

# Transition to Full CMS Encounter Data Submission by 2012

## Frequently Asked Questions

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## **OVERVIEW**

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### **Why is CMS implementing a Full Encounter Data requirement?**

- Increased scope of encounter data collection -- more services, more data
- Increased accuracy of data – edits for standardized provider identification, codes and reference data
- Increased timeliness and completeness of encounter data submission
- Increased efficiency in the handling of supplemental data submissions
- Increased efficiency in the handling of encounter data rejects
- An encounter extraction process which has access to all required and situational-required ANSI 5010-data elements

### **Why is CMS mandating the Encounter submissions be changed to the 5010 format?**

CMS needs all encounter data to be formatted and submitted in the 5010 format in order to support their:

- Measuring of healthcare utilization in MA organizations
- Calibrating of MA-specific Risk Adjustment models
- Calculating of disproportionate share hospital payments

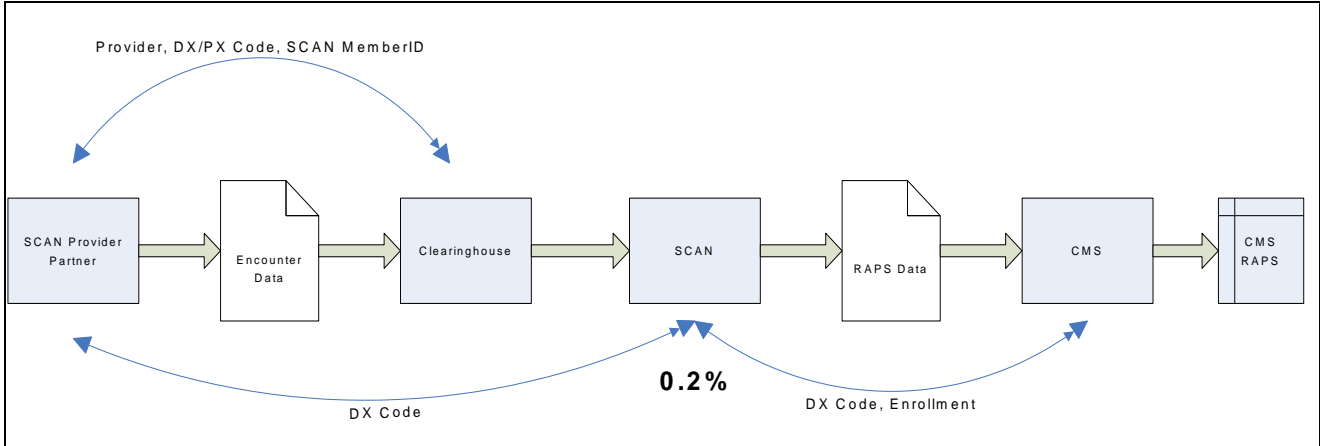
### **Why is it important for us to comply with the Full Encounter Data and 5010 requirements?**

The encounter data sent to CMS continues to drive the risk scores for your members and therefore the capitation we pay to you. In order for us to submit your encounter data to CMS, it will have to be in the 5010 format and pass all CMS edits. CMS is also requiring Health Plans to submit encounter data for **all** services provided to members, not just those previously required for RAPS. If we cannot submit your encounter data, or if it is incomplete, CMS will not be able to appropriately capture the risk scores of your members.

