Encounter Timeliness Report Guidelines

As required by the health plan contract, Medicaid Health Plans (MHPs) must meet minimum volume requirements by submitting timely and complete encounter data by the 15th of the month. For encounter data to be counted in the Timeliness report, the encounter must have been paid in the month listed in the 'Payment Month' column and be accepted into the CHAMPS data warehouse by the 15th of the month listed in the 'Month of Submission' column.

Encounters received for prior payment months are not considered timely and therefore not counted in the timeliness report. Encounters for future payment months will be counted in the appropriate future Payment Month. For example, if an encounter gets paid on 2/04/2018 and accepted into the data warehouse on 2/10/2018. The encounter will not be counted for the January Payment month, it will be counted in the February Payment Month.

A timeliness report will be generated monthly by MDHHS for each health plan showing at a minimum the number of paid/processed records submitted, the minimum number of records required to meet the timeliness requirement and whether the minimum has been met. Only unique TCNs will be counted. There are currently two MHP timeliness reports; one for Institutional, Professional and Dental encounters and the other for Pharmacy encounters. Reports are generated using the criteria* below:

Institutional, Professional, Dental Encounters
- Encounter is accepted and active
- Health Plan ID specific
- Includes all members billed with a Medicaid ID
- Paid date reported by Plan

Pharmacy Encounters
- Encounter is accepted and active
- Health Plan ID specific
- Includes all Members billed with a Medicaid ID
- Date of Payment (Check Date)

***Please note these data elements are required for reporting purposes.**

The Minimum Met column of the report will show a 'Yes' if minimum requirements were met and 'No' if the minimum was not met. A 'Yes' means that the plan receives a pass for the month.

If a plan does not meet the guidelines for timely encounter submission and it is due to a State technical issue or failure on the States part to respond timely, the plan may request a review by sending an email to Encounter Processing (MDHHSEncounterData@michigan.gov) and Encounter Quality (MDHHS-Encounter-Quality@michigan.gov) mailboxes. The email request should include the period for which they are requesting a review and why they deserve a 'Pass'. Requests for review need to be submitted within 90 days of the end of the measurement month.

Requests for a 'Pass' on timeliness will be reviewed by a committee with one or more members from Managed Care Division, Managed Care System Operations and Actuarial Division. If a 'Fail' on the timeliness report was the State's fault, either the failure was caused by technical issues during the encounter adjudication process or requests for assistance from the health plan were not responded to in five business days, the committee will issue a 'Pass'.

When requesting assistance or following up on unanswered emails, the health plan is expected to email both mailbox groups (Encounter Processing and Encounter Quality. The health plan should allow for at least 48 hours before the timeliness deadline to request assistance.