



# Encounter Data Technical Assistance Call for PACE Organizations

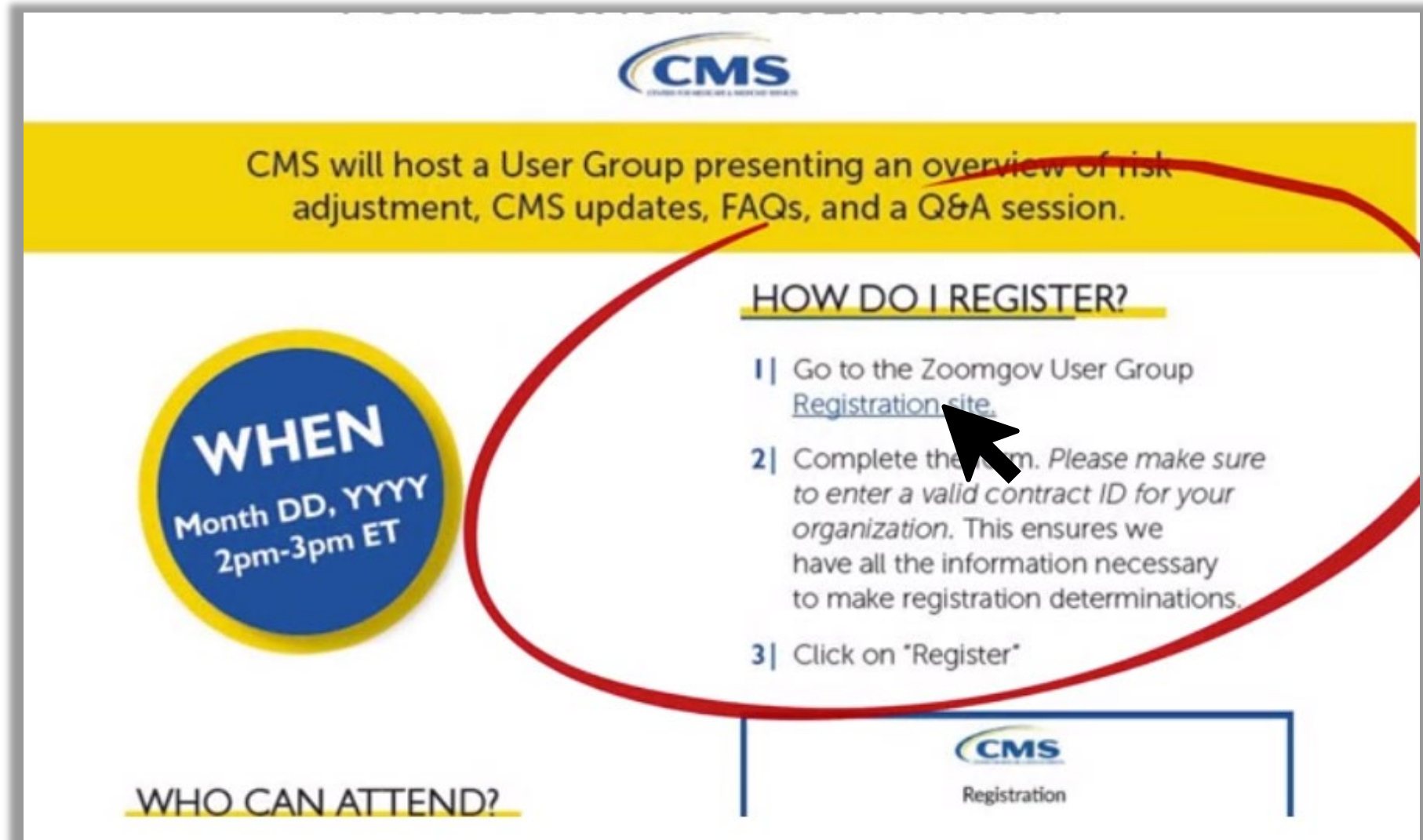
4/7/22 | 2 - 3 pm ET





# Registering for the Call

Select the link in the registration flyer under “How Do I Register?”



The flyer features the CMS logo at the top center. A yellow banner contains the text: "CMS will host a User Group presenting an overview of risk adjustment, CMS updates, FAQs, and a Q&A session." Below this, a blue circle with a yellow border contains the text: "WHEN Month DD, YYYY 2pm-3pm ET". To the right, under the heading "HOW DO I REGISTER?", there is a three-step list. A red oval highlights the first step, and a black mouse cursor points to the underlined link "Registration site". At the bottom left, the text "WHO CAN ATTEND?" is underlined. At the bottom right, there is a CMS logo and the word "Registration" with a blue L-shaped line extending from it.

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS will host a User Group presenting an overview of risk adjustment, CMS updates, FAQs, and a Q&A session.

