Encounter Data: Monitoring & Evaluation

Thursday, August 25, 2016

Agenda

- Introduction
  - Session Guidelines
  - Upcoming User Group calls
- Encounter Data Monitoring & Evaluation
  - Report Cards – Round 3
- Operational Encounter Data & Risk Adjustment Updates
- Frequently Asked Questions
- Q & A

Introduction

Session Guidelines

➢ This is a 1 ½ hour webinar session for MAOs and other entities submitting data to the Encounter Data System

➢ There will be opportunities to submit questions via the webinar QA feature

➢ For questions regarding content of this webinar, submit inquiries to the CMS Encounter Data mailbox at: EncounterData@cms.hhs.gov

➢ Slides and documented Q&As will be posted in coming weeks on the CSSC Operations webpage under *Medicare Encounter Data>User Group*

➢ Please refer to http://tarsc.info for the most up to date details regarding Encounter Data training opportunities

Upcoming Encounter Data and Risk Adjustment User Group Calls

➢ CMS plans to hold monthly user group calls to address topics related to risk adjustment data (EDS and RAPS data submissions)

➢ The current plan is to hold calls on or around the 3rd Thursday of each month

➢ The topics and dates will be posted on http://tarsc.info

Encounter Data
Monitoring & Evaluation

Monitoring & Evaluation - Overview

➢ CMS is taking an incremental approach to the monitoring and evaluation of encounter data submissions, completeness and quality that is in line with the progressive growth and maturity of the Medicare Advantage (MA) encounter data system (EDS)

➢ Since 2012, 2+ billion encounter data records (EDRs) have been submitted and processed

➢ Phases I & II

– Phase I – Certification & File Submission

– Phase II – Encounter Data Completeness & Quality

Phase I – Certification & File Submission

- ➢ Phase I
  - – Certification
  - – Successful submission of files to the Encounter Data System
- ➢ CMS has been working with submitters since 2012 to monitor progress, communicate failures, and provide technical assistance
- ➢ Submission Stats
  - – 99% of MAOs submitting data
  - – Handful requiring technical assistance to complete end-to-end certification process

Phase II – Completeness & Quality

➢ **Three Key Steps**

1. Analysis
   - Define and develop key performance measures

2. Communication
   - Contract-level communications based on analysis of key performance measures to submitters
   - Broader communications related to monitoring

3. Follow up
   - E-mails
   - Phone Calls
   - Technical Assistance

Phase II – Completeness & Quality (continued)

> ➢ Recent broad communications on encounter data submissions

- – HPMS Memo "Encounter Data Submission Timing Guidance – Reminder and Update", July 26, 2016
- – HPMS Memo "Encounter Data Software Releases", July 8, 2016
- – EDS Companion Guides – July 2016 Release
- – Report Cards Round 1 – September 2015
- – Report Cards Round 2 – May 2016
- – Report Cards Round 3 – Expected September 2016

Report Cards & Monitoring

➤ Primary tool for communicating CMS's analyses of encounter data completeness and quality to submitters

➤ CMS will use the information to monitor and evaluate the quality of encounter data

➤ Submitters should use the report cards to evaluate their own performance relative to benchmarks and identify target areas for improvement in encounter data quality, which ultimately will help with payment accuracy

   – For example, if your submission of inpatient data looks low relative to Fee-for-Service (FFS) or other MA plans in your area, there may be gaps in your data for various reasons (providers not submitting complete data or data system issues)

Report Cards & Monitoring (continued)

➤ We are building on the report cards that entities have been receiving and that are distributed via HPMS.

  – New metrics will continue to be distributed through HPMS

  – PDF Format

➤ CMS has developed key performance metrics in three performance areas: Submission, Volume, and Quality

➤ Where applicable, benchmarks are included with the key performance metric

➤ Technical notes included in the report cards describe the calculations of metrics and respective benchmarks

Report Cards & Monitoring (continued)

- ➢ CMS plans to introduce additional key performance measures and benchmarks over time
  - – Example of a potential metric in submission performance area
    - ▪ Metric that shows the top 3 error codes for a contract
  - – Example of a potential benchmark
    - ▪ Regional match rate for No-Pay claims
- ➢ CMS will describe these new metrics in User Group calls and the technical notes in the report cards will provide detail on the construction of metrics and benchmarks

Report Cards & Monitoring (continued)

➢ The report cards address the three performance areas: Submission, Volume, and Quality

- Submission metrics are intended to measure how well submitters are meeting submission guidelines. For example, if you are a small contract, the metric shows whether a file has been submitted each month at a minimum.

