

Encounter Data Call

April 20, 2011

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Agenda

- Session Guidelines
- Introduction
- Encounter Data Implementation Schedule
 - EDS Implementation Schedule
- Policy/Operational Decisions
- Testing and Submitter Enrollment Updates
- Encounter Data Frequently Asked Questions (FAQs)

Session Guidelines

- This is a two (2) hour encounter data call for Medicare Advantage Organizations (MAOs) and Third Party submitters.
- We encourage participation during the session. When asking questions, clearly state your name, organization, and title, in case follow-up correspondence is required.
- Time has been allotted at the end of the call for questions and answers.

Introduction

- The purpose of this Encounter Data Call is to provide updated policy and operational guidance to the industry to promote capabilities and preparations for systems testing and EDS implementation.

MAOs

- CMS considers the following types of plans to be MAOs:
 - Medicare Advantage Plans
 - Medicare Advantage-Prescription Drug Plans
 - Health Maintenance Organizations
 - Special Needs Plans (SNPs)
 - Local Preferred Provider Organizations (PPOs)
 - Regional PPOs
 - Employer Group Health Plans
 - Programs for All-Inclusive Care for the Elderly (PACE) plans
 - Cost Plans (1876 Cost HMOs/CMPs and 1833 HCPPs)
 - Medical Savings Account
 - Private Fee-for-Service Plans
 - Religious Fraternal Benefit Plans (RFBs)
 - Provider Sponsored Organizations



Encounter Data Implementation Schedule

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CEM Schedule

- The Encounter Data System (EDS) is based on the Fee-for-Service (FFS) Common Edits and Enhancement Modules (CEM).
- The release of the CEM for Medicare Part A/B has been delayed.
- This delays the implementation of CEM for encounter data.

Target EDS Implementation Schedule

Task	Estimated Start Date	Estimated End Date
<u>Milestone:</u> Test and Enrollment Package Posted on CSSC Website	07-Mar-11	07-Mar-11
Test Case Preparation*	30-Mar-11	14-Jul-11
Plans Submit Front-End Test Data**	15-Jul-11	15-Aug-11
Encounter Data Processing System Test Case Preparation and Education	16-Aug-11	28-Oct-11
Execute Encounter Data System Institutional and Professional Processing and Pricing Sub-System End-to-End Testing/certification	31-Oct-11	30-Nov-11
<u>Milestone:</u> Encounter Data System Roll-out	03-Jan-12	03-Jan-12

*All test case preparation should be completed by July 14, 2011. This will allow for a full month of end-to-end testing which is currently scheduled to begin October 31, 2011.

**Front-end test data should be submitted on or as close to July 15, 2011 to allow for a full month of test data remediation.

Dates are subject to change.



Policy/Operational Decisions

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Policy/Operational Decisions

- The following policy/operational decisions will be discussed regarding encounter data collection:
 - Adjudicated claims data
 - File size limitations
 - Connectivity file naming conventions
 - 5010 Acknowledgment reports
 - 277CA Cumulative report
 - Utilizing the NPI
 - Atypical provider types
 - Submitting chart review data
 - Adjustments
 - Submission of dental data
 - Amount fields
 - PC-ACE Pro32

Adjudicated Claims Data

- MAOs and Third Party submitters should submit only adjudicated claims for encounter data.
- Adjudicated claims are claims that have reached final resolution in the claims processing system.