**WHEN**  
Month DD, YYYY  
2pm-3pm ET

**HOW DO I REGISTER?**

- 1| Go to the Zoomgov User Group Registration site.
- 2| Complete the form. *Please make sure to enter a valid contract ID for your organization. This ensures we have all the information necessary to make registration determinations.*
- 3| Click on "Register"

WHO CAN ATTEND?

**CMS**  
Registration

# Fill in your registration information and select “Register”

\* Required information

First Name *	Last Name *
<input type="text" value="Martha"/>	<input type="text" value="Hogle"/>
Email Address *	Confirm Email Address *
<input type="text" value="MHogle@healthplan.com"/>	<input type="text" value="MHogle@healthplan.com"/>
Job Title *	
<input type="text" value="Plan Director"/>	
Contract ID *	Organization Name *
<input type="text" value="H####"/>	<input type="text" value="Health Plan"/>
Organization Type *	
<input type="text" value="Medicare Advantage Organization (MAO) v"/>	
Other	
<input type="text"/>	

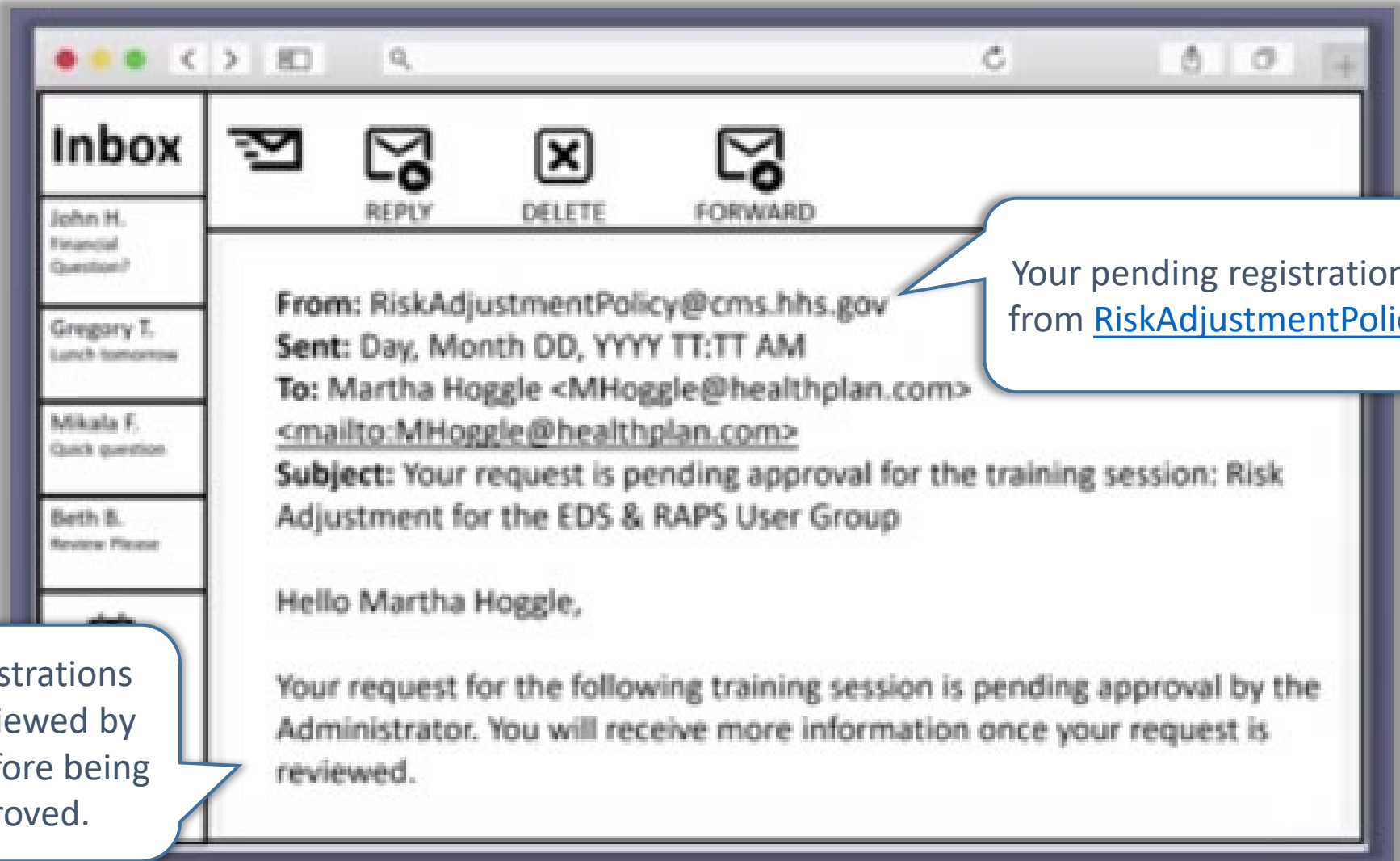
Information you provide when registering will be shared with the [account owner](#) in accordance with their Terms and Privacy Policy.