- Volume metrics look at the reasonableness of the volume of submissions relative to other submitters. The purpose of these metrics is to assess the completeness of encounter data.

- Finally, quality metrics measure the validity of the encounter data fields. CMS expects that error rates, measured by edits, will decrease over time.

➢ All sections of the report card should be used to improve encounter data

Report Cards - Metrics & Benchmarks to Date

Release Date	Metrics	Benchmarks
Sep 2015	• EDRs per 1,000 Enrollees, Total • EDRs per 1,000 Enrollees, Institutional, Professional, Outpatient, and DME	• EDRs per 1,000 Enrollees, All MAOs • FFS Claims per 1,000 Beneficiaries, National
May 2016	• EDRs per 1,000 Enrollees, Total • EDRs per 1,000 Enrollees, Institutional, Professional, Outpatient, and DME	• EDRs per 1,000 Enrollees, All MAOs • EDRs per 1,000 Enrollees, MA Region • FFS Claims per 1,000 Beneficiaries, National • FFS Claims per 1,000 Beneficiaries, MA Region
.	• No-Pay Claims Analysis (Institutional EDRs only)	

Report Cards – Round 3

Release Date	Metrics	Benchmarks
Sep 2016	• EDRs per 1,000 Enrollees, Total • EDRs per 1,000 Enrollees, Institutional, Professional, Outpatient, and DME	• EDRs per 1,000 Enrollees, All MAOs • EDRs per 1,000 Enrollees, MA Region • FFS Claims per 1,000 Beneficiaries, National • FFS Claims per 1,000 Beneficiaries, MA Region
	• No-Pay Claims Analysis (Institutional EDRs only)	• Under development

	• Quarterly Operational Performance Metrics
	  – Submission – Frequency
	  – Volume – EDRs per 1,000 Enrollees, Total, Accepted, Final Action = "Y"
	  – Quality – EDPS Record-Level Error Rates
		• Average for MAOs by Enrollment Size Category (small: < 50K enrollees; medium: 50K–100K enrollees; large: > 100K enrollees)

Report Cards – Round 3 (continued)

Name: Test Corp
Contract: TC12454
Enrollment: 73,333
Plan Size: Medium

SECTION 1: ENCOUNTER DATA SUBMISSION REPORT - Q2 2016

SUBMISSION - KEY PERFORMANCE INDICATORS

Frequency	Medium Plan Average Q2 2016	Contract Measure Q1 2016	Contract Measure Q2 2016	Q3 2016	Q4 2016
Percent of Bi-Weeks Submitted	91%	83%	100%		
Total Number of Submissions		20	16		
Number of Bi-Weeks with Submission	6.4	5	7		
Number of Bi-Weeks in Quarter		6	7		

VOLUME - KEY PERFORMANCE INDICATORS

Submitted per 1,000 Beneficiary	Medium Plan Average Q2 2016	Contract Measure Q1 2016	Contract Measure Q2 2016	Q3 2016	Q4 2016
Total Encounters	8,324	2,897	962		
Durable Medical Equipment	287	649	63		
Institutional	1,144	773	578		
Professional	6,893	1,474	322		

Accepted per 1,000 Beneficiary	Medium Plan Average Q2 2016	Contract Measure Q1 2016	Contract Measure Q2 2016	Q3 2016	Q4 2016
Total Encounters	8,054	2,598	604		
Durable Medical Equipment	272	644	61		
Institutional	1,081	528	486		
Professional	6,701	1,425	57		

Final Action per 1,000 Beneficiary	Medium Plan Average Q2 2016	Contract Measure Q1 2016	Contract Measure Q2 2016	Q3 2016	Q4 2016
Total Encounters	7,631	2,336	577		
Durable Medical Equipment	264	641	61		
Institutional	992	462	462		
Professional	6,375	1,233	54		

