Encounter Data System User Group

June 21, 2012

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Introduction

The purpose of this session is to provide Medicare Advantage Organizations (MAOs) and other entities with information on policy and operational guidance on testing and submitting production data to the Encounter Data System (EDS)

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MAOs and Other Entities

- CMS requires the following types of organizations to submit encounter data:
  - Medicare Advantage (MA) Plans
  - Medicare Advantage-Prescription Drug (MA-PD) Plans
  - Health Maintenance Organizations (HMOs)
  - Special Needs Plans (SNPs)
  - Local Preferred Provider Organizations (PPOs)
  - Regional PPOs
  - Employer Group Health Plans
  - Programs of All-Inclusive Care for the Elderly (PACE) Plans
  - Cost Plans (1876 Cost HMOs/CMPs and 1833 HCPPs)
  - Medical Savings Account (MSA)
  - Private Fee-for-Service Plans (PFFS)
  - Religious Fraternal Benefit Plans (RFBs)
  - Provider Sponsored Organizations (PSO)

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Session Guidelines

- This is a one (1) hour Encounter Data User Group for MAOs and other entities

- If time allows, we will respond to questions

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CMS Updates

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End-to-End Testing Status

Certification Status as of 06/19/2012 *

	Professional	Institutional
Total Submitters	218	218
Number of Submitters Certified	178	1
Certified MAOs and Other Entities Represented	515	1

*These figures do not include PACE Plans

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End-to-End Testing / Certification Timeline

	Testing Begins	Testing Ends/Deadline for Certification
Professional Encounters	**1/4/12**	**5/31/12**
Institutional Encounters	**4/30/12**	**6/30/12**
DME Encounters	**6/15/12**	**7/30/12**

- CMS will not begin compliance measures without advance notice; however, the End-to-End Testing/Certification timeline has not changed

- MAOs and other entities that have not completed end-to-end testing should do so immediately

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Thursday, June 21, 2012
3:00 P.M. – 4:00 P.M. ET

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Tier 2 Testing

- Tier 2 testing has been extended to allow for submission of Professional and Institutional data

- Currently, CMS has not identified a Tier 2 testing deadline. CMS will notify MAOs and other entities two (2) weeks prior to ending the Tier 2 testing capabilities

- As of June 19, 2012:
  - 361 Professional Tier 2 test files were processed
  - 53 Institutional Tier 2 test files were processed

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Tier 2 Testing

- MAOs and other entities that are end-to-end certified must begin submitting production data based on the submission timelines previously established

- MAO-002 reports are returned within seven (7) business days for test file submissions and within five (5) business days for production file submissions

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EDFES Updates

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EDFES Special Notifications

- The EDFES will send special notifications to submitters when the file does not pass EDS customized edits

- These notifications are sent in addition to the standard acknowledgement reports and are intended to assist MAOs and other entities with correcting encounters in order to avoid returned, unprocessed files

- Each line is spaced-filled up to 80 characters

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EDFES Special Notifications

- File Name Record

  -------FILE NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- File Control Record

  ----FILE CONTROL: XXXXXXXXX

- File Count Record

  NUMBER OF CLAIMS: 99,999

- File Separator Record

  -------- (up to 80 characters)

- File Message Record

  FILE WAS NOT SENT TO THE EDPS BACK-END PROCESS FOR THE
  FOLLOWING REASON(S)

- File Message Records

  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (up to 80 characters)

EDFES Special Notifications

- An example of the report format is as follows:

  -------FILE NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX

  ----FILE CONTROL: XXXXXXXXX

  NUMBER OF CLAIMS: 99,999

  FILE WAS NOT SENT TO THE EDPS BACK-END PROCESS FOR THE FOLLOWING REASON(S)

