Encounter Data System User Group

May 16, 2013



Agenda

- Purpose
- Session Guidelines
- CMS Updates
- EDS Updates
 - Non-Medicare Codes Considerations
- EDS Operational Highlights
- Online Look-up Tools
- Guidance for New 2013 MAOs and Other Entities
 - Submissions Special Considerations
- Future Technical Assistance
- EDS Implementation Next Steps
- Resources
- Closing Remarks



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



MAO-002 Reports Update

- The EDPS is currently processing MAO-002
 Reports for data received on April 26, 2013.
- If you have not received your MAO-002
 Reports for files submitted prior to April 26,
 2013, please contact CSSC Operations at
 (877) 534-2772, with your file information,
 for assistance.



EDS Updates



Non-Medicare Codes Considerations



Non-Medicare Codes Considerations

- MAOs and other entities have requested that CMS consider allowing the submission of non-Medicare codes to the EDS.
 - i.e., modifiers, procedure codes (G-codes), occurrence codes, etc.
- CMS is currently reviewing these non-Medicare codes to determine the feasibility of submitting them to the EDS.
- CMS will provide MAOs and other entities information once review and analysis is complete and decisions are made.



EDS Operational Highlights



Highlight #1 Professional CEM (Part B) Edit Implementation

- Effective May 16, 2013, CMS will implement two
 (2) Professional Common Edits and Enhancement Module (CEM) updates in the EDS:
 - Middle Initial Editing
 - NDC Alpha-numeric Editing



Highlight #2 Edit 30055 Deactivated

- CMS will deactivate Edit 30055 Duplicate in Encounter-Same Supplier for Professional DME encounters.
- Based on the current DME logic, MAOs and other entities will receive reject Edit 98325 - Service Line(s) Duplicated in the event that duplicate DME encounters/service lines are submitted.



Highlight #3 Tier II Testing

- Encounter files submitted to the Tier II testing environment:
 - Must be identified using the Authorization Information Qualifier data element "Additional Data Identification" in the ISA segment (ISA01= 03).
 - Must be identified using the Authorization Information data element to identify the "Tier II indicator" in the ISA segment (ISA02= 8888888888).
 - Must be identified as "Test" in the ISA segment (ISA15=T).



Highlight #3 Tier II Testing (cont'd)

Interchange Control Header

Authorization Information

Additional Data Identifier

ISA***03*****888888888***00* *ZZ*ENH9999 *ZZ*80882 *120430*114 4*^*00501*00000031*1***T***:~

Usage Indicator 'T' = Test



Highlight #3 Tier II Testing (cont'd)

- MAOs and other entities may submit chart review, correct/replace, or void/delete encounters to the Tier II testing environment only when the chart review is linked to an encounter that was previously submitted and accepted in the Tier II testing environment.
- MAOs and other entities may submit multiple contract IDs in a single file to the Tier II testing environment, as long as each contract ID does not exceed 2,000 encounters.

Note: MAOs and other entities must be end-to-end certified in order to submit Tier II testing data.

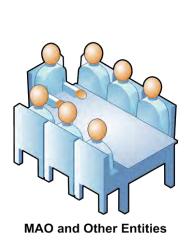
Highlight #4 MAO Report Layout Feedback

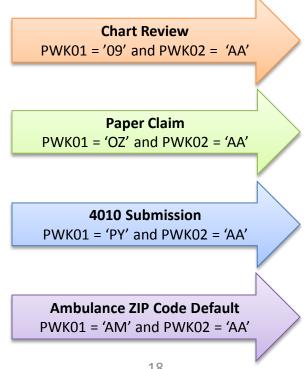
- CMS is considering the elimination of the formatted MAO Reports.
- CMS is requesting feedback from MAOs and other entities regarding the utilization of both the formatted and flat file Report layouts.
- MAOs and other entities should submit feedback to eds@ardx.net.
 - Subject line: Report Layout Utilization



Highlight #5 **PWK Segments**

- For EDS purposes, the PWK segment is populated at the Loop 2300 header level in order to identify an encounter submission with special considerations.
- MAOs and other entities should use the PWK segment for encounter data submissions only in the following situations:









Highlight #6 Void/Delete Processing

- When the submitted encounter is a Void/Delete (CLM05-3='8'), the EDS will perform the following editing only:
 - 00265 Correct/Replace or Void ICN Not in EODS
 - 00699 Void Must Match Original
 - 00755 Void Encounter Already Voided
 - 00761 Billing Provider Different from Original
 - 00762 Unable to Void Rejected Encounter
 - 00764 Original Must Be a Chart Review to Void

Note: After validation for a Void/Delete encounter, no other header and line level Beneficiary & Provider edits will post on a Void/Delete encounter.