Be sure to include one valid contract ID for the current year.

Ensure your email address is the one you use for all organization correspondence.

This call is meant for PACE Organizations or Third-Party Submitters supporting PACE Organizations.

# Check for a pending registration email 48 hours after registering



Your pending registration email will come from [RiskAdjustmentPolicy@cms.hhs.gov](mailto:RiskAdjustmentPolicy@cms.hhs.gov).

All registrations are reviewed by CMS before being approved.

# Correct your registration information if contacted

The screenshot shows an email interface. On the left is an 'Inbox' sidebar with four entries: 'John H. Financial Question?', 'Gregory T. Lunch tomorrow', 'Mikala F. Quick question', and 'Beth B. Review Please'. Below these are icons for a calendar, a checklist, and a person profile. The main area shows an email header with 'REPLY', 'DELETE', and 'FORWARD' buttons. The email body contains the following text:

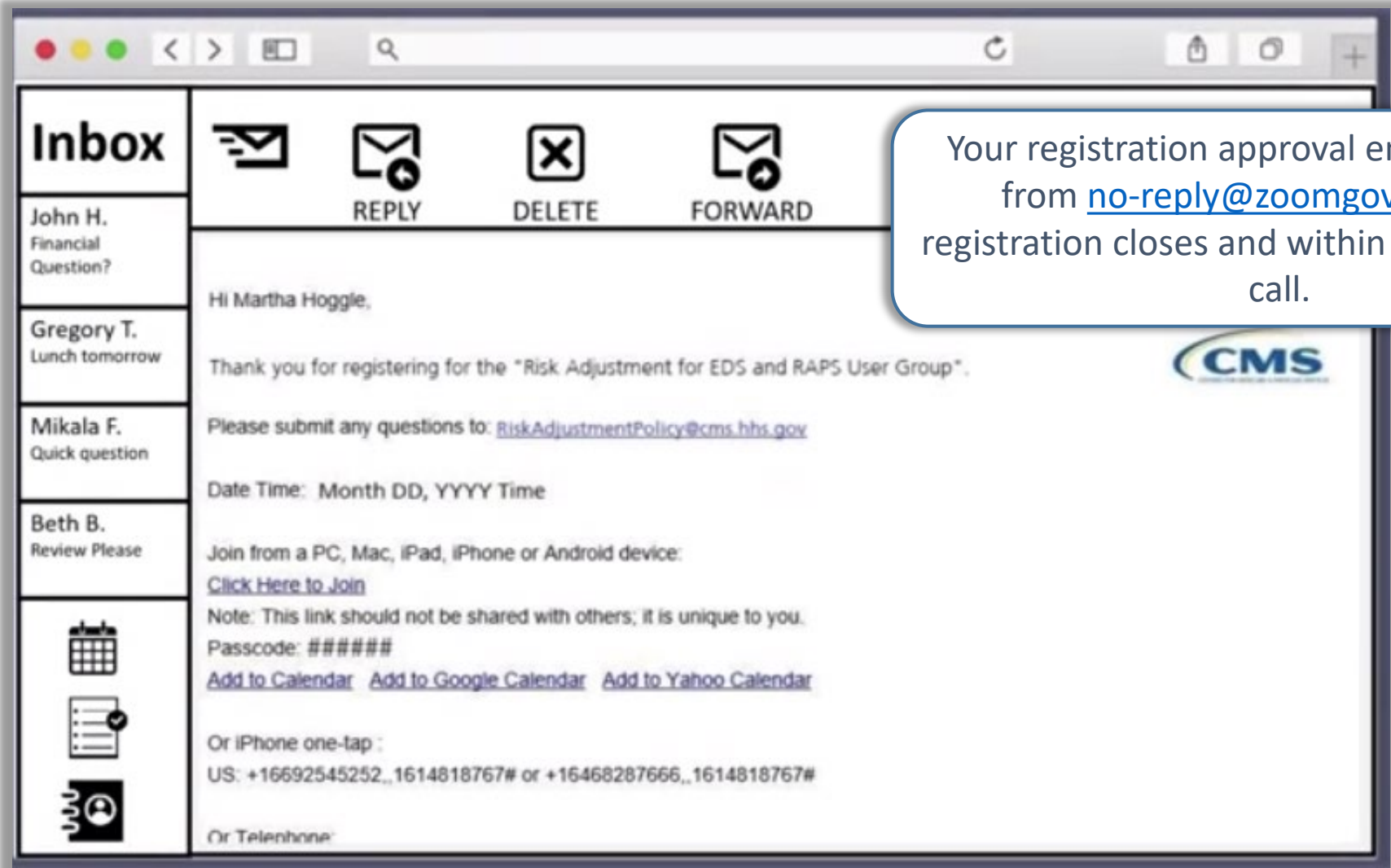
**From:** RiskAdjustmentPolicy@cms.hhs.gov <mailto:RiskAdjustmentPolicy@cms.hhs.gov>  
**Sent:** Day, Month DD, YYYY TT:TT ET  
**To:** Martha Hoggle <MHoggle@healthplan.com> <mailto:MHoggle@healthplan.com>