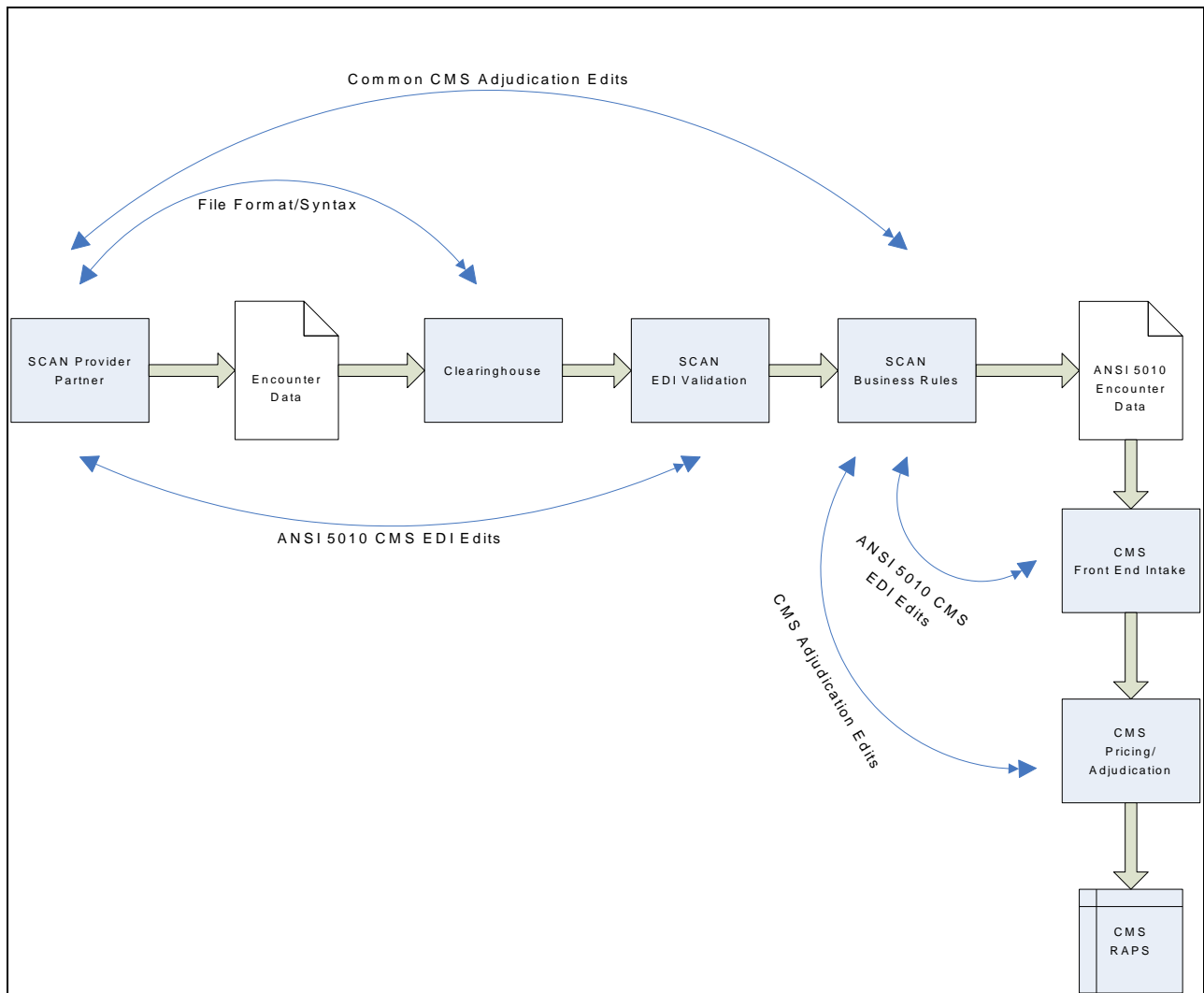
From a broader perspective, if the overall encounter data submitted is incomplete, CMS will not have an accurate picture of the range and intensity of services provided to MA members, which could lead to a reduction in reimbursement across the industry. Lastly, SCAN utilizes encounter data for other reasons such as HEDIS, 5 Star, and Medical Management purposes. Failure to submit accurate, complete data in the required format prevents us from storing and utilizing the data, which can impact member quality of care and your quality scores.

### **What is the current RAPS Encounter Data workflow?**

# Transition to Full CMS Encounter Data Submission by 2012 Frequently Asked Questions



## What is the new EDPS Data Workflow?



**TO DO**

# Transition to Full CMS Encounter Data Submission by 2012

## Frequently Asked Questions

### **Do Provider Organizations need to change any processes or formats for the encounter data we submit to your clearinghouses?**

Yes. You will need to make whatever changes are needed to match the 5010 format requirements, and you will need to prepare for handling rejects. Transition must be complete and tested to go live by January 2012.

### **Should Provider Organizations be expanding our edit system for Medicare fee-for-service members to include our Medicare Advantage members for 2012?**

If you can, this would help you reduce your rejections and the later workload associated with correcting them. This is particularly important given the shortened time limit for submission of encounter data.

### **What should Provider Organizations be doing to prepare for the Full Encounter Data transition?**

- Ask SCAN for help!
- Identify a specific individual to maintain contact and coordination with SCAN for the duration of this transition – there will be more webinars and Q&As.
- Prepare to work with SCAN on your readiness assessment.
- Assess your current technical (IT) status and transition capabilities.
- Assess workflow and resources for encounter data rejections.
- Develop a plan to accomplish the transition.
- Start now conducting chart reviews, audits, and validations in support of the 12-month timely filing rule.
- Review and update NPI and Taxonomy information in NPPES for your physicians – and keep them up to date.
- Ensure you are using valid procedure and diagnosis codes in your encounter data now and in the future.
- Ensure you are not using the invalid diagnosis code V70.0 in your encounter data now or in the future.
- Ensure you are submitting encounters on the correct forms (or electronic format. Some providers currently submit claims and encounters in the wrong format (UB-04 vs CMS-1500). For a list of claims form to use by type of service, see below: [What is the correct encounter / claim form to use for which service?](#)
- Alert and prepare all of your downstream providers of the upcoming changes.
- Develop a workflow and assign resources to handle the large increase in encounter rejections in a timely fashion.

