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# Encounter Data User Group Q&A Documentation

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## Questions and Answers – August 30, 2012 Live Session

**Q1: When will the diagnosis codes submitted for encounter data be used for Risk Adjustment calculations?**

A1: The timeline for risk adjustment calculations for encounter data has not yet been determined. CMS will continue to analyze production data and will provide updates as outcomes are determined.

**Q2: Will CMS consider relaxing Encounter Data Front-End System (EDFES) edits to allow for the submission of encounters containing lines with invalid data (i.e., invalid CPT/HCPCS code)?**

A2: To prevent the receipt of EDFES errors, MAOs and other entities must not submit invalid data, such as invalid CPT/HCPCS codes. MAOs and other entities must extract all invalid lines from encounters prior to submission to the Encounter Data System (EDS) and submit the reason for the extraction in Loop 2300, NTE01 = "ADD" and NTE02 = "REJECTED LINES CLAIM CHANGE DUE TO REJECTED LINE EXTRACTION".

**Q3: Should PACE organizations submit encounters for PACE centered services if a claim can be derived from the data collected?**

A3: If a PACE organization is able to collect all minimum data elements required to populate a complete encounter and there is an associated claim, whether from PACE staff or claim-based, then the encounter should be submitted to the EDS.

**Q4: Has CMS finalized guidance for a "catch up" plan for submission of production data for dates of service beginning January 1, 2012 and forward?**

A4: CMS requires that all end-to-end certified MAOs and other entities begin submitting production data in monthly increments, beginning with the earliest dates of service (January 2012, February 2012, March 2012, etc.). CMS will provide written guidance regarding the submission of accumulated production data once the production submission levels have increased.

**Q5: Will the Encounter Data System (EDS) be able to accommodate the large volume of “catch up” production files?**

A5: EDS is designed to process large volumes of data received from MAOs and other entities. EDS does use the FFS Translator and CEM. If modifications are made to the number of claims the FFS system can accept, EDS may have to modify the current submission volume guidance. Until MAOs and other entities begin submitting production data at full levels, CMS will not be able to make determinations to update volume guidance.

**Q6: Will timely filing guidelines be enforced for MAOs and other entities that are experiencing difficulty completing the submission of “catch up” data?**

A6: CMS will not enforce compliance measures until appropriate notification is provided to MAOs and other entities.

**Q7: Will the Institutional and DME end-to-end certification timeline be extended?**

A7: CMS will not extend the existing end-to-end certification deadline of August 31, 2012; however, compliance actions will not be enforced until appropriate notification is provided to MAOs and other entities.

**Q8: When will CMS begin utilizing encounter data for the recalibration of the CMS-HCC Risk Adjustment model?**

A8: CMS has not made final determinations regarding utilization of encounter data for the recalibration of the CMS-HCC Risk Adjustment model.

**Q9: Can CMS provide additional guidance regarding the required minimum data elements for chart review submission?**

A9: CMS has provided a complete list of the minimum data elements required to populate an encounter for submission to the EDS. The subset of minimum data elements provided for chart review should be used to assist in populating chart review encounters and does not replace the complete list provided on the [CSSC Operations website](#).

**Q10: What is the difference between a linked and an unlinked chart review encounter?**

A10: Linked chart reviews are submitted using an ICN of an original encounter previously accepted and in the EODS. Unlinked chart reviews are submitted when there is no associate or original encounter accepted and stored in EODS. All chart review submissions, linked or unlinked, must be verified through medical records.

**Q11: Are the minimum data elements, specifically procedure codes, required for unlinked chart review submission?**

A11: MAOs and other entities must use the complete list of minimum data elements, which includes procedure codes, for submission of linked and unlinked chart review encounters.

**Q12: Will CMS provide a default procedure code for submission of chart review encounters?**

A12: CMS does not provide a default procedure code for chart reviews; however, MAOs and other entities may submit any valid procedure code in order to pass translator and CEM level editing. If a default procedure code is used, the justification for use of the default procedure code must be populated in Loop 2300, NTE01 = "ADD" and NTE02 = "DEFAULT PROCEDURE CODES INCLUDED IN CHART REVIEW".

**Q13: Can MAOs and other entities use default procedure codes for submission of prospective visits, such as health assessments when no original claim was submitted?**

A13: CMS is finalizing decisions for submission of health assessment encounters. All covered entities must use the standardized code sets for submission of encounter data.

**Q14: If an original encounter is submitted with four (4) diagnosis codes and an MAO or other entity performs a chart review and determines that two (2) additional diagnosis codes require submission, should the linked chart review encounter be submitted with the two (2) additional diagnosis codes only or should the chart review include the original four (4) codes and the two (2) additional codes?**

A14: Linked chart review submissions must only include those diagnosis codes that were excluded from the original submission.

**Q15: Will an original encounter and its linked chart review be stored as separate encounters?**

A15: Yes, the original encounter and the linked chart review are stored separately; however are linked by the ICN.

**Q16: When will CMS provide submission dates for Home Health and Skilled Nursing data?**

A16: CMS is finalizing guidance for the submission of Home Health encounters. Additional information will be provided once decisions are made.