Recommended Actions for Reducing Duplicate Encounters

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IHA.org/Encounter-Data-Resources

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Executive summary

Duplicate submissions are one of the leading causes of rejections and poor encounter data quality. Submitters do not have adequate insight into the status of an encounter data submission once it is submitted to a plan or once a plan submits it to the regulator (i.e., DHCS). This lack of insight drives submitters to resubmit encounters, causing duplicate submissions.

Oftentimes, submitters do not know whether the initial submission was accepted, rejected, or is still in process when they submit a duplicate. As such, when the duplicate is rejected by a plan, providers do not know whether the original encounter submission was incorrect or whether the duplicate submission was rejected on the basis that it is a duplicate submission.

The recommended actions outlined below intend to reduce duplicate encounter submissions for California regulators, plans, and submitters that utilize encounter data, particularly those that participate in Medi-Cal.

Recommendations for health plans

- To improve standardizations at every encounter data exchange point, plans should provide notifications for submitters when encounters move through the tracking system (e.g., rejected, accepted, in process). Plans should also log and track encounter submission status from plans to plan regulators
- To standardize the encounter reconciliation process, plans should submit a report of all encounters submitted by a submitter on a regular cadence (e.g., monthly) so that submitters do not submit duplicates but rather focus on submitting encounters that plans do not have. Additionally, plans should review the response files produced from DHCS, such as the 277 Claim Acknowledgement form, and communicate any reconciliation needs to their data submitters in a timely fashion.
- To better allow submitters to refile an encounter that has not been processed, plans should align on a unified, standard identifier so submitters can edit and easily keep track of unprocessed encounter submissions.
- To help standardize the requirements of submitters, plans' inbound and outbound teams should align their duplicate logic to DHCS' Companion Guide, thereby standardizing fields and removing customization or variation across plans.

Recommendations for encounter data submitters

- To improve standardizations at every encounter data exchange point, submitters should have a reciprocal process to log and track encounter submission status (e.g., submission date, claim acknowledgement from health plan). Submitters should also analyze their data to understand the average turnaround time, so they know when to review or track down any in-process claims/encounters.
- To standardize the encounter reconciliation process, submitters should keep track of all encounters submitted to a plan for the reporting period and compare them against the list of encounters received by the plan. Submitters should focus on reconciling encounters that are deemed missing from the plans' roster.

- To improve the process for refiling an encounter that has not been processed, submitters should document and utilize a standard process/identifier when refiling a corrected encounter with a plan.
- To optimize their encounter data submission processes, submitters should routinely update encounter documentation and training materials, so they accurately adhere to plans' duplicate logic. Submitters should also participate in working sessions with plans to ensure alignment around requirements.

Background and methodology

As part of Health Net's Encounter Data Improvement Program, IHA serves as the Encounter Data Governance Entity (EDGE) and is charged with coordinating encounter data improvement efforts across California.

Within IHA's multi-pronged approach to move the needle on encounter data, IHA has established a Data Standards Implementation workstream to work directly with stakeholders to develop recommended actions. These actions are intended to improve encounter data quality across six priority areas within encounter data submission as identified during the 2020 Health Net Manatt Encounter Data Summit.

Priority areas identified at the 2020 Health Net Manatt Encounter Data Summit
Duplicate encounters
Tracing errors to their sources
Newborn identification
Communicating rejections and remediation
Visit-Encounter reconciliation
Use of local codes

Participants of the Data Standardization Workshop that occurred at the 2020 Encounter Data Summit identified duplicate encounters as the most prevalent encounter process error. Duplicate encounters are a widespread issue affecting plan and provider organizations across all lines of business, often consuming staff time and resources while directly impacting the overall timeliness of encounter data throughput to DHCS. Duplicate submissions are also linked to worsened data quality which impacts capture of services provided, risk adjustment and/or rate setting, as well as quality measurement and reporting of encounter data quality.

To create recommended actions intended to decrease the number of duplicate encounters submitted in error to health plans and, ultimately, to DHCS, the Data Standards Implementation Workstream (DS) partnered with the Health Industry Collaboration Effort (HICE) and their Encounters Standardization Team (HICE Encounters Team), a voluntary group that convenes weekly to review, problem-solve, and analyze encounter data issues to improve processes through the industry. To fully understand the scope of duplicate encounters, members of the HICE Encounters Team shared their experiences with duplicate submissions and conducted a root cause analysis to better understand where to target improvement efforts. DS and HICE Encounters Team then developed recommended actions that focused on the initial portion of submission process between provider organizations and health plans.

