Encounter Data System User Group

May 24, 2012

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Agenda

- Introduction
- Session Guidelines
- CMS Updates
- EDPS Updates
  - Tier 2 Testing Updates
  - EDPS Edits
  - EDS Incident Tracking
  - Chart Review Operational Guidance
  - Institutional Duplicate Logic
  - NPI Solution
  - Professional Production Data Submission "Catch-up" Plan
- Questions and Responses
- Closing Remarks

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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 Professional

Certification Status as of 05/24/2012 *

Total Submitters	**218**
Number of Submitters Certified	**136**
Number of Certified MAOs and Other Entities Represented	**~400**

*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	5/30/12	Test cases only	7/30/12

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

Cost Plans

- Cost Plans need only submit Institutional Encounters if they are a Billing Option 2 Cost HMO

- Begin submitting Professional production data beginning with DOS January 1, 2012 upon completion of certification

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Tier 2 Testing

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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 May 22, 2012:

  – 203 Professional Tier 2 test files were processed

  – 13 Institutional Tier 2 test files were processed

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

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Submission Frequency

- May 1, 2012 was the effective date for submission of production data

- 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

Tier 2 Testing

- Tier 2 testing data submitted from March 15th – April 30th was deleted from the EDPS in order to prepare for production data submission

- Tier 2 testing data was identified by:
  - A "Tier 2 Indicator" in the ISA segment (ISA02=8888888888)
  - A "Test" identifier in the ISA segment (ISA15=T)

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EDPS Updates

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EDPPPS Edits

- CMS will communicate updates to edits

- The complete list of informational edits in the EDPPPS have been updated and are identified in the May 2012 release of the Professional Companion Guide located on the CSSC Operations website

  http://csscoperations.com/internet/Cssc.nsf/files/May%20Release%20EDCompanionGuide%20837P_050912.pdf/$FIle/May%20Release%20EDCompanionGuide%20837P_050912.pdf

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EDIPPS Edits

- The current release of the Institutional Companion Guide identifies a list of edits with a "reject" status

  http://csscoperations.com/internet/Cssc.nsf/files/May%20Release%20EDCompanionGuide%20837I_050912.pdf/$FIle/May%20Release%20EDCompanionGuide%20837I_050912.pdf

- CMS has completed review and analysis of the EDIPPS informational edits

- A complete list of EDIPPS edits will be published in the next release of the Institutional Companion Guide

- CMS will communicate updates to edits

EDIPPS Edits - Informational

EDIPPS Edit#	EDIPPS Edit Category	EDIPPS Edit Disposition	EDIPPS Edit Error Message
01415	Provider	Informational	Rendering Provider Not Eligible for Date of Service
02106	Beneficiary	Informational	Invalid Beneficiary Last Name
02120	Beneficiary	Informational	Beneficiary Gender Mismatch
17257	Validation	Informational	Revenue - Revenue Code 910 Not Allowed
18010	Reference	Informational	Age Conflict With Diagnosis
18012	Reference	Informational	Gender – Inconsistency With Diagnosis
18018	Reference	Informational	Gender - Inconsistency With Procedure Code
18265	Reference	Informational	Revenue - Diagnosis Code V70.7 Required
18270	Validation	Informational	Revenue Code and HCPCS Code Required on Outpatient
18500	Conflict	Informational	Procedure - Multiple Codes For The Same Service
18540	Reference	Informational	Procedure - Service Unit Out of Range on Same Claim
20455	Validation	Informational	Operating provider is Sanctioned
20980	Pricing	Informational	Provider Not Eligible to Bill TOB 12X or 22X

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EDIPPS Edits - Reject

- The following edit codes were added to the list of Institutional edits:
  - The additional edit was required; or
  - The status changed from informational to reject

EDIPPS Edit #	EDIPPS Edit Category	EDIPPS Edit Disposition	EDIPPS Edit Error Message
17590	Validation	Reject	Value Code – Code 5 Not Present or Conflicts with Dollar Amount
17595	Validation	Reject	Value Code – Code 5 and Revenue Codes Not Allowed
18120	Reference	Reject	ICD-9 Diagnosis Code Error
18121	Reference	Reject	ICD-9 Procedure Code Error
18260	Reference	Reject	Revenue - Code Not Recognized

Institutional Test Case Update

- 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

- CMS has implemented a temporary fix that will allow this test case to process through the EDS

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

Beneficiary Edits

- CMS is currently reviewing beneficiary edits 02110, 02256, and 02125

- Of the encounters analyzed, approximately 75% are due to the following:
  - Contract ID is terminated prior to January 1, 2012
  - New Contract ID is not active for the DOS submitted on the encounter
  - Member's date of birth is entered incorrectly

- CMS has discovered a system error and is working to resolve the issue

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Beneficiary Edits

- Submitters should verify, using the MARx UI, that the beneficiary was active for the date of service submitted on the encounter

- After verification, submitters should delay submission of the encounter until further guidance is provided regarding beneficiary edits

