be performed to ensure all claims were loaded into NEMIS accurately.
- F. The pharmacy vendor will send NEMIS a file of paid claims at least weekly to be submitted to DMS. Validations will be performed to ensure all claims were loaded into NEMIS accurately.
- G. The Plan is required to submit encounters for all services provided the members. Encounters follow national industry standards and code sets as published by X12N, NCPDP, and other

- data standard maintenance organizations. The 837 and NCPDP Implementation Guides and System Companion Documents outline encounter reporting requirements for contractors to follow in order to comply with CMS' terms and conditions, and ensure the completeness, accuracy and timeliness of encounter data.
- H. Denied claims must be submitted as encounters.
 - I. Submission data to DMS (or State Fiscal Agent) includes all services for which The Plan incurred a financial liability and claims for services eligible for processing by the contractor where no financial liability was incurred (denied encounters).
 - J. The Plan will submit the denied pharmacy encounters in the NCPDP format. Submission will include claims that were processed the previous week.
 - K. The Plan will submit the paid pharmacy encounters in the NCPDP format weekly. Submission will include claims that were paid during the billing cycle of the pharmacy vendor.
 - L. The Plan will submit encounter data within thirty (30) days of claim adjudication.
 - M. Response files for the 837 encounter file submissions are received the day after the submission. These responses are loaded into NEMIS and reconciled to the submission records.
 - N. Response files for the pharmacy encounter submissions are retrieved by our External Customer Gateway (ECG) team through system configurations. These responses are loaded into NEMIS and reconciled to the submission records.
 - O. The dedicated business analyst for the Plan will review the encounter rejects to identify technical issues, claim processing issues and eligibility issues.
 - P. The Plan will correct encounter data submission errors within thirty (30) days from the date the error report was sent by DMS.
 - Q. Rejected encounters must not exceed five percent (5%) upon submission.
 - R. Attestation: As required, The Plan will submit encounters under the signature of its Financial Officer or Executive leadership (e.g., President, Chief Executive Office, Executive Director) certifying the accuracy, truthfulness and completeness of The Plan's data. The Plan shall submit this attestation in the manner and timeframe prescribed by DMS.
 - S. The Plan shall be responsible for vendor encounter performance, including but not limited to: pharmacy, vision, dental and transportation encounters.
 - T. The Plan shall meet regularly and review, develop and implement actions to ensure encounters are reported timely, accurately and completely. Documents reviewed during meetings may include: completeness reports, encounter pend reports, encounter denied reports, encounter reject reports and financial reconciliation/encounter reports. Actions will be noted upon review of each report and tracked to ensure completion.
 - U. The Plan shall be prepared to support any audits requested by DMS. The Plan shall provide any necessary documentation requested by DMS in order to comply with the audit requirements. Individuals will be identified as owners of each audit based on requirements. Owners will ensure that the requirements of the audit are understood and will work to complete audit tasks.
 - V. The Plan shall provide corrective action plan with action items to resolve any items that are non-compliant. Individuals from The Plan will be pulled together to create workgroups to identify and resolve the items identified as non-compliant.

V. REFERENCE
▪ Work Plan

Weekly medical, behavioral health, pharmacy, vision and monthly transportation submissions
Validate that weekly files are loaded into NEMIS for medical, behavioral health, pharmacy, transport, dental and vision
NEMIS to kick-off encounter file generation process
NEMIS O&M to validate generated files
NEMIS to submit files to DMS/delegated State Fiscal Agent
NEMIS to retrieve response files from DMS/delegated State Fiscal Agent
NEMIS to load response files
NEMIS validates that there is response for each claim submitted
Encounter Program Management (EPM) team to review results
EPM team to complete financial completeness reports
EPM team to review claims rejected during submissions
EPM team to correct claims and resubmit
NEMIS to generate correction file for previously rejected claims
NEMIS O&M to validate generated files
NEMIS to submit files to DMS
NEMIS to retrieve response files from DMS
NEMIS to load response files
NEMIS validates that there is response for each claim submitted
Encounter Program Management (EPM) team to review results
EPM team to complete financial completeness reports
EPM team to review claims rejected during submissions

Revisions

12/3/14 – updated team acronym
 4/21/16 – added work plan for reference
 6/29/19 – added 5% submission threshold

Reviews

Wendy Johnson (12/3/2014)
 Wendy Johnson (4/21/2016)
 Eric Hansen (6/29/2019)

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