Hello,

Thank you for submitting your registration for the upcoming Risk Adjustment for EDS and RAPS User Group. Your registration has been declined due to failure to provide a Medicare Advantage Contract ID that is valid in YYYY. If you would still like to attend, you will need to send your information to us at RiskAdjustmentPolicy@cms.hhs.gov

Reply to [RiskAdjustmentPolicy@cms.hhs.gov](mailto:RiskAdjustmentPolicy@cms.hhs.gov) with any requested information before registration closes.

# Look for your login credentials in a registration approval email



Your registration approval email will come from [no-reply@zoomgov.com](mailto:no-reply@zoomgov.com) after registration closes and within 48 hours of the call.



# Navigating Zoomgov



# Test your audio from the waiting room or select from the audio settings menu once admitted

Please wait. The User Group will begin soon.

START T:TT ET

Risk Adjustment for EDS and RAPS User Group

Test My Speaker

**Select a Speaker**

- ✓ Speakers / Headphones (Realtek Audio)  
Same as System
- Test Speaker & Microphone...
- Leave Computer Audio
- Audio Settings...

Audio Settings ^

If you choose to join by phone for audio, be sure to enter your unique ID number from your registration approval email.

This is the Waiting Room, where you will stay until the host admits you.

# Ask questions in the Q&A box during the session

Your question and answered questions will appear here.

Type your question in the Q&A box and press the Send button.

Question and Answer

Welcome

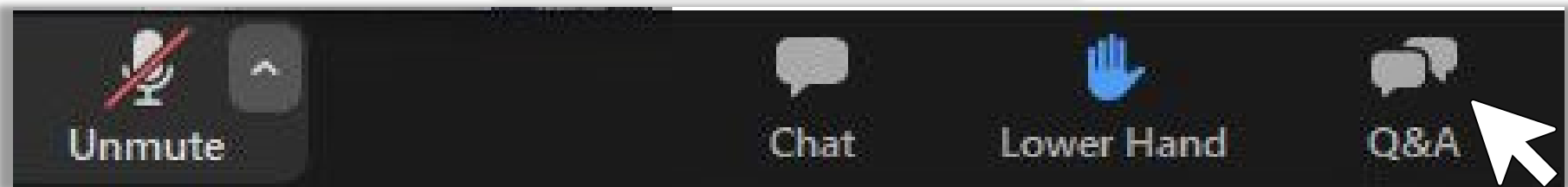
Feel free to ask the host and panelists questions

Where

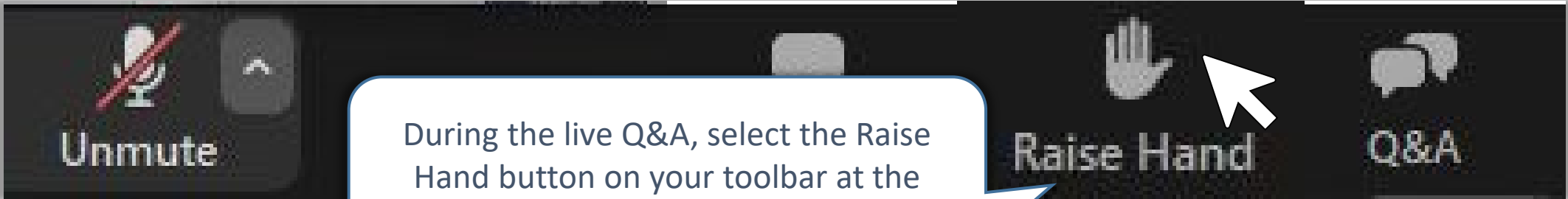
Send anonymously

Cancel Send

Select the Q&A button on the toolbar at the bottom of your screen to open the Q&A box.



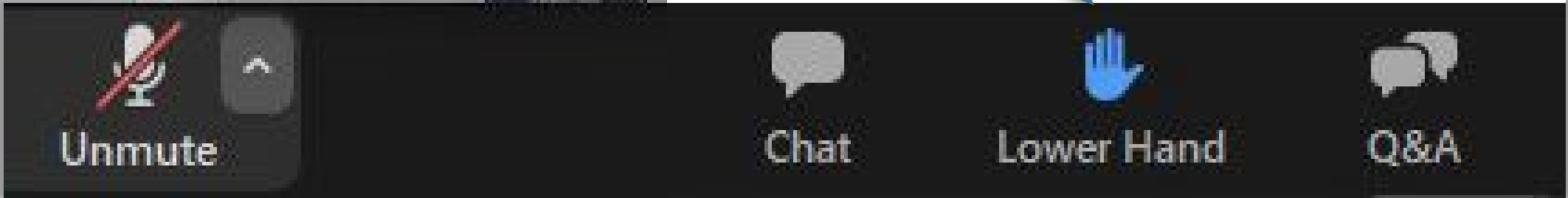
# If you still have questions, ask them during the live Q&A



During the live Q&A, select the Raise Hand button on your toolbar at the bottom of your screen to ask a question.

