

Industry Update

October 27, 2011



Agenda

- Introduction
- Session Guidelines
- EDFES Certification
- EDFES Testing Results
- Updates
 - File Submission
 - CAS Segment
 - Paper Claims Status
 - PC Ace Pro32
 - Atypical Providers
 - Duplicate Logic
- Tips for using 5010 Institutional and Professional Edits Spreadsheet
- Preview of EDPS Transactional Reports
- Outreach Activities
- Question and Answer Session



Industry Update

Introduction

- The purpose of this session is to provide Medicare Advantage Organizations (MAOs) and other entities with information on policy and operational guidance in order to promote capabilities and preparations for continued testing and implementation of the Encounter Data System (EDS) by January 2012.

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)
 - Private Fee-for-Service Plans (PFFS)
 - Religious Fraternal Benefit Plans (RFBs)
 - Provider Sponsored Organizations (PSO)



Session Guidelines

- This is a two (2) hour Encounter Data Industry Update for MAOs and other entities.
- Time has been allotted at the end of the call for questions and answers.

EDFES Certification Compliance

Encounter Data

Update

Industry

Thursday, October 27, 2011

1:00 P.M. – 3:00 P.M., ET

EDFES		
TASK	ESTIMATED START DATE	ESTIMATED END DATE
MAOs and other entities submit Front-End Test Data	6-Sept-11	3-Jan-12
Encounter Data Processing System Test Case Preparation, Reports Layouts, and Education	03-Nov-11	23-Nov-11
EDFES Certification Notification Letter		01-Dec-11
EDFES Technical Compliance Alert		04-Jan-12



Industry Update



EDFES Testing Results

Encounter Data

Industry

Update

Wednesday, October 27, 2011

1:00 P.M. – 3:00 P.M., ET



Front-End Testing

- CEM edits have caused MAOs and other entities' files to reject and the Encounter Data Front-End System (EDFES) has corrected the problem.
- MAOs and other entities can still submit test files to the front-end.
- CMS has extended the EDFES and Encounter Data Processing System (EDPS) testing dates to the EDS implementation date of January 3, 2012.



Measure of Success in EDFES Testing

- An MAO or other entity has completed testing if the file passes CEM with no errors.
- If a file is received with errors, the errors must be corrected before the plan is considered as having passed the testing process.

Sample Successful Front-End Test Notification

Based on the following results from the Encounter Data Front End System (EDFES), we are happy to inform you that you have passed Encounter Data Front End Testing. CMS will notify you when test case scenarios are available in order to advance to the next phase of the EDS Testing process.

Submitter ID: ENH9999

Submitter Name: Your Health Plan

837I Volume Test - 100%

Volume Test - File ID: YourHealthPlan Cert101

Date: 11/11/2011

837P Volume Test - 100%

Volume Test - File ID: YourHealthPlan Cert101

Date: 11/13/2011

In the event you have any questions with this notification, please contact CSSC Operations at 1-877-534-2772 or csscoperations@palmettogba.com.

Thank you,

CSSCOperations

Phone: 1-877-534-2772

Fax: 1-803-935-0171

<http://www.PalmettoGBA.com/disclaimer>

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Testing Results

- 242 MAOs and other entities are currently enrolled to submit Encounter Data
- 145 out of 242 submitters have submitted test files
- 5 out of 145 submitters professional and institutional files successfully processed through the translator and CEM
- Submitters will receive a 999P if at least 1 ST/SE segment has an error

Updates



Program Updates

- The following program updates will be discussed regarding EDS:
 - File Size Submission
 - CAS Segment
 - Paper Claims Status
 - PC Ace Pro32
 - Defaults for Atypical Providers
 - Duplicate Logic

File Submission

- NDM and FTP submitters can send up to 85,000 encounters per file. This file should contain no more than 5,000 encounters per ST-SE and no more than 17 ST-SE segments per file.
- Gentran users cannot exceed 5,000 encounters per file.

File Submission *(cont.)*

- It is recommended that FTP submitters' scripts should not upload more than one (1) file per five (5) minute interval to allow maximum performance. Files that are zipped should contain one (1) file per transmission.
- MAOs and other entities should refrain from submitting multiple files within the same transmission.

File Submission *(cont.)*

- Every line (record) in a file must be uploaded as 80 bytes/characters long. NDM/Connect:Direct and Gentran submitters must use this approach.

