Frequently Asked Questions
About Encounters

April 2023

1. **What is an Encounter Performance Summary Report (PSR) and who receives them?**

   The PSR reflects electronic data interchange (EDI) inbound encounter volumes based on the accuracy and timeliness measurements. It does not include encounters for members who were not eligible at the time of service.

   A PSR is sent out once a month to each MSO with a breakdown by IPA.

   If you have any questions, please reach out to the Encounter Performance Team at EPE@blueshieldca.com.

2. **How do I submit a corrected, replacement or void encounter?**

   Encounters that have been submitted and accepted can be subsequently corrected by either a void or replacement action. To submit a void or replacement encounter intended to overwrite a previously accepted encounter, and prevent duplicate rejection, provide the following data:

   - The claim control number must be unique in the CLM01 field
   - A value of either "7" (replacement) or "8" (void) must be placed in the Claim Frequency Code data element in CLM05-03.
   - In the corrected encounter, the original Claim Control Number (Blue Shield Claim ID if possible) of the previously accepted encounter must be populated in the REF Payer Claim Control Number in REF02 (REF01 qualifier F8). If unknown, send any 12 numeric digits in REF02.

     Data elements:
     - CLM05-3 =7 or 8
     - REF02 (REF01 Qualifier = F8 = Original Payer Claim Control Number. If unknown, submit any 12 numeric digits.

       Review additional guidance in our EDI Companion Guides <link to that page>

3. **How is timeliness for encounters submission measured by Blue Shield and Blue Shield Promise?**

   Timeliness varies based on the line of business.

   Goals:

   - Medi-Cal LA: 65% received by Blue Shield Promise within 30 days from the date of service
   - Medi-Cal SD: 65% received by Blue Shield Promise within 60 days from the date of service
   - Cal MediConnect 65% received by Blue Shield Promise within 180 days from the date of service
   - Medicare, Commercial: 65% received by Blue Shield within 180 days from the date of service

Although LA Care & Department of Health Care Services (DHCS) measure timeliness differently for Medi-Cal capitated and fee for service submissions (LA Care, 65% within 60 days from the date of service and DHCS, 65% within 90 days from the date of service), Blue Shield and Blue Shield Promise request that providers submit encounters based on the goals outlined above.

4. **How is encounter accuracy measured by Blue Shield and Blue Shield Promise?**

   Acceptance rate is based on received encounters by received date, file type and line of business. The goal is 95%.

5. **What are the National Drug Code (NDC) requirements for encounter submissions?**

   - Blue Shield Promise uses the FDA National Drug Code Directory to validate NDCs.
   - Blue Shield Promise uses the NDC from the package and not the vial.
   - Refer to the EDI Companion Guides for specific details on how to submit the NDC. Proper submission information,
     including the conversion table, can be found in the guides.

   NDC for Physician Administered Drugs (PAD):

   Blue Shield Promise requires claims and encounters reporting Physician Administered Drugs (PADs) to include both the Healthcare Common Procedure Coding System (HCPCS) code and a valid NDC for Medi-Cal and Cal Medi-Connect members.

   Services that include the use of 340B Physician Administered Drugs should be reported accurately with the proper procedure code, NDC, drug unit, and drug quantity to Blue Shield Promise. The "UD" modifier must be included in one of the four available modifier positions (2400 SV101-3, 4, 5 or 6).

6. **Does cost share information need to be included on an encounter?**

   Yes, cost share information is critical to Blue Shield and Blue Shield Promise to receive on encounter submissions. It is important to receive cost share information to ensure member's accumulators are updated appropriately and Medicare out-of-pocket amounts are correctly reflected in the member's Part C Explanation of Benefits. For Medi-Cal, if cost share information is not available, please do not submit information in the following segments.

   Please submit encounters with cost share information that are balanced. We have identified many situations where the allowed amount is not being submitted which causes other submitted amounts not to balance.

   - Cost share information requires balancing of the following data elements, in the following equation:
     - Allowed Amount = Paid Amount + Deductible + Coinsurance + Copayments + Any other patient responsibility amounts
     - Additional guidance is available in the EDI Companion Guides

     Data Elements:
     - Allowed Amount
     - Paid Amount

     Any other Adjudicated Amounts* This does not count towards the allowed amounts.

7. **What is a Secondary 277CA and when would I receive it?**

   You will receive a Secondary 277CA once your encounter is adjudicated in our processing system. It provides the final disposition of the encounter (accepted or denied).

   If you have questions regarding a denial, please reach out to the Encounter Performance Team at EPE@blueshieldca.com.

COVID-19 submissions

8. **Why were COVID-19 encounters denied?**

   Please contact your assigned Blue Shield or Blue Shield Provider Relations Representative for further information.

9. **Why haven't my COVID-19 fee-for-service claims finalized?**

   Please contact your assigned Blue Shield or Blue Shield Provider Relations Representative for further information.