  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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File Type	Notification Message	Notification Message Description
All	FILE ID (XXXXXXXXX) IS A DUPLICATE OF A FILE ID SENT WITHIN THE LAST 12 MONTHS	The file ID must be unique for a 12 month period
All	SUBMITTER NOT AUTHORIZED TO SEND CLAIMS FOR PLAN (CONTRACT ID)	The submitter is not authorized to send for this plan
All	PLAN ID CANNOT BE THE SAME AS THE SUBMITTER ID	The Contract ID cannot be the same as the Submitter ID
All	AT LEAST ONE ENCOUNTER IS MISSING A CONTRACT ID IN THE 2010BB-REF02 SEGMENT	The Contract ID is missing
All	SUBMITTER NOT FRONT-END CERTIFIED	The submitter must be front-end certified to send encounters for validation
All	THE DATE ON ALL CLAIMS MUST START IN THE YEAR 2012	Encounters must contain dates in the year 2012

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EDFES Special Notifications

File Type	Notification Message	Notification Message Description
Production	SUBMITTER NOT CERTIFIED FOR PRODUCTION	The submitter must be certified to send encounters for production
Production	THE INTERCHANGE USAGE INDICATOR MUST EQUAL 'T'	The Tier 2 file is being sent with a 'P' in the ISA15 field
Tier 2	PLAN (CONTRACT ID) HAS (X,XXX) CLAIMS IN THIS FILE. ONLY 2,000 ARE ALLOWED	The number of encounters for a Contract ID cannot be greater than 2,000
End-to-End Testing – File 1 End-to-End Testing – Additional File(s)	FILE CANNOT CONTAIN MORE THAN XX ENCOUNTERS	The number of encounters cannot be greater than XX
End-to-End Testing – File 1 End-to-End Testing – Additional File(s)	PATIENT CONTROL NUMBERIS MORE THAN 20 CHARACTERS LONG THE TC# WAS TRUNCATED	The Claim Control Number, including the Test Case Number, must not exceed 20 characters

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EDFES Special Notifications

File Type	Notification Message	Notification Message Description
End-to-End Testing – File 1 **End-to-End Testing – Additional File(s)**	FILE CANNOT CONTAIN BOTH UNLINKED AND LINKED TEST CASES	The test cases from File X and File Y cannot be in the same file
End-to-End Testing – File 1 **End-to-End Testing – Additional File(s)**	CANNOT SEND LINKED TEST CASES UNTIL ALL UNLINKED TEST CASES HAVE BEEN ACCEPTED	The test cases for File Y cannot be sent before all File X test cases are accepted
End-to-End Testing – File 1	FILE CONTAINS (X) TEST CASE (X) ENCOUNTER(S)	The file must contain two (2) of each test case
End-to-End Testing – Additional File(s)	ADDITIONAL FILES CANNOT BE VALIDATED UNTIL AN MAO-002 REPORT HAS BEEN RECEIVED	The MAO-002 report must be received before additional files can be submitted

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Acknowledgement Reports

- MAOs and other entities requested that separate mailboxes be established for receipt of Test and Production files

- The EDFES is unable to separate these files and will continue to submit TA1, 999 and 277CA reports in the current format

EDPS Updates

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Incident Tracking

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Incident Tracking Tool

- As of June 19, 2012, 271 incident inquiries have been received

  - 84% of these incidents have been resolved

- Many of the remaining incidents are related to Professional and Institutional edits that are being resolved, or are under further investigation and analysis

- MAOs and other entities are encouraged to submit incident reports when these edits are received on the returned MAO-002 reports

Incident Tracking Tool

- Common or related incidents can be compiled and submitted in one (1) incident report, which will allow the EDS Team to quickly identify, review and assess the issues

- Protected Health Information (PHI) must not be submitted through the Incident Tracking Tool

- Submitters are asked to provide the ICN and include in the description the line number and edit associated with the issue

- If there is more than one (1) ICN associated with a single incident, please submit only one (1) incident report for all associated ICNs

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Incident Tracking – Known System Issues

- Edit 02110 – Beneficiary Health Insurance Carrier Number (HICN) Not on File
  - Use the beneficiary's HICN that is active for 2012
  - EDPS system issues have been identified and are being resolved

