Encounter Data National Technical Assistance Webinar Q&A Documentation

Hospital Revenue Codes and Procedure Codes

Q1. **Are MAOs required to report procedure codes in conjunction with Revenue Codes for Inpatient encounters?**

A1. For Institutional hospital encounters, the procedure code is situational and must be populated for all outpatient hospital encounters. For inpatient hospital encounters, the procedure code is required for the submission of drugs and/or biologics.

National Provider Identifier (NPI)

Q2. **Where can MAOs access National Provider Identifier (NPI) information for various provider types (i.e., Rendering Provider, Billing Provider, Individual, and Organizational)?**

A2. MAOs can visit the National Plan and Provider Enumeration System (NPPES) website at http://www.NPPES.cms.hhs.gov to search the NPI registry for details regarding provider and entity NPIs. Information in the NPI Registry is updated daily and there is no usage fee.

Q3. **If an Independent Practice Association (IPA) does not have an NPI, can the servicing provider NPI be used as the billing NPI?**

A3. Yes, use the servicing provider NPI if a billing provider NPI is not available.

Q4. **Should MAOs populate default data reason code (DDRC) 048 "No NPI on Provider Claim" for all encounters submitted with a default NPI?**

A4. When submitting a default NPI for an atypical provider, MAOs should use DDRC 048. Per the 10/23/15 Health Plan Management System (HPMS) memo, "Additional Guidance Regarding RAPS and EDS Submissions," default NPIs should only be submitted to the Encounter Data System (EDS) when the provider is considered to be "atypical."

Q5. **Transportation services are submitted to MAOs with an Atypical Provider Identifier (API) instead of a National Provider Identifier (NPI). How will those be utilized?**

A5. Per the 10/23/15 HPMS memo, "Additional Guidance Regarding RAPS and EDS Submissions," default NPIs should only be submitted to the EDS when the provider is considered to be "atypical." When an atypical provider encounter is submitted, the MAO should use the appropriate default NPI based on the type of encounter (Institutional, Professional, or

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DME). Encounter data submissions that use a default NPI will not count towards risk score calculation.

Part B Drug Data

Q6. **If MAOs receive Part B drug data from a point of pharmacy sale in the National Council for Prescription Drug Programs Batch Version D.0 (NCPDP D.0) format, can the MAOs submit this data to the EDS?**

A6. No, EDS does not accept encounter data records in the NCPDP D.0 format. MAOs must only submit Part B drug data that can be processed and submitted in the 5010 837 format. Part B drug data received by the MAO in the NCPDP D.0 format must be excluded from encounter data submission.

Please reference the NCPDP claims and Part B Claims Processing Manual 100-04 Chapter 17 for more information about a crosswalk for Retail Pharmacy Part B Claims. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html?DLPage=1&DLSort=0&DLSortDir=ascending

Q7. **How should MAOs submit encounter data for Institutional Part B drug data?**

A7. MAOs should submit Institutional Part B drug data in the 5010 837-I (Institutional) format.

Diagnosis Codes

Q8. **At the time of the International Classification of Diseases, 10th Revision (ICD-10) transition scheduled for implementation on 10/1/15, how should MAOs submit ICD-10 diagnoses on encounters with 'from' dates of service (DOS) before the 10/1/15 date?**

A8. MAOs must submit only ICD-9 diagnosis codes for services rendered on or prior to 9/30/15 for both EDS and the Risk Adjustment Processing System (RAPS). EDS and RAPS submissions with DOS on and after 10/1/15 must use ICD-10 codes. In order to identify ICD-9 and ICD-10 codes with the appropriate DOS, MAOs must split ICD-9 and ICD-10 diagnostic services and submit these services on separate encounters.

For additional information regarding submission of ICD-9 and ICD-10 codes, effective 10/1/15, please reference the 9/22/15 Risk Adjustment for EDS & RAPS Bulletin that contains Medicare Learning Network (MLN) articles that provide split claims submission guidance with specific details and scenarios.

Q9.   What is the maximum number of diagnoses MAOs can submit to the EDS?

A9.   The 5010 837 format limits to 12 diagnosis codes submitted on a Professional encounter, and to 25 diagnosis codes submitted on an Institutional encounter. Additional diagnosis codes may be submitted on a chart review record.

