Encounter Data

Industry Update

Thursday, February 2, 2012

2:00 P.M. – 4:00 P.M., ET

Encounter Data System Industry Update

February 2, 2012

HEALTHCARE MANAGEMENT CONSULTING COMPANY

A Reddix & Associates

www.ardx.net

Bringing Simplicity to Complexities

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Agenda

- Introduction
- Session Guidelines
- CMS Update
  - Testing Timeline
  - EDFES Certification Status
- Test Cases Review
- Reports
  - EDFES – 277CA
  - EDPS – MAO-002 Flat File and Formatted
- Closing Remarks

CMS Updates

Testing/Certification Timeline

- For a variety of reasons, testing is going slower than expected, so we would like to focus our efforts on Professional end-to-end certification
- CMS is delaying the start of Institutional end-to-end testing
  - Ensure the CEM is stable prior to initial testing
  - Prior to the beginning of Institutional end-to-end testing, CMS will hold an instructional webinar on testing requirements and test cases.

Testing / Certification Timeline

	Testing Begins	EDPS Testing	Deadline for Initial Submission of Encounters *	Testing Ends/Deadline for Certification
Professional Encounters	1/4/12	Test cases only	2/29/12*	3/30/12
Institutional Encounters	3/30/12	Test cases only	4/30/12*	5/30/12
DME Encounters	5/7/12	Test cases only	6/1/12*	7/2/12

***MAOs and other entities must make an initial submission to the EDPS by this date.**

•Institutional certification has been delayed. Plans should focus on professional certification at this time.

Front End Certification

- 497 out of 587 plans have certified on the front-end.
- MAOs and other entities who are not certified on the front-end should do so immediately.
- 90 plans have not certified.
- We will begin compliance actions for Front-End certification soon. This will be discussed on the 2/16 User Group Call.

Data as of 1/31/12

End-to-End Certification Process

837-P End-to-End Certification Overview

- Submitters must be front-end certified in order to submit end-to-end test cases.
- MAOs and other entities must achieve a 95% acceptance rate on total required test cases in order to be certified to submit production data.

Operational Guidance 837-P

CMS requires that the test cases are submitted in two (2) separate files. Only the defined test cases should be submitted.

File 1

- 2012 DOS
- Test cases that **do not** require linking (19 test cases)
- TC indicator in Loop 2300, CLM01 (e.g., CLM01=TC01)
- 2 encounters per test case, for a total of 38 encounters in this file
- The initial *file containing anything other than the 38 defined encounters will* be returned without processing

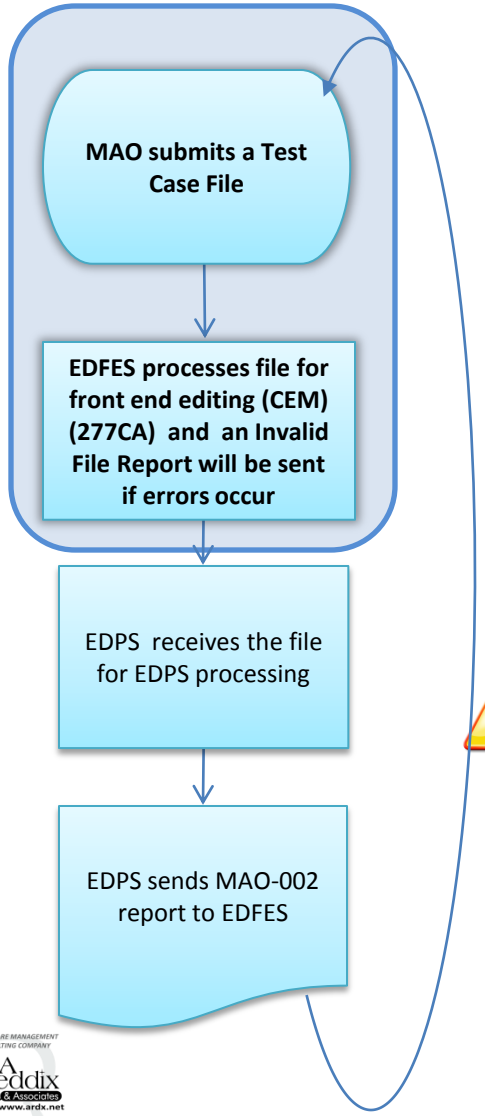
File 1 must be completely accepted before submitting file 2

File 2

- 2012 DOS
- Test cases that **require** linking (4 test cases)
- TC indicator in Loop 2300, CLM01 (e.g., CLM01=TC13)
- 2 encounters per test case, for a total of 8 encounters in this file

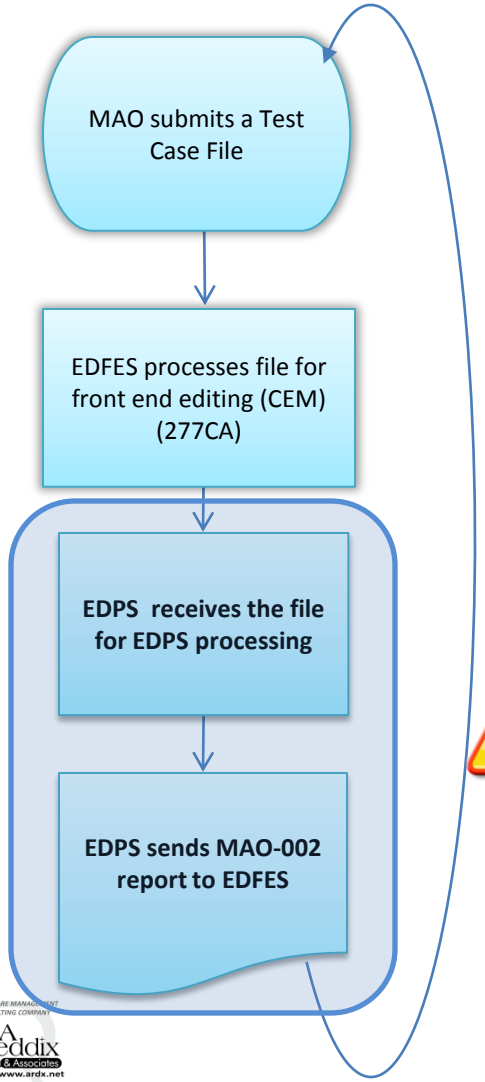
End-to-End Certification Process Flow

End-to-End Certification Process Flow – File 1 (unlinked)



1. MAOs or other entities submit test case files
   - Test case file **must** contain
     - 2012 dates of service
     - TC indicator in CLM01
     - Total required number of encounters
       - -First file = 19 test cases (38 encounters)
       - -Second file = 8 test cases (4 encounters)
2. The file is processed through front-end editing (CEM) and the 277CA is returned to the submitter. An Invalid File Report will be sent if errors occur.
3. **If front-end errors are received, the MAO or other entity must reconcile and resubmit the complete first test case file.**
4. **The file will not be submitted to EDPS until <u>all</u> 38 encounters have passed front-end requirements.**

End-to-End Certification Process Flow – File 1 (unlinked)

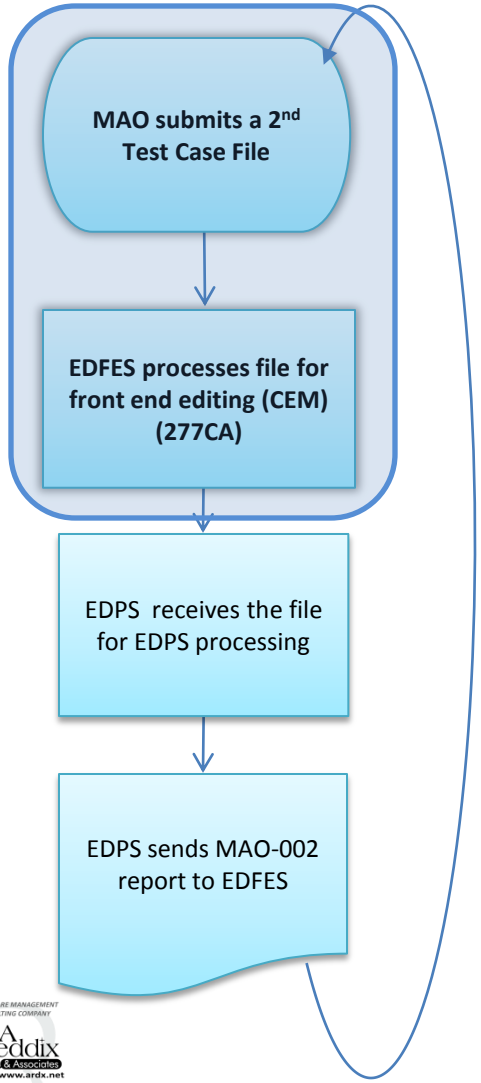


5. Once all 38 encounters have passed front-end requirements, the file is sent to EDPS for processing.

6. The MAO-002 Encounter Data Processing Status Report is generated and sent to MAOs and other entities.

7. **MAOs and other entities must use the MAO-002 to reconcile and then resubmit only the rejected test cases prior to submitting the linked test case files.**