- Edit 02240 – Beneficiary Not Enrolled in Medicare Advantage Organization for Date of Service
  - When multiple REF segments were populated, the system was editing only the last REF segment
  - MAOs and other entities must remove the REF segment(s) that do not contain REF01=2U, REF02=Contract ID Number

- Edit 02256 – Beneficiary Not Part C Eligible for Date of Service
  - Verify the beneficiary's eligibility status using MARx

Incident Tracking – Known System Issues

- Edit 03102 – Provider Type or Specialty Not Allowed to Bill For Procedure
  - Disposition has been temporarily changed to "informational"

- Edit 17110 – TOB 74X or 75X Requires HCPCS and Revenue Code
  - TOB 74X and 75X must be submitted with HCPCS **and** Revenue Codes

- Edit 17310 – Surgical Revenue Code 036X Requires Surgical Procedure Code
  - Submit a surgical procedure code and surgical procedure code date

Incident Tracking – Known System Issues

- Edit 17285 – Billed Lines Require Charges (Few Exceptions)
  - If Revenue and HCPCS codes are present, a charge is required
  - If there is no charge, use a billed amount of $0.00

- Edit 17590 – Value Code – Code 5 Not Present or Conflicts With Dollar Amount
  - EDPS system issues have been identified and are being resolved

- Edit 20510 – Revenue Code 540 Requires Specific HCPCS Codes
  - Use the specified Ambulance HCPCS and HCPCS mileage codes with appropriate modifiers

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- Edit 20505 – Accurate Ambulance HCPCS and Revenue Code Required

  - HCPCS code A0380 was terminated March 31, 2002 – DO NOT USE

    o Encounters submitted with this code should be returned to the provider for correction

  - When reporting Revenue Code 540, Ambulance HCPCS and HCPCS mileage codes with appropriate modifiers must be submitted

- Edit 98325 – Claim is an Exact Duplicate of a Previously Priced Claim

  - The ISA13 field must be populated with a **unique** Interchange Control Number for a rolling 12-month period per Submitter ID

  - An EDPS system issue has been identified and is being researched

EDPS Bulletin Schedule Update

- The EDPS Bulletin will be posted to the CSSC Operations website bi-weekly on the weeks alternate to scheduled User Group sessions at http://csscoperations.com/internet/cssc.nsf/docsCat/CSSC~Encounter%20Data~EDPS%20Bulletins?open&cat=CSSC~Encounter%20Data~EDPS%20Bulletins

- The next EDPS Bulletin will be posted on Wednesday, June 27, 2012

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EDPPPS Edits Updates

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EDPPPS Edits Updates

- The following edits have been deactivated in the Encounter Data Professional Processing and Pricing System (EDPPPS) and will not be considered for encounter data processing

EDPPPS Edit #	EDPPPS Edit Category	EDPPPS Edit Disposition	EDPPPS Edit Error Message
01040	Provider	Informational	Referring/Ordering Provider Not Allowed to Refer
01045	Provider	Informational	Referring/Ordering Provider Name Mismatch
01046	Provider	Informational	Performing Provider Name Mismatch

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EDPPPS Edits Updates

- Edit 00699 – Void Submission Must Match Original Encounter
  - New edit to ensure the void encounter submitted is an exact match to the original encounter
  - CLM05-3 = '8'

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MAO-002 Encounter Data Processing Status Reports

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MAO-002 Reports

- The file name for MAO-002 Processing Status reports will contain a production file indicator to differentiate between receipt of test files and production files

Report Type	Gentran Mailbox	FTP Mailbox – Text	FTP Mailbox - Zipped
Formatted	P.xxxxx.EDPS_002_DataProcessing Status_Rpt	RPTxxxxx.RPT.PROD_002_ DATPRS_RPT	RPTxxxxx.ZIP.PROD_002_D ATPRS_RPT
Flat File	P.xxxxx.EDPS_002_DataProcessing Status_File	RPTxxxxx.RPT.PROD_002_ DATPRS_FILE	RPTxxxxx.ZIP.PROD_002_D ATPRS_FILE

