

June 2017



## **STOP BEWARE: YOUR ENCOUNTER DATA MAY BE TRUNCATED STOP**



We want to make sure you receive credit for all HEDIS services provided. Below are some tips to help you ensure that the claims/encounter data you submit is not truncated by either limitations in your EMR software or by scrubbing processes used by your clearinghouse. **This is important as the majority of HEDIS scores are calculated using claims/encounter data.**

1. Sample medical records to compare the number of diagnosis codes or service codes in your system to the records actually transmitted to CHG. You can use Community Health Group's online claim status tool to confirm codes received vs. codes submitted.
2. Ask your clearing house or billing agency if their software has a limit on the number of diagnosis or service codes that can be transmitted to CHG. These limitations could mean that not all codes are being submitted to CHG.
3. Ensure your clearinghouse or billing staff is working the rejection reports made available when a claim is rejected. These reports are critical as they describe the reason a claim/encounter was rejected.
4. Work your rejected claim/encounter reports and re-submit those records that were initially rejected.
5. Grant CHG staff access to your EMR system. We can help troubleshoot with you and also help improve your HEDIS medical record documentation process. This will increase your HEDIS score.

Did you know CHG can receive up to 50 diagnosis codes on each encounter/claim? The same applies to service codes so feel free to submit all relevant codes!

If you have any questions or need assistance please don't hesitate to call Gabriela Rubalcava, at (619) 498-6535 or Adrian Arce, at (619) 240-8905.