Note: *The EDS Report Cards screenshot on this slide is simulated and provided for illustrative purposes only. This is **not** true data*.
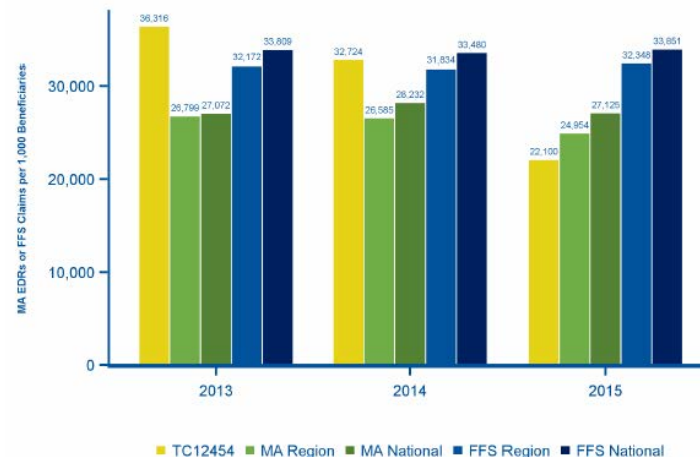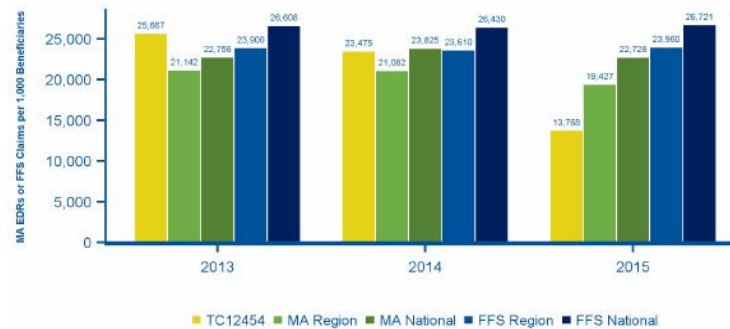
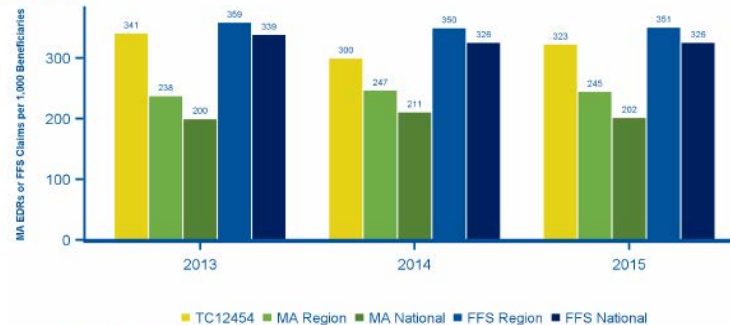17

Report Cards – Round 3 (continued)

Name: Test Corp
Contract: TC12454
Enrollment: 73,333
Plan Size: Medium

SECTION 1: ENCOUNTER DATA SUBMISSION REPORT - Q2 2016 Continued

QUALITY - KEY PERFORMANCE INDICATORS					
Total Rejection Rates	**Medium Plan Average** Q2 2016	**Contract Measure** Q1 2016	Q2 2016	Q3 2016	Q4 2016
Encounter Rejection Rate	5.0%	10.3%	37.2%		
Encounters Rejected		19,406	23,256		
Encounter Lines Rejection Rate	7.0%	5.8%	24.6%		
Encounter Lines Rejected		26,353	70,419		
Durable Medical Equipment Rejection Rates	**Medium Plan Average** Q2 2016	**Contract Measure** Q1 2016	Q2 2016	Q3 2016	Q4 2016
Encounter Rejection Rate	3.9%	0.8%	2.5%		
Encounters Rejected		349	100		
Encounter Lines Rejection Rate	3.8%	0.9%	2.2%		
Encounter Lines Rejected		603	174		
Institutional Rejection Rates	**Medium Plan Average** Q2 2016	**Contract Measure** Q1 2016	Q2 2016	Q3 2016	Q4 2016
Encounter Rejection Rate	5.8%	31.7%	15.9%		
Encounters Rejected		15,878	5,955		
Encounter Lines Rejection Rate	11%	9.4%	9.2%		
Encounter Lines Rejected		20,969	20,087		
Professional Rejection Rates	**Medium Plan Average** Q2 2016	**Contract Measure** Q1 2016	Q2 2016	Q3 2016	Q4 2016
Encounter Rejection Rate	6.1%	3.3%	82.3%		
Encounters Rejected		3,179	17,201		
Encounter Lines Rejection Rate	6.4%	2.8%	85.0%		
Encounter Lines Rejected		4,781	50,158		