- The EDPS will continue to submit the MAO-002 Processing Status reports for test files with the existing naming convention

Submission of 2012 DOS Encounter Data

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2012 DOS Submissions

- Currently, the EDS is not able to accept DOS prior to January 1, 2012, with the exception of TOB 11X – Hospital Inpatient services
  - TOB 11X **only** may be submitted with 2011 "from" DOS
  - TOB 11X must be submitted with 2012 "through" DOS
- All other encounters with 2011 "from" and/or "through" DOS must be revised to show DOS on January 1, 2012 or later
  - Identify in Loop 2300, NTE that the MAO or other entity altered the claim submitted by the provider to support EDS requirements:
    - NTE01 – "ADD"
    - NTE02 – "Claim Change Due to 2011 DOS"

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Submission of Rejected Encounter Data

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Rejected Data Resolution

- In order for a claim to process through the EDS, any rejected line(s) – i.e., invalid diagnosis/HCPCS codes, formatting errors - must be extracted from the claim and rebalanced

  – In Loop 2300, NTE identify the specific reason the line(s) was altered from its original provider submission status

    o NTE01 – "ADD"

    o NTE02 – state the specific reason for the extraction – i.e., "invalid diagnosis code 000.10"

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Rejected Data Resolution

- When rejected data is corrected and resubmitted by the provider, the MAO or other entity must submit an adjustment encounter to the EDS for processing

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NPI Solution Update

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NPI Solution

- The National Provider Identifier (NPI) is required for submission of encounter data

- Some MAOs and other entities are unable to obtain NPI information from providers

- CMS has provided atypical default NPIs for submission of Institutional, Professional, and DME encounters when this information is not available

- The atypical default NPIs will now apply to all submissions requiring default NPIs

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NPI Solution

- MAOs and other entities must submit all encounter data using the EDS Minimum Data Elements which are located on the CSSC website at:

http://csscoperations.com/internet/Cssc.nsf/files/EDS_Minimum_Data_Elements_Commonly_Used_Situational_Edits_031212.pdf/$FIle/EDS_Minimum_Data_Elements_Commonly_Used_Situational_Edits_031212.pdf

	Payer ID	Default NPI
Institutional	80881	1999999976
Professional	80882	1999999984
DME	80887	1999999992

NPI Solution

- A valid EIN must be provided
  - The CEM edits to validate NPI to EIN association are permanently deactivated
    - X223.090.2010AA.REF02.050 – Institutional
    - X222.094.2010AA.REF02.050 – Professional

- Atypical Provider Submission
  - Use appropriate default NPI and a valid EIN
  - Do not populate PWK
  - Will not price or be eligible for risk adjustment

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NPI Solution

- ## Paper Claims Submission
  - Use the appropriate default NPI and a valid EIN
  - PWK01 = 'OZ'
  - PWK02 = 'AA'
  - Will price and is eligible for risk adjustment

- ## 4010 Submission
  - Use the appropriate default NPI and a valid EIN
  - PWK01 = 'PY'
  - PWK02 = 'AA'
  - Will price and is eligible for risk adjustment

Diagnosis Code Pointer Integrity

Diagnosis Code Pointer Integrity

- The EDPS will extract only the diagnoses that are risk adjustment eligible

- Per the TR3 and CEM Edits Spreadsheets, a maximum of four (4) diagnosis pointers per service line is allowed

  - All diagnoses associated with **rejected** service lines will be stored, but will **not** be extracted

  - All diagnoses associated with **accepted** service lines will be stored and extracted

  - All diagnoses that **do not point** to a service line and are eligible for risk adjustment will be stored and extracted

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EDDPPS Edits

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EDDPPS Edits

- CMS distributed the Proposed Edits Comments tool and the list of proposed Encounter Data DME Processing and Pricing (EDDPPS) Edits to MAOs and other entities for review and comment

- MAOs and other entities were asked to provide comments/feedback to the proposed EDDPPS edits no later than 5:00PM ET on June 20, 2012

- CMS is currently analyzing the comments and will incorporate the updates in the final EDDPPS Edits documentation

