
14. ENCOUNTER DATA REPORTING

A. Encounter Data Submission Requirements for Directly Contracted Capitated Providers

APPLIES TO:

- A. This policy applies to all IEHP Covered directly contracted Capitated Providers.

POLICY:

- A. IEHP ensures complete, accurate, reasonable, and timely submission of encounter data to IEHP Covered for all items and services furnished by directly contracted Capitated Providers to its Members.

PURPOSE:

- A. Directly contracted Capitated Providers are required to submit accurate encounter data to enable IEHP to comply with regulatory requirements, capture data for various medical programs and help improve medical and financial performance in a timely manner.

DEFINITION:

- A. Directly contracted Capitated Providers - Providers with a capitation agreement with IEHP for services including: Primary Care Services, Lab Services, Pharmacy Services, Inpatient and Outpatient Services.

PROCEDURES:

- A. IEHP Covered must conform with IEHP Encounter Data.
- B. Directly contracted Capitated Providers must submit a CMS-1500 or EDI form with all appropriate encounter information to IEHP within 30 days after the month in which the services are rendered to a Member. Submission can be done through IEHP's secure Provider portal or via mail to the IEHP Claims Department at P.O. Box 4349 Rancho Cucamonga, CA 91729-4349.
- C. Directly contracted Capitated Providers must submit data for all covered services provided to a Member, including Primary Care Provider (PCP) visits and sub-capitated services, and must include all available diagnosis codes related to the service provided.
- D. Each month, the encounter data submitted to IEHP must meet the following three (3) requirements as set forth by IEHP: **Timeliness**, **Validity**, and **Adequacy**. Each month is reviewed on an aggregate basis.
1. **Timeliness:** 100% of encounter data must be received by IEHP within thirty (30) days after the month in which services are rendered to IEHP Members. Errors found in these

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files must be corrected and returned to IEHP by the Final Due Date (See EDI Manual Section 7C, “Encounter Data File Due Date Schedule) found on the IEHP website.¹

2. **Validity:** A compilation of the initial monthly submission and any subsequently corrected data for the same receipt month must be at minimum 95% valid.
 3. **Adequacy:** A minimum quantity of encounters in a specified time frame. Capitated Pediatric Providers are targeted to submit a minimum of 2.5 primary care encounters per Member per year. All other Capitated Providers are targeted to submit a minimum of 3.0 primary care encounters per Member per year.
- E. On an annual basis, IEHP re-evaluates the adequacy standards based on state regulatory changes, results of the Healthcare Effectiveness Data and Information Set (HEDIS®) audit and historical encounter data experience.
- F. IEHP utilizes the “Official ICD-10-CM Guidelines for Coding and Reporting” as part of the validation process.
- G. Age and gender rules for Current Procedural Terminology (CPT) codes will be enforced.
- H. For all medical encounters submitted, the Provider’s individual National Provider Identifier (NPI) is required to be submitted as the “Rendering Provider ID.”
- I. IEHP monitors and works with each Provider to ensure that any problem areas can be corrected in a timely manner. For assistance in working through the details of encounter submission please e-mail the IEHP Encounter Team at EncounterData@iehp.org.
- J. When encounter data does not meet IEHP’s submission requirements for timeliness or adequacy, IEHP may request a Corrective Action Plan (CAP) from the Provider. The Provider must submit a CAP within 30 days from the date of the CAP Request letter. The CAP must include the following:
1. The name of the person responsible for implementing the CAP;
 2. A list of specific actions to be taken to ensure that encounter data meets the submission requirements;
 3. Completion dates for each of the corrective actions; and
 4. A valid and adequate number of encounters.
- K. Directly contracted Capitated Providers who fail to submit an acceptable CAP within the required timeframes may be frozen to new enrollment until such time that the CAP is approved and meets standards. Capitated Providers that continue to be non-compliant with encounter data submission will result in conversion from PCP capitation to a fee-for-service arrangement with IEHP.

¹ <https://www.providerservices.iehp.org/en/provider-central/provider-manuals-and-training>

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- L. Directly contracted Capitated Providers wishing to appeal an adverse decision may do so in accordance with Policy 13D, “Provider Dispute Resolution Process – Initial Claims Disputes.” Capitated Providers must cite specific reasons for their appeal.
- M. The responsibility for Encounter Data reporting as outlined above, continues until all services rendered during the timeframe a Capitated Agreement was in place are reported.

INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	<input type="checkbox"/> DHCS	<input type="checkbox"/> CMS
	<input type="checkbox"/> DMHC	<input type="checkbox"/> NCQA
Original Effective Date:	January 1, 2024	
Revision Effective Date:		