Encounter Data User Group
Q&A Documentation

Questions and Answers – March 29, 2012 Live Session

Q1: The Implementation Guide does not identify a requirement for modifiers with the submission of encounters for anesthesia services. Will CMS accept a default modifier when a valid modifier is not available? If so, what will the default be?

A1: The TR3 does not state that a modifier has to be submitted for anesthesia claims, but for processing and pricing purposes, the Encounter Data Processing System (EDPS) requires it. CMS is currently analyzing anesthesia services and will provide guidance to the Industry upon availability.

Q2: When will CMS provide guidance for Risk Adjustment filtering?

A2: CMS will provide guidance regarding Risk Adjustment filtering logic once MAOs and other entities begin submitting data and the EDPS environment is stabilized.

Q3:   What is the expected turnaround time for MAOs and other entities to receive MAO-002 reports after submission of encounter data?

A3: MAOs and other entities should receive MAO-002 Processing Status Reports within seven (7) business days. If MAOs and other entities are not receiving these reports within the allotted timeframe, they are to notify the Encounter Data team by email at csscoperations@palmettogba.com.

Q4: What are the requirements for volume and timeliness of submission of production data once MAOs and other entities have achieved end-to-end certification?

A4: The minimum requirements for encounter data submission for MAOs and other entities:

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

CMS has determined file size limitation and submission frequency guidelines for MAOs and other entities. CMS has not established volume criteria. CMS highly recommends using the limitation and submission guidelines to create more manageable data submission which removes some of the burden for resubmission of EDFES errors and working the MAO-002 reports for EDPS.

Q5: Will CMS consider relaxing the edit for submission of provider NPIs for paper claims when MAOs and other entities do not receive the NPI on the claims received from providers?

A5: A valid NPI is required for encounter data submission.   Encounters without an NPI populated will not pass translator and CEM level edits.

Q6: Will MAOs and other entities receive error reports when encounters are submitted with a billing provider NPI but not a rendering provider NPI?

A6: The Billing Provider NPI is required and must be populated in Loop 2010AA. Use of the Rendering Provider (Loop 2310B) is situational and should only be populated when it is different than the Billing Provider. If the Rendering Provider information is populated on the encounter, a valid NPI for the Rendering Provider is required.

Q7: How will CMS enforce compliance for end-to-end certification for Professional, Institutional and DME data?

A7: The compliance enforcement timelines for end-to-end certification will be provided for MAOs and other entities once the dates are determined. There will be separate compliance enforcement requirements and dates for Professional, Institutional and DME data. CMS will coordinate with MAOs and other entities to ensure that they have the opportunity to effectively prepare for submission of production data before compliance action is taken.

Q8: Are MAOs and other entities required to complete end-to-end testing prior to submitting encounters for Tier 2 testing?

A8: No. MAOs and other entities may submit encounters for Tier 2 testing at any time during the testing phase from March 15, 2012 to April 30, 2012.

Q9: Will the Encounter Data System be impacted by the extension of the HIPAA 5010 non-enforcement date to June 2012?

A9: No. CMS has provided guidance for MAOs and other entities that will prohibit any impact to the submission requirements for the Encounter Data System. CMS encourages all MAOs and other entities to work towards compliance as soon as possible.

Q10: Where should MAOs and other entities obtain the rendering provider address from the 837P for submission of ambulance claims?

A10: On claims received from providers, the rendering provider address is located in Loop 2310C. For encounter data submission, the Rendering Provider's address should be populated in Loop 2310E and Loop 2310F for the Ambulance Pick-Up and Drop-Off Location when the true pick-up and drop-off information is not available.