EDS Repurposing of Adjustment Values

LOOP	DATA ELEMENT	VALUE	X12 5010 STANDARD	EDS USAGE
2320	CAS01	CR	Correction and Reversals	Correction
2320	CAS01	OA	Other Adjustment	Deletion

Deletion

- Loop 2320, segment CAS, data element CAS01 = OA (Deletion) allows for the deletion of previously submitted encounter data.
- A claim adjustment group code value, “OA,” is submitted to delete an entire claim.

Correction

- Loop 2320, segment CAS, data element CAS01 = CR (Correction) overwrites the submitted encounter and replaces previously submitted data.
- The claim adjustment value, “CR,” within the CAS segment can only be used within 2300 level loop.
- Line level corrections (at the 2400 level loop) cannot be processed for encounter data purposes.

Repurposing of CAS Segment

- In addition to the repurposing of CAS segments, two edits that would have impacted the balancing of the claims will be deactivated.
- Medicare Fee-For-Service (FFS) deactivated the following edits for Professional and Institutional claims, which will also be deactivated for encounter data:
 - **222.157.2300.CLM02.030 – Professional**
 - **CSC 693:** “Amount must be greater than or equal to zero”
 - **CSC 178:** “Submitted Charges”
 - **X223.143.2300.CLM02.030 – Institutional**
 - **X222.157.2300.CLM02.080 – Professional**
 - **CSC 400:** “Claim is out of Balance”
 - **CSC 672:** “Payer’s payment information is out of balance”

Submission of Paper Claims Data

- CMS is currently analyzing the minimum data elements that will be required for the submission of paper claims in an electronic format.
- Further operational guidance will be announced to the industry by November 19, 2011.

PC Ace Pro32

- PC Ace Pro32 software is a Windows –based software product used for the creation of health care claim files in the HIPAA compliant format for electronic transmission to Medicare Part A and Part B.
- The software accepts manually entered claim data required to convert paper claims into 5010 Electronic Media claim files for processing.
- The PC Ace Pro32 software package is currently being modified for Encounter Data. Additional information will be provided at a later date on when the software will be available.

PC Ace Pro32 – Features

- PC Ace Pro32 allows you to enter Patients, Payers, Providers, Submitters, Facilities, and Physicians into reference files.
- As a claim is being entered these Entities can be selected using a single piece of information, and all necessary information about that Entity will be pulled into the claim.
- There are drop down list boxes for many of the fields. This allows you to select the data more quickly and accurately.
- These features reduce the amount of information that has to be keyed for each claim.

PC Ace Pro32 – Limitations

- PC Ace Pro32 will only create files for Electronic Media Claims (EMC) for Medicare Parts A and B.
- If all major data element are not present complete claims cannot be created and transmitted.
- PC Ace Pro32 performs limited editing to ensure all necessary information has been provided so a well formatted 5010 EMC file can be created. These edits do not check for complete accuracy of content or data relationship. These edits are only preliminary in nature.

Atypical Provider Types

- MAOs and other entities will use default values as a placeholder for those atypical provider types without an NPI or diagnosis codes.
- Diagnoses captured from atypical providers will be stored but not used for risk adjustment calculation.

Atypical Provider Types *(cont.)*

- The following are some examples of types of atypical providers:
 - Adult Companion
 - Adult foster care
 - Driver
 - Funeral Director
 - Home delivered meals
 - Non-emergency transportation providers
 - Personal care attendants
 - Supportive living provider

Atypical Provider Types *(cont.)*

- To submit encounter data from atypical providers, MAOs and other entities must use:
 - Default NPI
 - Payer ID 80881 (Institutional) - 1999999976
 - Payer ID 80882 (Professional) - 1999999984
 - Payer ID 80887 (DME) – 1999999992
 - Default Diagnosis Codes = 78099 (Other General Symptoms)

Duplicate Logic

- The following duplicate logic has been determined for the EDPS:

ENCOUNTER DATA DUPLICATE LOGIC	
Institutional (837-I)	Professional (837-P)
Beneficiary Demographic: <ul style="list-style-type: none"> HICN Name 	Beneficiary Demographic: <ul style="list-style-type: none"> HICN Name
Date of Service (DOS)	Date of Service (DOS)
Type of Bill (TOB)	Place of Service (POS)
	Type of Service
Procedure Code(s)	Procedure Code(s) (and 4 modifiers)
Billing Provider NPI	Rendering Provider NPI
Paid Amount	Paid Amount

- Duplicate checks occur in the EDFES based on the HASH totals.