Online Look-up Tools



Online Look-up Tools



The Online Look-up Tools will be available at:

http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC% 20Operations~Encounter%20Data~Resources?open&expand=1&navmenu =Encounter^Data||

EDFES Edit Code Look-up

- The EDFES Edit Code Look-up is available on the CSSC Operations website for MAOs and other entities to easily reference EDFES codes and reconcile encounter errors generated on the TA1, 999, and 277CA Acknowledgment Reports.
- The look-up tool identifies the following elements:
 - Code Number
 - Code Type
 - Character Edit Definition



EDFES Edit Code Look-up (cont'd)

| Instructions: To look up an Encounter I Enter Error Code | Data code description, enter the | code, choose a code type then click the < <i>Search</i> > but | ton. |
|---|-----------------------------------|---|--|
| O CLAIM ADJUSTMENT REA O HEALTH CARE SERVICES I O PROVIDER TAXONOMY O REMITTANCE ADVICE REI O CLAIM STATUS CATEGOR O CLAIM STATUS CODES | DECISION REASON COI MARK CODES | Nine | n by Edit mber |
| ● INTERCHANGE ACKNOWL | EDGEMENT CODES | | Download Excel |
| Search | | | File |
| View / Download Full Listings: CLAIM ADJUSTMENT REASO HEALTH CARE SERVICES DE PROVIDER TAXONOMY REMITTANCE ADVICE REMA CLAIM STATUS CATEGORY | CCISION REASON CODE | View On-line Download Spreadsheet D S View On-line Download Spreadsheet D View On-line Download Spreadsheet D View On-line Download Spreadsheet D View On-line Download Spreadsheet D | Oownload Text Only Oownload Text Only Oownload Text Only |
| CLAIM STATUS CODES | | View On-line Download Spreadsheet D | |
| INTERCHANGE ACKNOWLE | DGEMENT CODES | View On-line Download Spreadsheet D | Oownload Text Only |
| Version 1.0 Oct 15, 2011 | View Full Listing online | | |



EDFES Edit Code Look-up (cont'd)

Error Search Example

Instructions: To look up an Encounter Data code description, enter the code, choose a code type then click the <Search> button.

Enter Error Code 001

- O CLAIM ADJUSTMENT REASON CODES
- OHEALTH CARE SERVICES DECISION REASON CODES
- OPROVIDER TAXONOMY
- OREMITTANCE ADVICE REMARK CODES
- OCLAIM STATUS CATEGORY CODES
- OCLAIM STATUS CODES
- INTERCHANGE ACKNOWLEDGEMENT CODES

Search

View / Download Full Listings:

CLAIM ADJUSTMENT REASON CODES

View On-line | Download Spreadsheet | Download Text Only
HEALTH CARE SERVICES DECISION REASON CODES

View On-line | Download Spreadsheet | Download Text Only
PROVIDER TAXONOMY

REMITTANCE ADVICE REMARK CODES

CLAIM STATUS CATEGORY CODES

View On-line | Download Spreadsheet | Download Text Only
View On-line | Download Spreadsheet | Download Text Only
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View On-line | Download Spreadsheet | Download Text Only

Search Results will display:

- Edit Number/Code
- Code Type
- Edit Definition

Search Results

| Code | 001 |
|---|---|
| Code Type INTERCHANGE ACKNOWLEDGEMENT CODES | |
| Begin Date | 19950101 |
| End Date | |
| Definition | The Interchange Control Number in the Header and Trailer Do Not Match. The Value from the Header is Used in the Acknowledgment. |



Thursday, May 16, 2013

EDFES Edit Code Look-up (cont'd)

