CHAPTER 2 – ENCOUNTER ADJUDICATION PROCESS

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1. MCO Enrollment

A managed care organization (MCO) that has signed a contract with HFS will receive communication from the HFS Bureau of Managed Care (BMC) about the enrollment process. BMC will guide the new MCO through the enrollment process and inform the MCO of when its enrollment is complete.

BMC will outline to the MCO that it must register in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) provider enrollment system (https://www.illinois.gov/hfs/impact/Pages/default.aspx). When registering, the MCO selects the provider enrollment type of "Contractor/MCO".

A successful IMPACT enrollment will prompt BMC to send subsequent documents and forms that need to be filled out by the MCO. The MCO can expect the following documents/forms from BMC:

- Contract/Data Sharing Agreement
- File layouts and data dictionaries
- HIPAA Companion Guides/Crosswalks/Payor-Sheets, de-identified outbound 834 and 820 (separate files for MMCP's)
- Provider Type/COS Table
- MEDI Registration Link
  https://www.illinois.gov/hfs/sitecollectiondocuments/meditoolbox.pdf
- RACF Form 1706
- FTP Specifications
- Provide File Exchange Chart
- Tradelink Specifications

The HFS Bureau of Technical Support (BTS) and The Illinois Department of Innovation & Technology (DoIT) will be directed by BMC to set-up SFTP inbound /outbound directories and all necessary access to HFS automated systems for the MCO. If the MCO has any questions during the enrollment process, it may contact BMC for clarification. Once successfully enrolled, the MCO submits test encounter claim files to HFS (which is explained in *Chapter 3* of this Manual).

2. Introduction to Encounter Claims

Encounter claims contain detailed information about individual health care related services provided by a MCO. Encounter claim data is equivalent to a standard Medicaid claim except that the provider submits the data to convey service delivery information to the state and is not eligible for reimbursement. HFS does not remit payment for individual encounter claims filed because the MCO receives a monthly capitation payment for its members, regardless of how many services a provider has delivered to the member for a given month. HFS has different guidelines for Medical and Pharmacy encounter claims submission which are outlined below.

3. Medical Encounter Submissions Process Overview

The following flowchart illustrates the summary of how a medical encounter claim is processed at HFS. MCOs submit 837 files and then retrieve response files through the HFS SFTP server. The 837 transaction is processed through EDI for HIPAA 5010 compliancy. A HIPAA compliant 837 transaction is processed through the HFS Medicaid Management Information System (MMIS) claims/encounter engine, including edits, rules, and policies that have been developed for encounter processing. HFS will send adjudicated claims information back to the MCOs through weekly remit file. All encounter data is stored in the HFS enterprise data warehouse (EDW).