Upon finalizing the recommended actions, DS and HICE Encounters Team presented the actions to the IHA Data Governance Committee for approval in October 2022. Under its purview as a data policy, data quality, and regulatory

compliance advisor to IHA's programs, the Data Governance Committee reviewed the recommended actions, provided input, and ultimately approved them as appropriate for IHA and HICE to share widely to California providers and health plans. IHA and HICE encourage providers and health plans to adopt the actions below as part of their efforts to improve encounter data quality statewide.

Definitions

Duplicate encounter submission: A duplicate encounter is any encounter that contains the same information in specific fields of a previously submitted encounter. The methodology for identifying duplicate encounters is outlined in DHCS' Companion Guide for X12 837 transactions for encounter data.

Plan: Plan refers to the Medi-Cal MCPs that submit data to DHCS. Plans are both recipients of encounter data (from submitters) and submitters of encounter data to regulators (DHCS). When referring to plans, we may refer to inbound teams (teams that work on encounter data coming into the plan) and outbound teams (teams that work on encounter data leaving the plan to the regulator).

Regulator: Regulators are defined as the recipient of encounter data from Medi-Cal Managed Care Health Plans (MCPs). In this document, regulator refers to the California Department of Health Care Services (DHCS).

Submitter: Generally, submitter is defined as any entity submitting an encounter to another entity. In all cases below, however, submitter refers to the provider or provider organizations submitting encounter data.

Encounter status: The terms below are used to describe the status of an encounter

- **Accepted:** An encounter that is ingested and accepted into the recipient's system
- **In process:** An encounter that is not fully process, either accepted or rejected, into the recipient's system
- **Rejected:** An encounter that is rejected, denied, or unsuccessfully ingested into the recipient's system.

Recommended actions

Standardized processes that track encounter data submission status between submitters and recipients should be prioritized at every exchange point. Standardized processes should also provide feedback to the submitter explaining rejected submissions. Finally, inbound and outbound teams within all submitters and recipients should coordinate to ensure common understanding of encounter data submission requirements.

Improve standardizations at every exchange point

Once an encounter is submitted, tracking its status (e.g., rejected, accepted, in process, etc.) can help reduce duplicate submissions. For example, an encounter that is submitted and indicated as in process would not need to be resubmitted.

> ### Industry standard

> *The industry should create specific, aligned definitions and processes to indicate encounter submission status (e.g., rejected, accepted, in process, etc.). For example, the 277 Claim Acknowledgement is a X12 standard that can be utilized by health plans to communicate to their submitters whether or not encounters have been accepted into the health plan's system. Submitters can use the 277 files to log and track encounter submission status.*

Stakeholder specific recommendations:

- **Plans** should provide notifications for submitters when encounters move through the tracking system (e.g., rejected, accepted, in process). Plans should also log and track encounter submission status from plans to plan regulators.
- **Regulators** should provide notifications for plans when encounters move through the tracking system (e.g., rejected, accepted, in process) via response files (e.g., 999 Implementation Acknowledgement, 277 Health Care Information Status Notification, Encounter Validation Response).
- **Submitters** should have a reciprocal process to log and track encounter submission status (e.g., submission date, claim acknowledgement from health plan). Submitters should also analyze their data to understand the average turnaround time, so they know when to review or track down any in-process claims/encounters.

Standardize reconciliation processes

If plans and submitters reconciled the encounter submissions they have on file through a feedback loop, submitters would not resubmit encounters that have been confirmed as received by plans.

> ***Industry standard***
>
> *The industry should align on the fields each organization includes in the any encounter data reconciliation reports and determine a cadence upon which to send and reconcile reports.*
> *As of November 2022, the HICE Encounters Team is developing a Reconciliation Report Template informed by industry participants that will be available on IHA's Encounter Data Resource Hub.*

Stakeholder specific recommendations:

- **Plans** should submit a report of all encounters submitted by a submitter on a regular cadence (e.g., monthly) so that submitters do not submit duplicates but rather focus on submitting encounters that plans do not have. Additionally, plans should review the response files produced from DHCS, such as the 277 Claim Acknowledgement form, and communicate any reconciliation needs to their data submitters in a timely fashion.
- **Submitters** should keep track of all encounters submitted to a plan for the reporting period and compare them against the list of encounters received by the plan. Submitters should focus on reconciling encounters that are deemed missing from the plans' roster.