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Test Corp

Contract TC12454

SECTION 4: CONTRACT DATA USED IN SECTIONS 2 AND 3

Contract TC12454

Year	Enrollment	Professional # EDRs	Professional EDRs per 1,000 Enrollees	Inpatient # EDRs	Inpatient EDRs per 1,000 Enrollees	Outpatient # EDRs	Outpatient EDRs per 1,000 Enrollees	DME # EDRs	DME EDRs per 1,000 Enrollees
2013	33,136	850,497	25,667	11,288	341	191,818	5,789	149,736	4,519
2014	52,266	1,226,926	23,475	15,666	300	286,215	5,476	181,507	3,473
2015	57,881	796,914	13,768	18,694	323	305,259	5,274	158,308	2,735

MA National

Year	Enrollment	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees
2013	14,896,031	338,967,165	22,756	2,979,864	200	43,669,050	2,932	17,631,756	1,184
2014	16,297,258	388,283,740	23,825	3,438,150	211	49,351,776	3,028	19,036,383	1,168
2015	17,508,869	397,946,638	22,728	3,533,134	202	53,445,532	3,052	20,020,363	1,143

FFS National

Year	Enrollment	Professional # Claims	Professional Claims per 1,000 Enrollees	Inpatient # Claims	Inpatient Claims per 1,000 Enrollees	Outpatient # Claims	Outpatient Claims per 1,000 Enrollees	DME # Claims	DME Claims per 1,000 Enrollees
2013	32,883,184	874,951,892	26,608	11,132,360	339	157,581,970	4,792	68,071,352	2,070
2014	33,146,460	876,045,802	26,430	10,821,175	326	159,533,937	4,813	63,343,862	1,911
2015	32,982,708	881,327,280	26,721	10,750,198	326	162,208,445	4,918	62,199,932	1,886

1) This is the underlying data used in calculating the EDR volume submission rates.
2) See Technical Notes for information on the definition of services, definition of the beneficiary population and additional detail on the data used to calculate the submission rates.

Note: The EDS Report Cards screenshot on this slide is simulated and provided for illustrative purposes only. This is **not** true data.

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Contract TC12454

SECTION 4: CONTRACT DATA USED IN SECTIONS 2 AND 3

MA Region		Professional		Inpatient		Outpatient		DME	
Year	Enrollment	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees
2013	374,085	7,909,026	21,142	89,200	238	1,416,010	3,785	611,095	1,634
2014	407,213	8,584,964	21,082	100,513	247	1,558,409	3,827	581,913	1,429
2015	440,966	8,566,825	19,427	108,060	245	1,699,155	3,853	630,171	1,429

FFS Region		Professional		Inpatient		Outpatient		DME	
Year	Enrollment	# Claims	Claims per 1,000 Enrollees	# Claims	Claims per 1,000 Enrollees	# Claims	Claims per 1,000 Enrollees	# Claims	Claims per 1,000 Enrollees
2013	1,163,696	27,812,013	23,900	417,743	359	6,465,119	5,556	2,742,709	2,357
2014	1,176,115	27,767,840	23,610	411,255	350	6,675,650	5,676	2,584,935	2,198
2015	1,165,467	27,925,121	23,960	409,596	351	6,843,103	5,872	2,523,104	2,165

1) This is the underlying data used in calculating the EDR volume submission rates.
2) See Technical Notes for information on the definition of services, definition of the beneficiary population and additional detail on the data used to calculate the submission rates.

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Test Corp

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Contract TC12454

Section 5 presents a metric on your inpatient EDR submissions. Generally, inpatient hospitals must submit to CMS an information-only bill (also known as a "no-pay" bill) for each discharge of a MA enrollee. Thus, we expect an inpatient EDR for each inpatient hospital no-pay bill. See Chapter 3 of the FFS Claims Processing Manual on submission of these information-only bills for Medicare Advantage enrollees, found on the CMS website at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf.

The chart presents two ratios to characterize your contract's inpatient EDR submissions: 1) Matched No-Pay Bills: the number of inpatient hospital no-pay bills that match inpatient EDRs for enrollees under the MA contract divided by the total number of inpatient hospital no-pay bills for enrollees under the contract; and 2) Unmatched EDRs: the number of inpatient EDRs unmatched to any inpatient hospital no-pay bill divided by the total number of inpatient EDRs for enrollees under the contract. See the Technical Notes for further details.

