



Encounter Data vs. Claims True or False

Understanding the distinction between encounters and claims is key to understanding the encounter data challenges our healthcare system currently faces. Have some educational fun and test your knowledge!

✦ **Encounters and claims capture the same basic data elements.**

True. Both capture patient demographic data (e.g. patient DOB, address, etc.) provider-specific data (e.g. NPI, date of service), service code information (e.g. ICD-10 Code, CPT Code, HCPCs, etc.) and health plan insurance information.¹

✦ **Encounter data submissions are complete if all billable services are included.**

False. Encounter data includes service codes NOT normally reimbursed such as CPT II codes for systolic and diastolic blood pressure measurements (Controlling Blood Pressure HEDIS Measure) and for indicating patients with diabetes had an eye exam with a “negative for retinopathy” result in prior year (Eye Exam for Patients with Diabetes HEDIS measure).²

✦ **Practices do not need to include information from hospitals and labs in their encounter data because hospitals and labs will submit claims to health plans.**

False. There may be important information about a patient’s care and demographics included in admit, discharge, and transfer notifications and discharge summaries from hospitals and in lab result reports that practices should include in their encounter data.

Example: A discharge summary states the patient is experiencing homelessness (ICD-10 Z code categories Z59.0); practices should capture and submit this in their encounter data to reflect higher severity and intensity of services needed.^{3,4}

✦ **Encounter data is the responsibility of the back office clinical staff while the front office and business office are responsible for claims.**

False. Healthcare providers and administrators from the front office, back office, clinical, and billing teams all impact encounter data quality and timeliness.

- Download the [Role-Based Impact Guide](#)

¹ Byrd, V., Nysenbaum, J., Lipson, D. (2013, November). *Encounter Data Toolkit (for Centers for Medicare & Medicaid Services)*. <https://www.medicaid.gov/medicaid/downloads/medicaid-encounter-data-toolkit.pdf>

² National Committee on Quality Assurance, *HEDIS Measures and Technical Resources*, <https://www.ncqa.org/hedis/measures/>

³ Andis Robeznieks (2022, May). *Social determinants of health and medical coding: What to know (American Medical Association)*. <https://www.ama-assn.org/practice-management/cpt/social-determinants-health-and-medical-coding-what-know>

⁴ Department of Health Care Services (2022, February). *All Plan Letter 21-009 (Revised), “Collecting Social Determinants of Health Data”* <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf>

+ Encounter submission timeframes are not the same as claims submission timeframes.

True. Encounter submission timeframes may differ from claims submission timeframes and may vary by health plan and IPA/PPGs. Timeframes refer to the maximum number of days after the date of service to submit a claim or encounter data for it to be considered a timely submission.

- Download the [Medi-Cal Health Plan Quick Reference Guide](#)
- Download the [Encounter Data Submission Policy and Procedure Template](#)

+ Encounter data is unusable if submitted past the submission deadline for IPA/PPGs and health plans.

False. Encounter data is still valuable if submitted after submission deadlines because it captures both patient diagnoses and services rendered, making it an important source of information for care referrals and care coordination. Additionally, for practices participating in value-based payment programs, it may be used to document care gap closures and exclusions as well as for calculating incentive payments based on quality of care and population risk scores.



Prepared as part of IHA's Encounter Data Improvement program.

Learn more at IHA's [Encounter Data Resource Hub](#)