

# PROVIDER Update



Health Net®

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## Medicare Encounter Data Submission Deadlines for Risk Adjustment

*Submit encounter data for 2017 dates of service by **January 3, 2019***

Encounter data for any outstanding 2017 dates of service should be submitted to Health Net of California, Inc. (Health Net) by **January 3, 2019**.

Health Net must submit encounter data with January 1, 2017, through December 31, 2017, dates of service to the Centers for Medicare & Medicaid Services (CMS) by early January 2019 for the Medicare Risk Adjustment 2017 final cutoff. CMS uses encounter data in its risk-adjustment (encounter data-based) formula to calculate risk-adjustment scores for each Medicare Advantage (MA) member.

The accuracy and completeness of risk-adjustment calculations depends on providers reporting encounter diagnosis code data accurately and to the highest level of specificity. Inaccurate or incomplete data submissions may result in a reduced payment from CMS to Health Net, which would affect provider reimbursements.

### 2017 ENCOUNTER SUBMISSION INFORMATION

Health Net utilizes the standard Health Insurance Portability and Accountability Act (HIPAA) X12 837 format for encounter submissions as it is the most effective method for submitting Medicare risk-adjustment encounter data to meet CMS submission deadlines.

Refer to the table below to submit Medicare encounter data for any outstanding 2017 dates of service to Health Net by **January 3, 2019**. Contact the clearinghouse listed with any questions.

Clearinghouse	Payer IDs	Contact Information
EMDEON	95568 and 95570	1-877-469-3263 www.emdeon.com
TRANSUNION HEALTHCARE	95568 and 95570	(310) 973-2880 pdl_ddcsr@transunion.com
DIRECT HEALTH NET SUBMITTER	95568	enc_group@healthnet.com (encounters only)

### RISK ADJUSTMENT REPORTS

The Provider Risk Adjustment Factor Reconciliation Report (PRRR) is a detailed risk-adjustment report identifying the diagnosis codes that are accepted by the CMS Risk Adjustment Processing System (RAPS) for 2017 and 2018 dates of service. Upon request, participating physician groups (PPGs) may request a monthly PRRR to help compare the diagnosis codes that are accepted at CMS for provider groups with the diagnosis codes in the system or charts for their MA members. Missing diagnosis codes should be submitted through the standard encounter method in the 837 format.

To request the monthly PRRR, email Health Net at [medicareops@healthnet.com](mailto:medicareops@healthnet.com).

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
  - Kern
  - Los Angeles
    - Molina
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

PROVIDER SERVICES

[provider\\_services@healthnet.com](mailto:provider_services@healthnet.com)

Medicare (individual)

1-800-929-9224

[provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com)

Medicare (employer group)

1-800-929-9224

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PROVIDER COMMUNICATIONS

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