A.   Encounter Process Flow Chart
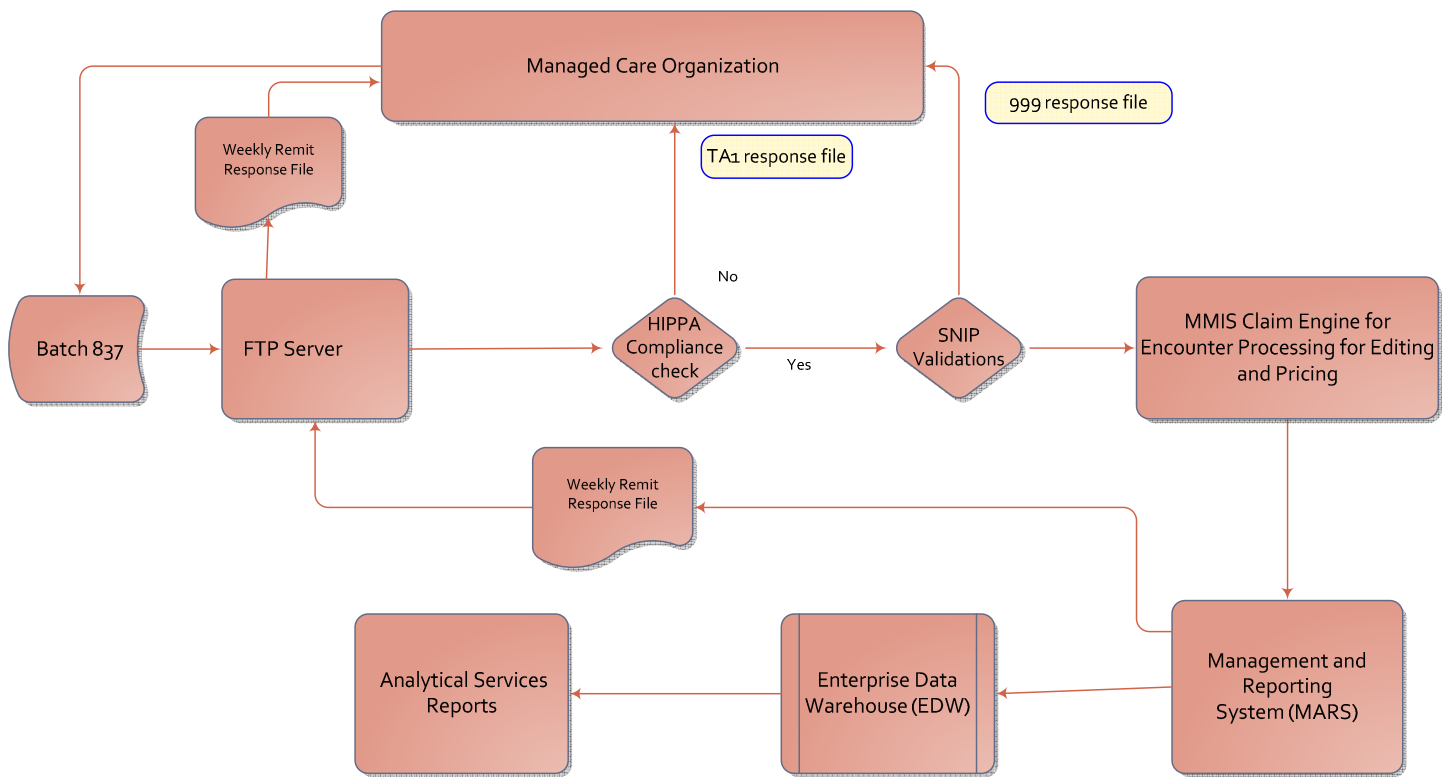
B.   File Naming Convention

All MCOs will receive the files below from HFS. Note that most file extensions will be unique to the MCO. So, "x's" noted below in the extensions will be replaced with something unique to the MCO and will be communicated by HFS once the MCO is enrolled and file transfers are ready to occur.

File Name	Naming Convention	Frequency
834 Transaction Error File	AIDP.P1BPIX01.xxxx	Daily
Provider Extract File For All MCO's –	AIDP.P1BPDDL9.MCON	Weekly
Proprietary Remittance Advice File for Health Choice Illinois (Previously known as ICP,FHP, ACA)	AIDP.P1BPDV03.PCx6	Weekly
Proprietary TEST Remittance Advice File for Health Choice Illinois (Previously known as ICP,FHP, ACA)	AIDP.P1BPDV03.TCx6	As per test file submission
Proprietary Remittance Advice File for MMP	AIDP.P1BPDV03.Pxx8	Weekly
Proprietary TEST Remittance Advice File for MMP	AIDP.P1BPDV03.Txx8	As per test file submission
Kick remit	AIDP.P1BPDV03.TDKx	Weekly
LTC Patient Credit File	AIDP.PA2736K6.xxxx	Monthly
Medical Claims File	AIDP.EDWCLAMS.xxxx	Monthly
Pharmacy Claims File	AIDP.EDWPHARM.xxxx	Monthly
Diagnosis File	AIDP.EDWDIAGN.xxxx	Monthly
Procedure Code File	AIDP.EDWPROCE.xxxx	Monthly
Revenue Code File	AIDP.EDWREVEN.xxxx	Monthly
Institutional Claims File	AIDP.EDWINSTI.xxxx	Monthly
Nips File	AIDP.EDWSNIPS.xxxx	Monthly
Compound Drugs Detail File	AIDP.EDWCOMPD.xxxx	Monthly
Cornerstone Immunization File	AIDP.EDWCRNST.xxxx	Monthly
ICARE Immunization File	AIDP.EDWICARE.xxxx	Monthly.
DPH Lead Data File	AIDP.EDWDLEAD.xxxx	Monthly.
Adjustment Data File	AIDP.EDWADJST.xxxx	Monthly.