### **What is the timeline for implementation?**

- Second and third quarter of 2011: Assess and adjust systems, file formats, and workflows
- Third and fourth quarter of 2011: Test your new formats and processes with SCAN and our clearinghouses
- 1/1/2012: Begin submitting 100% of all encounter data for all services to SCAN in 5010 format

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## **ANSI 5010**

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### **When did CMS announce the requirement to transition to the 5010 Encounter format?**

Oct 29th, 2010: CMS formally announced decision to transition to a new Encounter Data Processing System (EDPS) from the current Risk Adjustment Processing System (RAPS).

### **What are some of the required fields in the 5010 that physicians are not submitting and on which they will need education?**

# Transition to Full CMS Encounter Data Submission by 2012

## Frequently Asked Questions

There are some but not many new fields in the 5010. The field sequences are different. There are some new data segments. Some fields have been removed. There are several new fields in the Ambulance area. There is little if any difference in the Physician data area.

### **What are the pros and cons of implementing 5010 this year from an IPA/MG perspective?**

Providers may begin using the 5010's this year if their other data trading partners are ready for them. There are no "con" factors to this.

### **Where can we look to find all info coming out of CMS for these 5010 encounter data and ICD-10**

A new section in [HCC University](#) contains all info coming out of CMS on 5010 encounter data and ICD-10 – [Full Encounter Data and ICD-10](#)

MAOs can find also helpful information on HIPAA 5010 at the Washington Publishing Company (WPC) website at: <http://www.wpc-edi.com/content/view/817/1>

### **Are IPAs/Medical Groups required to go live with 5010 submission in 2011?**

No, but it is required as of January 2012 for dates of service on or after 1/1/2012.

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## **EDITS**

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### **Can you define the scope and types of validation edits (FFS edits) that are going to be used for this project?**

We don't know for sure the scope and pricing of FFS edits. We are assuming worst case scenarios. CMS will clarify this by June or July.

### **Is there any web site where we can download information about the claim validation edits? (not formatting edits)**

Web sites to download claim validation edits and links to other sites are on the [HCC University](#) website at <http://www.hccuniversity.com/article/physicianshospitals/hccuniversity/fullencounterdataicd-10/fullencounterdataicd-10.html>.

### **What does it mean that "CMS will edit for coverage"?**

CMS coverage edits are related to medical necessity -- not member eligibility. We understand that CMS's current plan is to use for encounters the same coverage requirements they use for FFS Medicare. For example, urinary catheters are medically necessary (or "covered") if the member has a diagnosis of urinary retention. They are not covered if the member's diagnosis is hypertension.

### **What is the difference between RAPS data edits and EDPS data edits?**

RAPS data is edited for: Enrollment, Duplicates, and Diagnosis Code Validity

EDPS data will edited for: All Codes, Coverage and Clinical Consistencies; Enrollment; Duplicates

### **What if a medical group can perform edits and corrections before encounters are sent to the clearinghouse**

Front end and data quality edits a medical group can perform in their system before sending encounter data to SCAN, will greatly reduce rejections from SCAN and CMS. This will reduce the volume of rejects returned to the Medical Group for remediation and of course the turnaround time for accomplishing timely encounter submissions at CMS. SCAN strongly recommends that the Medical Groups include as much CMS-acceptance-associated edits as possible during and after their transition to the 5010 format.

# Transition to Full CMS Encounter Data Submission by 2012

## Frequently Asked Questions

### **Is SCAN going to do any data scrubbing before passing our encounter data to CMS?**

Absolutely. SCAN WILL include all known CMS edits into SCAN's pre-submission edits. It is to our mutual benefit to catch and, together with our provider partners, correct encounter data before it reaches CMS systems, rather than receive and remediate a CMS reject.

### **Will SCAN run both 5010 formatting edits and FFS claim edits to clean up encounter data before submission to CMS?**

Absolutely. SCAN WILL include all known CMS edits into SCAN's pre-submission edits. It is to our mutual benefit to catch and, together with our provider partners, correct encounter data before it reaches CMS systems, rather than receive and remediate a CMS reject.