Risk Adjustment/Risk Filtering/MAO-004 Report

Q10.   Will CMS continue to utilize RAPS for 2015 DOS?

A10.   Yes. As finalized in the 2015 and 2016 Rate Announcements, CMS will incorporate diagnoses from encounter data into risk score calculations in payment years (PYs) 2015 and 2016. For PY 2015, diagnoses (2014 DOS) submitted on encounter data records will be additional sources of diagnoses to calculate risk scores. For PY 2016 (2015 DOS), risk scores used for payment will be a blend of two risk scores: 10% of the risk score calculated using diagnoses from encounter data records and Fee for Service (FFS) claims will be added to 90% of the risk score calculated using diagnoses submitted from RAPS and FFS claims.

Q11.   When will the MAO-004 Report be available?

A11.   The MAO-004 layout was released in the 8/28/15 "Announcement of the November 2015 Software Release," sent to plans via HPMS. More information about when the report will be released is forthcoming.

Q12.   Will CMS use July 2013 to December 2013 DOS from the EDS for the initial risk scores for PY2015?

A12.   No, CMS did not use diagnosis data from the EDS for the PY 2015 initial risk score run; only RAPS and FFS data were included.

Q13.   Do EDS and RAPS submissions contribute to the Part D risk score and risk adjustment payments?

A13.   Yes, diagnoses from EDS, RAPS, and FFS data submissions will be used to calculate CMS Prescription Drug Hierarchical Condition Categories (RxHCC) (Part D) risk scores starting with PY 2015.

Chart Review

Q14.   What are the requirements for submitting linked versus unlinked chart review records to the EDS?

A14.   A linked chart review record is an EDS record type that is linked or referenced by the ICN assigned to a previously submitted and accepted encounter (chart review). Linked chart review records must be used when submitting a delete diagnosis or add/delete chart review encounter because there must be a previously submitted encounter or chart review record from which the diagnosis

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code is deleted.

Unlinked chart review records may be submitted to add diagnosis codes.

For more information about how to submit chart review records, please reference the 12/18/14 Risk Adjustment Webinar for EDS & RAPS slide deck for further technical information regarding the submission process for chart review records.

Q15. **Are chart review records subject to the same diagnosis code limitations set for full encounters?**

A15. Yes, the 5010 837 format limits the submission of diagnosis codes to 12 for Professional encounters and 25 for Institutional; therefore, this limitation also applies to chart review records.

Q16. **For encounter data record resubmissions/replacements, what would differentiate a replacement submitted by the provider to correct inaccurate information submitted in the original encounter versus an adjustment subsequent to a chart review?**

A16. CMS has provided guidance for both the submission of replacements of encounter data records and chart review adjustments, see below for a summary and a reference to addition information.

 Full Encounter Adjustment:

  Loop 2300, CLM05-3='7'
  REF01='F8'
  REF02=ICN of the previously submitted and accepted <u>full encounter</u>

 Chart Review Adjustment:

  Loop 2300
  CLM05-3='7'
  PWK01='09'
  PWK02='AA'
  REF01='F8'
  REF02=ICN of the previously submitted and accepted encounter data record or chart review
   encounter.

To obtain additional guidance for encounter data record replacements and chart review record adjustments, please reference the 2015 EDS Companion Guides published on the CSSC Operations website.
http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encounter

Q17. **How will the EDS identify the diagnosis pointer for a chart review record, submitted to delete a diagnosis code that is already associated with a diagnosis pointer, and add a new diagnosis?**

A17. The EDS does not use pointers to add/delete diagnoses for chart review records. Modifications to the original encounter from chart review records are made through Loop 2300 data elements.

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There are slightly different requirements for Institutional and Professional claims.

For detailed requirements regarding encounter data submissions and chart review records, please reference the EDS Companion Guides on the CSSC operations website. http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare %20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encounter

Q18. Can MAOs submit 5010 837-Professional chart review records to report diagnoses resulting from in-home assessments?

A18. MAOs should use a non-chart review record to report an encounter, regardless of the setting.

Q19. Will the EDS accept a "V" type procedure code for chart review submission if the "V" code is considered acceptable as a primary diagnosis?

A19. When the V-code is acceptable as a primary diagnosis on a full encounter, the EDS will accept that V-code as a primary diagnosis for a chart review record.