You will be muted when you join the call and unable to unmute yourself.

The host will unmute you to ask your question. Once you have asked your question, select the Lower Hand button.



# Agenda

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- PACE Model
- Encounter Data - Background
- Key Encounter Data Resources
- Overview of Encounter Data Submission & Processing
- EDI Basics – The X12 837 Format
- CMS's Encounter Data System & Processing
  - Encounter Data Front-End System (EDFES) Reports
  - Encounter Data Processing System (EDPS) Reports
  - Timing of Reports
- Connectivity, File Size Limitations, & Submission Frequency
- Encounter Data Filtering Logic

# PACE Model

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- PACE organizations will utilize 2017 CMS-HCC model for PACE payment for CY 2022.
- PACE organizations expressed concern that the model excludes dementia and other chronic conditions that are present in the 2020 CMS-HCC model.
- However, the 2020 model calculates risk scores using diagnoses submitted solely on encounter data records.
- As outlined in the 2022 Announcement, CMS will work closely with PACE organizations to develop guidance and assistance with regard to encounter data submission.

# Encounter Data - Background

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- Historically, the identification and submission of risk eligible diagnoses have been done by Medicare Advantage Organizations (MAOs) and other submitters, such as PACE organizations.
- MAOs and PACE use the Risk Adjustment Processing System (RAPS) to submit risk adjustment eligible diagnoses for risk score calculations.
- Starting in 2012, MAOs and other submitters (except for PACE) began submitting encounter data.
- In January 2013, CMS released a memo informing PACE organizations that they will need to begin submitting encounter data records for Medicare-covered items and services for which the organization collects claims.

# Encounter Data – Background (continued)

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- With encounter data, instead of MAOs and other submitters identifying the risk adjustment eligible diagnoses prior to submission, now CMS identifies diagnoses for risk adjustment from the submitted encounter data.
- CMS refers to this process of identifying risk adjustment eligible diagnoses as “filtering.” How CMS filters encounter data for risk adjustment eligible diagnoses is addressed at the end of this presentation.
- Since Payment Year (PY) 2015, CMS has been incorporating diagnoses from ED in risk scores used for payment.
  - Encounter data has been used as an additional source of diagnoses for PACE organizations.

# Key Encounter Data Resources

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**Key CMS Guidance** found at [www.cssoperations.com](http://www.cssoperations.com)

- [Encounter Data Submission and Processing Guide](#) (*Guide*)
  - Appendices
- [MA & Part D Communications Handbook](#) (*Handbook*)
- [Edits Spreadsheets](#)
- [User Group Slides](#)

## **Key Industry Resources**

- ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 Technical Reports found at [www.wpc-edi.com](http://www.wpc-edi.com)





# Overview of Encounter Data Submission & Processing

# What does Encounter Data Include?

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- Encounter Data Records - EDRs
- Chart Review Records - CRRs

# What is an Encounter Data Record?

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- A report from an MAO or other submitter to CMS about medical items or services a beneficiary received while enrolled in one of the organization's contracts
- Submitted on the ASC X12 837 Version 5010 format

# What is a Chart Review Record?

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- Allows MAOs and other submitters to add risk adjustment eligible diagnoses or delete diagnosis codes previously reported for plan enrollees
- Submitted in the ASC X12 837 Version 5010 format
- Two Health Plan Management System (HPMS) memos related to chart review records (April 9, 2018, August 28, 2018)

# CMS Recommendations for Populating an Encounter Data Record or Chart Review Record

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**When populating fields on Encounter Data Records (EDRs) or Chart Review Records (CRRs), submitters should base their logic on the highest level of specificity:**

- Submitters should first consult the TR3, then the edits spreadsheets and finally the Guide for instructions on populating MA encounter data 837s.
- If broader options are expressed in the WPC/TR3 or the edits spreadsheets than the options identified in the Guide and its appendices, MAOs and other entities must use the rules identified in the Guide.