Tips for Using 5010 Institutional and Professional Edits Spreadsheet

Thursday, October 27, 2011

1:00 P.M. – 3:00 P.M., ET

CEM Edits Spreadsheet

- There are several CEM Edits Spreadsheet releases available at http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp.
- MAOs and other entities should ensure use of the correct version when programming their systems.
- CEM Edits Spreadsheet has a unique naming convention. This is described in the “Read Me” file.

Naming Convention

- The version for the 837-P and 837-I edit spreadsheet is contained in cell A1. The version is a 10 byte identifier broken down as follows:
 - Positions 1-2 indicates the line of business
EA - Part A
EB – Part B
 - Positions 3-6 indicates the year (e.g., 2011)
 - Position 7 indicates the release quarter month
 - 1 – January release
 - 2 – April release
 - 3 – July release
 - 4 – October release
 - Positions 8-10 indicates spreadsheet version iteration number (e.g., V01 (first iteration), V03 (third iteration), etc.)

Naming Convention *(cont.)*

The screenshot shows a Windows Explorer window titled "837landPeditSpreadsheets[1].zip". The address bar shows the path: C:\Documents and Settings\tiffanyv\Local Settings\Temporary Internet Files\Content.IE5\CQB3A6KP\837landPeditSpreadsheets[1].zip. The left sidebar shows "Folder Tasks" with "Extract all files" and "Other Places" including "CQB3A6KP", "My Documents", and "My Network Places". The main pane displays a list of files:

Name	Type	Pack...	Has a...	Size	Ratio	Date
1-READ ME.doc	Microsoft Office Word 97 - 2003 Document	7 KB	No	23 KB	74%	4/28/2011 10:39 AM
EA20111V02.xls	Microsoft Office Excel 97-2003 Worksheet	385 KB	No	1,687 KB	78%	8/23/2010 3:59 PM
EA20112V04.xls	Microsoft Office Excel 97-2003 Worksheet	350 KB	No	1,552 KB	78%	11/8/2010 6:36 PM
EA20113V02 - Current.xls	Microsoft Office Excel 97-2003 Worksheet	346 KB	No	1,539 KB	78%	1/11/2011 3:51 PM
EA20114V01.xls	Microsoft Office Excel 97-2003 Worksheet	385 KB	No	1,746 KB	78%	5/31/2011 11:22 AM
EB20111V01.xls	Microsoft Office Excel 97-2003 Worksheet	405 KB	No	1,778 KB	78%	8/23/2010 3:58 PM
EB20112V04.xls	Microsoft Office Excel 97-2003 Worksheet	415 KB	No	1,809 KB	78%	11/16/2010 9:07 AM
EB20113V02 - Current.xls	Microsoft Office Excel 97-2003 Worksheet	408 KB	No	1,787 KB	78%	1/11/2011 3:27 PM
EB20114V01.xls	Microsoft Office Excel 97-2003 Worksheet	438 KB	No	1,886 KB	77%	6/22/2011 9:23 AM

CEM Edits 837-P Example

Encounter Data

Industry Update

Thursday, October 27, 2011

1:00 P.M. – 3:00 P.M., ET

J3393														
A	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Version EB20114V0 If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the Technical Documentation web page, from which these documents were downloaded.													
2	http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp#TopOfPage													
3	The Data Interchange Standards Association(DISA) holds a copyright on this document (© 2009, Data Interchange Standards Association on behalf of ASC X12. Format (c) 2009, http://store.x12.org/)													
4	Edit Reference	Segment or Element	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	5010A1 Values	TA1/999/277CA	Accept/Reject	Disposition / Error Code	Proposed 5010A1 Edits Part B	Proposed 5010A1 Edits CEDI
3386	X222.465.2420F.NM107.020	NM107								999	E	IK403 = 5: "Data Element Too Long"	2420F.NM107 must be 1 - 10 characters.	2420F.NM107 must be 1 - 10 characters.
3387	X222.465.2420F.NM107.030	NM107								277	T	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 125: "Entity's Name" EIC: DN "Referring Provider"		
3388	X222.465.2420F.NM107.040	NM107								999	R	IK403 = 6: "Invalid Character in Data Element"	2420F.NM107 must be populated with accepted AN characters.	2420F.NM107 must be populated with accepted AN characters.
3389	X222.465.2420F.NM107.050 Edit Deactivated													
3390	X222.465.2420F.NM108.010	NM108	Identification Code Qualifier	ID	1-2	S			XX	277	C	CSCC A8: "Acknowledgement / Rejected for relational field in error." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DN "Referring Provider"	2420F.NM108 must not be present when 2300.REF with REF01 = "P4" and REF02 is a valid VA Identifier".	
	X222.465.2420F.NM108.020	NM108								277	C	CSCC A6: "Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider"	2420F.NM108 must be present.	2420F.NM108 must be present.