Encounter Adjustments

Q20. If an MAO has received EDFES Acknowledgement Reports indicating an encounter has passed front-end edits, but the MAO must resubmit the encounter to correct EDPS errors received on the MAO-002 Report, will the resubmission create duplicate errors in the EDFES?

A20. No, the resubmission of an encounter to reconcile EDPS errors will not cause duplicate errors in the EDFES.

Q21. If an encounter is rejected by the EDFES on the TA1, 999, or 277CA Acknowledgement Report, can the MAO correct and resubmit the encounter as a replacement encounter (CLM05-3=7)?

A21. No, the encounter should not be submitted as a replacement. If an encounter is rejected in the EDFES and does not receive an ICN, the encounter may be corrected and resubmitted as an original encounter, as the encounter was not completely processed.

Q22. How should MAOs reconcile reject edits received on MAO-002 Reports such as duplicates, billing errors, and coverage terminated if the MAO is unable to correct these errors?

A22. MAOs and other entities are required to submit all RAPS and encounter data for the months in which a beneficiary is enrolled in one of their plans. If the reject edits generated on the MAO-002 Reports are for reasons that the MAO can correct, the MAO is responsible for doing so.

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Q23. Why are MAOs required to use the Interchange Control Number (ICN) from the MAO-002 Report, and not the ICN from the 277 CA accepted records?

A23. The ICN assigned on the 277CA Acknowledgement Report is the appropriate ICN; however, if a submitter attempts to submit an adjustment for a previously submitted encounter **prior** to receiving the EDPS MAO-002 Report, there is an increased possibility that the submitter will receive duplicate error 98325 – Service Line(s) Duplicated. The final disposition of the encounter is determined based on the submitter's receipt of the MAO-002 Report, with the assigned ICN. If a submitter attempts to submit an adjustment for a previously submitted encounter **prior** to receiving the MAO-002 Report, and the EDPS has not completed processing of that previously submitted encounter, the submitter may receive duplicate errors, such as:

- 98325 – Service Line(s) Duplicated (Reject)
- 00755 - Void Encounter Already Void/Adjusted (Reject)
- 00760 - Adjusted Encounter Already Void/Adjusted (Reject)
- 00762 - Unable to Void Rejected Encounter (Reject)

Q24. If an MAO receives a reject error on their MAO-002 Report, should the MAO submit an original encounter or adjustment encounter to correct the error?

A24. In order to reconcile an encounter reject error identified on an MAO-002 report, the MAO must submit a correct/replace encounter, where CLM05-3 equals '7'.

Timely Filing

Q25. Regarding CMS' timely filing guidance for adjustment encounters, how does the EDS identify the encounter's adjustment date?

A25. Timely filing is validated based on the encounter's "Through" DOS. CMS has implemented informational edits to validate encounter timely filing for full and adjustment encounter data records. The 13 month edit will remain informational for encounter data submissions, but the risk adjustment deadline applies to encounter data for payment purposes. These edits are listed in Section 10.0 of the EDS Companion Guides, which are posted on the CSSC Operations website. http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encounter^Data||

Q26. Does the 30-day timely filing guidance apply to the submission of void/delete encounters?

A26. The 30-day timely filing rule is a guideline that applies to all adjustment encounter types (correct/replace or void/delete). Please reference the 6/2/15 HPMS memo entitled "Encounter Data Submission Timing Guidance" for more information on deadlines for submission of encounter data.

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Q27. Does the 13 month timely filing guidance apply for the submission of supplemental data?

A27. The 13 month timely filing rule is guidance that applies to all data submitted to the EDS. Please reference the 6/2/15 HPMS memo entitled "Encounter Data Submission Timing Guidance" for more information on deadlines for submission of encounter data.

Q28. What edits has CMS implemented for encounters submitted beyond the timely filing deadlines?

A28. Full encounters submitted beyond the 13 month timely filing deadline will receive informational error code 00190 "Encounter Beyond Timely Filing Req". Adjustment encounters submitted beyond the 30 day timely filing deadline will receive informational error code 00770 "Adjustment Beyond Timely Filing Req". Please note that if encounter data is submitted after the risk adjustment deadlines, diagnoses will not be used for payment. Please reference the 6/2/15 HPMS memo entitled "Encounter Data Submission Timing Guidance" for more information on deadlines for submission of encounter data.

