Encounter Data System User Group

June 7, 2012

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Agenda

- Introduction
- Session Guidelines
- CMS Updates
- EDPS Updates
  - Medicare Beneficiary Edits
  - EDS Incident Tracking
  - True COB Submissions – Institutional
  - Professional Production Data Submission "Catch-up" Plan
  - DME Edits and Testing
- Questions and Responses
- Closing Remarks

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)

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 06/05/2012 *

	Professional	Institutional
Total Submitters	224	224
Number of Submitters Certified	156	1
Certified MAOs and Other Entities Represented	426	1

***These figures do not include PACE Plans**

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End-to-End Testing / Certification Timeline

	Testing Begins	EDPS Testing	Testing Ends/Deadline for Certification
Professional Encounters	1/4/12	Test cases only	5/31/12
Institutional Encounters	4/30/12	Test cases only	6/30/12
DME Encounters	6/15/12	Test cases only	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

- 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 5, 2012:

  – 302 Professional Tier 2 test files were processed

  – 43 Institutional Tier 2 test files were processed

Tier 2 Testing

- End-to-end certified MAOs and other entities 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) days for production file submissions

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EDPS Updates

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Frequent EDPPPS Edits

- 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
  - Use new and unique encounter data for each test case scenario

- Edit 02240 – Beneficiary Not Enrolled in Medicare Advantage Organization for Date of Service
  - Ensure that member status is effective during the date of service
  - Do not submit encounters for members with a date of death prior to the Date of Service

Frequent EDPPPS Edits

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

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

- Edit 98370 – Anesthesia vs Anesthesia Same Code
  - Submitters are using TOS code '7' on multiple service lines

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Frequent EDIPPS Edits

- 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
  - Use new and unique encounter data for each test case scenario

- Edit 17825 – Billed Lines Require Charges (Few Exceptions)
  - If Revenue and HCPCS codes are present, a charge is required
  - If there is no charge, submitters should use a billed amount of $0.00

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Frequent EDIPPS Edits

- Edit 20505 – Accurate Ambulance HCPCS and Revenue Code Required
  - Submitters must not use HCPCS codes A0425 and A0380 when Revenue Code 540 is present

- Edit 17310 – Surgical Revenue Code 036X Requires Surgical Procedure Code
  - Submitter must submit encounter with a surgical procedure code and surgical procedure code date

- Edit 17110 – TOB 74X or 75X Requires HCPCS and Revenue Code
  - When using TOB 74X with Revenue Code 0274 or 75X with Revenue Code 0275, submitters must use HCPCS file fee indicator of 'R'

EDPS Bulletin Schedule Update

- CMS has revised the distribution schedule for the EDPS Bulletin

- 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 13, 2012

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Medicare Beneficiary Edits

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Medicare Beneficiary Edits

- CMS has completed review of beneficiary edits 02110, 02240, 02256, and 02125

- System upgrades have been implemented to ensure accuracy of these edits

- If these edits are still occurring on the returned MAO-002 reports, submitters should verify, using the MARx UI, that the beneficiary was active for the date of service submitted on the encounter

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Medicare Beneficiary Edits

- After verifying the beneficiary status, if the beneficiary data did not match the MARx UI, submitters may update the beneficiary information and resubmit

- If after MARx UI analysis the beneficiary is found to be correct, the submitter should submit an EDS Incident report in the tracking tool

EDS
Incident Tracking

Incident Tracking Tool

- As of June 2, 2012, 180 incident inquiries have been received

  - 88% of these incidents have been resolved

  - Remaining incidents are pending analysis or investigation

- Many of the remaining incidents are related to the following edits, which are under further investigation and analysis:

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

  - 03102 – Provider Type or Specialty Not Allowed to Bill Procedure

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

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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

True Coordination of Benefits Submission - Institutional

True COB - Institutional

- TC05 – True Coordination of Benefits

  – MAOs and other entities must populate the DTP segment (Claim Check or Remittance Date)

  – The DTP segment will be included in the True COB Business Case in the next version release of the Companion Guide

True COB - Institutional

- ## TC05 – True Coordination of Benefits (cont'd.)