837-P



Industry Update



CEM Edits 837-I Example

M7													
	A	H	I	J	K	L	M	N	O	P	Q	R	S
1	Version EA20114V01												
2	If alternative formats of the 5010 Edits spreadsheet are required, please use the "Submit Feedback" feature at the bottom of the Technical Documentation web page, from which these documents were downloaded. http://www.cms.gov/MF5010D0/20_TechnicalDocumentation.asp												
3	The Data Interchange Standards Association(DISA) holds a copyright on the TR3 documents: Copyright (c) 2009, Data Interchange Standards Association on behalf ASC X12. Format (c) 2009, http://store.x12.org/												
4	837I Edit Reference	Segment or Element	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	5010 Values	TA1/999/277	Accept/Reject	Disposition / Error Code	Proposed 5010 Edits
667	X223.143.2300.CLM01.050	CLM01								999	R	IK403 = 6: "Invalid Character in Data Element"	2300.CLM01 must be populated with acceptable characters.
668	X223.143.2300.CLM01.060 edit deactivated												
669	X223.143.2300.CLM02.010	CLM02	Total Claim Charge Amount	R	1-18	R				999	R	IK403 = 1: "Required Data Element Missing"	2300.CLM02 must be present.
670	X223.143.2300.CLM02.020	CLM02								999	R	IK403 = 6: "Invalid Character in Data Element"	2300.CLM02 must be numeric.
671	X223.143.2300.CLM02.030 edit deactivated												
672	X223.143.2300.CLM02.040	CLM02								999	E	IK403 = 5: "Data Element Too Long"	2300.CLM02 must be >= 0 and <= 99,999,999
673	X223.143.2300.CLM02.050	CLM02								277	T	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 512: "Length invalid for receiver's application system" CSC 178: "Submitted Charges"	
674	X223.143.2300.CLM02.060	CLM02								277	T	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 697: "Too many decimal positions" CSC 178: "Submitted Charges"	2300.CLM02 is limited to 0, 1 or 2 decimal positions.
675	X223.143.2300.CLM02.070	CLM02								277	C	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 400: "Claim is out of balance" CSC 178: "Submitted Charges"	2300.CLM02 must equal the sum of all 2400.SV203 amounts.