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DME Companion Guide & Business Cases

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- The DME Test Case Specification document is located on the CSSC Operations website and should be used in conjunction with the DME Business Case Scenarios:

  http://csscoperations.com/internet/Cssc.nsf/files/Encounter DataTestCaseSpecs%20DME_060712.pdf/$FIle/EncounterDat aTestCaseSpecs%20DME_060712.pdf

- The DME Business Case Scenarios will be published in the DME Companion Guide:

DME Business Cases

- The DME Companion Guide contains the following DME Business Cases

  – DME Supplier Encounter – Oxygen Rental

  – DME Supplier Encounter – Capped Rental – Wheelchair

  – DME Supplier Encounter – Purchase – Portable Toilet

  – DME Supplier Encounter – Prosthetic

  – DME Supplier Encounter – Tub Rail

  – DME Supplier Encounter – Parenteral

NOTE: The Business Case Scenarios listed in this presentation are samples and do not provide the full data string

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DME – Oxygen Services

9.1   DME Supplier Encounter – Oxygen Services

Business Scenario 1: Mary Dough is the patient and the subscriber and went to Dr. Shannon Wilson, who prescribed Mary Dough with oxygen service rental from Oxygen Supply Company due to chronic airway obstruction. Happy Health Plan is the Medicare Advantage Organization (MAO).

File String 1:

```
ISA*00*      *00*      *ZZ*ENH9999     *ZZ*80887      *120430*114
4*^*00501*200000031*1*P*:~
GS*HC*ENH9999*80887*20120430*1144*69*X*005010X222A1~
ST*837*0534*005010X222A1~
BHT*0019*00*3920394930206*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*OXYGEN SUPPLY COMPANY*XX*1299999999~
N3*123 BREATH DRIVE~
N4*NORFOLK*VA*235149999~
REF*EI*344232321~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
```

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DME – Capped Rental - Wheelchair

9.2 DME Supplier Encounter – Capped Rental – Wheelchair

Business Scenario 2: John Smith is the patient and the subscriber and went to Dr. Jim Fortune, who prescribed John Smith with a powered wheelchair rental from Scooter Rehab Store due to a stroke, which caused paralysis. Happy Health Plan is the Medicare Advantage Organization (MAO).

File String 2:

```
ISA*00*       *00*        *ZZ*ENH9999      *ZZ*80887       *120430*114
4*^*00501*200000331*1*P*:~
GS*HC*ENH9999*80887*20120430*1144*34*X*005010X222A1~
ST*837*0535*005010X222A1~
BHT*0019*00*4897574384904*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*SCOOTER REHAB STORE*XX*1239999999~
N3*456 TRAVEL DRIVE~
N4*NORFOLK*VA*235159999~
REF*EI*809845839~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
NM1*DK*1*FORTUNE*JIM****XX*1234589999~
N3*1518 STATE PARK AVENUE~
N4*VIRGINIA BEACH*VA*234539999~
SBR*S*18*XYZ1234567**47****MB~
```

DME – Purchase – Portable Toilet

9.3   DME Supplier Encounter – Purchase – Portable Toilet

Business Scenario 3: Jasmine Connors is the patient and the subscriber and went to Dr. Martin Stevenson, who prescribed Jasmine Connors with a commode chair from the Loucks Family Medical Supply due to a broken back. Happy Health Plan is the Medicare Advantage Organization (MAO).

File String 3:
```
ISA*00*       *00*       *ZZ*ENH9999      *ZZ*80887       *120430*114
4*^*00501*200000631*1*P*:~
GS*HC*ENH9999*80887*20120430*1144*98*X*005010X222A1~
ST*837*8876*005010X222A1~
BHT*0019*00*4897574384905*20120428*1615*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*LOUCKS FAMILY MEDICAL SUPPLY*XX*1239999999~
N3*459 TRAVEL DRIVE~
N4*NORFOLK*VA*235199999~
REF*EI*809845838~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*CONNORS*JASMINE****MI*6459472938~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19430812*F~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997877886479709654A*158.98***11:B:1*Y*A*Y*Y~
```

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DME – Prosthetic Device

9.4   DME Supplier Encounter – Prosthetic Device

Business Scenario 4: Kelly Anderson is the patient and the subscriber and went to Dr. James Washington, who prescribed Kelly Anderson with a below the knee leg prosthesis from Doctor's Choice due to an auto accident, which was conditionally covered. Happy Health Plan is the Medicare Advantage Organization (MAO).