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Recent Prior Authorization	AIDP.EDWMEDPA.xxxx	Monthly.
Pharmacy Prior Authorization	AIDP.EDWPHAPA.xxxx	Monthly.
Control File	AIDP.EDWCNTRL.xxxx	Monthly.
Codes and Descriptions File	AIDP.EDWCODED.CCIP	Weekly.
837 X12 input test file	xxxxxxxx.Dmmddyy.Thhmmss.MI.EDIyyyy Where: xxxxxxxx = assigned RACF UserID (upper case) mmddyy = vendor creation date hhmmss = vendor creation time yyyy = TEST (for test files), PROD (for production files)	Submitted by the MCO to HFS.
999 file - Test	AIDOXXX.Dmmddyy.Thhmmss.MO.EDITEST AIDOXXX – Your plan profile ID or RACF ID assigned by HFS	As per file submission.
999 file - Prod	AIDOXXX.Dmmddyy.Thhmmss.MO.EDIPROD AIDOXXX – Your plan profile ID or RACF ID assigned by HFS	As per file submission.

4. NCPDP Encounter Submissions Process Overview

Pharmacy claims are processed by HFS's contracted pharmacy benefits manager (PBM), Change Healthcare (CHC). The MCO's profile will be assigned and communicated to the health plans by BMC. Onboarding and testing will be handled by the HFS Encounters Team with assistance by BTS. The HFS Encounter Data team ensures that MCOs have the necessary access to submit NCPDP data and receive encounter responses and proprietary remittance advices. Production pharmacy claims are accepted and adjudicated by CHC. CHC will send response files whenever files are submitted to PBM system and the MCO receives adjudicated claim information back through weekly remit files from HFS.