SECTION 5: ANALYSIS OF INPATIENT HOSPITAL ENCOUNTER DATA AND FFS NO-PAY CLAIMS (CYs 2013-2014)
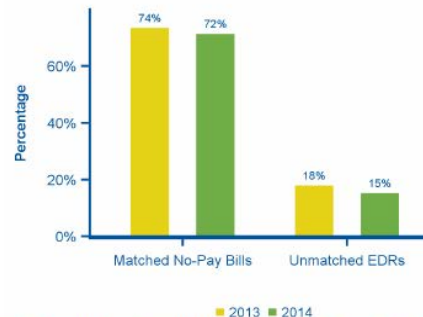
1) The deadline for submitting MA Encounter data for CY 2013 DOS was January 31st, 2015; the deadline for CY 2014 DOS was February 1, 2016.

SECTION 6: INPATIENT HOSPITAL ENCOUNTER DATA USED IN SECTION 5 (CYs 2013-2014)

Year	Total Encounters	Total Matched	Unmatched Encounters	Unmatched No-Pay
2013	11,288	9,248	2,040	3,323
2014	15,666	13,260	2,406	5,297

*Note: The EDS Report Cards screenshot on this slide is simulated and provided for illustrative purposes only. This is **not** true data.*

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Operational Encounter Data & Risk Adjustment Updates

Encounter Data Timely Submissions Guidance Update

- All risk adjustment data submission deadlines apply to encounter data submissions for payment purposes
- CMS will only use risk-adjustment eligible diagnoses from encounter data records submitted by the annual final risk adjustment data submission deadline when calculating risk scores
- This is the only deadline that applies to encounter data submissions

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

MAO-004 Update & Review File Format

- The MAO-004 Encounter Data Diagnoses Eligible for Risk Adjustment report lists diagnoses from encounter data and chart review records accepted by the Encounter Data Processing System (EDPS) that are eligible for risk adjustment.

- In a new, revised report format, diagnoses will be reported for encounter data records and chart review records by record submission type: original, replacement, or void. Risk adjustment eligible diagnoses will be indicated with an 'A' for add, or 'D' for delete.

Clarification of Error Code 00800– Parent ICN not allowed

- An original (non-chart review) encounter data record will be rejected if an ICN or any other data is populated in Loop 2300 REF02 along with REF01='F8'

- Error code 00800 is used to ensure the Payer Claim Control Number abides with the definition in the EDS Companion Guides

- Records rejected due to error code 00800 will be reflected in the MAO-002 report

Clarification of Error Code 98300 – Exact Inpatient Duplicate Encounter

- In the HPMS Memo, "Encounter Data Software Releases" dated July 8, 2016, there was a typographical error regarding the description of error code 98300. The actual description of the edit is correct, however

- The correct descriptor is "Exact Inpatient Duplicate Encounter"

2016, 2017, 2018 Payment Run Schedule with MOR Details

Risk Score Run	Dates of Service	Risk Adjustment Data Deadline for Submission	MOR
2017 Initial (RAPS)	07/01/15 – 06/30/16	Friday, 09/09/2016	Diagnoses from RAPS & FFS
2016 Final Run (RAPS and EDS)	01/01/15 – 12/31/15	Tuesday, 01/31/2017	Diagnoses from RAPS & FFS, and EDS & FFS
2017 Mid-Year (RAPS and EDS)	01/01/16 – 12/31/16	Friday, 03/03/2017	Diagnoses from RAPS & FFS, and EDS & FFS
2018 Initial (RAPS and EDS)	07/01/16 – 06/30/17	Friday, 09/08/2017	Diagnoses from RAPS & FFS, and EDS & FFS

Frequently Asked Questions

Frequently Asked Questions – Question #1

Question: Why is CMS doing a second final PY 2015 Risk Adjustment Reconciliation? What will be included in the second reconciliation in early 2017 that is different from the initial final reconciliation?

Response: CMS is running the final PY 2015 risk scores a second time to reflect revisions to the risk scores once corrections are implemented in CMS' encounter data filtering process. CMS will use only diagnoses from RAPS and encounter data that were submitted by the applicable final risk adjustment data submission deadlines in February 2016 in the second final reconciliation of PY 2015.