File Size Limitations

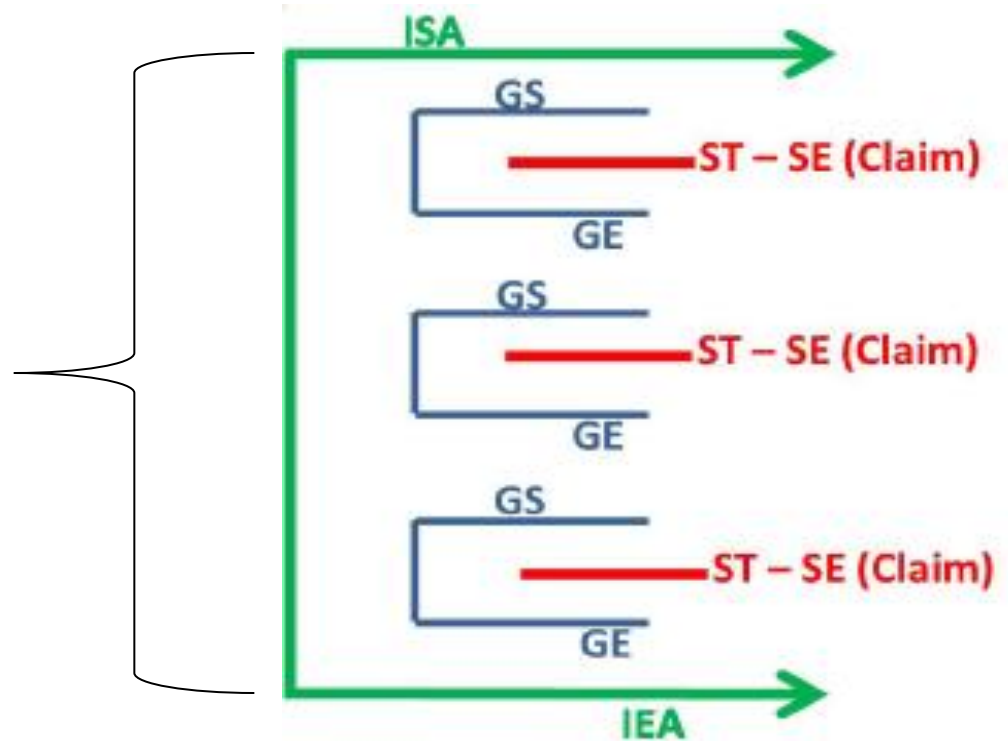
- Gentran and FTP users should limit the number of claims submitted per file to no more than 2,500 claims.
- NDM users should limit the number of claims submitted per file to no more than 15,000 claims.

File Size Limitations

The combination of all ST-SE transaction sets within the ISA-IEA should not exceed:

NDM – 15,000

Gentran and FTP – 2,500



Connectivity File Naming Conventions

- The following file naming conventions will be used for the acknowledgments MAOs and Third Party submitters will receive based on the type of connection utilized:

Connectivity Naming File Conventions	
Connectivity Option	Naming Convention
Gentran	GUID.RACF.EDS.FREQ.CCCCC.FUTURE.T
NDM	MAB.PROD.NDM.EDST.TEST.ENXXXXX (+1)
FTP	User Defined

5010 Acknowledgement Reports

- Submitters will receive these acknowledgements following data submissions:
 - **TA1** is received when an error occurs within the interchange ISA/IEA,
 - **999A** is received when no errors are encountered at the functional group level (GS-GE) and processing will continue,
 - **999E** is received when errors are encountered at the functional group level (GS-GE); however, further processing will continue,
 - **999R** is received when errors are encountered at the functional group level (GS-GE) and no further processing will occur, and
 - **277CA** is received for each claim and indicates acceptance if no errors occur or rejection if errors are detected.

277CA Cumulative Report

- A cumulative 277CA report will not be developed.
- Any rejected claims must be corrected and resubmitted until a 277CA report indicating the claims were accepted and successfully transmitted is received.
- Claims are rejected at the claim level, not the line level.

Utilizing the NPI

- MAOs and Third Party submitters are required to submit a valid NPI on the 5010 837-I and 837-P formats.
- Taxonomy codes are not required for submission of encounter data.

Atypical Provider Types

- CMS is currently developing the editing logic for submission of encounter data from atypical provider types.
- MAOs and Third Party submitters will use a default value as a placeholder for those atypical provider types without an NPI.
- Diagnoses captured from default value providers will not be stored for risk adjustment calculation.