### **How will SCAN inform IPA/Medical Groups of encounter data rejects?**

SCAN will use our existing Provider Portal for advising groups and providers of rejections. The Portal will be opened up to all SCAN's capitated providers for direct remediation of encounter rejections. SCAN may also produce other reports (like the currently in-use CMS Rejection report) in an Excel format which providers can use to send corrections back to SCAN.

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## **FILING**

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### **When do we have to start submitting encounters in the 5010 format to SCAN and when does SCAN have to submit to CMS?**

CMS has set a EDPS Target Production Date of January 2nd, 2012 for all claims for dates of service beginning 01-01-2012. SCAN is still determining how we will implement this transition and if we will allow submission of older format files subsequent to the v5010 live date of 1/1/12.

### **Is the Full Encounter Data requirement driven by DOS or date submitted?**

According to CMS, the Full Encounter Data requirement is based on date of service, and will apply to all services rendered on or after 1-1-2012. SCAN is still determining how we will implement this transition and if we will allow submission of older format files subsequent to the v5010 live date of 1/1/12.

### **What is the definition of "one" encounter? One claim form? One DOS? One service?**

As of March, 2011, CMS has not provided a response to this question. We expect clarification by June or July of 2011.

### **Will we need to differentiate between a capitated claim versus a FFS claim in the 5010 file somehow?**

This is not yet completely clear. CMS may allow us to put zero dollars in an encounter indicating that it was for a capitated service. SCAN may make this differentiation on your data as part of the data scrubbing / preparation for transmission to CMS. SCAN will pass on more information as received from CMS.

### **Has the window for timely filing rule changed?**

Yes, MA Organizations need to submit data within **13 months** of the date of service.

This is consistent with the Patient Protection and Affordable Care Act § 6404. <http://thomas.loc.gov/cgi-bin/query/F?c111:7:./temp/~c111Mtknai:e2077346>

This is also consistent with current Data Collection Rules for Risk Adjustment, 42 CFR 422.310(g). [http://edocket.access.gpo.gov/cfr\\_2005/octqtr/42cfr422.310.htm](http://edocket.access.gpo.gov/cfr_2005/octqtr/42cfr422.310.htm)

### **When will CMS begin enforcing the one-year timely filing window?**

# Transition to Full CMS Encounter Data Submission by 2012

## Frequently Asked Questions

It is our understanding they have started enforcing the 12 month rule already. CMS will probably NOT waive this window for MA encounters. Some FFS claims have 6 additional months, but it is unknown whether that will continue.

### **Does the Claim Timely Filing Rule (12 months from DOS) apply to both monthly and sweep encounter data submissions ?**

Both. However sweep dates may change.

### **Does this timely filing rule requirement apply to Chart Review Data as well?**

Yes. We don't know HOW supplemental data will go in, but there will be a way. Note that all supplemental data must be associated w/ an already-submitted encounter.

### **Will the 12 month submission requirement apply to chart review and adjustment data?**

As of March, 2011, CMS has not provided a response to this question. We expect clarification by June or July of 2011.

### **What is the difference between RAPS data requirements and EDPS data requirements?**

RAPS Data requires:

- HIC Number
- Diagnosis Codes
- From Date of Service
- Through Date of Service
- Provider Type

EDPS Data requires all data elements from the HIPAA version ANSI v5010 format.

### **What will happen to the RAPS data submissions after January 2, 2012**

RAPS data submission will continue side-by-side during the transition phase to the EDMS system. SCAN will pull RAPS data elements from the full encounter data you are submitting.

### **Has SCAN investigated whether your clearinghouses will be able to meet the CMS requirements for Full Encounter Data by 2012?**

SCAN has talked to both Office Ally and DDD and they plan to be ready

### **How will supplemental (add-on) Encounter Data be added?**

As of March, 2011, CMS has not provided a response to this question. We expect clarification by June or July of 2011.

### **Will there be an abbreviated data set for adjustment data?**

As of March, 2011, CMS has not provided a response to this question. We expect clarification by June or July of 2011.

### **What is CMS's logic for dups in the 5010? in Full Encounter submissions?**

CMS published in their recent EDPS and ICD-10 FAQ document that they will use the following fields to identify duplicate encounters:

- Beneficiary Demographics (HICN, Name)

## Transition to Full CMS Encounter Data Submission by 2012 Frequently Asked Questions

- Date of Service
- Place of Service or Uniform Type of Bill (Type of Service)
- NPI (Rendering Provider)
- Procedure Code(s)
- Diagnosis Code(s)
- Billed Amount (Claim Total)
- CAP Prescription Number

True duplicates will reject. However, we will still need to send multiple versions of the encounter in order to get more than 12 diagnosis codes for a professional encounter or 25 for an institutional encounter. E.g., if two encounters match on all of the above EXCEPT diagnosis codes, the encounter will not be considered a duplicate but an addendum to the existing encounter and will NOT be rejected as a duplicate.