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837-I Ambulance Guidance

- The 837-I ambulance operational guidance was tested and verified

- Provide the zip code for ambulance pick-up location in Loop 2300 HI (Value Information)
  - HI01-1 = 'BE' (Value Qualifier)
  - HI01-2 = 'A0' (Value Code)
  - HI01-5 = Zip Code + 4, when available (Value Code Amount)
    - First eight (8) digits of the Zip Code +4 should be populated to the left of the decimal
    - Last digit of the Zip Code +4 should be populated to the right of the decimal

  Example: HI01-5 = 23456999.9 (Zip = 23456; +4 = 9999)

EDS
Incident Tracking

Incident Tracking Tool

- As of May 22, 2012, 134 incident inquiries have been received
  - 93% of these incidents have been resolved
  - Remaining incidents are pending analysis or investigation
- MAOs and other entities should submit questions regarding MAO-002 reports using the EDS Incident Tracking Tool
- Questions related to EDFES and the TA1, 999, or 277CA reports can be submitted directly to CSSC
- All other questions should be submitted to the EDS Inbox at eds@ardx.net

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

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Bundled Claims

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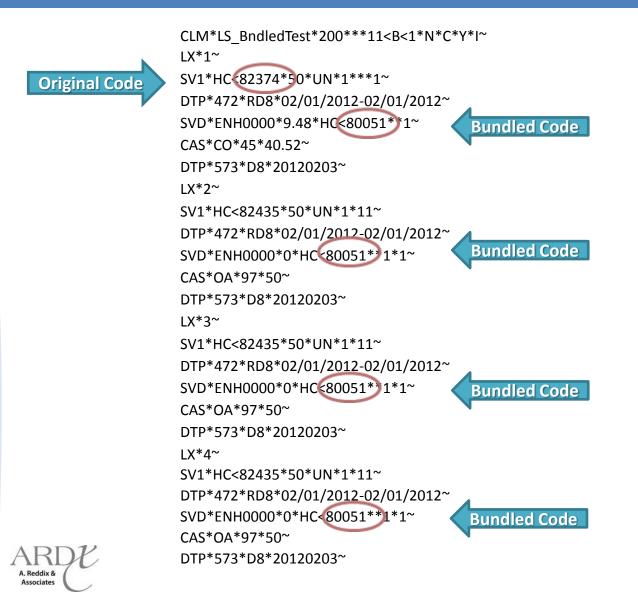CENTERS for MEDICARE & MEDICAID SERVICES

Bundled Claims

When submitting bundled codes:

- Original procedure codes must be reported in Loop 2400, Service Line Information
  - SV101-2 (Professional)
  - SV202-2 (Institutional)

- Bundled codes must be reported in Loop 2430, Service Line Adjudication
  - SVD03-2 (Professional and Institutional)

Chart Review Operational Guidance

Chart Review Operational Guidance

- In addition to the submission of additional diagnoses using Chart Review, MAOs and other entities may need to delete diagnoses from previous submissions

- CMS is evaluating options for the submission and compliance of Chart Review void/delete encounters and will provide updates when decisions are finalized

Institutional (837-I) Duplicate Logic

837-I Duplicate Logic

- To ensure encounters are not duplicates of encounters previously submitted, header and detail level duplicate checking will be performed

- The following elements will be referenced to validate the duplicate logic:

Institutional (837-I)
Beneficiary Demographic: • Health Insurance Claim Number (HICN) • Name
Date of Service
Type of Bill (TOB)
Revenue Code(s)
Billing Provider NPI
Paid Amount

NPI Solution

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- 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 default NPIs and EINs for submission of Institutional, Professional, and DME encounters when the provider has not been assigned an NPI

- CMS is currently evaluating the continued use of default NPIs and EINs and will provide further guidance when decisions are finalized

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NPI Solution

- MAOs and other entities must submit all encounter data using the EDS Minimum Data Elements

	Payer ID	NPI	EIN
Institutional	80881	1999999976	199999997
Professional	80882	1999999984	199999998
DME	80887	1999999992	199999999

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

User Group

Thursday, May 24, 2012
3:00 P.M. – 4:00 P.M. ET

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NPI Solution

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

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

Professional Production Data Submission "Catch-up" Plan

Professional Production Data Submission "Catch-up" Plan

- May 1, 2012 was the effective date for submission of production data

- CMS is assessing the requirements for submission of encounter data for DOS from January 1, 2012 through April 30, 2012

- To avoid errors, MAOs and other entities should process the original encounter prior to submitting a correct/replace or void/delete encounter

- MAOs and other entities should begin submitting production data immediately starting with the earliest dates (January 2012)

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Questions & Answers

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Resources

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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

Resources *(cont'd)*

- 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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REMINDER:

- User Group - **Thursday, June 7, 2012** from 3:00 PM – 4:00 PM ET

SAVE THE DATE!

2012 Regional Technical Assistance

Registration Opens May 25, 2012

August 6 – 9, 2012   Baltimore, MD

Regional Technical Assistance session for Las Vegas is cancelled.

Attendance also available by live webcast.

Session Topics

Encounter Data   Risk Adjustment

Enrollment   Payment

Prescription Drug Event

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Closing Remarks

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