Submission

Q29. Are MAOs required to submit ambulance service encounters using the most defined diagnosis codes?

A29. Diagnoses submitted to EDS should be valid diagnoses for the DOS.

Q30. Will MAOs receive duplicate errors for capitated encounters populated with a zero dollar ($0) amount in both the billed (charged) amount and reimbursed (paid) amount fields?

A30. The Encounter Data Processing System (EDPS) will accept a zero dollar ($0) amount for the billed and paid amounts for capitated encounter submissions (Loop 2300 CN101='5'). The EDPS duplicate logic will bypass the billed and paid amount fields for capitated encounters.

General Questions

Q31. What are the requirements for Programs for All-Inclusive Care of the Elderly (PACE) organizations to submit data to the EDS?

A31. PACE organizations are required to submit encounter data for Professional, Institutional, and DME services for which claims are generated, or for which encounter data is otherwise available. PACE organizations are not required to submit encounters for services provided to PACE participants by PACE staff.

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Q32. Is there a maximum number of ST/SEs that MAOs can submit in a GS/GE or ISA/IEA transaction? Are there other ST/SE restrictions or limitations for encounter data submission?

A32. Current EDS guidance requires that MAOs submit no more than 5,000 encounters for an ISA/IEA transaction. CMS also recommends that MAOs submit the maximum number of encounter files available per ST/SE, not to exceed 5,000 encounters. These submission practices will assist with prevention of delays in the generation and distribution of EDFES Acknowledgement reports. Please reference the EDS Companion Guides, Section 3.1 – File Size Limitations for additional details at http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encounter^Data||.

Q33. The 7/25/13 EDPS Bulletin indicated that error code 22225 "Missing Provider Specific Record" was a known issue. Has this issue been resolved?

A33. CMS has assessed the EDPS processing logic for error code 22225 and has implemented system enhancements for this edit. If you have verified that all provider data is accurate for these encounters, we are requesting that your organization resubmit these encounters to the EDS.

MAOs who require assistance with reconciliation of encounters, where error code 22225 was reported on the MAO-002 Report, should submit contact CSSC Operations at 877-534-2772 or csscoperations@palmettogba.com.

Q34. Is an MAO required to submit an encounter when it has denied the claim submitted to the MAO by the provider?

A34. Yes, MAOs should report all encounters, even if they have denied the claim submitted to them by the provider.

Q35. Would the following examples be rejected in the EDS:
    * Member not eligible for DOS,
    * Provider not eligible for DOS (or service),
    * Claim is denied as an exact duplicate in MAO's system?

A35. Yes, these examples would reject in the EDS with one or more of the following edits:

    02240 - Beneficiary Not Enrolled In MAO for DOS
    02255 - Beneficiary Not Part A Eligible for DOS
    02256 - Beneficiary Not Part C Eligible for DOS
    01405 - Sanctioned Provider
    20450 - Attending Physician is Sanctioned
    22220 - DOS Prior to Provider Effective Date
    02110 - Beneficiary HICN Not On File

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02112 - DOS After Beneficiary DOD

98325 – Service Line(s) Duplicated

Q36. What measures, beyond end-to-end certification, does CMS use to evaluate MAOs' acceptance rates?

A36. CMS does not have an acceptance rate threshold to analyze the completeness of encounter data. Although CMS has identified submission frequency guidelines for MAOs based on enrollment levels, all MAOs are required to submit all Medicare-acceptable encounter data to the EDS.

Q37. Can CMS provide an example of a full Skilled Nursing Facility (SNF) encounter for MAOs to reference?

A37. Please reference the EDS Institutional Companion Guide on the CSSC Operations website for an example of a SNF encounter.
http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encounter^Data||

Q38. Will CMS record the 8/14/14 EDS National Technical Assistance (TA) Webinar for MAOs to obtain for reference?

A38. A recording for the 8/14/14 EDS National TA Webinar session is not available to MAOs; however, the Webinar presentation is published on the CSSC Operations website under "Training Information" at http://www.csscoperations.com.

Q39. Where can MAOs access historical encounter data training materials?

A39. MAOs may access Encounter Data User Group and Webinar presentations on the CSSC Operations website under the "Encounter Data" link by selecting "Training Information" or "User Group" at http://www.csscoperations.com.

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