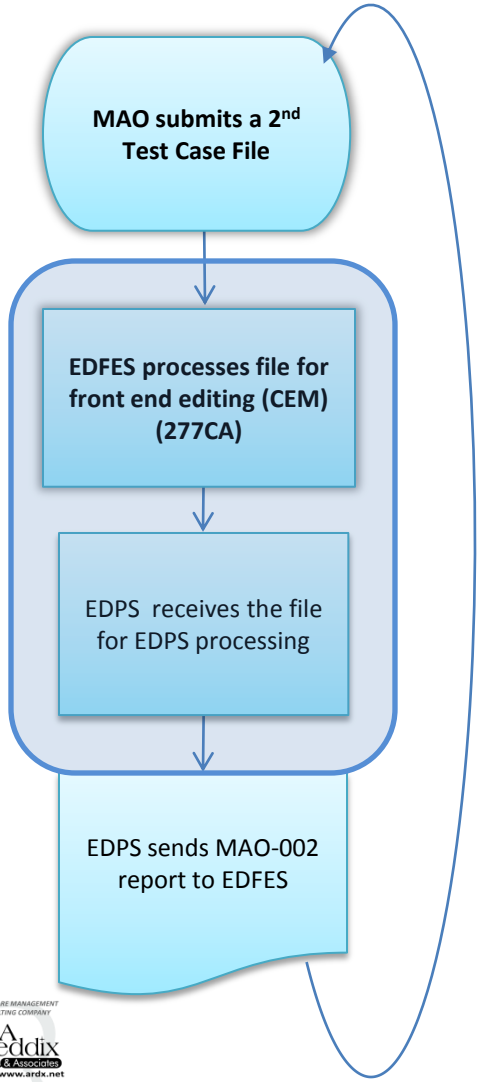
End-to-End Certification Process Flow – File 2 (linked)



8. Once the initial test case file with all 38 (unlinked) encounters has passed encounter data processing **MAOs and other entities must submit the 2nd (linked) Test Case File containing:**
   -2012 Dates of Service
   -TC indicator
   -Required number of encounters
   - Second file = 4 Test cases (8 encounters)

NOTE: The second file cannot be sent until the MAO-002 report reflects that all unlinked test encounters were accepted.

End-to-End Certification Process Flow – File 2 (linked)



9. The linked test case file is sent to the EDPS for processing.

NOTE: The file will not be submitted to the EDPS until all eight (8) encounters have passed front end requirements.

10. The MAO-002 Encounter Data Processing Status Report is sent back to the MAO. Any rejected test cases on the 2nd file must be reconciled and resubmitted.

End-to-End Certification

When all 46 test cases pass the minimum 95% acceptance rate, MAOs and other entities will receive a notice that certification has been achieved.

MAOs and other entities may begin to submit production data.

837-P Test Cases Detailed Review

Test Case Overview

- The required Professional test cases in File 1 that **do not** require linking are:

File 1 – "Unlinked" Test Cases		
TC-01	TC-09	TC-21
TC-02	TC-10	TC-22
TC-03	TC-11	TC-23
TC-04	TC-15	TC-24
TC-05	TC-17	TC-25
TC-06	TC-19	
TC-07	TC-20	

Test Case Overview

- The required Professional test cases in File 2 that **do** require linking are:

File 2– "Linked" Test Cases
TC-12
TC-13
TC-14
TC-16

Test Case Overview

- Business Cases in the Companion Guide provide instructions on submitting data according to Encounter Data guidelines.

Sample Business Case

9.1 Standard Professional Encounter

Business Scenario 1: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Happy Health Plan is the Medicare Advantage Organization (MAO). Dr. Smith diagnosed Mary with abdominal pain in her right upper quadrant (78901).

File String 1:

```
ISA*00*       *00*       *ZZ*ENH9999      *ZZ*80882       *120430*114
4*^*00501*200000031*1*P*:~
GS*HC*ENH9999*80882*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*80882~
HL*1**20*1~
NM1*85*1*SMITH*ELIZABETH*A**MD*XX*12999999999~
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
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*80882~
N3*7500 SECURITY BLVD~
```

TC01 – Original MA

- Submit a newly enrolled MA member encounter on the standard 837P.
  - Identify a member that is enrolled with an Election Type of 'E' for IEP and an enrollment effective date in 2011.
    - **Note**: IEP is for Initial Enrollment Period – 7-month timeframe, 3 months before month of date of birth, the month of the date of birth, and the 3 months following the date of birth.

TC01 – Original MA

- Review a 2011 Daily Transaction Reply Report (DTRR).
- Review the January 2012 Monthly Membership Detail Report (MMR). If the member is enrolled in the plan for January 2012, they will appear on the MMR and a claim can be submitted.

Daily Transaction Reply Report
DTRR

Daily Transaction Reply Report Data File Layout

Field	Size	Position	Description
			Space = not applicable.
15. Transaction Reply Code	3	57 – 59	Transaction Reply Code, see TRC list for values
16. Transaction Type Code	2	60 – 61	Transaction Type Code
17. Entitlement Type Code	1	62	Beneficiary Entitlement Type Code: 'Y' = Entitled to Part A and B, 'Z' = Entitled to Part A or B; Space = not applicable
18. Effective Date	8	63 – 70	YYYYMMDD Format; Effective date is present for all TRCs. However, for UI TRCs, field content is TRC dependent: 701 – New enrollment period start date, 702 – Fill-in enrollment period start date, 703 – Start date of cancelled enrollment period, 704 – Start date of enrollment period cancelled for PBP correction, 705 – Start date of enrollment period for corrected PBP, 706 – Start date of enrollment period cancelled for segment correction, 707 – Start date of enrollment period for corrected segment,

Effective Date

Daily Transaction Reply Report
DTRR

Field	Size	Position	Description
36. Election Type	1	154	'A' = AEP; 'D' = MADP; 'E' = IEP; 'F' = IEP2; 'I' = ICEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI; 'R'= 5 Star SEP; 'S'= Other SEP; 'U'=Dual/LIS SEP; 'V'=Permanent Change in Residence SEP; 'W'=EGHP SEP; 'X'=Administrative Action SEP; 'Y'=CMS/Case Work SEP; Space = not applicable. (MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, D. E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, R, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155	'A' = Auto enrolled by CMS; 'B' = Beneficiary Election; 'C' = Facilitated enrollment by CMS; 'D' = CMS Annual Rollover; 'E' = Plan initiated auto-enrollment; 'F' = Plan initiated facilitated-enrollment; 'G' = Point-of-sale enrollment; 'H' = CMS or Plan reassignment; 'I' = Invalid submitted value (transaction is not rejected); Space = not applicable.

Election Type "E"

Monthly Membership Detail Report (MMR)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123

RUN DATE:20090124                          MONTHLY MEMBERSHIP REPORT - NON DRUG                                  PAGE:         1
PAYMENT MONTH:200902                   PLAN(Hzzzz) PBP(nnn) SEGMENT(mmm) PLAN NAME HERE

                            ------------------------------------------------- REBATES -------------------------------------------
           BASIC PREMIUM | COST SHR REDUC   MAND SUPP BENEFIT  PART D SUPP BENEFIT     PART B BAS PRM REDUC   PART D BAS PRM REDUC
    PART A  $SSS9.99     |      N/A              N/A                  N/A                     N/A                     N/A
    PART B  $SSS9.99     |      N/A              N/A                  N/A                     N/A                     N/A

