

Encounter Data System User Group

April 18, 2013

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Purpose

- To provide Medicare Advantage Organizations (MAOs) and other entities that are currently submitting encounter data with operational guidance on testing and submitting production data to the Encounter Data System (EDS).
- To provide new 2013 MAOs and other entities with resources and operational guidance related to certification and submission of encounter data to the EDS.
- To provide Medicare Advantage Organizations (MAOs) and other entities information on EDS policy.

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) Plans
 - Private Fee-for-Service (PFFS) Plans
 - Religious Fraternal Benefit (RFB) Plans
 - Provider Sponsored Organizations (PSOs)

Session Guidelines

- This is a one (1) hour Encounter Data User Group session.
- The first portion of this session will address updates for the EDS.
- The second portion of this session will address guidance for new 2013 MAOs and other entities.
- If time allows, the Encounter Data team will facilitate two (2) Q&A periods.

CMS Updates

2012 End-to-End Certification Status

- 549 MAOs and other entities

– **541 certified**

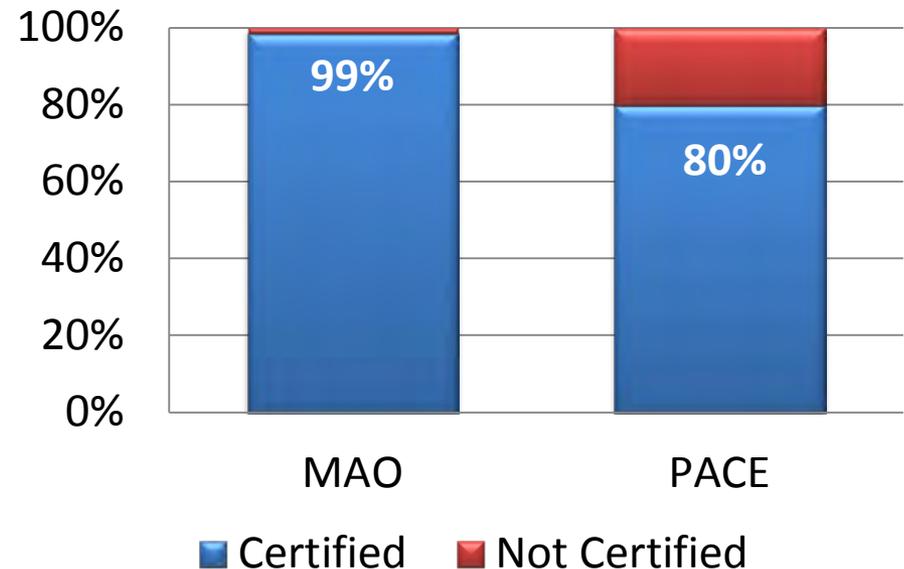
*Certification deadline:
August 31, 2012*