Downloadable Excel Example

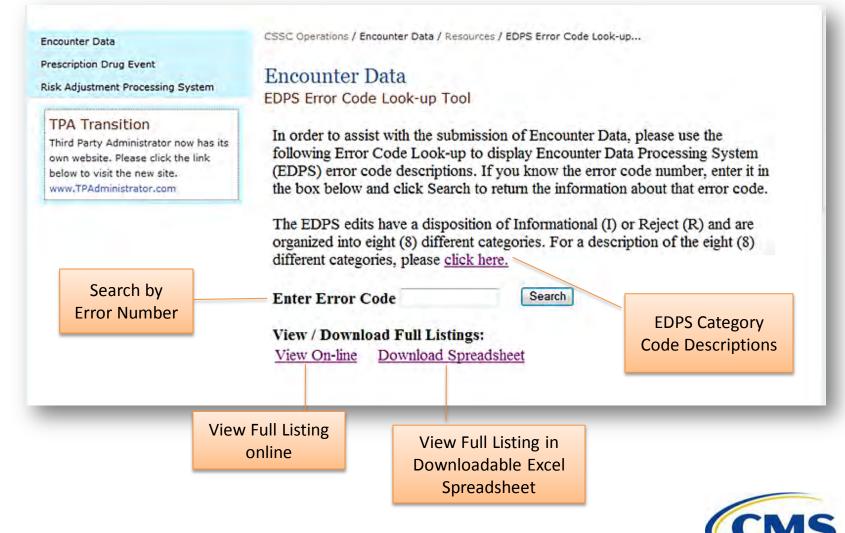
| - 4 | Α | В | С | D | Е | F |
|-----|------|------------|----------|---|--------------|-------------|
| 1 | Code | Begin Date | End Date | Definition | | |
| 2 | 224 | 20080601 | | Patient identification compromised by identity theft. Identity verification required for processing this and future claims. | | |
| 3 | 225 | 20080601 | | Penalty or Interest Payment by Payer (Only used for plan to plan encounter reporting within the 837) | | |
| 4 | 226 | 20080921 | | Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete. At least one Remark C | ode must l | be provide |
| 5 | 227 | 20080921 | | Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete. At least one Rei | mark Code | must be p |
| 6 | 228 | 20080921 | | Denied for failure of this provider, another provider or the subscriber to supply requested information to a previous payer for their a | djudication | |
| 7 | 229 | 20090125 | | Partial charge amount not considered by Medicare due to the initial claim Type of Bill being 12X. Note: This code can only be used | in the 837 | transaction |
| 8 | 230 | 20090125 | | No available or correlating CPT/HCPCS code to describe this service. Note: Used only by Property and Casualty. | | |
| 9 | 231 | 20090701 | | Mutually exclusive procedures cannot be done in the same day/setting. Note: Refer to the 835 Healthcare Policy Identification Segr | nent (loop : | 2110 Servi |
| 10 | 232 | 20091101 | | Institutional Transfer Amount, Note - Applies to institutional claims only and explains the DRG amount difference when the patient | care cross | es multiple |
| 11 | 233 | 20100124 | | Services/charges related to the treatment of a hospital-acquired condition or preventable medical error. | | |
| 12 | 234 | 20100124 | | This procedure is not paid separately. At least one Remark Code must be provided (may be comprised of either the NCPDP Rejection | t Reason (| Code, or R |
| 13 | 235 | 20100606 | | Sales Tax | | , |
| 14 | 236 | 20110130 | | This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination procedure | ovided on | the same (|
| 15 | A0 | 19950101 | | Patient refund amount. | | |
| 16 | A1 | 19950101 | | Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code | or Remitta | ance Advic |
| 17 | A2 | 19950101 | 20080101 | Contractual adjustment. | | |
| 18 | A3 | 19950101 | 20031016 | Medicare Secondary Payer liability met. | | |
| 19 | | 19950101 | 20080401 | Medicare Claim PPS Capital Day Outlier Amount. | | |
| | A5 | 19950101 | | Medicare Claim PPS Capital Cost Outlier Amount. | | |