Frequently Asked Questions – Question #2

Question: If an MAO deleted diagnoses from RAPS or EDS after the applicable final risk adjustment submission deadlines, will the data be excluded from the final PY 2015 risk score during the second final run?

Response: No, a risk adjustment eligible diagnoses will not be excluded from the PY 2015 final risk score if the delete was submitted after the applicable risk adjustment deadline (February 1 for EDS and February 22 for RAPS). Diagnoses deleted after the applicable deadlines will be reflected when CMS conducts overpayment runs of PY 2015.

Frequently Asked Questions – Question #3

Question: Why would encounters containing the same revenue and procedure codes, but a different National Drug Code (NDC), produce a duplicate edit?

Response: NDCs are not validated as part of the EDS duplicate logic. Currently, the following values are the set of data fields used for matching an encounter in the EODS:

Health Insurance Claim Number (HICN)	Procedure Code(s) and up to 4 modifiers
Date of Service (DOS)	Revenue Codes - Institutional Only
Place of Service (POS) – Professional Only	Rendering Provider NPI
Type of Bill (TOB) – Institutional Only	Charge (Billed) Amount
Type of Service (not submitted on the 837-P)	Paid Amount (as populated at both the Header and Detail levels)

Frequently Asked Questions – Question #4

Question: Will an encounter be denied if the DOS, Provider, and revenue code are the same as a subsequent encounter with a different procedure code?

Response: As procedure codes are included in the list of data elements for duplicate validation, a subsequent encounter with the same DOS, Provider, and Revenue Code, but with a different procedure code will not reject as a duplicate encounter. However, if the subsequent encounter data record with a different procedure code is indeed for the same service that was provided in the previously submitted EDR, then the MAO should submit a replacement EDR with all relevant procedure codes included.

Frequently Asked Questions – Question #5

Question: Can MAOs resubmit encounters that were rejected with error code 02256 "Beneficiary Not Part C Eligible for DOS?"

Response: Yes. MAOs will need to ensure the beneficiary is Part C eligible for the DOS reported prior to resubmission. Please refer to slides 26 & 27 of the presentation posted on the CSSC website under Medicare Encounter Data>User Groups>Encounter Data User Group – June 23, 2016.

Question: Is there a limit to the number of chart review encounter records that an MAO can link to a single original encounter?

Response: No, there is not a limit to the number of chart review encounter records that can be linked to an encounter data record.

Frequently Asked Questions – Question #7

Question: If the limit of adjustments to an encounter is exceeded, will the encounter data be omitted from the Risk Adjustment calculation?

Response: Currently, the EDS does not limit the number of times a submitter can adjust an encounter.

EDS and RAPS
Informational Resources

Customer Service and Support Center (CSSC)

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Search

Electronic Data Interchange (EDI)

Medicare Encounter Data

Medicare Medicaid Plans

Prescription Drug Event

Risk Adjustment Processing System

Edits

Enroll to Submit Risk Adjustment Data

Front-End Risk Adjustment System (FERAS)

HPMS Memos

Job Aids

ListServ

Newsletters

RAPS Bulletins

References

Risk Adjustment Processing System (RAPS)

Training

User Group

Welcome to CSSC Operations

The Customer Service and Support Center (CSSC) website is the gateway to Medicare Advantage, Medicare Medicaid Data and Prescription Drug Programs. Visitors to the site can access information about Risk Adjustment, Medicare Encounter Data, Medicare Medicaid Data and Prescription Drug Programs; including opportunities to enroll to submit data and obtain comprehensive information about data submission and reporting. In addition, the site provides valuable links to CMS instructions and other official resources.

News
Prescription Drug Event
PDE Monthly Report Distribution Status

System Status
All Systems
EDFES System Status

PDE System Status

RAPS System Status

Medicare Medicaid Plans
MMP Edits Update

Risk Adjustment Resources
http://csscoperations.com/

Encounter Data Resources
http://csscoperations.com/

CSSC ListServ Notifications

ListServ to announce new publications:
http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~ListServ?open&expand=1&navmenu=Risk^Adjustment^Processing^System||

EDS Companion Guides

The most recent release of the EDS Companion Guides:
http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Encounter^Data||

CMS Website

CMS

http://www.cms.gov

CEM Edits Spreadsheets

837I Edit Reference	Segment or Element	Description	ID	Min. Max.	Usage Req	Loc	Loop Repe	5010 Values	TA1/ 999/ 277CA	Accept/Reject	Disposition / Error Code	Proposed 5010 Edits
X223.C3..ISA01.010	ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03	TA1	R	TA105: 010 "Invalid Authorization Information Qualifier Value".	ISA01 must be present.
X223.C3..ISA01.020	ISA01								TA1	R	TA105: 010 "Invalid Authorization Information Qualifier Value".	ISA01 must be valid values.
X223.C3..ISA02.010	ISA02	Authorization Information	AN	10-10	R				TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be present.
X223.C3..ISA02.020	ISA02								TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be 10 characters.
X223.C3..ISA02.030	ISA02								TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be populated with accepted AN characters OR ISA02 must be populated with all spaces.