             S               -----------  FLAGS  ---------------      ------------------ PAYMENTS/ADJUSTMENTS --------------------
CLAIM        E AGE  STATE      P P         M F   A D   S  C MTHS     PAYMENT DATE      LAG    FTYPE----FACTORS--------   AMOUNT
NUMBER       X GRP  CNTY       A A H E I   C R O D E E O  M A B       START   END                 FRAILTY-SCORE   MSP     MSP
------------ - ---- -----    O R R O S N N A A R D F G U M C ---- --- ------------------------------------------------------------
   SURNAME F   DMG  BIRTH    O T T S R S H I I E O A H R S A PIP  ADJ
           I   RA   DATE     A A B P D T C D L C N U P C P I DCG  REA  FCTR-A  FCTR-B      PART A      PART B      TOTAL PAYMENT
------------ - ---- -----    - - - - - - - - - - - - - - - - - --- ------------------------------------------------------------
123456789A   F 8084 33800                                                200405 200405      Y       C   99.9999     99.9999 $SSSS9.99
   FIRST     G 8084 19200206 Y Y                   1     A Y Z9Z9  ZZ  1.0650  1.0650 $SSSSSS9.99 $SSSSSS9.99       $SSSSSSS9.99
987654321B   M 8084 33800                                                200405 200405      Y       C   99.9999     99.9999 $SSSS9.99
   SECOND    H 8084 19251008 Y Y Y   Y             4     T N Z9Z9  ZZ  1.0650  1.0650 $SSSSSS9.99 $SSSSSS9.99       $SSSSSSS9.99
```

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TC02 – FFS to MA Member

- Submit an encounter for a Medicare Part A and/or B member that changed to a MA plan.
  - Select a beneficiary entitled to FFS Medicare Part A prior to 1998.

TC02 – FFS to MA Member

- Determine if beneficiary was enrolled in FFS Medicare prior to 1998 by checking the entitlement start (effective) dates through the BEQ or in the MARx UI.
- Review the January 2012 Monthly Membership Detail Report (MMR). If the member is enrolled in the plan for January 2012, they will appear on the MMR and a claim can be submitted.

TC02 – FFS to MA Member

Steps for verifying beneficiary eligibility for test case using the Batch Eligibility Request (BEQ):

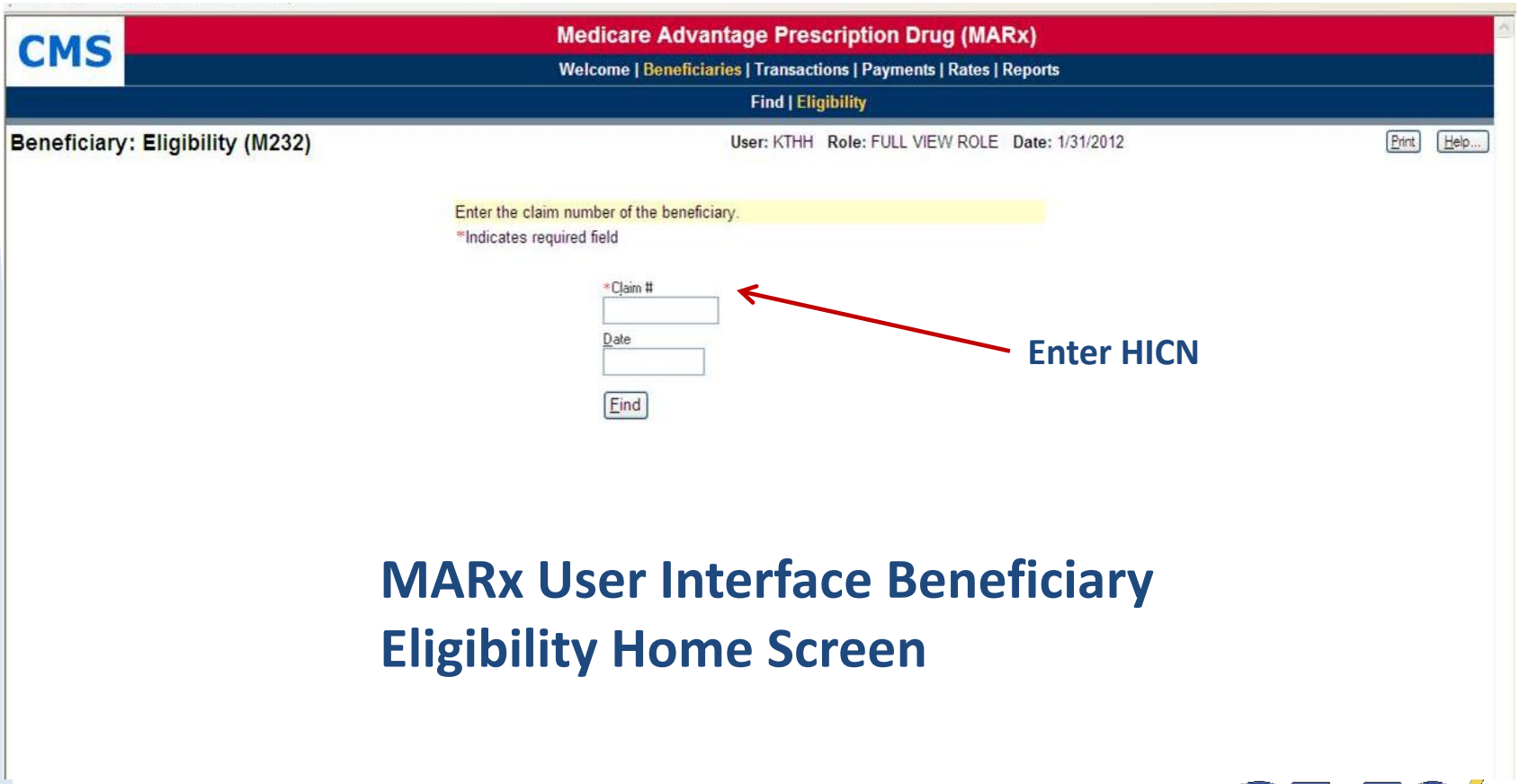
- Submit the BEQ Request file with the beneficiary HIC number.
- Receive a BEQ Response file that provides the entitlement/enrollment start (effective) dates for Part A and Part B.
- If dates are prior to 1998, the beneficiary was enrolled in FFS Medicare.

TC02 – FFS to MA Member

Steps for reviewing beneficiary eligibility for test case using the MARx UI:

- Beneficiary eligibility provides information regarding a beneficiary's entitlement start date for Part A and Part B
- Plans can view the Beneficiary: Eligibility (M232) screen from the main menu – go to Beneficiaries, and then click on Eligibility from the submenu. Then enter the HIC number to pull up the eligibility information.
- Under Eligibility Information are the start dates for Part A and Part B.
- If dates are prior to 1998, the beneficiary was enrolled in FFS Medicare.

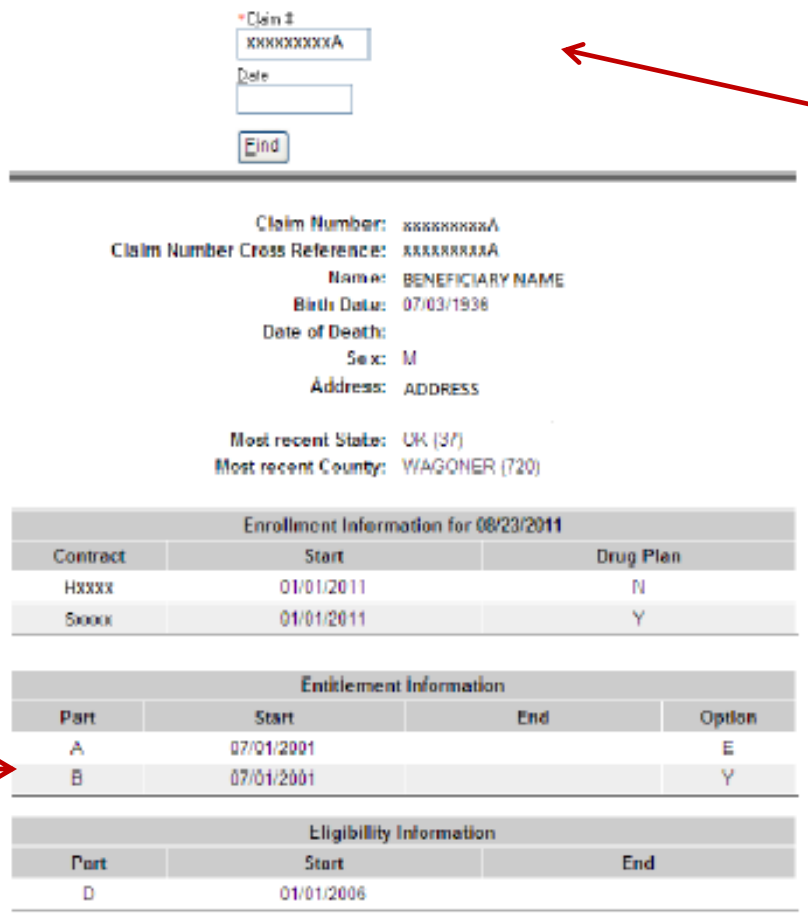
TC02 – FFS to MA Member



MARx User Interface Beneficiary Eligibility Home Screen

TC02 – FFS to MA Member

Beneficiary: Eligibility (M232)



TC03 – MA to MA Member

- Submit an encounter for a beneficiary that changed from one MA plan to another MA plan during October 15 – December 7, 2011.

TC03 – MA to MA Member

Steps for identifying beneficiary for test case using the reports:

- Review Daily Transaction Reply Report (DTRR) from the period between October and December 2011.
- Identify a member enrolled with an Election Type of 'A' for AEP and enrollment effective date January 1, 2012.
  - **Note**: AEP is for the Annual Enrollment Period
- Review the January 2012 Monthly Membership Report (MMR). If the member is enrolled in the plan for January 2012, they will appear on the MMR and a claim can be submitted.

TC03 – MA to MA Member

Daily Transaction Reply Report Data File Layout

Field	Size	Position	Description
36. Election Type	1	154	'A' = AEP; 'D' = MADP; 'E' = IEP; 'F' = IEP2; 'I' = ICEP; 'O' = OEP; 'N' = OEPNEW; 'T' = OEPI; 'R'= 5 Star SEP; 'S'= Other SEP; 'U'=Dual/LIS SEP; 'V'=Permanent Change in Residence SEP; 'W'=EGHP SEP; 'X'=Administrative Action SEP; 'Y'=CMS/Case Work SEP; Space = not applicable. (MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, D. E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, R, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155	'A' = Auto enrolled by CMS; 'B' = Beneficiary Election; 'C' = Facilitated enrollment by CMS; 'D' = CMS Annual Rollover; 'E' = Plan initiated auto-enrollment; 'F' = Plan initiated facilitated-enrollment; 'G' = Point-of-sale enrollment; 'H' = CMS or Plan reassignment; 'I' = Invalid submitted value (transaction is not rejected); Space = not applicable.

Election Type "A"

TC04 – Special Enrollment to MA Member

- Submit an encounter for a Medicare Advantage member that is eligible during the special enrollment period.

TC04 – Special Enrollment to MA Member

Steps for identifying beneficiary for test case using the reports:

- Review a 2011 Daily Transaction Reply Report (DTRR).
- Identify a member is enrolled with an Election Type for one of the Special Enrollment Period (SEP) options and enrollment effective date during 2011.
  - **Note**: The SEP codes include 'R' for 5 Star, 'S' for Other, 'U' for Dual/LIS, 'V' for permanent change of residence, 'W' for EGHP, 'X' for Administrative Action, or 'Y' for CMS/Case Work.
- Review the January 2012 Monthly Membership Report (MMR) If the member is enrolled in the plan for January 2012, they will appear on the MMR and a claim can be submitted.

TC04 – Special Enrollment to MA Member

Daily Transaction Reply Report Data File Layout

Field	Size	Position	Description
36. Election Type	1	154	'A' = AEP; 'D' = MADP; 'E' = IEP; 'F' = IEP2; 'I' = ICEP;'O' = OEP; 'N' = OEPNEW; 'T' = OEPI; 'R'= 5 Star SEP; 'S'= Other SEP; 'U'=Dual/LIS SEP; 'V'=Permanent Change in Residence SEP; 'W'=EGHP SEP; 'X'=Administrative Action SEP; 'Y'=CMS/Case Work SEP; Space = not applicable. (MAs use I, A, N, O, R, S, T, U, V, W, X, and Y. MAPDs use I, A, D. E, F, N, O, R, S, T, U, V, W, X, Y. PDPs use A, E, F, R, S, U, V, W, X, and Y.)
37. Enrollment Source	1	155	'A' = Auto enrolled by CMS; 'B' = Beneficiary Election; 'C' = Facilitated enrollment by CMS; 'D' = CMS Annual Rollover; 'E' = Plan initiated auto-enrollment; 'F' = Plan initiated facilitated-enrollment; 'G' = Point-of-sale enrollment; 'H' = CMS or Plan reassignment; 'I' = Invalid submitted value (transaction is not rejected); Space = not applicable.

SEP Election Type

TC05 – Standard MA Member Submission

- Submit an encounter for a standard Medicare Advantage member

TC06 – Non-Contracted Provider Submission

- Submit an encounter with a non-Medicare provider NPI
  - Use the following link to identify a non-contracted provider: https://spreadsheets.google.com/spreadsheet/pub?key=0Aqnmn7qC9bcHdHpLZlR0dTczNm82dkRfZFd3MjI5dWc&gid=0
- Include the billing provider employee tax identification number or social security number

TC06 – Non-Contracted Provider Submission

lists of opted out physicians

Sheet1 | Sheet2 | Sheet3

List of Medicare Opted Out Physicians by State (As maintained by regional Medicare contractors.) This link change frequently. Email aaps@aapsonline.org if you notice a broken or outdated link.

State	URL
Alabama	https://www.cahabagba.com/part_b/enroll_update_your_records/opting_out/optout_list.asp
Alaska	https://www.noridianmedicare.com/p-medb/enroll/optout/alaska_optout.html
Arizona	https://www.noridianmedicare.com/macj3b/enroll/optout/arizona_optout.html
Arkansas	http://www.pinnaclemedicare.com/provider/partb/enrollment/ArkOptOutProviders.pdf?r=4
California -Northern	http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%201%20Part%20B~
California-Southern	http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%201%20Part%20B~
Colorado	http://www.trailblazerhealth.com/Provider%20Enrollment/Opt-Out%20Providers/Default.aspx?DomainID=
Connecticut	http://www.ngsmedicare.com/HomePage.aspx
Delaware	https://www.highmarkmedicareservices.com/bene/optout-dc-de.html
Florida	http://medicare.fcso.com/Opt_out/168153.pdf
Georgia	https://www.cahabagba.com/part_b/enroll_update_your_records/opting_out/optout_list.asp
Hawaii	http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%201%20Part%20B~
Idaho	http://www.cignagovernmentservices.com/partb/enrollment/Opt_Out.xls
Illinois	http://www.wpsmedicare.com/part_b/business/il_opt.pdf
Indiana	http://www.ngsmedicare.com/HomePage.aspx

TC07 – Atypical Provider Submission

- Submit an atypical provider 837P file using the following default codes:
  - Payer ID-80882
  - NPI-1999999984
  - EIN – 199999998
  - *ICD-9 diagnosis code: '78099' – Other General Symptoms

* **Only submit default if the diagnosis code is not available**

TC07 – Atypical Provider Submission

9. 7 Atypical Provider Professional Encounter

Business Scenario 7: Mary Dough is the patient and the subscriber, and receives services from a atypical provider. Happy Health Plan was the Medicare Advantage Organization (MAO).

File String 7:

```
ISA*00*       *00*       *ZZ*ENH9999      *ZZ*80882       *120430*114
4*^*00501*000000031*1*P*:~
GS*HC*ENH9999*80882*20120430*1144*79*X*005010X222A1~
ST*837*0034*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*80882~
HL*1**20*1~
NM1*85*2*MERCY SERVICES*XX*1999999984~
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*199999998~
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*80882~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
```

TC09 – Capitated Provider Submission

- Submit a capitated encounter on an 837P file, to the EDFEC.
- Submit “0.00” in the amount field otherwise submit the amount as is for the capitated encounter.
- Populate loop 2400, CN101 data element with “05” for capitated submissions on the line level and claim level.

TC09 – Capitated Provider Submission

- If pricing information is available on the encounter collected, then it should be submitted as is; however, the sum of the SV1 (Professional) service lines must balance to the total amount populated on Loop ID-2300, CLM02.
- Capitated encounters submitted with "0.00" in the amount fields will be priced according to 100% of the Medicare allowable amount when processed through the EDS.

TC09 – Capitated Provider Submission

LX*1~
SV1*HC:99212*0.00*UN*1***1~
DTP*472*D8*20120401~
CN1*05~
SVD*H9999*100.50*HC:99212**1~
DTP*573*D8*20120403~
SE*40*0037~
GE*1*82~
IEA*1*000000032~

Capitated Indicator

TC10 – Ambulance TOS Submission

- Submit an encounter with a valid pick-up service address in Loop 2310E and a valid drop-off address in Loop 2310F.
- Submit an NPI that is valid for an ambulance type of service.
- Submit HCPCS codes that are valid for ambulatory services.

TC10 – Ambulance TOS Submission

- Ensure a valid zip code is included in the submission file.
- The ambulance fee schedule will be used for pricing all services identified on the encounter submission.

TC11 – Coordination of Benefits Submission

- Submit a true Coordination of Benefits (COB) submission from a secondary payer using the 2nd iteration of loops 2320, 2330, and 2430.
- Submit an original transaction to a primary payer.

TC11 – Coordination of Benefits Submission

CLM*2997677856479709654A*712.00***11:B:1*Y*A*Y*Y~
HI*BK:78901
SBR*P*18*XYZ1234567******16~
CAS*CO*A2*12.00
AMT*D*700.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*HAPPY HEALTH PLAN*****XV*H9999~
N3*705 E HUGH ST~
N4*NORFOLK*VA*235049999~
SBR*T*18*XYZ1234388******16~
CAS*CO*A2*8.00~
AMT*D*12.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
NM1*PR*2*OTHER HEALTH PLAN*****XV*PAYER01~
N3*400 W 21 ST~
N4*NORFOLK*VA*235059999~
REF*T4*Y~
LX*1~
SV1*HC:99212*712.00*UN*1***1~
DTP*472*D8*20120401~
SVD*H9999*712.00*HC:99212**1~

1st iteration of Loop 2320

2nd iteration of Loop 2320

TC12 – Correct / Replace

- The original submission must be identified as "Accepted" on the MAO-002 report. The submission must be sent with the ICN associated with the "Accepted" encounter.
- Submit an encounter with a correction/replacement code value of '7' in Loop 2300, CLM05-3 on the 837 P.
  - Populate Loop 2300, REF01='F8' and REF02 = ICN of the prior encounter.

TC12 – Correct / Replace

NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80882~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*299767785647970654A*100.50***11:B:7*Y*A*Y*Y~
REF*F8*1212278567098~
HI*BK:78903~
SBR*P*18*XYZ1234567******16~
CAS*CO*39*50.00~
AMT*D*50.50~
OI***Y***Y~

TC13 – Void / Delete

- The original submission must be identified as "Accepted" on the ED Processing Status Report. The submission must be sent with the ICN associated with the "Accepted" encounter.
- Submit an encounter with a void/deleted code '8' in Loop 2300, CLM05-3 on the 837 P.
  - Populate Loop 2300, REF01='F8' and REF02 = ICN of the prior encounter.

TC13 – Void/Delete

N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
DMG*D8*19390807*F~
NM1*PR*2*EDSCMS*****PI*80882~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*29976778564797096 54A*100.50***11:B:8*Y*A*Y*Y~
REF*F8*1212487000032~
HI*BK:78901~
SBR*P*18*XYZ1234567******16~
CAS*CO*223*100.50~
AMT*D*0.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~

TC14 – Chart Review - Linked

- The original submission must be identified as "Accepted" on the MAO-002. The submission must be sent with the ICN associated with the "Accepted" encounter.
- Submit a chart review linked to an existing ICN with a PWK01 = "09" and PWK02 = "AA".
  - Submit the chart review with a minimum of four (4) diagnosis codes for testing.

TC14 – Chart Review - Linked

- Include a valid Provider Tax ID and the Rendering Provider NPI number.
- An existing ICN must be linked to the chart review submission.

TC14 – Chart Review - Linked

File String 4:

```
ISA*00*       *00*       *ZZ*ENH9999     *ZZ*80882       *120530*114
7*^*00501*000000056*1*P*:~
GS*HC*ENH9999*80882*20120530*1147*89*X*005010X222A1~
ST*837*0043*005010X222A1~
BHT*0019*00*3920394930206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80882~
HL*1**20*1~
NM1*85*1*SMITH*ELIZABETH*A**MD*XX*1299999899~
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*456789032~
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*80882~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*29976778564797096 54A*0.00***11:B:1*Y*A*Y*Y~
PWK*09*AA~
REF*F8*1298768987657~
HI*BK:4475~
SBR*P*18*XYZ1234567******16~
AMT*D*0.00~
OI***Y***Y~
NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099999~
```

ICN populated

TC15 – Chart Review - Unlinked

- Submit a chart review with no link to an ICN with a PWK01 = “09” and PWK02 = “AA”.
- Include a valid Provider Tax ID and the Rendering Provider NPI number.
- There can be no existing ICN linked to the submission of a chart review – unlinked, and the data will not be priced in EDPS.

TC15 – Chart Review - Unlinked

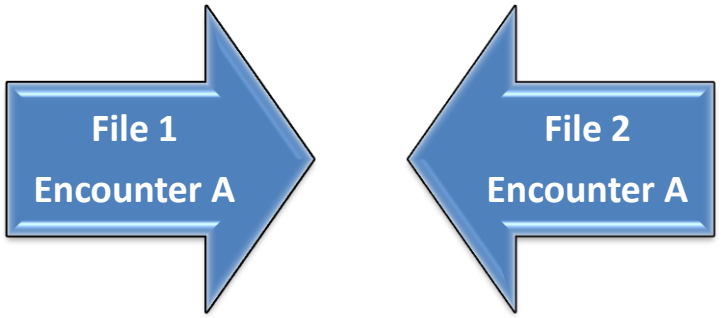
File String 3:

```
ISA*00*       *00*       *ZZ*ENH9999     *ZZ*80882       *120530*114
7*^*00501*000000056*1*P*:~
GS*HC*ENH9999*80882*20120530*1147*89*X*005010X222A1~
ST*837*0043*005010X222A1~
BHT*0019*00*3920394930206*20120530*1147*CH~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENH9999~
PER*IC*JANE DOE*TE*5555552222~
NM1*40*2*EDSCMS*****46*80882~
HL*1**20*1~
NM1*85*1*SMITH*ELIZABETH*A**MD*XX*1299999999~
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
REF*EI*456789032~
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*80882~
N3*7500 SECURITY BLVD~
N4*BALTIMORE*MD*212441850~
REF*2U*H9999~
CLM*2997677856479709654A*0.00***11:B:1*Y*A*Y*Y~
PWK*09*AA~
HI*BK:4475~
SBR*P*18*XYZ1234567******16~
AMT*D*0.00~
```

No ICN populated

TC16 – Duplicate

- An original submission should be "Accepted" in EDPS prior to submitting a duplicate encounter submission.
- Ensure that the interchange date and time (ISA09 and ISA10) are unique in the ISA-IEA interchange header file.



TC16 – Duplicate

- Submit a duplicate 837P encounter with duplicate data in all of the following fields:
  - Beneficiary HICN
  - Date of Service
  - Type of Service
  - Rendering Provider NPI
  - Beneficiary Name
  - Place of Service
  - Procedure Code (and 4 modifiers)
  - Paid Amount
- Type of service is not submitted on the encounter but derived from data captured.
- It is assumed that the submission matches an existing encounter in the system.

TC17 – Bundled Payment

- Submit an encounter with bundled codes and use SVD06 in Loop 2430 to identify a bundled payment submission.

TC18 – Paper Generated

- Paper generated submission specifications are still in development and will be discussed on a later call.

TC19 – Zip Code +4

- Submit an encounter with the Zip code + 4 identifier.
  - Use “9999” as a default for the last four (4) digits of the Zip code for at least one (1) test case submission

TC19 – Zip Code +4

9.1 Standard Professional Encounter

Business Scenario 1: Mary Dough is the patient and the subscriber, and went to Dr. Elizabeth A. Smith because she was experiencing abdominal pain. Happy Health Plan is the Medicare Advantage Organization (MAO). Dr. Smith diagnosed Mary with abdominal pain in her right upper quadrant (78901).

File String 1:

```
ISA*00*       *00*       *ZZ*ENH9999     *ZZ*80882       *120430*114
4*^*00501*200000031*1*P*:~
GS*HC*ENH9999*80882*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*80882~
HL*1**20*1~
NM1*85*1*SMITH*ELIZABETH*A**MD*XX*12999999999~
N3*123 CENTRAL DRIVE~
N4*NORFOLK*VA*235139999~
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~
```

TC20 – Medically Unlikely Edit

- Submit a medically unlikely procedure code
  - The maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service is determined unlikely as defined by the CMS MUE (Medically Unlikely Edit) file.

TC20 – Medically Unlikely Edit

- For additional information regarding MUEs, refer to https://www.cms.gov/NationalCorrectCodInitEd/08_MUE.asp

TC20 – Medically Unlikely Edit

	A	B
1	*Current Procedural Terminology* © 2011 American Medical Association. All Rights Reserved. Current Procedural Terminology (CPT) is copyright 2011 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.	
2	HCPCS/CPT Code	Practitioner Services MUE Values
198	12011	1
199	12013	1
200	12014	1

TC21 – Diagnoses Included in Model Diagnosis Codes

- Submit a standard encounter with four (4) diagnoses from the model diagnoses spreadsheet.

TC21 – Diagnoses Included in Model Diagnosis Codes

2012 Payment Year (2011 data collection year)

ICD-9-CM Codes, CMS-HCC (MA), CMS-HCC (ESRD, PACE) and RxHCC models (updated April 1, 2011)

Note: Includes Fiscal Year 2011 ICD-9-CM code revisons.

Note: Cost plans include §1876 cost HMOs/CMPs and §1833 HCPPs.

ICD-9-CM Code	ICD-9-CM Description	CMS-HCC Model Category (MA and cost plans aged/disabled)	CMS-HCC Model Category (ESRD, PACE)	RxHCC Model Category	CMS-HCC Model -- MA and cost plans. Calendar Year 2012 Payment	CMS-HCC Model -- ESRD, PACE. Calendar Year 2012 Payment	RxHCC Model Calendar Year 2012 Payment
0031	Salmonella septicemia	2	2		Yes	Yes	No
00322	Salmonella pneumonia	112	115		Yes	Yes	No
00323	Salmonella arthritis	37	39		Yes	Yes	No
00324	Salmonella osteomyelitis	37	39		Yes	Yes	No
0064	Amebic lung abscess	112	115	106	Yes	Yes	Yes
0074	Cryptosporidiosis	5	6	5	Yes	Yes	Yes
0202	Septicemic plague	2	2		Yes	Yes	No
0203	Primary pneumonic plague	112	115		Yes	Yes	No
0204	Secondary pneumon plague	112	115		Yes	Yes	No
0205	Pneumonic plague NOS	112	115		Yes	Yes	No
0212	Pulmonary tularemia	112	115		Yes	Yes	No
0221	Pulmonary anthrax	112	115		Yes	Yes	No
0223	Anthrax septicemia	2	2		Yes	Yes	No
0310	Pulmonary mycobacteria	5	6	5	Yes	Yes	Yes
0312	DMAC bacteremia	5	6	5	Yes	Yes	Yes
03283	Diphtheritic peritonitis	31	33		Yes	Yes	No

2012 Model Diagnoses

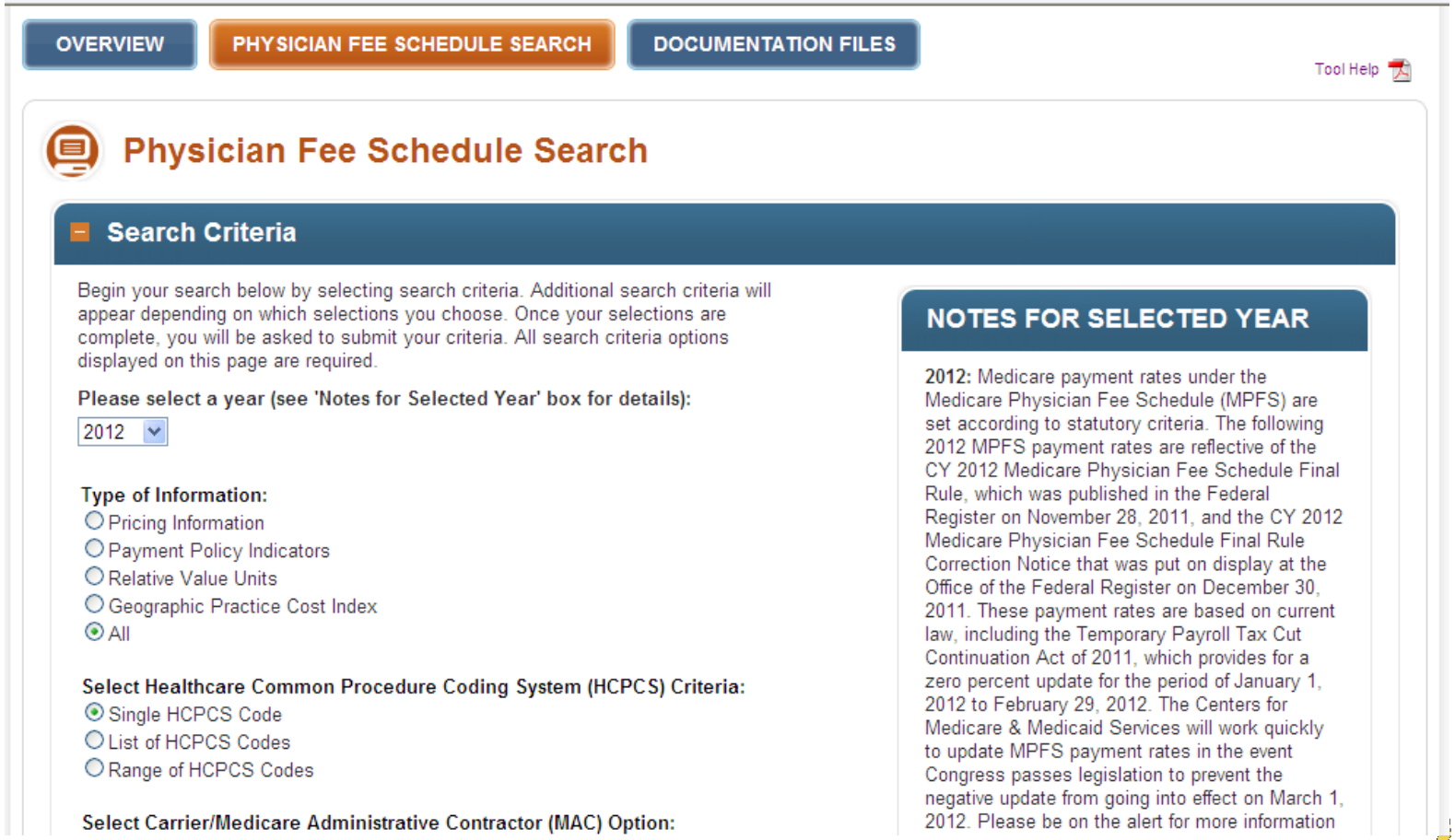
TC22 – Diagnoses Not Included in Model Diagnosis Codes

- Submit a standard encounter with four (4) diagnoses not listed in the model diagnoses spreadsheet.
- Only submit ICD-9 codes valid prior to October 1, 2013. Any ICD-10 codes submitted before October 1, 2013 will be returned with errors.

TC23 – Medicare Physician MPFS Submission

- Submit an encounter for a Medicare participating provider using HCPCS from the 2012 Fee Schedule. MAOs and other entities should use the fee schedule located online at https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx

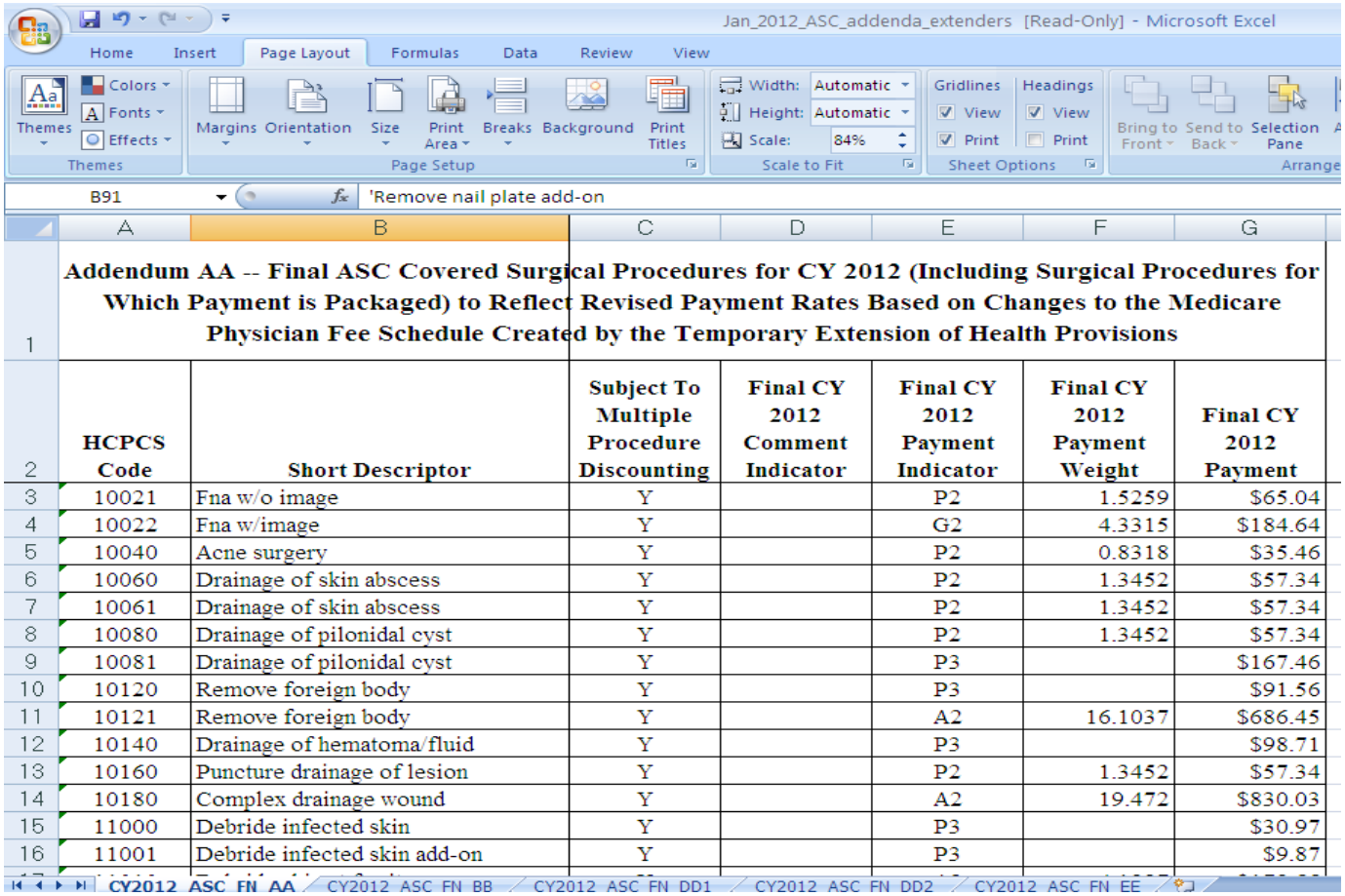
TC23 – Medicare Physician MPFS Submission



TC24 – Ambulatory Surgical Center (ASC) Submission

- Submit an encounter using the ambulatory surgical center fee schedule for an outpatient procedure code. MAOs and other entities should use the fee schedule located online at http://www.cms.gov/apps/ama/license.asp?file=/ascpayment/downloads/Jan_2012_ASC_addenda_extenders.zip.
  - Select the Jan_2012_ASC_addenda_extenders.xlsx file

TC24 – Ambulatory Surgical Center (ASC) Submission



Jan_2012_ASC_addenda_extenders [Read-Only] - Microsoft Excel

Home | Insert | Page Layout | Formulas | Data | Review | View

Themes | Colors | Fonts | Effects | Margins | Orientation | Size | Print Area | Breaks | Background | Print Titles | Width: Automatic | Height: Automatic | Scale: 84% | Gridlines View Print | Headings View Print | Bring to Front | Send to Back | Selection Pane

B91 'Remove nail plate add-on

Addendum AA -- Final ASC Covered Surgical Procedures for CY 2012 (Including Surgical Procedures for Which Payment is Packaged) to Reflect Revised Payment Rates Based on Changes to the Medicare Physician Fee Schedule Created by the Temporary Extension of Health Provisions

