

PROVIDER Bulletin



May 25, 2020

This Provider Bulletin applies to the lines of business and provider types checked below:

<input type="checkbox"/> PHP (Medicare)	<input type="checkbox"/> Primary Care Physicians	<input checked="" type="checkbox"/> Specialists
<input checked="" type="checkbox"/> PHC (Medicaid)	<input checked="" type="checkbox"/> Ancillary	<input checked="" type="checkbox"/> Hospitals

Quality Measures for Encounter Data Submission

Thank you for everything you do to ensure a positive health care experience for our members – your patients. One of the mechanisms the AHF and State Regulators such as the Department of Healthcare Services (DHCS) utilizes to monitor data quality and metrics to drive data quality improvement efforts is Encounter Data Submissions.

PHC adheres to Department of Healthcare Services (DHCS) measurement standards for encounter data submissions.

PHC requires all Providers to submit encounter data reflecting the care and services provided to our members. The collection of encounter data is vital to PHC, encounter data provides the Plan with information regarding all services provided to our membership. Encounter data serves several critical needs.

It provides:

- Information on the utilization of services
- Information for use in HEDIS and other quality management studies
- Information that fulfills state reporting requirements DHCS has implemented standards for the consistent and timely submission of Medi-Cal encounter data.

All providers are required to submit claims and encounters using current HIPPA compliant codes which include the standard CMS codes for ICD-10, CPT, HCPCS, NDC, and CDT, as appropriate

PHC is required to submit encounter information to DHCS within ninety (90) days following the date of service. To meet this requirement, Providers must submit this information to PHC sixty (60) days from date services were rendered. This allows PHC thirty (30) days to process the information prior to submission to DHCS.

PHC would like to strongly encourage all Providers to submit claims/encounter submissions electronically utilizing PHC's clearinghouse CHANGE HEALTHCARE; our payer ID is 95411.

If you have any questions regarding this process, please contact the Provider Relations Department for further assistance 888-726-5411 or capr@aidshhealth.org.

Thank you in advance for your cooperation.

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 888-726-5411 or email to capr@aidshhealth.org.