- 89 PACE Organizations

– **71 certified**

*Certification deadline:
February 28, 2013*

End-to-End Certification Status as of April 16, 2013

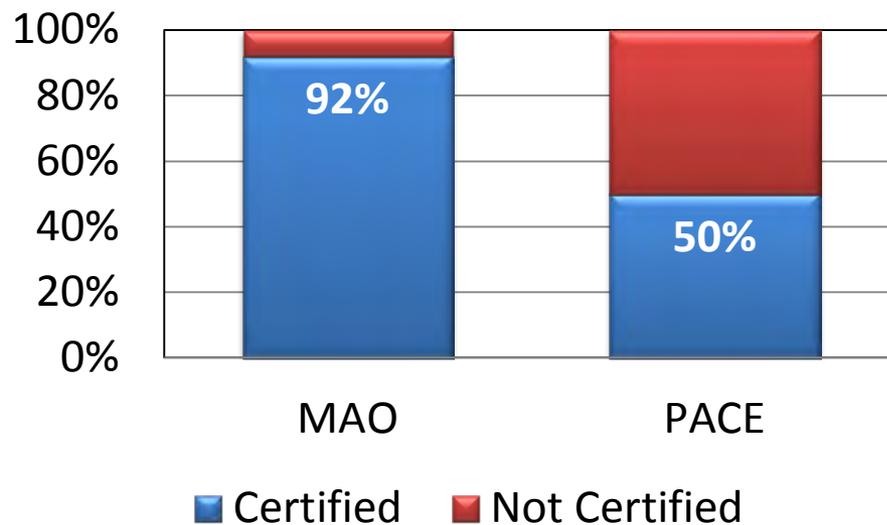


Note: Those submitters who have not met the requirements for end-to-end certification have been contacted.

End-to-End Certification Status for New 2013 MAOs and Other Entities

- 37 new MAOs and other entities
 - 34 certified
- 6 new PACE Organizations
 - 3 certified

End-to-End Certification Status as of April 16, 2013



MAO-002 Reports Update

- The EDPS is currently processing MAO-002 Reports for data received on April 4, 2013.
- If you have not received your MAO-002 Reports for files submitted prior to April 4, 2013, please contact CSSC Operations at (877) 534-2772, with your file information, for assistance.

EDS Updates

EDPS

Known Edit Issues

EDPS Known Edit Issues

- Four (4) Known Issues are currently pending resolution:

Edit #	Edit Description	Target Resolution Date
02255	Beneficiary Not Part A Eligible For Date of Service	TBD
02256	Beneficiary Not Part C Eligible For Date of Service	TBD
03102	Provider Type or Specialty Not Allowed to Bill Procedure • <i>Final resolution will cause Edit 03102 to reflect a "Reject" status.</i>	TBD
22220	DOS Prior to Provider Effective Date	TBD

EDS Known Report Issues

EDFES Known Report Issues

277CA Formatting

- The 277CA Acknowledgement Reports distributed to FTP users during the first week of April were sent in the fixed format versus the variable format, which affected 34 of 56 submitters.
- FTP users that require 277CA Acknowledgement Reports redistributed in the variable format should contact CSSC Operations at (877) 534-2772.

Invalid Response Reports

- On April 8, 2013, several MAOs and other entities received EDFES Invalid Response Reports with an error message, “Trading Partner Not Eligible to Submit Production”.
- CMS has identified affected submitters and is currently reprocessing their files.

EDPS Known Report Issues

Missing Contract IDs on MAO-002 Reports

- During the week of April 8, 2013, some MAOs and other entities received reprocessed MAO-002 Reports with missing contract IDs.
- CMS is analyzing the root cause of this issue and will provide the industry with an update once it becomes available.

Processing Updates



Retroactive Beneficiary Processing

- Based on the current EDPS processing and editing logic for eligibility and enrollment, beneficiaries that retroactively terminated from an MAO are not effectively identified in the EDS.
- The EDS Project team is currently reviewing options to identify retroactively terminated beneficiaries for all EDS submissions.
- MAOs and other entities will be notified once information is available.

Void/Delete Processing

- Void/delete encounters should be edited based on validation edits to ensure that the data elements match those that are populated in the original submission.

Note: CMS is currently reviewing the editing logic to ensure that void/delete encounters are processed accordingly through the EDS.

EDS Operational Highlights

Highlight #1

Valid/Accurate Diagnosis Codes

- Per the Official ICD-9 CM Guidelines for Coding and Reporting:
 - A three-digit code is to be used only if it is not further subdivided.
 - Where fourth-digit subcategories and/or fifth-digit sub classifications are provided, they must be assigned.
 - A code is invalid if it has not been coded to the full number of digits required for that code.

Valid/Accurate Diagnosis Codes Example

- Mary Sue went to the doctor because she noticed her skin was bronzing and she was having joint pains. Her doctor documented in the medical record that this was due to a genetic disorder. The provider submitted the encounter with a diagnosis of 275 (Disorders of Mineral Metabolism).
- The encounter was rejected because the diagnosis was not coded to the highest level of specificity. The encounter should have been submitted using the appropriate diagnosis code of 275.01 (Hereditary Hemochromatosis).