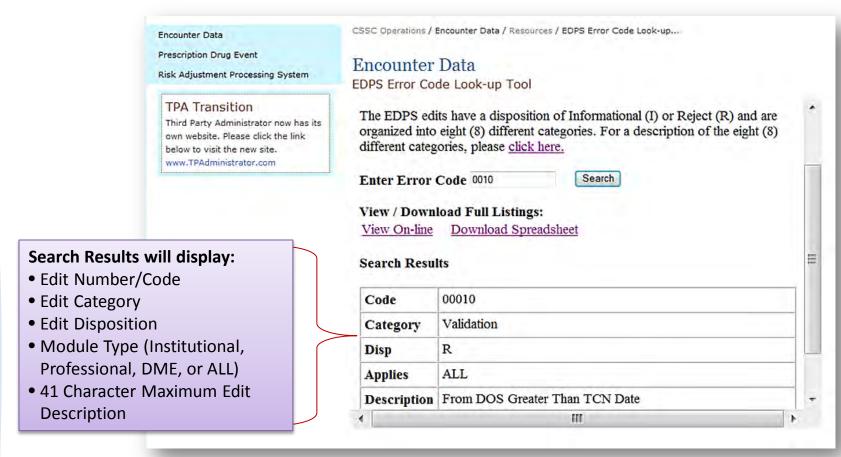
EDPS Error Code Look-up Tool

- The EDPS Online Error Code Look-up Tool will be available on May 20, 2013, on the CSSC Operations website for MAOs and other entities to easily reference EDPS edits and reconcile encounter errors generated on MAO-002 Reports.
- The look-up tool identifies the following elements:
 - Edit Number
 - 41 Character Edit Description
 - Edit Category
 - Edit Disposition
 - Module Type (Institutional, Professional, and DME)



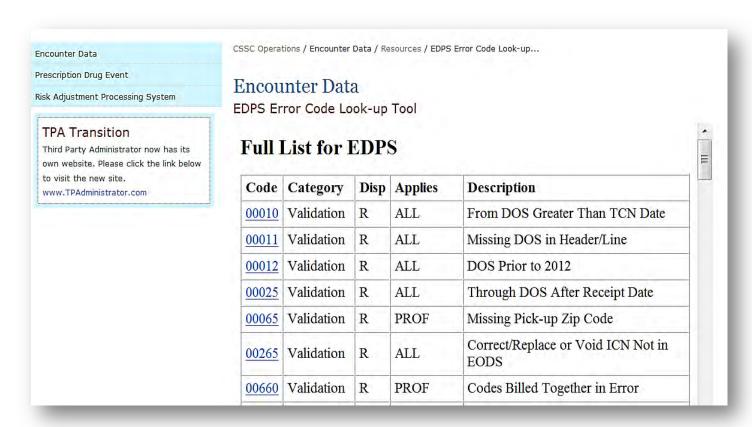


Error Search Example





Online Full List Example





Downloadable Excel Example

| Α | В | C | D | E |
|-------|-------------|------|---------------|---|
| Code | Category | Disp | Applies | Description |
| 00010 | Validation | R | ALL | From DOS Greater Than TCN Date |
| 00011 | Validation | R | ALL | Missing DOS in Header/Line |
| 00012 | Validation | R | ALL | DOS Prior to 2012 |
| 00025 | Validation | R | ALL | Through DOS After Receipt Date |
| 00065 | Validation | R | PROF | Missing Pick-up Zip Code |
| 00265 | Validation | R | ALL | Correct/Replace or Void ICN Not in EODS |
| 00660 | Validation | R | PROF | Codes Billed Together in Error |
| 00699 | Validation | R | ALL | Void Must Match Original |
| 00745 | Validation | R | PROF | Anesthesia Service Requires Modifier |
| 00755 | Validation | R | ALL | Void Encounter Already Voided |
| 00760 | Validation | R | ALL | Correct/Replace Previously Submitted |
| 00761 | Validation | R | ALL | Billing Provider Different from Original |
| 00762 | Validation | R | ALL | Unable to Void Rejected Encounter |
| 00764 | Validation | R | ALL | Original Must Be a Chart Review to Void |
| 00765 | Validation | R | ALL | Original Must Be a Chart Review to Adjust |
| 01405 | Provider | R | PROF/ INST | Sanctioned Provider |
| 01415 | Provider | i | PROF/ INST | Rendering Provider Not Eligible for DOS |
| 02106 | Beneficiary | D | ALL | Invalid Beneficiary Last Name |
| 02110 | Beneficiary | R | ALL | Beneficiary HICN Not on File |
| 02112 | Beneficiary | R | ALL | DOS After Beneficiary DOD |
| 02120 | Beneficiary | R | ALL | Beneficiary Gender Mismatch |
| 02125 | Beneficiary | R | ALL | Beneficiary DOB Mismatch |

