

Encounter Data Submission and Processing Report Resource Guides



Health Plan Management System (HPMS) Reports – Submission Performance Reports

Reports Overview

The Health Plan Management System (HPMS) is a web-enabled information system that supports the ongoing operations of the Medicare Advantage (MA) and Part D programs, including the plan enrollment and plan compliance business functions, as well as longer-term strategic planning and program analysis. HPMS facilitates numerous data collection and reporting activities that legislation requires of MAOs and other entities.

The Medicare Plan Payment Group (MPPG) produces HPMS operational reports that provide MAOs and other entities with an overview of encounter data quality across claim types and submission periods.

This job aid provides information about Submission Performance Reports, one of the two encounter data reports available through HPMS:

- ❖ Encounter Data Report Cards
- ❖ **Submission Performance Reports**

Each of the above-named reports provides information about an MAO's or other entity's performance relative to benchmarks. Each may be used to identify target areas for data quality improvement and may ultimately assist with payment accuracy.



Health Plan Management System (HPMS) Reports – Submission Performance Reports

Report Description

Released on August 20, 2018, the HPMS memo “CMS Monitoring and Compliance of Encounter Data” finalized seven Submission Performance Report metrics and thresholds. The Submission Performance Report thresholds are designed to identify performance issues that are substantially below reasonable expectations for submissions. All performance thresholds for the completeness metrics are calculated annually among contracts of the same organization type. The metrics are calculated quarterly at the contract level and compared with the performance thresholds.

Released on February 10, 2023, the HPMS memo “Medicare Advantage Encounter Data Submission Performance Reports - Changes to Metrics in March 2023” updated the metrics to reflect changes in data submission requirements, noting that the Risk Adjustment Processing System (RAPS) data, on which several of the metrics had relied, were no longer required to calculate risk scores.

CMS’s February 2023 HPMS memo specified the following eight metrics (3 operational metrics and 5 completeness metrics) to help guide improvement in encounter data submissions. This job aid provides an example Supplemental Performance Report further below.

Measure	Description	Performance Threshold
Failure to Complete Certification Process (Operational Performance: O1)	Identifies contracts that began submission of encounter data (ED) within 4 months of the contract’s effective date but have not completed certification.	Failure to complete certification requirements within four (4) months of the beginning of operations.

Measure	Description	Performance Threshold
Failure to Submit Any Accepted ED (Operational Performance: O2)	Identifies contracts that had no accepted ED for the prior submission year.	No accepted records submitted during the calendar year.
Excessive Submission at End of Submission Window (Operational Performance: O3)	Excessive submission of encounter data during the end of the risk adjustment submission period.	Twenty-seven (27) percent or more of encounter data and chart review records for the applicable calendar year were submitted in the last two months before the risk adjustment deadline.
Low Submission Volume -- Overall (Completeness Performance: C1)	Low number of accepted records per beneficiary in the prior submission year.	Thirty-three (33) percent of the mean number of EDRs and CRRs per beneficiary observed in the first calendar quarter (January through March) among contracts of the same organization type. The threshold value is recalculated in the first quarter of each calendar year.
Low Submission Volume -- Inpatient Facility EDRs matching Professional Inpatient Services (Completeness Performance: C5)	Identifies the percentage of accepted professional inpatient EDRs ¹ with a matching accepted inpatient facility EDR.	Fifty (50) percent of the mean rate observed in the third calendar quarter (July through September) among contracts of the same organization type. The threshold value is recalculated in the third quarter of each calendar year and held constant for the following three quarterly reports.
Low Submission Volume -- Facility EDRs matching Professional Emergency Room (ER) Services (Completeness Performance: C6)	Identifies the percentage of accepted professional EDRs for services delivered in an ER with a matching accepted EDR for outpatient ER, inpatient ER, or observation stay.	Sixty-seven (67) percent of the mean rate observed in the third calendar quarter (July through September) among contracts of the same organization type. The threshold value is recalculated in the third quarter of each calendar year and held constant for the following three quarterly reports.

¹ EDRs do not include chart review records.

Measure	Description	Performance Threshold
<p>Low Submission Volume – Dialysis Encounters for Beneficiaries Diagnosed with End-Stage Renal Disease (ESRD) (Completeness Performance: C7)</p>	<p>Identifies the percentage of beneficiaries continuously enrolled in the contract with an ESRD diagnosis for whom no transplantation diagnosis is reported on an accepted EDR, and the contract reported at least one accepted EDR for dialysis in the service year.</p>	<p>Eighty (80) percent of the mean performance rate observed in the third calendar quarter (July through September), calculated as the percentage of beneficiaries in the denominator with at least one dialysis encounter, and for whom a dialysis network submitted a Medical Evidence Form to CMS, averaged among contracts of the same organization type. The threshold value is recalculated in the third quarter of each calendar year and held constant for the following three quarterly reports.</p>
<p>Low Submission Volume – EDR Submissions for High-Need Beneficiaries (Completeness Performance: C8)</p>	<p>Identifies the percentage of beneficiaries continuously enrolled in the contract and with at least three diagnosed chronic conditions reported at least one accepted EDR with a service-through date in the service year.</p>	<p>If the percentage of continuously enrolled high-need beneficiaries with at least one encounter is greater than ninety (90) percent of the average rate among contracts of the same organization type. The threshold value is recalculated in the third quarter of each calendar year and held constant for the following three quarterly reports.</p>



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Report Screenshot



Name: ABC MAO

Contract: HXXXX

Metric	Contract-Specific Value	Threshold for Orange Light	Status (Orange Light/Green Light)
O1: Failure to complete certification process 2024	Certification completed	Certification not completed	■
O2: Failure to submit any accepted ED in 2023	ED submitted	No ED submitted	■
O3: Excessive submission of ED with 2022 service dates at the end of the 2022 submission window	5%	>=27%	■
C1: Low Submission Volume – Overall, ED with service dates in 2023	26 EDRs per beneficiary	< 10.95 EDRs per beneficiary	■
C5: Low Submission Volume – Facility EDRs for Professional Inpatient Services, EDRs with service dates in 2023	85%	<=50%	■
C6: Low Submission Volume – Facility EDRs for Professional Emergency Room Services, EDRs with services dates in 2023	98%	<=67%	■
C7: Low Submission Volume – Dialysis Encounters for Beneficiaries Diagnosed with End-Stage Renal Disease (ESRD), EDRs with service dates in 2023	95%	<=79%	■
C8: Low Submission Volume – EDR Submissions for High-Need Beneficiaries, EDRs with service dates in 2023	98%	<=89%	■



Health Plan Management System (HPMS) Reports – Submission Performance Reports

Accessing the Report

Each MAO or other entity’s contract-specific information, showing performance for each metric and technical notes with detailed specifications on each metric and threshold are available on the HPMS portal:

HPMS Home Page > Risk Adjustment > Encounter Data > Submission Performance Report

Report Resources

[Medicare Encounter Data Submission and Processing Guide](#)

[Final HPMS Memo: Encounter Data Performance Metrics Thresholds \(20180820\)](#)

[Final HPMS Memo: Medicare Advantage Encounter Data Submission Performance Reports - Changes to Metrics in March 2023 \(20230210\)](#)