File String 4:
ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80887   *120530*114
7*^*00501*200000931*1*P*:~
GS*HC*ENH9999*80887*20120530*1147*98*X*005010X222A1~
ST*837*0567*005010X222A1~
BHT*0019*00*3920394830206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*DOCTORS CHOICE *XX*1299999799~
N3*129 DOCTOR DRIVE~
N4*NORFOLK*VA*235189999~
REF*EI*456769032~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*ANDERSON*KELLY****MI*672248306~
N3*1237 STATE DRIVE~

DME – Bathtub Rail

9.5   DME Supplier Encounter – Bathtub Rail

Business Scenario 5: Zaffer Rahman is the patient and the subscriber and went to Dr. Jamar Lee, who prescribed Zaffer Rahman with a bathtub rail from Medical Supply Corporation due to rheumatoid arthritis. Happy Health Plan is the Medicare Advantage Organization (MAO) that denied the claim because the safety item was not included in the benefit structure.

File String 5:

```
ISA*00*     *00*      *ZZ*ENH9999    *ZZ*80887      *120530*114
7*^*00501*700000459*1*P*:~
GS*HC*ENH9999*80887*20120530*1147*22*X*005010X222A1~
ST*837*0119*005010X222A1~
BHT*0019*00*3920304830206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*MEDICAL SUPPLY CORPORATION*XX*1299699799~
N3*129 DOCTOR DRIVE~
N4*NORFOLK*VA*235189999~
REF*EI*456969032~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*RAHMAN*ZAFFER****MI*672248306~
N3*1230 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19411224*M~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677898479709654A*38.98***11:B:1*Y*A*Y*Y~
```

DME – Parenteral Nutrition

9. 6   DME Supplier Encounter - Parenteral

Business Scenario 6: Hiro Hernandez is the patient and the subscriber and went to Dr. Kim Lee, who prescribed Hiro Hernandez with TPN from Doctor's Best due to dysphagia. Happy Health Plan is the Medicare Advantage Organization (MAO).

File String 6:

ISA*00*   *00*   *ZZ*ENH9999   *ZZ*80887   *120530*114
7*^*00501*240000459*1*P*:~
GS*HC*ENH9999*80887*20120530*1147*42*X*005010X222A1~
ST*837*1372*005010X222A1~
BHT*0019*00*3927304830206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80887~
HL*1**20*1~
NM1*85*2*DOCTORS BEST *XX*1299899799~
N3*130 DOCTOR DRIVE~
N4*NORFOLK*VA*235189999~
REF*EI*456969032~
PER*IC*BETTY SMITH*TE*9195551111~
HL*2*1*22*0~
SBR*S*18*XYZ1234567**47****MB~
NM1*IL*1*HERNANDEZ*HIRO****MI*673248306~
N3*1230 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19410924*M~
NM1*PR*2*EDSCMS*****PI*80887~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997697898479709654A*248.99***11:B:1*Y*A*Y*Y~
HI*BK:78720~

Resources

User Group

Thursday, June 21, 2012
3:00 P.M. – 4:00 P.M. ET

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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

- EDS Inbox: eds@ardx.net

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- X12 Version 5010 Standards:
  https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html?redirect=/Versions5010andD0/

- CEM/CEDI Technical Reporting Formats:
  http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp

- Washington Publishing Company:
  http://www.wpc-edi.com/content/view/817/1

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Las Vegas session is cancelled.

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Session Topics

Encounter Data   Risk Adjustment

Enrollment   Payment

Prescription Drug Event

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Closing Remarks

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