*Guide, Chapter 3, Section 3.2.2.*



# EDI Basics – The X12 837 Format

# X12 837 5010 Format

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- X12 – National set of inter-industry electronic data interchange (EDI) standards for insurance transactions
- 837 – Health Care Claim transactions
- 5010 – Version of 837 transactions
  - Professional/DME X12N/005010X222 837-P
  - Institutional X12N/005010X223 837-I



# CMS's Encounter Data System & Processing



# Encounter Data System

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The Medicare Advantage Encounter Data System has two sub-systems:

- The Encounter Data Front-End System (EDFES)
- The Encounter Data Processing System (EDPS, also referred to as the back-end system)

# Encounter Data System (continued)

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## **EDFES**

- Accepts 837 files from submitters
- File level checks
- Record level checks
- Assigns Internal Control Number (ICN) to all accepted records
- Transmits all transactional reports back to submitters

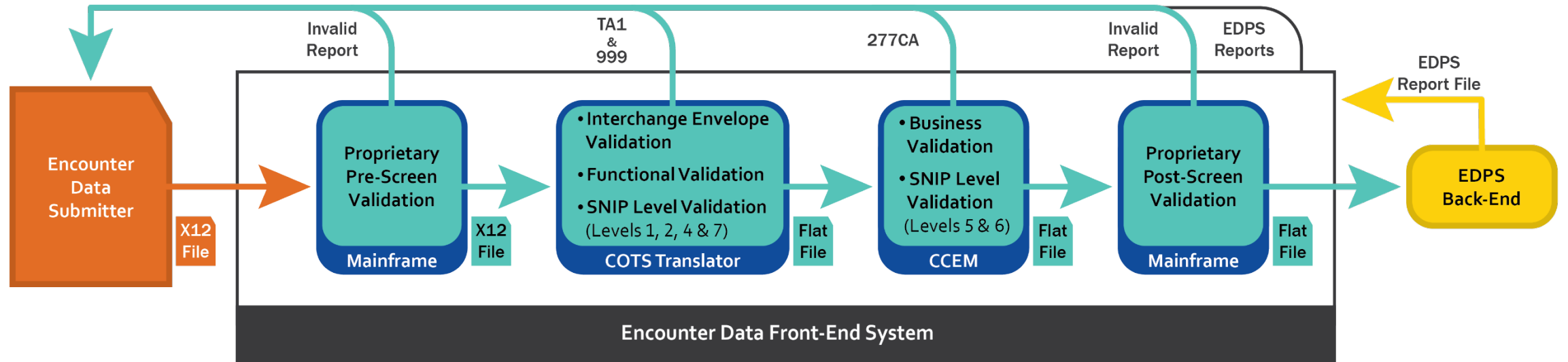
## **EDPS**

- Receives files from EDFES
- Record and line level checks
- Sends transactional reports to EDFES to be sent to submitters



