

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



**CENTER FOR MEDICARE  
MEDICARE PLAN PAYMENT GROUP**

---

**TO:** All Medicare Advantage (MA) Organizations, Cost Plans, PACE Organizations, and Demonstrations

**FROM:** Cheri Rice, Director  
Medicare Plan Payment Group

**SUBJECT:** Encounter Data Submissions

**DATE:** September 12, 2013

The purpose of this notification is to remind MA Organizations, Cost Plans, PACE organizations, and demonstrations that they are responsible for complying with CMS' encounter data submission requirements, in particular the requirements relating to the accuracy, completeness, and frequency of encounter data submissions.

MA Organizations, Cost Plans, PACE organizations, and demonstrations are required to submit encounter data for each item and service provided to an enrollee, and must attest to the accuracy, completeness, and truthfulness of this data (based on best knowledge, information, and belief) as part of the certification process. Organizations must submit data on all encounters. Limitations that apply to the current risk adjustment data submitted to the Risk Adjustment Processing System (RAPS) do not apply to encounter data submissions. That is, the data should not be limited to the current list of accepted risk adjustment providers for RAPS submissions or to the diagnoses that trigger an HCC in the risk adjustment model. Note that organizations have until 13 months after the date of service to submit an encounter claim to CMS.

Submission of production encounter data includes a certification process. CMS began accepting production encounter data from organizations *certified* to submit encounter data in January 2012. All organizations with contracts effective during 2012 and 2013 must be certified. CMS is now in the process of contacting the few organizations still not certified. Organizations that are not certified cannot submit production data and these organizations are not meeting encounter data reporting requirements.

CMS is using the February 2013 Health Plan Management System (HPMS) contract-level enrollment data to determine submission frequency requirements for each contract for CY 2013. Organizations should adhere to the submission frequency requirements for their contracts based

on these data. All organizations are encouraged to submit more frequently but no less than the minimum frequency requirements, based on their contract-level enrollment, as follows:

Number of Contract Enrollees	Minimum Submission Frequency
Greater than 100,000	Weekly
50,000-100,000	Bi-weekly
Less than 50,000	Monthly

Organizations that are not submitting encounter data with sufficient frequency will be contacted by CMS.

In addition to frequency of submissions, CMS is also beginning the process of reviewing organizations' submission of encounter data in the following areas:

- Timeliness of submission
- Quantity (volume) of submission
- Quality of submission
- Accuracy of submission

CMS will be providing additional information regarding the measurement of timeliness, quantity, quality and accuracy of encounter data submissions in the coming months.

Questions related to this guidance should be sent to [encounterdata@cms.hhs.gov](mailto:encounterdata@cms.hhs.gov). Please use 'HPMS Memo-Encounter Data Submissions' as the subject in all communications regarding this guidance.