Atypical Provider Types

- The following are some examples of types of atypical providers:

Adult Companion
Adult foster care
Driver
Funeral Director
Home delivered meals
Non-emergency transportation providers
Personal care attendants
Supportive living provider

Adjustments

- Adjustment data will supersede the previous encounter.
- When submitting adjustment data, MAOs or Third Party submitters must resubmit the full encounter with all necessary data to ensure that it is captured accurately.
- Adjustments will be processed at the claim level only.

Adjustments

- Claim level data is submitted within the ST—SE transaction sets of the transmission file.



Adjustment Processes

- Submitters populate three (3) segments when submitting an adjustment:
 1. REF segment (claim control number)
 - 2300 loop, REF segment, REF01 data element must be populated with value 'F8' (original reference number), and
 - REF segment, REF02 data element must be populated with the ICN (claim control number) received on the 277CA report.

Adjustment Processes

2. CLM segment (CLM05-03 data element)
 - 2300 loop, CLM segment must be populated with value:
 - ‘7’ for replacing or appending a prior claim (‘CR’ or ‘CO’), or
 - ‘8’ for deleting a prior claim (‘OA’).

Adjustment Processes

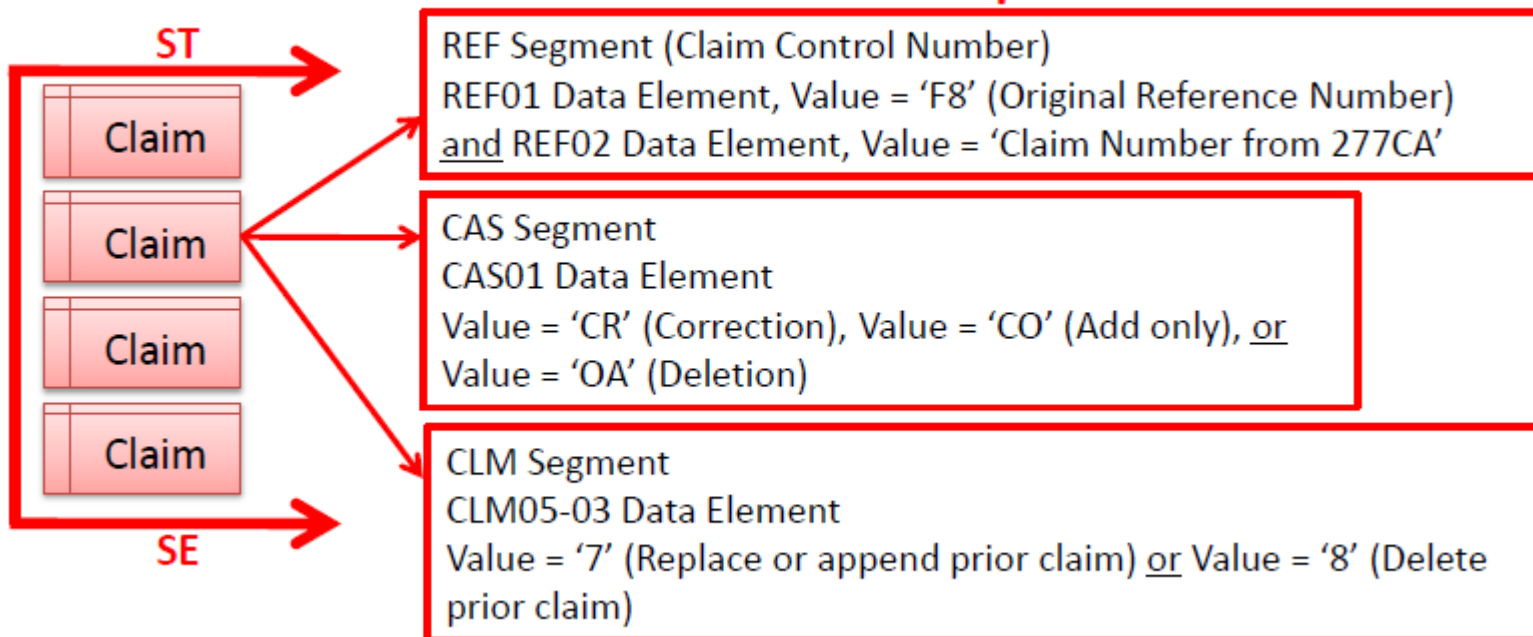
3. CAS segment (CAS01 data element)
 - EDS uses for the CAS01 data element values:
 - CO = Add
 - CR = Correction
 - OA = Deletion
 - As opposed to the TR3 described uses for the CAS01 data element values:
 - CO = Contractual Obligations
 - CR = Correction and Reversals
 - OA = Other Adjustment

