PART 8: ENCOUNTERS

The MCO shall submit encounter data according to specifications, including data elements and reporting requirements, outlined in the **MCO System Companion Guide**

The MCO shall submit paid, denied, adjusted, and voided claims with the appropriate identifiers established in the **MCO System Companion Guide** to indicate these claims as encounters.

The MCO should refer to the **MCO System Companion Guide** for a list of encounter edit codes.

CLAIMS SUMMARY REPORT

The MCO must submit monthly Claims Summary Reports of paid and denied claims to LDH by claim type per instructions in the **MCO System Companion Guide**.

ENCOUNTERS GREATER THAN $1 MILLION

For non-hospital encounters that are greater than $1 million, the MCO shall:

1. Send the claim as a single encounter.
2. On the encounter, split the dollar amount across the coordination of benefit (COB) loops, with each loop having the MCO's carrier code. The MCO can submit up to three COB loops in this way, and the dollar amount should be split across the loops. For example, if the total dollar amount is $2,500,000, the MCO should populate three COB loops with the following billed charges amounts:
   a. First loop = 999,999.99;
   b. Second loop = 999,999.99;
   c. Third loop = 500,000.02.
3. Ensure that the billed charges amount does not exceed 999,999.99 per COB loop.

The MCO should refer to the **MCE System Companion Guide** for additional details regarding COB loops.

PHARMACY ENCOUNTERS

The MCO shall submit a weekly claim-level detail file of pharmacy encounters to LDH which includes individual claim-level detail information on each pharmacy claim dispensed to a Medicaid patient, including but not limited to the total number of metric units, dosage form, strength and package size, National Drug Code of each covered outpatient drug dispensed to Medicaid enrollees. See the **Batch Pharmacy Encounters Companion Guide** for a complete listing of claim fields required.