HCPCS Code	Short Descriptor	Subject To Multiple Procedure Discounting	Final CY 2012 Comment Indicator	Final CY 2012 Payment Indicator	Final CY 2012 Payment Weight	Final CY 2012 Payment
10021	Fna w/o image	Y		P2	1.5259	$65.04
10022	Fna w/image	Y		G2	4.3315	$184.64
10040	Acne surgery	Y		P2	0.8318	$35.46
10060	Drainage of skin abscess	Y		P2	1.3452	$57.34
10061	Drainage of skin abscess	Y		P2	1.3452	$57.34
10080	Drainage of pilonidal cyst	Y		P2	1.3452	$57.34
10081	Drainage of pilonidal cyst	Y		P3		$167.46
10120	Remove foreign body	Y		P3		$91.56
10121	Remove foreign body	Y		A2	16.1037	$686.45
10140	Drainage of hematoma/fluid	Y		P3		$98.71
10160	Puncture drainage of lesion	Y		P2	1.3452	$57.34
10180	Complex drainage wound	Y		A2	19.472	$830.03
11000	Debride infected skin	Y		P3		$30.97
11001	Debride infected skin add-on	Y		P3		$9.87

CY2012_ASC_FN_AA | CY2012_ASC_FN_BB | CY2012_ASC_FN_DD1 | CY2012_ASC_FN_DD2 | CY2012_ASC_FN_EE

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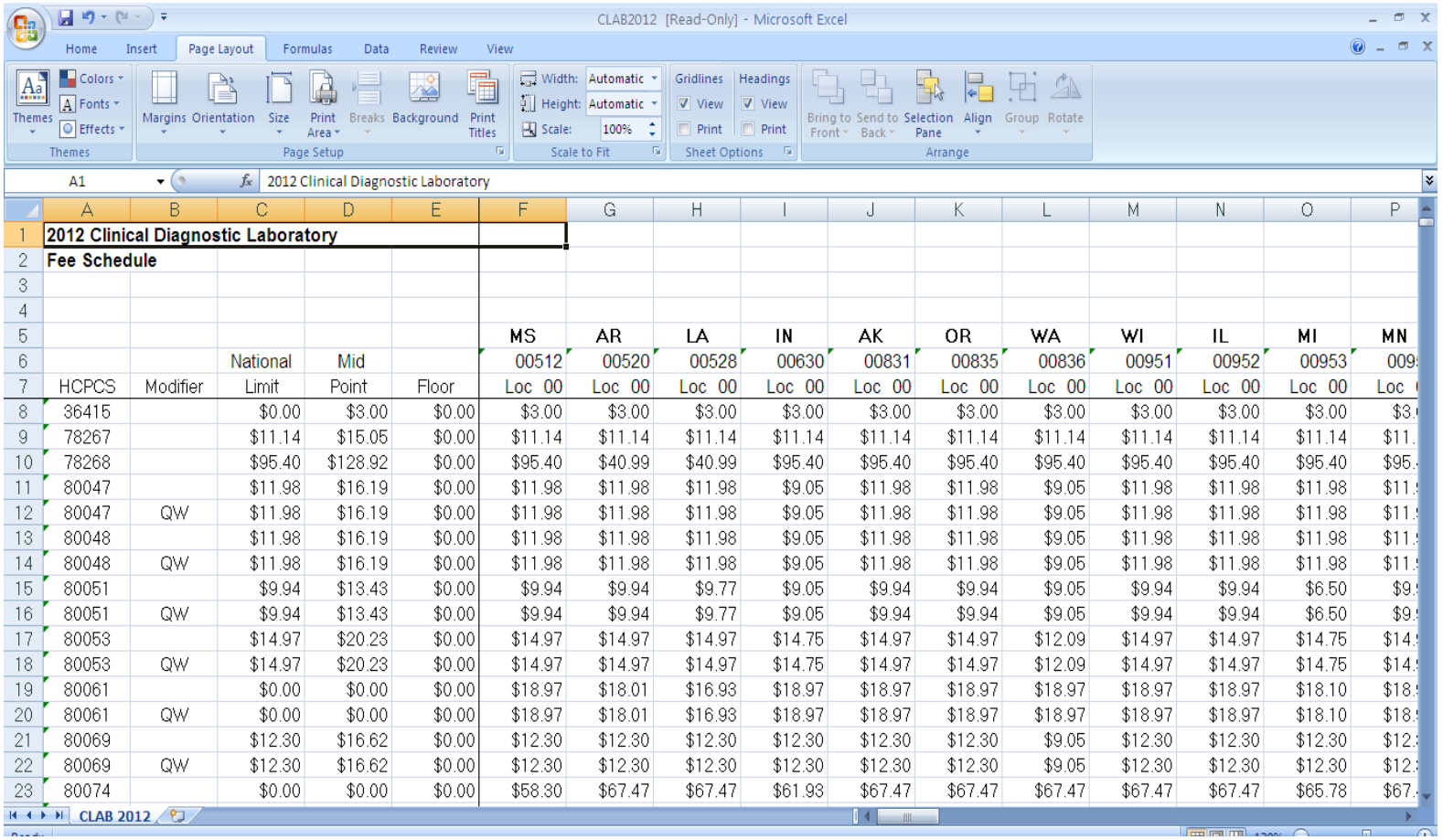
TC25 – Clinical Laboratory Submission

- Submit an encounter using the clinical laboratory fee schedule for rendering provider paid amounts located online at http://www.cms.gov/apps/ama/license.asp?file=/ClinicalLabFeeSched/downloads/12CLAB.ZIP.
  - Select the CLAB2012.xlsx file

TC25 – Clinical Laboratory Submission



CLAB2012 [Read-Only] - Microsoft Excel

Home | Insert | Page Layout | Formulas | Data | Review | View

Themes | Colors | Fonts | Effects | Margins | Orientation | Size | Print Area | Breaks | Background | Print Titles | Width: Automatic | Height: Automatic | Scale: 100% | Gridlines View Print | Headings View Print | Bring to Front | Send to Back | Selection Pane | Align | Group | Rotate

Themes | Page Setup | Scale to Fit | Sheet Options | Arrange

A1 | 2012 Clinical Diagnostic Laboratory

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	**2012 Clinical Diagnostic Laboratory**															
2	**Fee Schedule**															
3																
4																
5						MS	AR	LA	IN	AK	OR	WA	WI	IL	MI	MN
6			National	Mid		00512	00520	00528	00630	00831	00835	00836	00951	00952	00953	009
7	HCPCS	Modifier	Limit	Point	Floor	Loc 00	Loc 00	Loc 00	Loc 00	Loc 00	Loc 00	Loc 00	Loc 00	Loc 00	Loc 00	Loc
8	36415		$0.00	$3.00	$0.00	$3.00	$3.00	$3.00	$3.00	$3.00	$3.00	$3.00	$3.00	$3.00	$3.00	$3.
9	78267		$11.14	$15.05	$0.00	$11.14	$11.14	$11.14	$11.14	$11.14	$11.14	$11.14	$11.14	$11.14	$11.14	$11.
10	78268		$95.40	$128.92	$0.00	$95.40	$40.99	$40.99	$95.40	$95.40	$95.40	$95.40	$95.40	$95.40	$95.40	$95.
11	80047		$11.98	$16.19	$0.00	$11.98	$11.98	$11.98	$9.05	$11.98	$11.98	$9.05	$11.98	$11.98	$11.98	$11.
12	80047	QW	$11.98	$16.19	$0.00	$11.98	$11.98	$11.98	$9.05	$11.98	$11.98	$9.05	$11.98	$11.98	$11.98	$11.
13	80048		$11.98	$16.19	$0.00	$11.98	$11.98	$11.98	$9.05	$11.98	$11.98	$9.05	$11.98	$11.98	$11.98	$11.
14	80048	QW	$11.98	$16.19	$0.00	$11.98	$11.98	$11.98	$9.05	$11.98	$11.98	$9.05	$11.98	$11.98	$11.98	$11.
15	80051		$9.94	$13.43	$0.00	$9.94	$9.94	$9.77	$9.05	$9.94	$9.94	$9.05	$9.94	$9.94	$6.50	$9.
16	80051	QW	$9.94	$13.43	$0.00	$9.94	$9.94	$9.77	$9.05	$9.94	$9.94	$9.05	$9.94	$9.94	$6.50	$9.
17	80053		$14.97	$20.23	$0.00	$14.97	$14.97	$14.97	$14.75	$14.97	$14.97	$12.09	$14.97	$14.97	$14.75	$14.
18	80053	QW	$14.97	$20.23	$0.00	$14.97	$14.97	$14.97	$14.75	$14.97	$14.97	$12.09	$14.97	$14.97	$14.75	$14.
19	80061		$0.00	$0.00	$0.00	$18.97	$18.01	$16.93	$18.97	$18.97	$18.97	$18.97	$18.97	$18.97	$18.10	$18.
20	80061	QW	$0.00	$0.00	$0.00	$18.97	$18.01	$16.93	$18.97	$18.97	$18.97	$18.97	$18.97	$18.97	$18.10	$18.
21	80069		$12.30	$16.62	$0.00	$12.30	$12.30	$12.30	$12.30	$12.30	$12.30	$9.05	$12.30	$12.30	$12.30	$12.
22	80069	QW	$12.30	$16.62	$0.00	$12.30	$12.30	$12.30	$12.30	$12.30	$12.30	$9.05	$12.30	$12.30	$12.30	$12.
23	80074		$0.00	$0.00	$0.00	$58.30	$67.47	$67.47	$61.93	$67.47	$67.47	$67.47	$67.47	$67.47	$65.78	$67.

CLAB 2012

Reports

Encounter Data Front End System 277CA

- MAOs and other entities should reference the STC segments to determine if the hierarchical level was accepted or rejected
- If an encounter is accepted, an ICN will be populated in REF01=1K, REF02=ICN

Encounter Data Front End System 277CA