Adjustment Processes

- 2300 loop, CAS segment must be populated with one of three (1 of 3) value options:
 - CO = Add only
 - » Use when submitters are adding more than the allowable number of diagnoses on the 837-I (> 25 diagnoses) and 837-P (> 12 diagnoses).
 - CR = Correction
 - » Overwrites the submitted encounter and replaces any previously submitted data.
 - OA = Deletion
 - » Deletes an entire claim that was previously submitted.

Adjustment Processes

2300 Loop



Adjustment Processes

“Add Only”

- To submit the “add only” adjustment, the submitter populates:
 - REF segment (REF01 data element) with the ICN provided on the 277CA (from the original submission),
 - CAS segment with the value option 'CO' (add only), and
 - CLM segment (CLM05-03 data element) with the value '7' for replacing or appending a prior claim.

Submission of Dental Data

- Dental data will not be collected on the 837-D format for encounter data.
- MAOs and Third Party submitters should use the 837-I and 837-P formats to submit Medicare covered dental service encounters as needed.
 - Ex: Jaw reconstruction

Amount Fields

- Amount fields applicable to the claim are required and must be populated with numeric characters.
- If information is available for some but not all of the amount fields, '0.00' should be inputted for those fields where no data is available.
- If there are no amount fields, populate with '0.00.'
- The remaining amount fields should be submitted to CMS as is.



CLM02 Amount Field

- The CLM02 Amount field must balance with the sum of the individual amount fields on the service lines:
 - SV1 for Professional and
 - SV2 for Institutional
- The claim will reject due to translator level edits if the service line amount fields do not balance to the CLM02 amount field.

PC-ACE Pro32

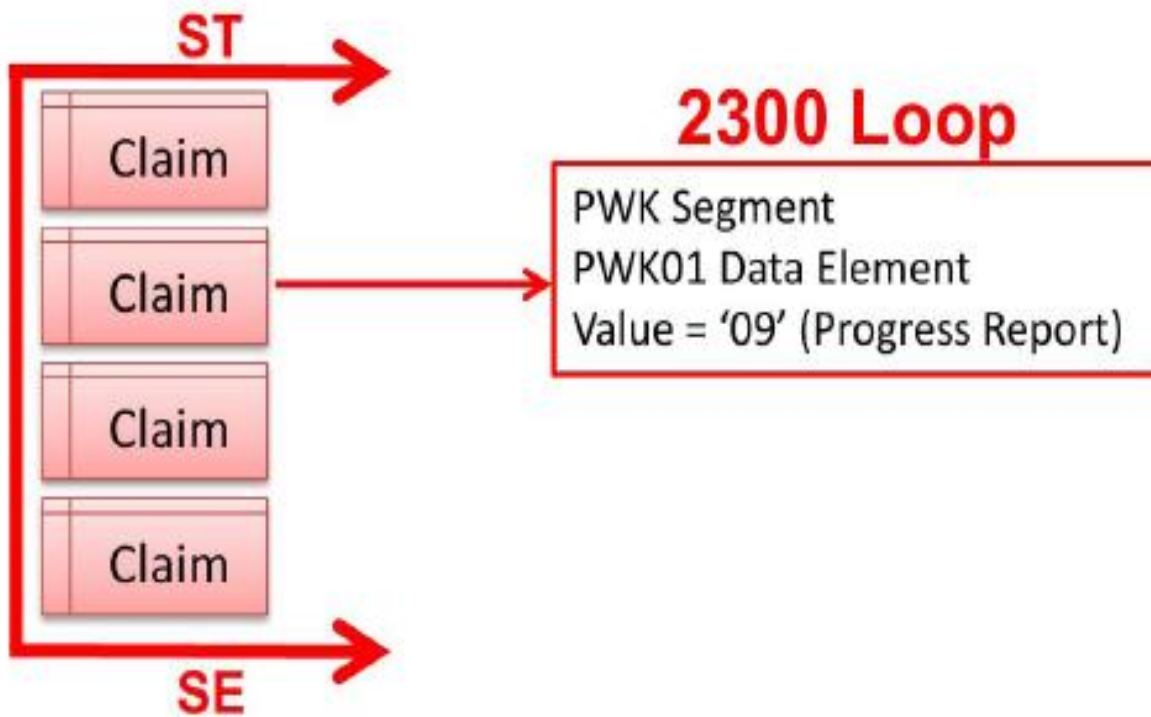
- CMS will not accept paper claims for encounter data processing.
- PC-ACE Pro32 is a Windows-based claims processing software for electronic healthcare claim submission in the HIPAA-compliant format. The software is free and designed for providers to transmit claims directly to the Medicare carrier.
- Information on PC-ACE Pro32 will be posted to www.csscooperations.com.