  – The following Institutional CEM edits have been temporarily deactivated to allow this test case to process through the EDS

CEM Level Edit	Edit Description
X223.143.2300.CLM02.080	CSCC A7: "Acknowledgement/Rejected for Invalid Information" CSC 400: "Claim is out of Balance" CSC 672 "Payer's payment information is out of balance
X223.424.2400.SV203.060	CSCC A7: "Acknowledgement/Rejected for Invalid Information" CSC 400: "Claim is out of balance: CSC 583:"Line Item Charge Amount" CSC 643: "Service Line Paid Amount"

  – Once a permanent resolution is determined, CMS will provide additional guidance to MAOs and other entities, if required

Professional Production Data Submission "Catch-up" Plan

Professional Production Data Submission "Catch-up" Plan

- MAOs and other entities are categorized by beneficiary membership volume as large, medium or small, as follows:

Number of Medicare Enrollees	Category of MAOs and Other Entities	Number of MAOs and other entities in Category
Greater than 100,000	Large	41
50,000 – 100,000	Medium	55
Less than 50,000	Small	655

- MAOs and other entities should begin submission of production data

- CMS is examining the production submissions to determine a viable catch-up plan

EDDPPS Edits

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EDDPPS Edits

- CMS will distribute 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 are asked to provide comments/feedback to the proposed EDDPPS edits no later than 5:00PM ET on June 13, 2012

- CMS will analyze the comments and incorporate the updates in the final EDDPPS Edits documentation

Proposed EDDPPS Edits – Reject

EDDPPS Edit#	EDDPPS Edit Category	EDDPPS Edit Disposition	EDIPPS Edit Error Message
00010	Validation	Reject	From Date of Service is Greater than TCN Date
00012	Validation	Reject	Date of Service Less Than 01.01.2012
00025	Validation	Reject	To Date of Service is After Date of Claim Receipt
00265	Validation	Reject	Adjustment or Void ICN Not Found in History
00699	Validation	Reject	Void Submission Must Match Original Encounter
00761	Validation	Reject	Unable to Void Due to Different Billing Provider on Void From Original
02110	Beneficiary	Reject	Beneficiary Health Insurance Carrier Number (HICN) Not on File
02112	Beneficiary	Reject	DOS is After Beneficiary Date of Death

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Proposed EDDPPS Edits – Reject

EDDPPS Edit#	EDDPPS Edit Category	EDDPPS Edit Disposition	EDIPPS Edit Error Message
02125	Beneficiary	Reject	Beneficiary Date of Birth Mismatch
02240	Beneficiary	Reject	Beneficiary Not Enrolled in Medicare Advantage Organization for Date of Service
02255	Beneficiary	Reject	Beneficiary Not Part A Eligible for Date of Service
02256	Beneficiary	Reject	Beneficiary Not Part C Eligible for Date of Service
03101	Validation	Reject	Invalid Gender for Procedure Code
30055*	Validation	Reject	Duplicate Within Claim – Suppliers are Equal
31610*	Validation	Reject	Duplicate Billing for the Same HCPCS Code(s) on a Home Health Claim
98325	Duplicate	Reject	Claim is an Exact Duplicate of a Previously Priced Claim

Denotes DME specific edits

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Proposed EDDPPS Edits - Informational

EDDPPS Edit#	EDDPPS Edit Category	EDDPPS Edit Disposition	EDIPPS Edit Error Message
01045	Validation	Informational	Referring/Ordering Provider Name Mismatch
02106	Beneficiary	Informational	Invalid Beneficiary Last Name
02120	Beneficiary	Informational	Beneficiary Gender Mismatch
03015	Reference	Informational	DOS Spans Procedure Code Effective/End Date
30135*	Reference	Informational	Diagnosis – Gender Mismatch
30261*	Validation	Informational	Referring Physician NPI is Required
30262*	Validation	Informational	Invalid Modifier
31000*	Validation	Informational	Certain HCPCS Codes Require LT or RT Modifiers
31100*	Validation	Informational	Invalid Diagnosis Codes for Procedure Codes
31105*	Validation	Informational	Modifier AY and AX Combination is Invalid
31305*	Validation	Informational	DMEPOS Items With Service Dates That Overlap Inpatient Stay
31360*	Validation	Informational	IRP Item Rental Payments Can Not Exceed the Cost of the Item
31680*	Validation	Informational	All Claims Must Have a Diagnosis in the Detail Claim Line

*** Denotes DME specific edits**

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DME Testing

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DME Testing

- MAOs and other entities must be front-end certified in order to submit end-to-end test cases for DME encounter data

- MAOs and other entities must achieve a 95% acceptance rate on all required test cases and receive notification of certification for DME end-to-end testing in order to submit production data

