

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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**CENTER FOR MEDICARE  
MEDICARE PLAN PAYMENT GROUP**

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DATE: July 26, 2016

TO: All Medicare Advantage Organizations (MAOs), PACE Organizations, Cost Plans, and certain Demonstrations

FROM: Cheri Rice, Director  
Medicare Plan Payment Group

SUBJECT: Encounter Data Submission Timing Guidance- Reminder and Update

This memo serves as a reminder and update to the June 2, 2015 HPMS Memo- *Encounter Data Submission Timing Guidance*, regarding various submission guidelines to all organizations submitting encounter data. In addition, we are informing organizations that we are monitoring the timing of encounter data submissions.

1. **Submission of records before the risk adjustment deadline.** All risk adjustment data submission deadlines apply to encounter data submissions for payment purposes. CMS will only use acceptable diagnoses from encounter data records (EDRs) submitted by the annual final risk adjustment data submission deadline.

We remind you that the processing and edit reporting of EDRs in the Encounter Data Processing System (EDPS) requires more time than the similar processes implemented for the abbreviated format records processed in the Risk Adjustment Processing System (RAPS). As with RAPS, organizations that submit files close to the risk adjustment data submission deadline may not receive their edit reports until after the deadline.

To provide sufficient time for organizations to receive edit reports and submit corrected EDRs before the annual submission deadline, CMS strongly encourages organizations to submit EDRs (original, replacement/adjustment, and chart review EDRs) as soon as possible and to follow existing guidance on the frequency and timeliness of submissions.

2. **Frequency.** The table below presents CMS’ standards for the frequency of EDR submissions, by contract size. Organizations are required to submit all EDRs to the Encounter Data Processing System (EDPS) using these established frequency standards.

We are clarifying here that the term “bi-weekly” means every two weeks. We also are clarifying that the level of contract enrollment that CMS uses for this EDR submission frequency standard for a contract year is the number of contract enrollees in February (as reported in HPMS enrollment file).

CMS has been reviewing organizations’ submission frequencies, and will reach out to organizations that have contracts that regularly do not meet the frequency submission standards.

<b>Number of Medicare Enrollees in the Contract</b>	<b>EDR Minimum Submission Frequency</b>
Greater than 100,000	Weekly
50,000 – 100,000	Bi-weekly (every 2 weeks)
Less than 50,000	Monthly

As a best practice, MAOs are encouraged to submit EDRs daily.

3. **Timely Filing Guidelines.** Plans have asked questions about our guideline that encounter data records be submitted within 13 months of the date of service. This guideline was used in the past to encourage regular submissions. However, because this guideline has led to some confusion about deadlines for submission of EDRs, we have removed the discussion of this 13-month guideline and related edits from the ED Companion Guides, and have stopped sending informational edits regarding this guideline.

Please note that the only applicable deadline for submission of EDRs is the final risk adjustment data submission deadline. This is the same deadline that applies to RAPS submissions. This deadline is announced each year by CMS, but is no earlier than January 31 of the year following the payment year.

4. **Timing of Submissions.** We are concerned that some MAOs and organizations offering cost plans are submitting a substantial percentage of their EDRs for a service year in the January right before the final risk adjustment data submission deadline (that is, during the 13th month after the end of the service year). This generates a considerable load on CMS’ systems. Further, while the frequency requirements discussed in item (3) above do not address volume, their intent is to have EDR submissions spread evenly throughout the year.

We want to inform all organizations that we will be identifying those contracts that submit 30 percent or more of the contract’s total EDRs for a service year to CMS in the January prior to the final risk adjustment data submission deadline. We will contact those organizations that have one or more contracts that do not meet this 30 percent monitoring standard (with the

exception of PACE organizations and MMPs) and we will add this metric to the ED Report Card to inform organizations of the patterns we observe.

The 30 percent rate will be calculated as follows, using CY 2014 as an example: the number of EDRs for a contract with 2014 dates of service submitted to CMS by the organization in January 2016 divided by the total number of EDRs for the contract with 2014 dates of service.

We recognize that there may be valid reasons for submitting a large proportion of EDRs in the month before the risk adjustment deadline, and we believe the threshold of 30 percent reflects this recognition. However, to the extent that organizations can plan their annual submissions process (e.g., the timing of internal quality reviews of diagnosis data and other validation checks), we expect them to do so.

For questions regarding any of the guidance in this memo, please email [encounterdata@cms.hhs.gov](mailto:encounterdata@cms.hhs.gov) and use the subject: HPMS Memo- Encounter Data Submission Timing Guidance- Reminder and Update.