Submitting Chart Review Data

- Chart review data will be collected for encounter data submission.
- The PWK segment of the 5010 will be used to identify data as chart review.
 - Populate the PWK01 data element with value '09.'
- Chart review data must be submitted as a 5010 claim from the MAO or Third Party submitter, not as an adjustment.

Submitting Chart Review Data



Linking Chart Review Data

- When there is an original claim, chart review data should be linked to the original claim submitted by use of the ICN on the 277CA report returned to the submitter.
- CMS provides the ICN to plans on the 277CA.
 - The ICN is located in loop 2200D, the REF segment (REF02 data element) of the 277CA.
- The ICN on the 277CA report and the claim ID submitted by the MAO or Third Party submitter on the original claim are different.

Testing Updates

Encounter Data

Encounter Data

Call

Wednesday, April 20, 2011

1:00 P.M. – 3:00 P.M., ET



Front-End Test Package

- The updated front-end test package is posted on the CSSC Operations website at [http://www.csscoperations.com/internet/Cssc.nsf/files/front-end-testing-redlined_040411.pdf/\\$File/front-end-testing-redlined_040411.pdf](http://www.csscoperations.com/internet/Cssc.nsf/files/front-end-testing-redlined_040411.pdf/$File/front-end-testing-redlined_040411.pdf).

Pilot Test

- Analysis of the Pilot Test results is underway.
- Results of the translator common errors are posted at <http://csscooperations.com/internet/cssc.nsf/docCat/CSSC~Encounter%20Data~Encounter%20Data%20Testing?open>.

Encounter Data Frequently Asked Questions (FAQs)

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FAQs – Data Elements

Question: Could you provide guidance on where the HICN and CMS contract number will be captured in EDS from an X12 837 5010?

Answer: For the purposes of encounter data, the HICN will be placed in Loop 2010BA segment NM108 with a value of “MI” and segment NM109 with the HIC Number.

The CMS contract number will be placed in Loop 2010BB segment NM108 with a value of “PI” and segment NM109 with the CMS assigned Payer ID (837-I = 80881 or 837-P = 80882).

FAQs – Rejected Data

Question: Should an MAO or Third Party submitter send rejected data to CMS?

Answer: If a claim is rejected (it is unprocessable) due to the presence of invalid data (such as the diagnosis code pointer), then the claim should not be submitted to CMS. MAOs or Third Party submitters should not send rejected or pending encounters (i.e., those encounters with invalid or missing data, or that have not been released for payment due to system errors).

FAQs – ICN on the 277CA

Question: What field lengths should we plan for when parsing 277CA for Internal Control Number (ICN) and the Submitter Claim Number?

Answer: According to the 5010 standards, the programming specifications should be 50 alpha-numeric (AN) characters in length. However, the ICN number will be represented by 14 AN characters and the remaining would be spaces.