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DME Testing Guidance

CMS requires that DME test cases be submitted in **three (3) separate** files

File 1
- 2012 DOS only
- Test cases that **do not** require linking (5 test cases – 10 encounters)
- TC indicator in Loop 2300, CLM01 (e.g., CLM01=TC01)
- *If this file contains less than or greater than the ten (10) encounters defined in the Test Case Specifications document, the file will be returned without processing*

File 1 and File 2 may be submitted simultaneously

File 2
- 2012 DOS only
- "Incident To" Physician Services test case only (1 test case – 2 encounters)
- TC indicator in Loop 2300, CLM01 (e.g., CLM01=TC02)
- *If this file contains less than or greater than the two (2) encounters defined in the Test Case Specifications document, the file will be returned without processing*

File 1 and File 2 must be completely accepted before submitting File 3

File 3
- 2012 DOS only
- Duplicate test case only (1 test case – 2 encounters)
- TC indicator in Loop 2300, CLM01 (e.g., CLM01=TC07)
- Submit using a duplicate of TC01, TC03, TC04, TC05, or TC06 (File 1 test cases)
- *If this file contains less than or greater than the two (2) encounters defined in the Test Case Specifications document, the file will be returned without processing*

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DME Test Cases Overview

TC File #	Test Case / Script Title	Test Case / Script Identifier	Test Case #
1	New MA Member	Beneficiary Eligibility	TC01
1	DMEPOS	Data Validation	TC03
1	Purchased DME	Pricing	TC04
1	Capped Rental	Pricing	TC05
1	Oxygen	Pricing	TC06
2	Incident to Physician Services	Data Validation	TC02
3	Duplicate	Processing	TC07

DME Test Cases – File 1

- TC01 – New MA Member
  - Submit a DME encounter for a new Medicare Advantage member enrolled in 2011 with an effective date in 2012
  - Include the DME Payer ID: 80887

DME Test Cases – File 1

- ## TC03 – DMEPOS
  - Submit a DMEPOS HCPCS code selected from the DME Fee schedule

- ## TC04 – Purchased DME
  - Submit a DMEPOS HCPCS code selected from the DME Fee schedule
  - Select any HCPCS code with a 1st Modifier code of 'NU'

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DME Test Cases – File 1

- TC05 – Capped Rental
  - Submit a DMEPOS HCPCS code selected from the DME Fee schedule Select any HCPCS code with the 1st modifier code of 'RR' and category code of 'CR'

- TC06 – Oxygen
  - Submit a DMEPOS HCPCS code selected from the DME Fee schedule
  - Select any HCPCS code with a category code of 'OX'

DME Test Cases – File 2

- TC02 – "Incident to"
  - Submit a DME encounter incident to a physician or institutional service with a HCPCS code selected from the DME Fee schedule
  - Select any HCPCS code with a category 'IN' or 'SD' where there is no modifier listed on the spreadsheet
  - Include the Payer ID: 80881 or 80882

  Note: This file must reject and will not count against the 95% encounter testing failure rate

DME Test Case – File 3

- TC07 – Duplicate
  - Submit a duplicate 837-P encounter accepted in File 1 to the EDFES with duplicate data in all of the following fields:

Beneficiary HICN	Beneficiary Name
Date of Service	Place of Service
Type of Service	Procedure Code (and 4 modifiers, as appropriate)
Rendering Provider NPI	Paid Amount

DME Test Cases

- The DME Test Case Specification document is located on the CSSC Operations website at:

  http://csscoperations.com/internet/Cssc.nsf/files/EncounterDataTestCaseSpecs%20DME_060712.pdf/$FIle/EncounterDataTestCaseSpecs%20DME_060712.pdf

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

Questions & Answers

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Resources

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

- 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

User Group

Thursday, June 7, 2012
3:00 P.M. – 4:00 P.M. ET

REMINDER:

- The next User Group is scheduled for **Thursday, June 21, 2012** from 3:00 PM – 4:00 PM ET

2012 Regional Technical Assistance

Registration Is Now Open!

August 6 – 9, 2012   Baltimore, MD

Las Vegas session is cancelled.

Attendance also available by live webcast.

<u>Session Topics</u>

Encounter Data   Risk Adjustment

Enrollment   Payment

Prescription Drug Event

Please remember to reserve your accommodations

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Closing Remarks

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