# Encounter Data Front-End System (EDFES) Reports

# EDFES Processing Phases



COTS = Commercial Off-the-Shelf

SNIP = Strategic National Implementation Process

CCEM = Combined Common Edits Module

EDPS = Encounter Data Processing System

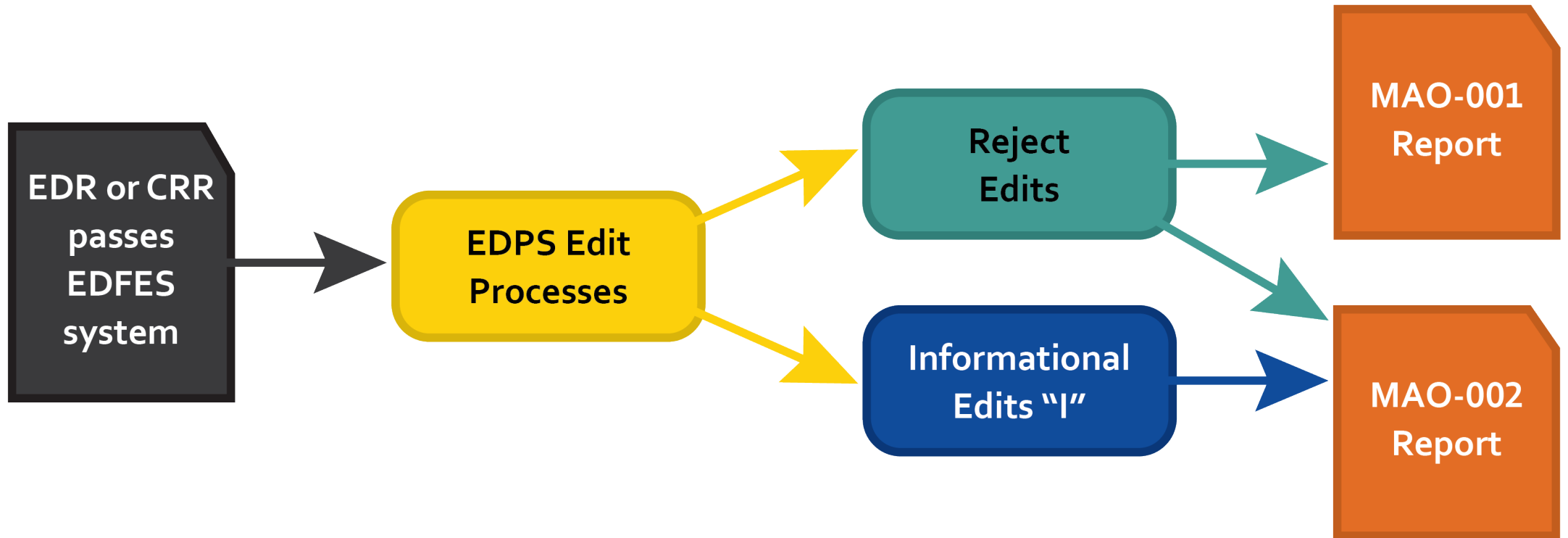
# EDFES Processing & Reports

Processing Phase	Report(s) Generated	Processing
Proprietary Pre-Screening Validation	Pre-Screening Invalid	File level failure. Processing stopped.
COTS Translator	TA1 Acknowledgement 999 Acknowledgement	TA1 Failure – File level. Processing Stopped. 999 Failure – File level or Functional Group/Transaction Set Levels. One edit can affect several records. Only accepted data proceeds to CCEM processing.
CCEM	277CA Acknowledgement	Not File Level, but one edit can affect several records.
Proprietary Post-Screen Validation	Post-Screening Invalid	File level failure. Processing stopped.



# Encounter Data Processing System (EDPS) Reports

# EDPS Processing



# EDPS Reports

EDPS Report Type	Description
MAO-001 Encounter Data Duplicates	<p data-bbox="955 421 2356 528">Lists all encounters that received duplicate errors (98300, 98325, 98320, and 98315)</p> <ul data-bbox="955 564 2395 813" style="list-style-type: none"><li data-bbox="955 564 2395 678">▪ MAOs and other entities will not receive the MAO-001 report if there are no duplicate errors received on submitted encounters</li><li data-bbox="955 706 2395 813">▪ MAOs will not receive the MAO-001 report on test files. MAO-001 reports are generated for Production files only.</li></ul>
MAO-002 Encounter Data Processing Status	<p data-bbox="955 863 2407 1035">Data Validation checks and lists the accepted and rejected status of all encounters at the claim (header) and line levels, along with edit codes and brief edit descriptions.</p>



# Duplicate Edits

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- 98300 – Exact Inpatient Duplicate Encounter
- 98315 – Linked Chart Review Duplicate
- 98320 – Chart Review Duplicate
- 98325 – Service Line(s) Duplicated



# Timing of Reports

# Timing of Reports

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Front End Reports below are posted to the Secure File Transfer Protocol (SFTP) Mailbox within 24 to 48 hours of receipt of the file:

- Pre-Screen Report
- TA1
- 999
- 277CA
- Post-Screen Report

# Timing of Reports (continued)

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- MAO-001 and MAO-002 reports for production files are posted to the SFTP mailbox within 5 business days of the files receipt date.
- MAO-002 reports for test files are posted to the SFTP mailbox within 7 business days of receipt of the files receipt date.
- **Note: MAO-001 reports are not generated for test files.**
- Unviewed reports are available in the mailbox for 14 business days.

Important to note: *If reports are not downloaded and saved prior to viewing, they will not be available in the mailbox.*

# Report Restoration

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- EDFES Acknowledgement Reports can be restored if the files are less than 20 business days old
- MAO (EDPS) Reports can be restored if the files are less than 60 business days old
- Requests for more than 200 files will not be accepted
- Contact CSSC Operations to request report restoration



# Connectivity, File Size Limitations, & Submission Frequency

# Connectivity

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- MAOs contact CMS-approved Network Service Vendors (NSV) to establish connectivity with Palmetto GBA's secure network.
- MAOs and other entities submit data over the CMS Extranet, a secure, encrypted, Virtual Private Network (VPN).
- MAOs with less than 100,000 enrolled members are allowed to connect directly to CMS.

## Connectivity (continued)

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- MAOs submit required documents to Palmetto GBA to obtain security access credentials:
  - Submitter ID
  - Passwords
- Testing and certification is required.



# File Size Limitations

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- The Technical Report Type 3 (TR3) recommends no more than 5,000 encounters (or individual transactions) per transaction set (i.e., transaction set header-trailer [ST-SE] envelope).
- SFTP and Connect:Direct users cannot exceed 85,000 encounters per file for professional and Durable Medical Equipment (DME) encounters.
- Institutional and Gentran files cannot exceed 5,000 encounters per file.

# Submission Frequency Recommendations

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Number of Medicare Enrollees in a Contract	Recommended Submission Frequency
Greater than 100,000	Weekly
50,000 – 100,000	Bi-weekly
Less than 50,000	Monthly



# Encounter Data Filtering Logic

# Encounter Data Filtering - Introduction

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- Risk adjustment rules are not changing, however, the method for determining risk adjustment eligible diagnoses is.
  - CMS started filtering encounter data in PY 2015.
  - Encounter data has been used as an additional source of diagnoses for PACE organizations.
- Eligible diagnoses must meet the following criteria for risk adjustment:
  - Documented in a Medical Record
  - Acceptable provider type (hospital inpatient, hospital outpatient, or professional)
  - Result of a face-to-face visit
- There are additional rules in place where certain inpatient and outpatient facilities and patient encounters are eligible for risk adjustment
- Encounter Data (ED) filtering does not change rules for submission to the Risk Adjustment Processing System (RAPS).