Note: MAOs and other entities are able to parse this Excel spreadsheet



Questions & Answers



Guidance for New 2013 MAOs and Other Entities



Submissions Special Considerations



Part B Drug Data

- MAOs and other entities must only submit
 Medicare Part B drug data that can be processed
 for encounter data submission in the 837 format.
- Some drugs and biologics are further identified by a mandated National Drug Code (NDC).
- Although the submission of NDCs is not required, MAOs and other entities are encouraged to submit this data when it is available.



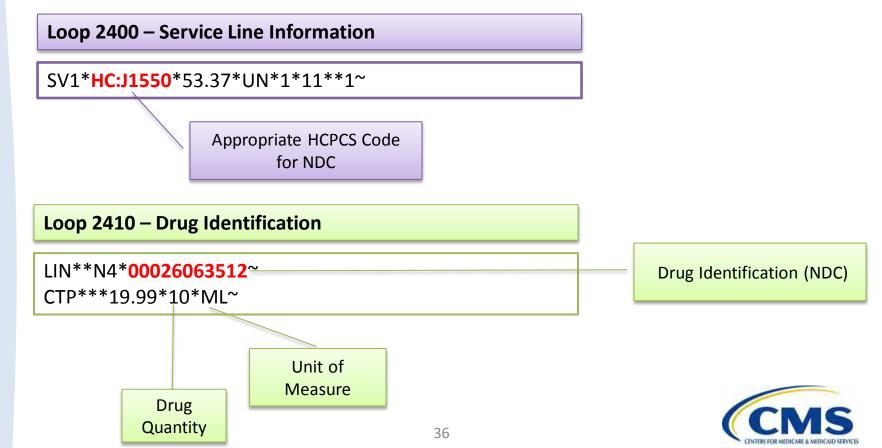
Part B Drug Data (cont'd)

- The NDC is a unique, 11-digit, three (3) segment numeric identifier assigned to specific drugs, biologics, and nutrition components.
 - The three (3) segments identify the vendor, product, and trade package.
- The NDC codes, when available, should be included in Loop 2410, LIN03 with no separators in the 11 character data stream.
- The 837 for a single drug will have one (1) 2400 loop with the HCPCS code in the SV101-2 and the associated units in SV104.



Part B Drug Data (cont'd)

• If an NDC is submitted, per the TR3, the quantity and unit of measure (UOM) code must be populated in Loop 2410, CTP segments.



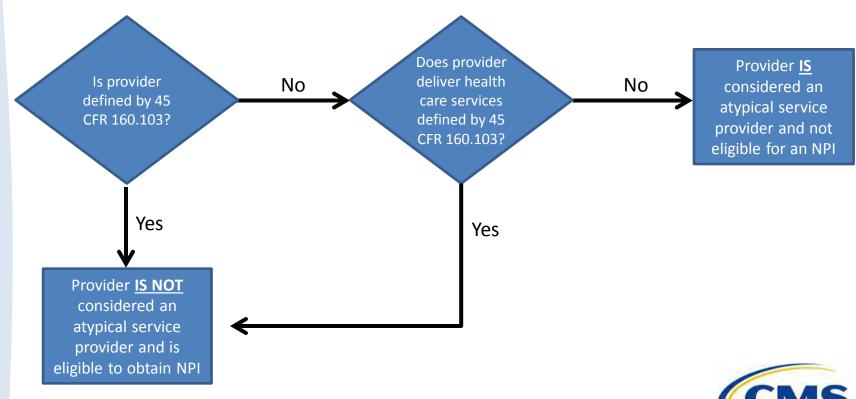
Atypical Provider

- Providers who are not considered health care providers and do not provide health care services are referred to as "atypical service providers."
- According to the Code of Federal Regulations (45 CFR 160.103), a health care provider is defined as a "provider of services, a provider of medical or health services, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business."
 - Both the provider and the service rendered must be evaluated to determine if a provider is considered to be "atypical."