```
                                        ENC9996-837P_Nov4th_EXAMPLE2_277CA
ISA*00*          *00*          *ZZ*80882          *ZZ*ENC9996
*111107*1513*^*00501*000000001*0*T*:~
GS*HN*80882*ENC9996*20111107*151335*26301*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*11311*20111107*14484600*TH~
HL*1**20*1~
NM1*PR*2*PALMETTO GBA SOUTH CAROLINA*****46*80882~
TRN*1*8088220111107000001~
DTP*050*D8*20111107~
DTP*009*D8*20111107~
HL*2*1*21*1~
NM1*41*2*HAPPY HEALTH PLAN*****46*ENC9996~
TRN*2*3920394930206~
STC*A1:19:PR*20111107*WQ*0~
QTY*90*1~
AMT*YU~
HL*3*2*19*1~
NM1*85*1*BANDUCCI*DENNIS R.****XX*1194756320~
TRN*1*29976778564797096544~
STC*A1:19:PR*20111107*WQ*0~
QTY*QA*1~
AMT*YU~
HL*4*3*PT~
NM1*QC*1*MINIUM*ROBERT E****MI*123456789A~
TRN*2*29976778564797096544~
STC*A2:20:PR*20111107*WQ*0~
REF*1K*E2113110040I0TEST~
DTP*472*D8*20110401~
SE*26*000000001~
GE*1*26301~
IEA*1*000000001~
```

REF01=1K, REF02=ICN

Encounter Data Processing System MAO-002 Flat File

- The MAO-002 reflects two (2) statuses:
  - Accepted
  - Rejected
- An informational status will reflect the edit description in the Error Description column

Encounter Data Processing System MAO-002 Formatted

Encounter Data Processing Status Report
Report Run Date 01/31/2012 06:35PM
Medicare Advantage Contract ID: H9999

Page 1 — Submission Interchange Number: ENC12345601302012
Report ID: MAO-002 — Report Date: 01/31/2012
Transaction Date: 01/30/2012

Record Type	Plan Encounter ID (CCN)	Encounter ICN	Encounter Line Number	Encounter Status	Error	Error Description
837P	TEST00000001 - TC09	E000000000001TEST	000	Accepted	-	-
			001	Accepted	-	-
837P	TEST00000002 - TC09	E000000000002TEST	000	Accepted	-	-
			001	Accepted	-	-
			002	Accepted	-	-
			003	Accepted	-	-
837P	TEST00000003 - TC19	E000000000003TEST	000	Accepted	-	-
			001	Accepted	-	-
837P	TEST00000027 - TC23	E000000000027TEST	000	Accepted	-	-
			001	Accepted	-	-
837P	TEST00000028 - TC17	E000000000028TEST	000	Accepted	-	-
			001	Accepted	-	-
			002	Accepted	-	-
			003	Accepted	-	-
			004	Accepted	-	-
			005	Accepted	-	-
			006	Accepted	-	-
			007	Accepted	-	-
837P	TEST00000029 - TC03	E000000000029TEST	000	Accepted	-	-
			001	Accepted	-	-
			002	Accepted	-	-
			003	Accepted	-	-
837P	TEST00000030 - TC11	E000000000030TEST	000	Accepted	-	-
			001	Accepted	-	-
837P	TEST00000031 - TC17	E000000000031TEST	000	Accepted	-	-
			001	Accepted	-	-
			002	Accepted	-	-
			003	Accepted	-	-
837P	TEST00000032 - TC02	E000000000032TEST	000	Rejected	02110	Beneficiary Health Insurance Carrier Num
			001	Rejected	-	-
837P	TEST00000033 - TC07	E000000000033TEST	000	Accepted	-	-
			001	Accepted	-	-
837P	TEST00000034 - TC05	E000000000034TEST	000	Accepted	-	-
			001	Accepted	-	-
837P	TEST00000035 - TC05	E000000000035TEST	000	Accepted	-	-
			001	Accepted	-	-

TOTALS:

Total Processing Errors:	3		
Total Number of Encounter Lines Accepted :	62	Total Number of Encounter Records Accepted :	32
Total Number of Encounter Lines Rejected :	4	Total Number of Encounter Records Rejected :	3
Total Number of Encounter Lines Submitted:	66	Total Number of Encounter Records Submitted:	35

Encounter Data Processing System MAO-002 Flat File

- Fixed length
- Provides encounter and line level counts
- Each line may display up to 10 errors

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

Resources *(cont'd)*

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

User Group

REMINDER: The next User Group session will be held on Thursday, February 16, 2012 from 3:00 PM EST – 4:00 PM EST.

Please remember to review the most recent Companion Guide published at www.csscoperations.com.

Questions & Answers

Closing Remarks