Encounter Data System User Group

December 1, 2011



Agenda

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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 in order to continue testing and implementation of the Encounter Data System (EDS) by January 2012.





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.





CMS Updates





CMS Update – Enforcement of 5010

 CMS is in the process of assessing the impact of this announcement on the encounter data initiative. We will work with the industry to determine their capacity to submit encounter data using 5010 format by January 3, 2012, and what the 90-day period of enforcement discretion for compliance with the new HIPAA transaction standards means for encounter data implementation. We will issue related guidance by December 14, 2011.



CMS Update – Compliance and Certification

- MAOs and other entities are required to complete Encounter Data Front End System (EDFES) Certification no later than January 3, 2012.
- Two sets of reminders will be sent to MAOs that are not yet EDFES certified.
 - December 15, 2011: Reminder sent
 - December 22, 2011: Reminder sent





CMS Update – Compliance Notification and Alerts

 On January 4, 2012: An Alert will be sent to all MAOs that have not complied with the January 3, 2012 EDFES certification deadline.





CMS Update – Submission of EDPS Test Data

 MAOs and other entities may begin to submit test data for end-to-end testing on January 3, 2012.





Test Cases -Professional



Test Cases - Professional

- In order to assist MAOs and other entities to prepare for Professional End-to-End testing, CMS has developed test case specifications.
- MAOs and other entities must use the test cases to submit end-to-end testing files.
- Each test case contains the following:
 - Test Case Purpose
 - Prerequisite Conditions
 - Test Procedures
 - Assumptions and Constraints





Test Cases - Professional

- A total of 26 test specifications will be required. Examples include:
 - Beneficiary Eligibility
 - New Member Submission
 - Provider Data Validation Submissions
 - Non-contracted Providers
 - Processing
 - Correct/Replace
 - Pricers
 - Medicare Physician Fee Schedule (MPFS)





Business Cases- Professional





Business Cases - Professional

- In order to assist MAOs and other entities to submit Professional encounter data, CMS has developed business cases.
- The business cases provide sample data, which may be used as guidance to populate an encounter.
- MAOs and other entities must submit valid data.



Business Cases - Professional

- The 837-P Companion Guide provides the following business cases:
 - Standard Professional Encounter
 - Capitated Professional Encounter
 - Chart Review Professional Encounter No Linked ICN
 - Chart Review Professional Encounter Linked ICN





837-P Companion Guide Business Cases – (con't)

- Complete Replacement Professional Encounter
- Complete Deletion Professional Encounter
- Atypical Provider Professional Encounter
- True Coordination of Benefits Professional Encounter
- Bundled Professional Encounter
- * Paper Claim Generated Encounter Business Case is currently under development.



EDFES Edits -Professional





EDFES Edits - Professional

 The following Professional edits are permanently deactivated:

Edit Reference	Edit Description
X222.087.2010AA.NM109.050	CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 496: "Submitter not approved for electronic claim submission on behalf of this entity" EIC 85: "Billing Provider"
X222.091.2010AA.N301.070	CSCC A7: "Acknowledgement /Rejected for Invalid Information" CSC 503: "Entity's Street Address" EIC: 85 Billing Provider





EDFES Edits – Professional (cont'd)

Edit Reference	Edit Description
X222.091.2010AA.N302.060	CSCC A7: "Acknowledgement /Rejected for Invalid Information" CSC 503: "Entity's Street Address" EIC: 85 Billing Provider
X222.138.2010BB.REF.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information" CSC 732: "Information submitted inconsistent with billing guidelines." CSC 560: "Entity's Additional/Secondary Identifier." EIC: PR "Payer"





EDFES Edits – Professional (cont'd)

Edit Reference	
X222.140.2010BB.REF02.075	CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 496 "Submitter not approved for electronic claim submissions on behalf of this entity." EIC: 85 Billing Provider
X222.157.2300.CLM05-3.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information" CSC 535: "Claim Frequency Code"
X222.351.2400.SV101-7.020	CSCC A8: "Acknowledgement / Rejected for relational field in error" CSC 306: "Detailed description of service"





EDFES Edits - Institutional

 The following Institutional edits are permanently deactivated:

Edit Reference	Edit Description
X223.084.2010AA.NM109.050	CSCC A8: "Acknowledgement/rejected for relational field in error" CSC 496: "Submitter not approved for electronic claim submission on behalf of this entity"" EIC 85: "Billing Provider"
X223.087.2010AA.N301.070	CSCC A7: "Acknowledgement/rejected for invalid information" CSC 503: "Entity's Street Address" EIC 85: Billing Provider





EDFES Edits – Institutional (cont'd)

Edit Reference	
X223.127.2010BB.REF.010	CSCC A7: "Acknowledgement/rejected for invalid information" CSC 732: "Information inconsistent with billing guidelines" CSC 560: "Entity's Additional/Secondary Identifier" EIC: PR "Payer"
X223.424.2400.SV202-7.025	CSCC A8: "Acknowledgement/rejected for relational field in error" CSC 306: Detailed description of service





User Group Questions and Responses





Can the default NPIs established for atypical providers be populated if an NPI is not present on a claim or is not available to the MAO or other entity?





Is the ambulance pick up and drop off locations required for encounter data submissions?





If an MAO or other entity submits an encounter that contains the valid NPI for the Billing/Servicing Provider but the Taxonomy Code does not match the Taxonomy Code in National Plan and Provider Enumeration System (NPPES) for the given NPI, would CMS Edits reject this encounter?





If a claim line is denied, will the edit that requires Units of Service to be greater than zero be turned off?





The TR3 states that Loop 2300 HI - ANESTHESIA RELATED PROCEDURE is situational and is required on claims where anesthesiology services are being billed or reported when the provider knows the surgical code. If the surgical HCPC code is not reported for an anesthesia claim, will the encounter be rejected by CMS?

Is it acceptable to use a crosswalk to derive the surgical HCPC code from the anesthesia reported code?



Resources





Resources

- CSSC Operations: <u>http://www.csscoperations.com/internet/cssc.ns</u>
 <u>f/Home</u>
- Encounter Data Outreach Registration: www.tarsc.info
- CMS: www.cms.gov
- EDS Inbox: eds@ardx.net





Resources (cont.)

- X12 Version 5010 Standards: <u>http://www.cms.gov/Version5010andD0/01 overview.asp</u>
- CEM/CEDI Technical Reporting Formats: <u>http://www.cms.gov/MFFS5010D0/20 TechnicalDocumentation.asp</u>
- Washington Publishing Company: http://www.wpc-edi.com/content/view/817/1





User Group

REMINDER: The next User Group will be held on Thursday, December 15, 2011 from 3:00PM EST – 4:00PM EST.





Questions and Answers





Closing Remarks