Highlight #2

Service Lines Covered/Paid by Medicare and Medicaid Resolution

Providers
Professional or Institutional



Submits an encounter with a service line covered/paid by both Medicare and Medicaid



MAOs and Other Entities
(x12 Submitter)

If an MAO or other entity submits an encounter with a service line that are covered and paid by both Medicare and Medicaid:

- The MAO or other entity should submit the service line covered by both Medicare and Medicaid and exclude the Medicaid paid amount.

Encounter Data System (EDS)



Submits the encounter with the Medicare/Medicaid service line with the Medicare paid amount only

Questions & Answers

Guidance for New 2013 MAOs and Other Entities

Error Reconciliation for 277CA Acknowledgement Reports

277CA Report

Hierarchical Levels

Encounter Data

User Group

1 ST*277*0001*005010X214~
BHT*0085*08*277X2140001*20100623*1430*TH~
HL*1***20***1~
NM1*AY*2*FIRST CLEARINGHOUSE*****46*CLHR00~
TRN*1*200102051635S00001ABCDEF~
DTP*050*D8*20100623~
DTP*009*D8*20100623~

Information Source
HL Code = 20

2 HL*2*1***21***1~
NM1*41*2*BEST BILLING SERVICE*****46*S00001~
TRN*2*2002020542857~
STC*A7:23*20100623*U*1000~
QTY*AA*3~
AMT*YY*1000.00~

Information Receiver
HL Code = 21

Status Information
U = Rejected

3 HL*3*2***19***0~
NM1*85*2*SMITH CLINIC*****XX*123456789~
TRN*1*SMITH789~
STC*A7:511U*1000.00*****A7:504:85~**
QTY*QC*3~
AMT*YY*1000.00~
SE*22*0001~

Provider of Service
HL Code = 19

Status Information
U = Rejected

277CA Error Reconciliation

Encounter Level Error

1. Locate 277CA Segment Identifier and Claim/Encounter Level Status Information

2. Identify Status Information = 'U' for reject

3. Locate the Claim Status Category Code, Claim Status Code, and Entity Identifier Code in the 277CA

4. Access the CMS CEM Edits Spreadsheet, WPC TR3Health Care Claim Status Category Code (CSCC) list and Claim Status Code (CSC) list

