

# HEALTH PLAN ENCOUNTER DATA QUESTIONNAIRE

|                                      |  |
|--------------------------------------|--|
| Health Plan Name                     |  |
| Response Completed By (Name & Title) |  |
| Email Address of Responder           |  |
| Date Response Completed              |  |

## Encounter Data Questionnaire

This questionnaire is used to gather information regarding the health plan's encounter data and the health plan's processing of encounter data to support the various uses of the data by the state agency. This information will provide the state agency and its designated vendors with critical information regarding how the data is collected, reported and adjusted/corrected for more efficient and effective use of the data. It will also provide information on health plan challenges in capturing and reporting the encounter data to support issue identification and problem resolution.

The Health Plan Encounter Data Questionnaire is to be completed by the health plan on an annual basis and is due to the state agency by November 15<sup>th</sup> of each year. If applicable, the health plan should identify the completed Health Plan Encounter Data Questionnaire as "Proprietary and Confidential". If the questionnaire is marked as such, the completed questionnaire must be sent to the state agency's actuary by the noted due date.

## Submission of Encounter Data

1. Explain in detail the process for submitting encounter data to the state agency to include the following information:

- Where is the data stored (e.g., claims system, data warehouse, separate encounter system)?
- How is the data pulled for submission?
- Is there any editing done by the health plan prior to submission? If so, describe the editing done?
- Does the health plan do any mapping and/or reformatting of any specific data fields prior to submission to the state agency?
- What criteria are used to determine what should be submitted for each submission? Include a description of any claims held for internal purposes prior to encounter submission (e.g., known translator errors, known MO HealthNet denials, etc.). Quantify the total paid amounts associated with these held claims during the prior calendar year.
- Are there criteria used to make sure information previously submitted is not resubmitted? If yes, what are the criteria?
- Identify what processes are automated and what processes are manual.

2. Explain in detail the process for submitting encounter data from the subcontractor (behavioral health, vision, dental, lab, etc.) to the health plan (from the time it is submitted by the subcontractor until the time it is submitted by the health plan to state agency).

- Where is the data stored?
- In what format is the data stored?
- How is the data pulled for submission?
- Is there any editing done by the health plan prior to submission? If so, describe the editing done?

- Does the health plan do any mapping and/or reformatting of any specific data fields prior to submission to the state agency?
- Identify what processes are automated and what processes are manual.

**Provider Reimbursement**

3. How are outpatient claims paid (e.g., percent of billed, line-by-line, case rate, etc.)?
  - a. If different methods, list by percentage of claim dollars for each different payment type.
  - b. Describe how each of these payment arrangements is reflected in the encounter data submissions.
4. How are inpatient claims paid (e.g., DRG, APR-DRG, per diem, percent of billed, etc.)?
  - a. If different methods, list by percentage of claim dollars for each different payment type and version number for DRG.
  - a. Describe how each of these payment arrangements is reflected in the encounter data submissions.
5. How are maternity and delivery services paid (e.g., FFS, case rate, etc.)?
  - a. If different methods, list by percentage of claim dollars for each different payment type.
  - b. Describe how each of these payment arrangements is reflected in the encounter data submissions.

**Sub-Capitated Provider and Vendor Arrangements**

6. What types of services are provided through vendors for the health plan? Provide the information included in the table below for each of your vendors. Include any vendors from the prior two calendar years. Vendors should be inclusive of any entities where services are provided through a sub-capitated arrangement with the health plan.

| Item | Vendor Name | Services Covered | Vendor Payment Method | Vendor Contract Period | Covered Populations |
|------|-------------|------------------|-----------------------|------------------------|---------------------|
| 1    |             |                  |                       |                        |                     |
| 2    |             |                  |                       |                        |                     |
| 3    |             |                  |                       |                        |                     |
| 4    |             |                  |                       |                        |                     |
| 5    |             |                  |                       |                        |                     |
| 6    |             |                  |                       |                        |                     |
| 7    |             |                  |                       |                        |                     |
| 8    |             |                  |                       |                        |                     |
| 9    |             |                  |                       |                        |                     |

Indicate which of the above vendor encounters are submitted to the state agency as sub-capitated services.

**Encounter Reconciliation Process**

7. How do you reconcile encounter submissions to claims processed to ensure that health plan paid claims and accepted encounters in your state agency submissions are complete?

8. How does the health plan monitor the accuracy and completeness of encounter data submitted by vendors?
9. How does the health plan monitor the accuracy and completeness of claims and encounter data submitted by providers?
10. How does the health plan monitor the timeliness of encounter data submitted by vendors?
11. How does the health plan monitor the timeliness of claims and encounter data submitted by providers?
12. How does the health plan ensure that encounter data is submitted to the state agency timely?
13. What is the average health plan acceptance rate of encounter data submissions for the most recent six months?
14. What are the top 10 encounter denial reasons for the most recent six months in terms of paid dollars?
15. What is your strategy to reduce encounter denials by reason code?

### **Encounter Correction Process**

16. How is other insurance data collected? Are sub-capitated vendors required to collect third party liability (TPL) data?
17. How are claims processed with TPL, including if other insurance is submitted after initial claim processing? Also describe TPL processes for vendor data.
18. Is TPL payment information submitted through encounter data? Is it submitted for vendor data?
19. If the health plan is not responsible for a service due to a primary carrier, how is the zero-pay claim reflected in the encounter data?
20. Explain the process for submitting claim adjustments for encounter data previously submitted by the health plan.
21. Explain the process for submitting adjustments for encounter data for the vendors' data.
22. Explain the process for identifying and resubmitting MO HealthNet denied encounters by the health plan.
23. Explain the process for identifying and resubmitting MO HealthNet denied encounters by the vendors.
24. Explain the process for voiding previously submitted encounters by the health plan.
25. Explain the process for voiding previously submitted encounters by the vendors.

### **Miscellaneous**

26. Is the health plan up-to-date on encounter submissions? If not, please explain and provide a quantification of the paid dollars impacted by the delay in submissions.
27. Please describe any concerns regarding encounter data submissions that have not been addressed in the responses to this point that the state agency should take into consideration.