Regional Training



Regional IT Technical Assistance Training

- Regional IT Technical Assistance Training dates and locations are as follows:

Venues	Dates
<i>Waldorf Astoria Orlando Bonnet Creek</i> 14200 Bonnet Creek Resort Lane Orlando, FL 32821	June 20 – 24, 2011
<i>Manchester Grand Hyatt</i> One Market Place, San Diego, CA 92101	July 11 – 15, 2011
<i>Hyatt Regency Chicago</i> 151 E. Wacker Drive, Chicago, IL 60601	August 1 – 5, 2011

Regional IT Technical Assistance Training

- Registration is open at www.tarsc.info.
- MAOs and Third Party submitters are limited to one (1) attendee per contract ID. If space is available, some organizations may be allowed to register two (2) attendees per contract ID. This will be based on a first come, first served basis.

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Resources

- CSSC Operations:
<http://www.csscoperations.com/internet/cssc.nsf/Home>
- Encounter Data Outreach Registration:
www.tarsc.info
- CMS: www.cms.gov

Resources *(continued)*

- X12 Version 5010 Standards:
http://www.cms.gov/Version5010andD0/01_overview.asp
- CEM/CEDI Technical Reporting Formats:
http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp
- TA1, 999, 277CA Reports Information:
[https://www.cms.gov/Versions5010andD0/downloads/Acknowledgements National Presentation 9-29-10 final.pdf](https://www.cms.gov/Versions5010andD0/downloads/Acknowledgements_National_Presentation_9-29-10_final.pdf)
- Washington Publishing Company:
<http://www.wpc-edi.com/content/view/817/1>

Question & Answer Session

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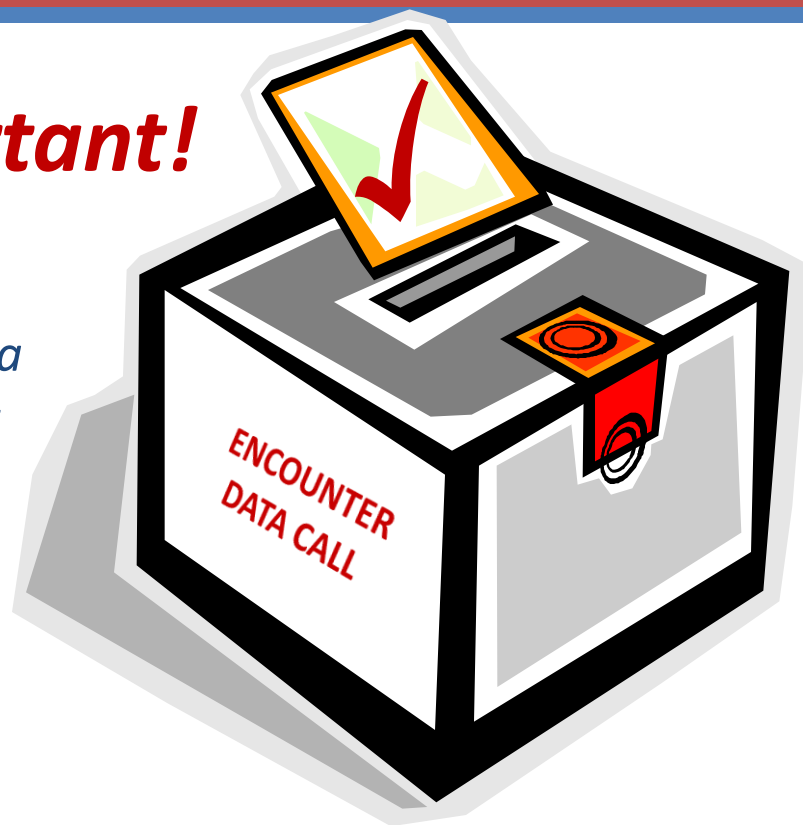
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Evaluation

Your feedback is important!

Please take a moment to give us your feedback regarding the Encounter Data Call and provide recommendations for future discussion topics.

Please complete the Evaluation Form sent by email after the close of the Encounter Data Call.



THANK YOU!