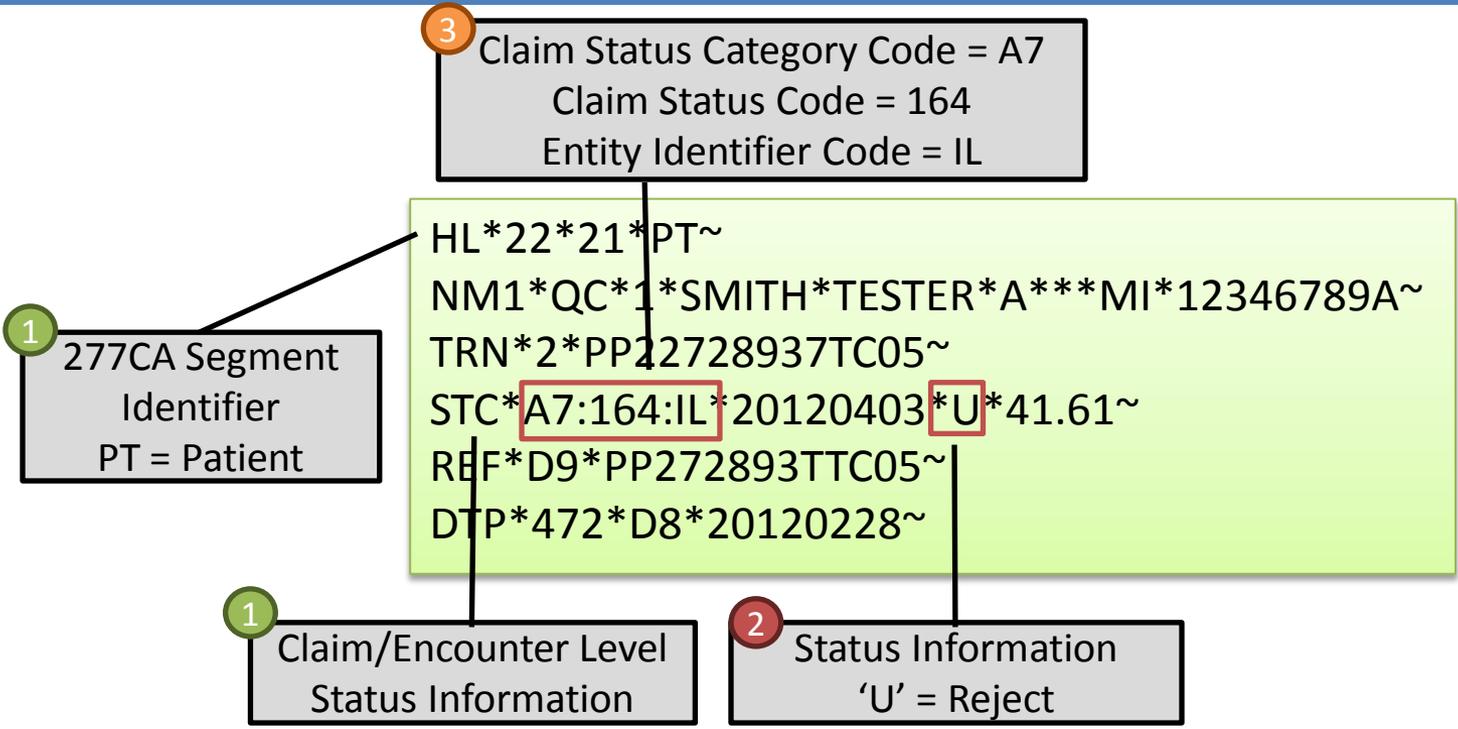
5. Locate the Claim Status Category Code, Claim Status Code, and Entity Identifier Code in CMS CEM Edits Spreadsheet

6. Look at proposed edit column in the CMS CEM Spreadsheet for the resolution

7. Correct data element error and resubmit the encounter

277CA Error Reconciliation

Encounter Level Error (cont'd)



4 837I Edit Reference	Segment or Element	Description	TAI/ 999/ 277CA	Accept/ Reject	5 Disposition / Error Code	6 Proposed 5010 Edits
X223.112.2010BA.NM109.020	NM109		277	C	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 164: "Entity's contract/member number" EIC: IL "Subscriber"	2010BA.NM109 must be 7 - 12 positions in the format of ANNNNNNN, AANNNNNNN, ANNNNNNNNNN, AANNNNNNNNN, AAANNNNNNN, or AAANNNNNNNNNN where "A" represents an alpha character and "N" represents a numeric digit.



EDS Implementation Next Steps

EDS Implementation Next Steps

ED Materials / Information	Target Date
Companion Guide	April 25, 2013
EDS User Group	May 2, 2013
EDS Newsletter	May 2013
Getting Started Webinar Series	May 2013

Questions & Answers

User Group Evaluation

USER GROUP EVALUATION

Following this User Group, you will receive an email requesting your feedback regarding this session.

Please take a moment to respond to the questions and provide comments, as this information will assist CMS with meeting your submission needs and enhancing your User Group participation experience.

YOUR FEEDBACK IS IMPORTANT!

Resources

Resources

Resource	Resource Link
CEM/CEDI Technical Reporting Formats	http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
CSSC Operations	http://www.csscooperations.com csscooperations@palmettogba.com
EDS Inbox	eds@ardx.net
Technical Assistance Registration Service Center (TARSC)	http://www.tarsc.info/
X12 Version 5010 Standards	https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html?redirect=/Versions5010andD0/
Washington Publishing Company	http://www.wpc-edi.com/content/view/817/1

Closing Remarks