Atypical Provider (cont'd)

The following questions can be used as a guide to determine if a provider meets the criteria of an atypical service provider:





Atypical Provider (cont'd)

- MAOs and other entities may submit a default NPI in Loop 2010BB:
 - Institutional 1999999976
 - Professional 1999999984
 - DME 1999999993

NM1*85*2*ABC Group Practice*****XX*1999999984^REF*EI*199999998~ Default NPI value for Professional encounter

Note: Atypical encounters are not priced in the pricing module.



Paper-Generated Encounters

- Paper-generated encounters (also known as paper claims or skinny claims) must be converted to electronic encounters in the 837 format prior to submission to the EDS.
- Paper-generated encounters are identified as claims submitted by providers in one of the following formats:
 - UB-04
 - HCFA-1500



Paper-Generated Encounters (cont'd)

- MAOs and other entities may utilize the appropriate default NPI only when the true NPI is unavailable, as well as Loop 2300, PWK01='OZ', PWK02='AA'.
- Use of the PWK segment in coordination with the default NPI will allow the EDPS to flag the encounter appropriately for future analysis.
- Paper generated encounters will process through the pricing module.



Paper-Generated Encounters (cont'd)

• **Note**: Failure to utilize the PWK segment appropriately will cause the encounter to be processed as an atypical provider submission.

Loop 2300 Claim Information

PWK*OZ*AA~

PWK01 = 'OZ' - Support Data for Claim

PWK02 = 'AA' - Available on Request at Provider Site



4010 Submission

- MAOs and other entities submitting encounters generated as a result of a 4010 submission, in which the provider's NPI was not provided, may utilize:
 - The appropriate default NPI
 - Loop 2300, PWK01='PY', PWK02='AA'



4010 Submission (cont'd)

• **Note**: Failure to utilize the PWK segment appropriately will cause the encounter to be processed as an atypical provider submission.

PWK*PY*AA~ PWK01 = 'PY' - Physician's Report PWK02 = 'AA' - Available on Request at Provider Site



Capitated Submission

- Capitated providers are physicians or other health care providers that provide services based on a contracted rate for each member assigned, referred to as a "per-member-per-month" (PMPM) rate, regardless of the number or nature of services provided.
- Capitated and staff model arrangements must populate and submit valid CPT/HCPCS codes on the 5010, as this is necessary for accurate encounter data pricing.



Capitated Submission (cont'd.)

- For capitated or staff model arrangements submitting encounter data,
 MAOs and other entities should only submit '0.00' as the paid amount if
 no amount information is available. Paid amounts should be populated,
 if applicable.
- Capitated submission must be populated in Loop 2300 or Loop 2400,
 CN101='05' depending on:

Capitated Encounter Submission

(Professional or Institutional)

Loop 2300 – Claim Information

CN1*05*550~

CN101 = '05' - Capitated

Capitated Service Line

(Professional Only)

Loop 2400 – Service Line Information

CN1*05*550~

CN101 = '05' - Capitated



Future Technical Assistance



Encounter Data 101

- CMS has scheduled an introductory technical assistance webinar for MAOs and other entities that are new to encounter data submission or require a review of encounter data submission requirements.
- The 'Encounter Data 101' webinar will be conducted on Friday, May 31, 2013.
- Details and registration will be available on the Technical Assistance Resource Service Center (TARSC) website at http://www.tarsc.info/.



EDS Implementation Next Steps



EDS Implementation Next Steps

| ED Materials / Information | Target Date |
|-------------------------------|---------------|
| EDS Newsletter | May 2013 |
| Encounter Data 101 Webinar | May 31, 2013 |
| EDS Companion Guide | May 31, 2013 |
| EDS User Group | June 13, 2013 |
| National Technical Assistance | Summer 2013 |



Questions & Answers



Resources



Resources

| Resource | Resource Link |
|--|--|
| CEM/CEDI Technical Reporting Formats | http://www.cms.gov/MFFS5010D0/20 TechnicalDocument ation.asp |
| Centers for Medicare & Medicaid Services (CMS) | http://www.cms.gov/ |
| CSSC Operations | http://www.csscoperations.com csscoperations@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