CMS 5010 CEM Edits Spreadsheets

MAOs are able to access the CEM Edits Spreadsheets:

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/

1. Select the current year in the left navigation column (e.g., 2016 Transmittals)

2. Key in 'EDI Front End Updates' in the 'Filter On' box

3. Select the most current transmittal to obtain the latest versions of the CEM Edits Spreadsheets

4. Click on the link(s) under 'Downloads' at the bottom of the page

Risk Adjustment Model Software & Mapping

Medicare Claims Processing Manual

Internet-Only Manuals (IOMs)

Manuals

Future Updates to the IOM

Internet-Only Manuals (IOMs)

Paper-Based Manuals

The Internet-only Manuals (IOMs) are a replica of the Agency's official record copy. They are CMS' program issuances, day-to-day operating instructions, policies, and procedures that are based on statutes, regulations, guidelines, models, and directives. The CMS program components, providers, contractors, Medicare Advantage organizations and state survey agencies use the IOMs to administer CMS programs. They are also a good source of Medicare and Medicaid information for the general public.

Show entries: 10 ▼

Filter On:

Publication # ▲	Title ⇕
100	Introduction
100-01	Medicare General Information, Eligibility and Entitlement Manual
100-02	Medicare Benefit Policy Manual
100-03	Medicare National Coverage Determinations (NCD) Manual
100-04	Medicare Claims Processing Manual
100-05	Medicare Secondary Payer Manual

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html

2017 Advance Notice

https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html

Risk Adjustment Chapter

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...uals

uture Updates to the IOM

Internet-Only Manuals (IOMs)

Paper-Based Manuals

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Filter On:

Publication # ▲	Title ⇕
100-10	Quality Improvement Organization Manual
100-11	Programs of All-Inclusive Care for the Elderly (PACE)Manual
100-12	State Medicaid Manual (The new manual is under development. Please continue to use the Paper-Based Manual to make your selection.)
100-13	Medicaid State Childrens Health Insurance Program (Under Development)
100-14	Medicare ESRD Network Organizations Manual
100-15	Medicaid Integrity Progarm (MIP)
100-16	Medicare Managed Care Manual
100-17	CMS/Business Partners Systems Security Manual

Select Chapter 7 - Risk Adjustment

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html

Questions & Answers

Closing Remarks

Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
Customer Support and Service Center (CSSC) Operations	http://www.csscoperations.com csscoperations@palmettogba.com
EDS Inbox	encounterdata@cms.hhs.gov
Risk Adjustment Mailbox	riskadjustment@cms.hhs.gov
Technical Assistance Registration Service Center (TARSC)	http://www.tarsc.info/
Washington Publishing Company	http://www.wpc-edi.com/content/view/817/1
Medicare Advantage and Prescription Drug Plans Communications User Guide	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html

Resources (*continued*)

Resource	Link
CMS 5010 Edit Spreadsheet	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/
RAPS Error Code Listing and RAPS-FERAS Error Code Lookup	http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&expand=1&navmenu=Risk^Adjustment^Processing^System||
EDFES Edit Code Lookup	https://apps.csscoperations.com/errorcode/EDFS_ErrorCodeLookup
EDPS Error Code Look-up Tool	http://www.csscoperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&navmenu=Medicare^Encounter^Data||||

Contact Us

- Additional questions may also be submitted following the webinar to:

  EncounterData@cms.hhs.gov

  or

  RiskAdjustment@cms.hhs.gov

- Questions submitted to other CMS mailboxes will be forwarded the risk adjustment or encounter data mailboxes as appropriate.

A formal request for evaluation feedback will be sent at the conclusion of this session.

Please take a moment to note any feedback you wish to give concerning this session.

Your Feedback is Important.

Thank You!

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