PREMIER ACCESS

ACCESS DENTAL

Policy and Procedure			
Policy Name:	Encounter Data	Policy ID:	UM.005.01
Approved By:	Dental Director (signature on file)	Effective Date:	1/1/2013
States:	All States	Revision Date:	3/19/2013
Application:	All programs		

This policy applies for operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as ***"Premier Access"***.

Purpose

To identify the processes for ensuring complete and accurate encounter data submissions.

Policy

Premier Access requires all contracting dental Providers to submit encounter data. Because encounter data is crucial to effectively monitoring and assessing the quality of care provided to Members, ***Premier Access*** monitors for completeness, accuracy and data integrity.

One of the challenges related to any managed care capitated program is collection of complete encounter information. Fee-for-service compensation structures encourage the completeness of data through payments for services delivered. ***Premier Access*** has program elements that are designed to address the challenge of complete encounter data, including hybrid compensation models that include capitation and targeted supplemental fee for service payments and/or pay for performance compensation based on minimum utilization thresholds.

Definitions

There are currently no applicable definitions required for this policy.

Procedure

1. All contracted Providers are required to submit encounter data. Data is submitted via claims or encounter data submissions in accordance with the applicable program type and processed systematically by the Benefit Administration System (BAS). BAS differentiates between encounters and claims only to the extent that resulting payment may or may not apply.
2. All claims from contracted Providers are generally required to be submitted within 180 days of the date of service or the specified time frame, in accordance with applicable regulatory and program requirements.
3. All encounters from contracted Providers need to be submitted within 15th of the month following the date of service.
4. All claims (including encounters) are reviewed by the BAS system with defined edits. Error/edit reports are generated and sent to the Provider's office requesting resubmission. Missing required data elements or mismatched data elements, such as teeth numbers or surfaces, generate error reports that are sent to Provider offices for completion or correction of the data.
5. Contracted Providers in capitated programs are expected to submit monthly encounters by the 15th day of the following month.
6. ***Premier Access*** provides financial incentives for Providers to submit complete encounter data through pay for performance programs, supplemental fee for service payments, a set amount for each unduplicated encounter received, and/or traditional discounted fee for service compensation arrangements (e.g., contracted specialists).
7. ***Premier Access*** receives encounter data manually, on encounter forms, as well as electronically.
    a. Encounter forms are provided at no charge to the contracted Provider's office.

   b. ***Premier Access***' MIS department assists Providers with electronic submission options, including assistance in identification of data delivery mechanisms that are compatible with the Provider's practice management software.

8. Encounter reporting is monitored through quarterly reports to identify contracted Providers who may have incomplete encounters. Minimum expected number of encounters is determined based on the number of qualified Members that are assigned to a Provider's office in combination with a threshold minimum percentage of expected utilization.
9. Contracted Providers who submit less than the minimum number of expected encounters are contacted by Provider Relations/Provider Services to inquire about the status of reporting. In conjunction with the Provider, Provider Relations/Provider Services will evaluate possible technical issues in transmission or submission of encounter data and/or the need for counseling regarding timely submission of encounter data.
10. Encounter data validation occurs through the Quality Management processes, including monitoring processes related to fraud and abuse detection and Provider profiling for over and under utilization.
11. Reconciliation audits of encounter data to Provider office billing data are conducted periodically as needed to verify the completeness of encounter submissions.
12. Provider Relations/Provider Services makes monthly follow up and reminder calls to Provider offices with pending submission of corrected encounter data.
13. Encounter reports are analyzed by the Dental Director and the results are reported to the Utilization Management subcommittee for discussion and further analysis, as needed. Quarterly monitoring is conducted by the Quality Management committee. Recommendations for improvement, revisions or additional reports are evaluated on an ongoing basis and included in the annual review.
14. **California Medi-Cal GMC and LAPHP Programs:** ***Premier Access*** will engage an External Quality Review Organization (EQRO) to perform a performance measure audit at least annually or as designated by the Department of Health Care Services (DHCS). The EQRO will perform an annual on-site audit to assess ***Premier Access***' information and reporting systems, as well as methodologies for calculating the performance measure rates. (see ***Policy QM.043.01, External Quality Review Organization Requirements***)

References

See also related policies:

Policy QM.043.01, External Quality Review Organization Requirements
Policy QM.038.01, Fraud and Abuse Detection
Policy UM.002.01, Monitoring Over and Under-Utilization

Revision History

Date:	Description
01/01/2013	Written policy developed.