A.   NCPDP Encounter Process Flow

The following flowchart illustrates the summary of how a pharmacy encounter claim is processed at HFS.
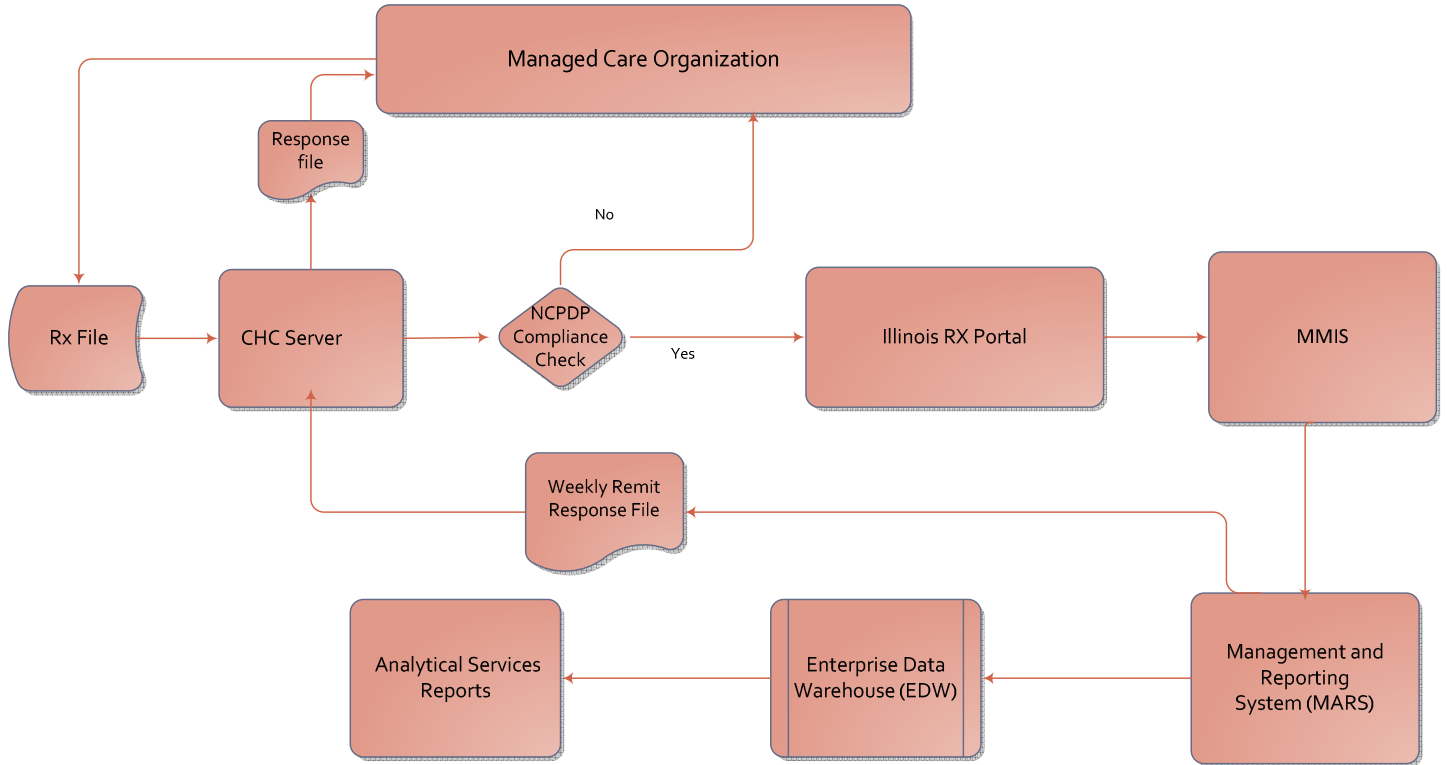
B.   NCPDP Enrollment Guidelines

The MCO will contact BMC to set up its account before the MCO can start submitting pharmacy claims. Once the CHC account is set-up, CHC will contact the MCOs to complete NCPDP enrollment process, as per contact information provided by the MCO. CHC will need the following information or actions to be completed by the MCO:

- Name, email address, and phone number of the sponsor for this account.
- Name, email address, and phone number of the technical lead for this account.
- Static IP address of where the file transmission will be originating from.
- Create at least a RSA 4096 byte Public SSH key for use with this account.

The following table shows the NCPDP file specifications.

Change Health SFTP Information	IP: 170.138.108.5 Port: 22 ASCII file transfer	• Batch files must be in ASCII format. • Files should be zipped before placing on FTP site

CHC Folder Structure	• Both TEST and PROD directories will have an INCOMING and OUTGOING directory. • NCPDP 1.2 batch files should be submitted to the appropriate INCOMING directory. • NCPDP 1.2 response files will be placed on the appropriate OUTGOING directory for MCO pickup.	• Each MCO will have a folder identified by name. • Within that folder there will be TEST and PROD directory.
File Naming Convention	Submission: PROD_IL_MCONAME_ SEQNO_YYYYMMDD_S.zip Response: PROD_IL_ MCONAME _ SEQNO_YYYYMMDD_R.zip	• PROD/TEST – File type • IL_MCONAME - Name of submitting provider • SEQNO – sequence number of file submission, can go as high as 99999. This number will NOT reset • YYYYMMDD – Date file submitted • S/R – S is a submitted file, R is the CHC response file back