Refile corrections for in-process encounters

A standardized process for submitters to refile encounter submissions that have not yet been processed can help reduce duplicate submissions.

> ***Industry standard***
>
> *The industry should institute/implement a standard identifier to notify plans that a submitter is resubmitting (i.e., fixing) an encounter that has already been submitted but has not yet been rejected or accepted.*

Stakeholder specific recommendations:

- **Plans** should align on a unified, standard identifier so submitters can edit and easily keep track of unprocessed encounter submissions.
- No recommended action for **DHCS** as DHCS already adheres to this recommendation. DHCS allows plans to void or resubmit corrected encounters after the encounter has been accepted by indicating it is a replacement or void in the "frequency code" field. To find DHCS requirements related to this, please see Section 3.24 "Correcting a Submitted Encounter" in both the DHCS 837 Institutional Encounter Data Transaction (837i) Standard Companion Guide Transaction Information, Version Number 3.8 (September 2022) and the DHCS 837 Professional Encounter Data Transaction (837p) Standard Companion Guide Transaction Information, Version 3.6 (September 2022).
- **Submitters** should document and utilize a standard process/identifier when refiling a corrected encounter with a plan.

Standardize and align duplicate logic to DHCS' Companion Guide

The specifications used to evaluate encounters for duplicates is known as "duplicate logic." Consistent duplicate logic between plans' inbound and outbound teams can help reduce duplicate encounter submissions because alignment would simplify submitter requirements.

> ***Industry standard***
>
> *The Department of Health Care Services maintains two companion guides with instructions related to duplicate encounters: the DHCS 837 Institutional Encounter Data Transaction (837i) Standard Companion Guide Transaction Information and the DHCS 837 Professional Encounter Data Transaction (837p) Standard Companion Guide Transaction Information. These Companion Guides should be upheld and adhered to as the industry standard.*
>
> *In the September 2022 versions of these Companion Guides, Versions 3.8 and 3.6 respectively, information related to "Duplicate encounters" can be found in Section 3.8 and lists the values at the service-line level that are used to evaluate an encounter for duplicate.*

Stakeholder-specific recommendations:

- **Plans'** inbound and outbound teams should align their duplicate logic to DHCS' Companion Guide, thereby standardizing fields and removing customization or variation across plans.
- No recommended action for **DHCS** as DHCS already adheres to this recommendation. DHCS' Companion Guide explains how to submit encounters, outlining the criteria they use to identify duplicates and how to use modifiers for certain encounters that could trigger a false duplicate notification. To find DHCS requirements related to this, please see Section 3.8 "Duplicate Encounters" in both the DHCS 837 Institutional Encounter Data Transaction (837i) Standard Companion Guide Transaction Information, Version Number 3.8 (September 2022) and the DHCS 837 Professional Encounter Data Transaction (837p) Standard Companion Guide Transaction Information, Version 3.6 (September 2022).
- **Submitters** should routinely update encounter documentation and training materials, so they accurately adhere to plans' duplicate logic. Submitters should also participate in working sessions with plans to ensure alignment around requirements.

Additional considerations

Consider dedicated encounter reconciliation team

Due to the importance of high quality and complete encounters, it is recommended that both provider organizations and plans adopt dedicated reconciliation teams to track and manage all inbound and outbound encounters. Team scope can include reconciliation efforts, duplicate review, and/or root cause analyses.

Consider system updates

To reduce the manual tracking and managing of encounters and to account for changes in conjunction with the recommended actions listed above, both provider organizations and plans should implement system updates that can automate tracking encounter submission status.

Future service line considerations

IHA and HICE identified specific services – including pathology/laboratory and immunization – that could lead to duplicate encounters with more frequency. While these service lines may be primed for duplicates, HICE and IHA focused on the initial submission exchange to address the root issue. In summary, HICE and IHA heard that submitters want clear, concise, and easy to understand information that includes detailed instructions regarding how to resolve challenges related to duplicate rejections. Encounter data submission resources and guidelines are complex and nuanced; this can lead to ambiguity in interpretation as well as inconsistency across submitters. Rejection notes and communication pathways vary from source to source, which makes reconciliation a challenge. The DS workstream developed the above detailed recommended actions intended to standardize components in the submission process and to reduce sources of duplicate encounters.