### Are non-Medicare covered MA services part of this collection?

Yes. Medicare Advantage plans must submit encounters for all services they provide including those which are NOT Medicare-covered services.

### What is the correct Claim / Encounter form to use for which service?

Use Form CMS 1500 – 837 P	Use Form UB 04 – 837 I
Ambulance (independent)	Ambulance (hospital based)
Ambulatory Blood Pressure Monitoring (physician/DME supplier billed)	Ambulatory Blood Pressure Monitoring (Hospital Billed)
Clinical Laboratories	Comprehensive Outpatient Rehabilitation Facilities
DME suppliers	Critical Access Hospitals
Free Standing Ambulatory Surgery Centers	Dialysis facilities
Home Dialysis (Method II)	Federally Qualified Health Centers
Home Health Agency dispensed DME	Home Health Agencies (even for DME, when submitted from the Home Health Agency)
Home INR/Prothrombin Time testing ( Physician /DME Supplier billed)	Home INR/Prothrombin Time testing (CAH or Hospital Billed)
Independent Diagnostic Testing Facilities	Hospital Based Ambulatory Surgery Centers
Independent Dialysis Facilities	Hospital Based dialysis facilities
Independently practicing Occupational Therapists	Hospitals
Independently practicing Physical Therapists	Institutional hospice services
Independently practicing Speech-Language Therapists	Outpatient Rehabilitation Facilities
Marriage and Family Therapists (not a Medicare covered provider)	Outpatient SNF
Mid level practitioners (Nurse Practitioner, Physician Assistant)	Part B facility services from CORFs
Non-institutional hospice services	Part B facility services from Federally Qualified Health Centers
Oral (part B) drugs billed by pharmacies	Part B facility services from Outpatient Physical Therapy Centers
Other Rehabilitation Facilities	Part B facility services from Religious Nonmedical Institutions
Parenteral and Enteral Nutrition supplies	Part B facility services from Renal Dialysis Facilities
Physicians (MD/DO/DC/DPM/OD/PhD/LCSW)	Part B facility services from Rural Health Clinics
Portable EKG Suppliers	Part B for Services Furnished by Suppliers of Services to Patients of a Provider (hospital based physicians)
Portable X Ray Suppliers	Rural Health Facilities

# Transition to Full CMS Encounter Data Submission by 2012 Frequently Asked Questions

Use Form CMS 1500 – 837 P	Use Form UB 04 – 837 I
Prosthetics and Orthotics suppliers	Skilled Nursing Facilities
Technical services/components associated with professional services/components performed by independent RHCs or FQHCs	

## OPEN QUESTIONS

### What questions are still unanswered by CMS?

As of March, 2011, CMS is getting back to us on the following questions:

- What will be the abbreviated data set for supplemental / additional data?
- What is the technical definition of “one encounter”? One claim form? One DOS? One service?
- How will supplemental (add-on) Encounter Data be added?
- What are the scope and types of validation edits (FFS edits) CMS is going to use?
- How will encounter data indicate that it is for a capitated service?
- Will the 12-month submission requirement apply to chart review and adjustment data?

## HELP

### Is SCAN reviewing 2011 data now to ensure our encounters are processing within the 12-month timely filing rule?

SCAN will be reviewing current encounter and claims data to ensure compliance with the 12-month timely filing rule.

### How is SCAN assisting Provider Organizations in this transition?

SCAN is:

- Developing a readiness assessment tool and consulting program to help you independently determine your current status and needs
- Preparing a CMS Full Encounter Data-specific SCAN email address to allow dialogue with Provider Partners on specific questions
- Preparing to publish answers to specific questions which may be helpful to all SCAN providers via FAQ's
- Publishing industry-wide CMS Full Encounter data updates and information to [HCC University](#)
- Working with our clearinghouses to put together planning and tracking for all Provider Partner implementations of CMS Full Encounter Data

### Is there someone we can contact at SCAN right now regarding this transition?

Marc Carren ([mcarren@scanhealthplan.com](mailto:mcarren@scanhealthplan.com)) and Stacey Hernandez ([shernandez@scanhealthplan.com](mailto:shernandez@scanhealthplan.com)) are here to assist you.

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