Passport Health Plan
University Health Care, Inc.
with The Partnership Council
Administered by AmeriHealth Mercy

PROVIDER Medical Office Notes

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SUPPORTING OUR PROVIDER PARTNERS THROUGH COMMUNICATION AND COLLABORATION.

Member Encounter Submission Requirements/ Instructions for PCPs

As a fiscal agent for the Department for Medicaid Services (DMS), Passport Health Plan (PHP) is required to submit encounter data to the Commonwealth of Kentucky. Provider assistance is an essential component of this requirement. This *Medical Office Notes* will help you understand your responsibilities as a PHP provider partner and the far-reaching impact and benefits of member encounter reporting.

WHY IS IT IMPORTANT TO SUBMIT MEMBER ENCOUNTERS?

The Commonwealth requires complete, accurate, and timely encounter data in order to effectively assess the availability and costs of services rendered to Medicaid members. The data we provide affects the Commonwealth's funding of the Medicaid program, including PHP. Encounter data is also used to fulfill Federal reporting requirements.

In addition, PHP utilizes encounter data to analyze physician reimbursement for fee for service (FFS), capitated services, and bonus payouts.

HOW DO I SUBMIT MEMBER ENCOUNTERS?

According to Plan policy, providers must report all member encounters by claims submission either electronically or by mail to the Plan. For additional claim filing instructions, please refer to Section 18 of the PHP Provider Manual on our web site, **www.passporthealthplan.com/providercenter**.

TIPS FOR ENCOUNTER SUBMISSIONS

- Although capitated services are not reimbursed on a fee-for-service basis, it is important to include exact service charges on the claim as you would when billing any other carrier.
- Encounters **must** be submitted even when PHP is not the primary payer. **Note: The bonus system gives credit for encounters and bonus dollars are earned even when PHP's liability is $0.**
- If you use an automated billing or practice management system, please confirm the system allows for the submission of claims with zero dollar balances, to facilitate the transmission of both capitated and secondary claims.
- PCP providers are eligible to receive a **monthly encounter bonus** payment from the Plan for each claim submitted containing only capitated services. To be eligible for the bonus, providers must submit claims within 180 days of the date services were rendered.

QUESTIONS?

If you have any questions regarding this communication, please contact your Provider Relations representative or the Provider Relations department at (502) 585-7943.

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