

MEDICAID ENCOUNTER DATA

Medicaid Program Oversight

May 28, 2013



Managed Care Plans

- MediPass
 - A Primary Care Case Management arrangement in which providers submit fee for service (FFS) claims to state's fiscal agent.
- Health Plans
 - FFS Provider Service Networks (PSNs) provide non-emergency transportation on capitated basis and submit fee for service for all other services.
 - HMOs and Capitated PSNs are capitated for health care services
 - Nursing Home Diversion Plans (NHDs) are capitated for health care services, including Home and Community Based Services.
 - Prepaid Dental Health Plans (PDHPs) are capitated for dental services.
 - Prepaid Mental Health Plans (PMHPs) are capitated for behavioral health care services.

What are Encounter Data?

- Records of services provided to health plan enrollees.
- Documentation of health service utilization; procedures, diagnoses, dates of service, demographics, amounts and frequency of services.
- Documentation of amounts paid to rendering service providers.
- Claims submitted to the health plan translated to electronic transactions and submitted to Florida Medicaid Management Information System.
- Data required by federal and state mandate.

Encounter Data Collection

- Encounter data collection began in 2006.
- Encounter data are collected in federally mandated HIPAA compliant formats.
- Pharmacy encounter data must be in NCPDP format, version D.0
- All other encounters must be in the 5010 version of X12 Professional (837-P), Institutional (837-I) and Dental (837-D) transactions.
- PMHPs and NHDs began submitting electronically in July and September 2012, respectively.
- As of May 2013, a total of 224,962,398 encounter claim lines have been processed.

Encounter Data Uses

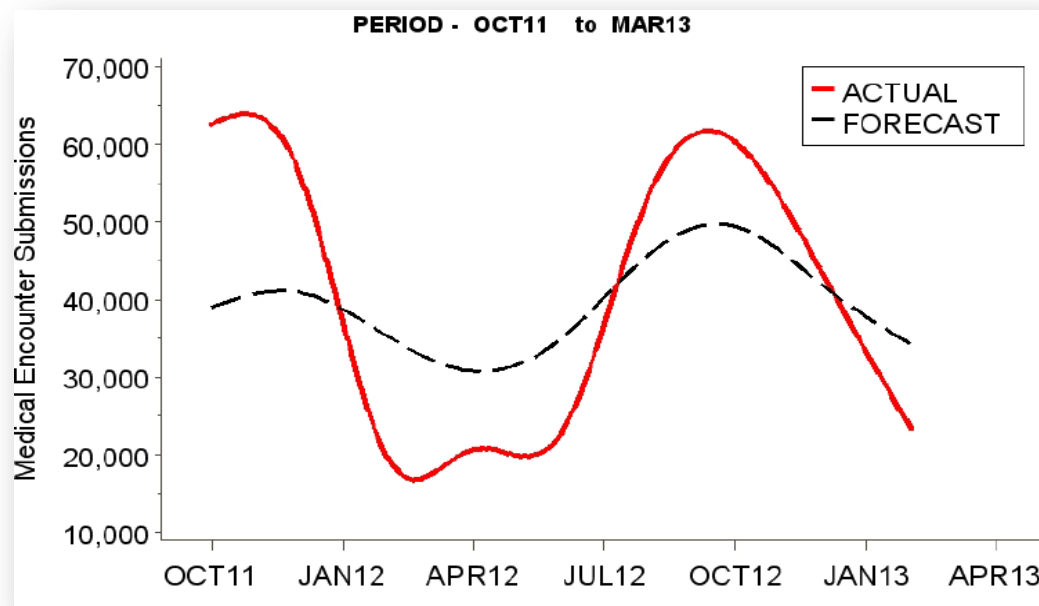
- Measurement of service utilization.
- Focus on performance issues such as increased access to care and better coordination of care.
- Fraud and abuse prevention and detection.
- Cost analyses, risk adjustment and rate-setting.
- Foster process improvement and policy decision making process.
- Better cost predictability based on risk models.
- Information and analytical support for other policy bureaus.

Encounter Data Monitoring

- Review health plan encounter submissions for contract compliance with accuracy, completeness, and timeliness standards.
- Measure health plan monthly submissions by claim type.
- Publish monthly compliance reports which include analyses and scores of health plans' completeness, accuracy and timeliness. Scores are used to highlight industry-wide challenges and to determine if individual health plans are out of compliance.

Encounter Data Monitoring

- Challenges and opportunities determining completeness
 - Volumetric variations in health plan submission practices over extended periods of time.
 - A Predictive Model is in the final stages of development to help assess completeness and accuracy.



Concepts to Remember

- Fee-for-Service providers are required to submit claims directly to the Agency's fiscal agent (HP) for payment.
- Providers within a health plan network submit claims directly to that health plan.
- The health plan is required to submit the encounter to the Agency within 60 days of the end of the month in which the health plan adjudicated the claim and within 15 days after the end of the month in which a pharmacy encounter is adjudicated.

Medicaid Program Oversight Activities

- Monitor, analyze, and validate encounter data.
- Measure and report contract compliance.
- Assess sanctions or corrective actions if necessary.
- Interface with health plans and other stakeholders regarding encounter policy issues.
- Study quality, measure performance and evaluate programs.

Encounter Data Statewide Medicaid Managed Care Impact

Encounter data is required as mandated by statute and federal requirements for all Statewide Managed Care Plan Types.

Long Term Care

Managed Medical Assistance

Comprehensive

Specialty Plans

Encounter Data Statewide Medicaid Managed Care Impact

- Long Term Care Managed care rollout begins August 1, 2013 and ends on March 1, 2014.
 - Encounter data from six plans across 11 regions.
- Managed Medical Assistance Program will be available in all areas by October 1, 2014.
 - Encounter data will become the predominant source of information in the Medicaid program.
 - Increased focus on data quality.

Questions?