# Professional Encounter Record Filtering

## **CMS uses risk adjustment acceptable CPT/HCPCS to filter professional encounter data records and chart review records**

- Eligibility criteria:
  - MAO submits all items and services provided by physicians, non-physician practitioners (NPPs), and other Part B suppliers in an 837P format.
  - CMS evaluates accepted lines on the record to determine if the CPT/HCPCS codes are on the acceptable Medicare Risk Adjustment CPT/HCPCS list (also referred to as the “Medicare CPT/HCPCS list”). If there is an acceptable CPT/HCPCS code on at least one accepted line in the record, CMS allows all of the header diagnoses on that record.
  - If there are no acceptable CPT/HCPCS codes on any of the accepted lines on the record, then CMS does not allow any of the diagnoses on the record for risk adjustment.
- CPT/HCPCS Codes:

<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/CPT-HCPCS>

# Institutional Inpatient Record Filtering

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## **CMS uses Type of Bill Codes to filter inpatient encounters**

- Eligibility criteria:
  - MAO submits all encounters where Part A items and services have been provided in an inpatient setting (i.e. hospital or similar facilities) on the 837I format.
  - CMS uses the Type of Bill (TOB) Code for Inpatient and Outpatient encounter data records and chart review records to determine if the diagnoses are from an acceptable source.
  - All header diagnoses from Institutional Inpatient encounter data records and chart review records with acceptable TOBs will be allowed for risk adjustment regardless of the procedures performed during the encounter.
  - Most recent accepted version of an encounter or chart review record
    - Exception: Previous encounter or chart review record is voided

# Institutional Outpatient Record Filtering

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## **CMS uses Type of Bill Codes and CPT/HCPCS codes to filter outpatient encounters**

- Eligibility criteria:
  - MAOs submit all encounters where Part B items and services have been provided in an outpatient setting (i.e. hospital, clinic, etc. ) on an 837I format.
  - CMS uses the Type of Bill Code to determine if an encounter data record or chart review record is for services provided by a facility that is an acceptable source of diagnoses for risk adjustment.
  - CMS then evaluates the lines (revenue centers) on an encounter data record or chart review record to determine if the CPT/HCPCS codes are acceptable, based on the acceptable Medicare acceptable CPT/HCPCS list. If there is an acceptable CPT/HCPCS code on at least one accepted line in the record, CMS allows all of the header diagnoses on that record.
  - Most recent accepted version of an encounter or chart review record
    - Exception: Previous encounter or chart review record is voided

# Chart Review Records (CRRs)

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- **Can be submitted after a reported encounter to add additional risk adjustment eligible diagnoses**
  - Filtering criteria will follow professional, inpatient and outpatient eligibility criteria
- **Can be used to delete additional diagnoses on previous encounter data records or chart review record**
  - Deletes diagnoses from a previously submitted chart review or encounter data record
    - Only deletes specified diagnoses from the record referenced on the CRR delete record



# Reporting Risk Adjustment Eligible Diagnoses

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- CMS reports Risk Adjustment Eligible Diagnoses from Encounter Data Records and Chart Review Records, after Risk Adjustment Filtering, on the MAO-004 Report to MAOs
  - MAO-004 Report Are Flat Files – 500 byte
  - CMS sends MAO-004 Reports to MAOs monthly
  - MAOs access their MAO-004 reports through their Mailboxes and/or the MARx UI

# Encounter Data Filtering Logic Reference

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HPMS memo 12/22/2015:

[Final Encounter Data Diagnosis Filtering Logic](#)

HPMS memo 7/16/2021:

[Encounter Data Software Release Updates:  
Announcement of Changes to Edit 20495 and Edit 01415,  
and Update on Type of Bill 87X for Risk Adjustment](#)

*[https://www.cssoperations.com/internet/cssc3.nsf/files/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf/\\$File/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf](https://www.cssoperations.com/internet/cssc3.nsf/files/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf/$File/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf)*

*<https://www.cms.gov/httpseditcmgovresearch-statistics-data-and-systemscomputer-data-and-systemshpms-hpms-memos-archive/hpms-memos-wk-3-july-12-16>*



# Question & Answer Session

# Questions?

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- Operational Questions

Encounter Data Communications/Inquiry Inbox:

[RiskAdjustmentOperations@cms.hhs.gov](mailto:RiskAdjustmentOperations@cms.hhs.gov)

- Policy Questions

Risk Adjustment Policy Communications/Inquiry Inbox:

[RiskAdjustmentPolicy@cms.hhs.gov](mailto:RiskAdjustmentPolicy@cms.hhs.gov)