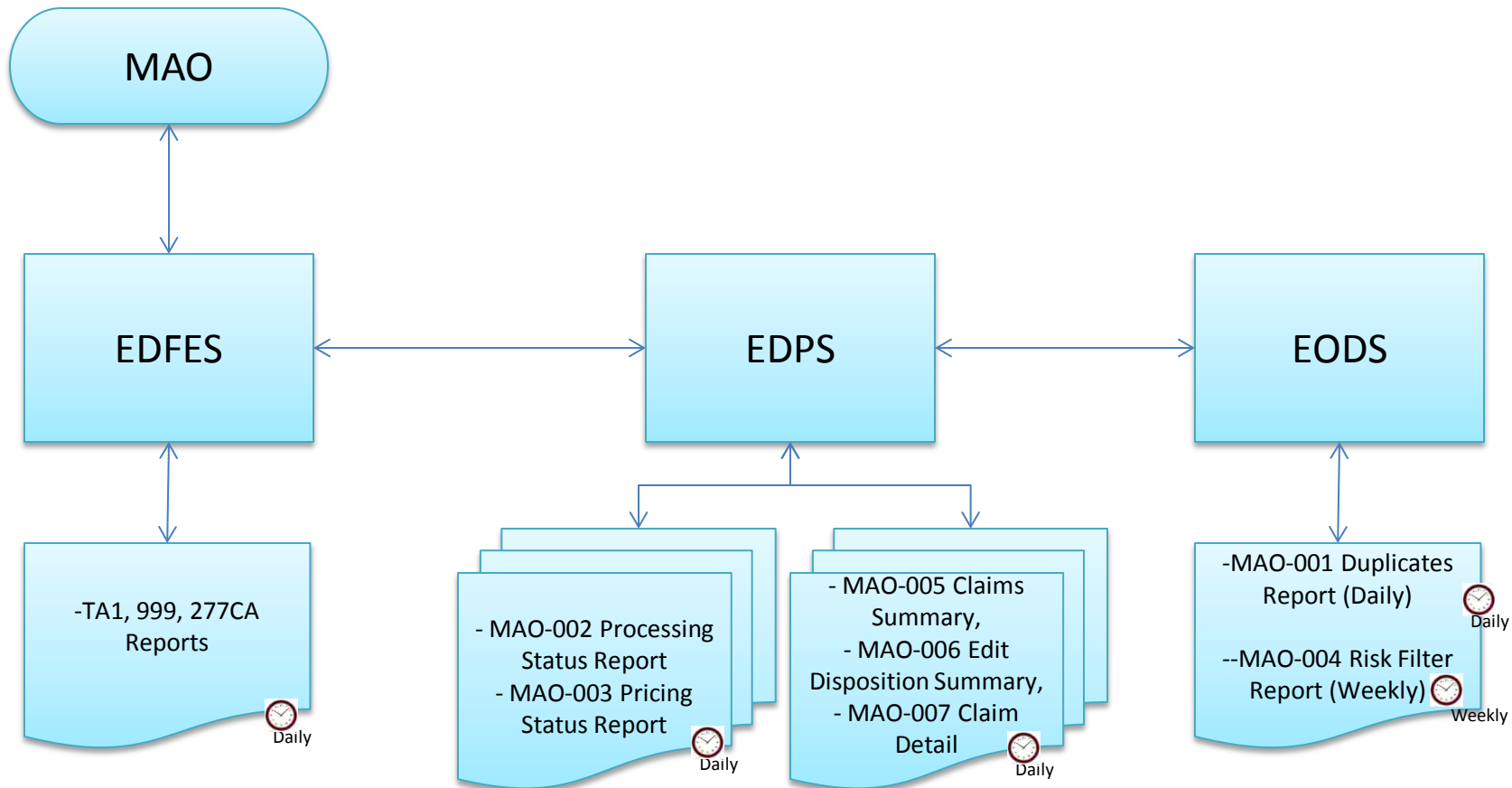


Preview of EDPS Transaction Reports

Thursday, October 27, 2011

1:00 P.M. – 3:00 P.M., ET

EDPS Reports



Encounter Data

Industry Update

Thursday, October 27, 2011

1:00 P.M. – 3:00 P.M., ET



Industry Update



Reports Development

- Analysis of Medicare FFS, Risk Adjustment Processing System (RAPS), and Medicaid reports has led to the development of EDPS Transactional Reports that MAOs and other entities can expect to receive from the EDPS.
- The following seven (7) reports are a preliminary view of customized reports for EDPS.
- Reports will be provided in flat file and report layout formats.

EDPS Transactional Reports

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
MAO-001	Encounter Data Duplicates Report	Identifies and displays ICNs based on duplicate key data fields on the encounters level	Daily
MAO-002	Encounter Data Processing Status Report	Provides the status of submissions during the adjudication process at various levels of validation	Daily
MAO-003	Encounter Data Pricing Status Report	Identifies the status of submissions during pricing	Daily
MAO-004	Encounter Data Risk Adjustment Filter Report	Identifies diagnoses that are accepted and are those identified for risk score calculation	Weekly

EDPS Transactional Reports *(cont.)*

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
MAO-005	Encounters Summary Report	Identifies the number of encounters accepted and rejected for encounter data purposes per transaction	Daily
MAO-006	Edit Disposition Summary Report	Identifies the error codes and a count of the errors associated with an encounter	Daily
MAO-007	Encounter Detail Report	Displays the encounter level information submitted and details for each encounter associated with the reject	Daily

Encounter Data Duplicates Report

Encounter Data Duplicates
Medicare Advantage Contract ID

Report ID:
MAO-001

Report Date: 09/20/2011

Record Type	Plan ID (CCN)	Encounter ICN Submitted	Duplicate Plan Encounter ID (CCN)	Duplicate Encounter ICN	Beneficiary HICN	Beneficiary Name	Date of Service	Type of Bill/ Piece of Service	TOS	Procedure Code	Billing/Rendering Provider NPI	Paid Amount
837I	231181789	2509061589013	22186298	2009051613110	567186299	Merriwether Wizard	08/15/2010	111		99200	1164593000	3000.56
837I	231181789	2509061589013	22186298	2009051613110	567186299	Merriwether Wizard	08/15/2010	111		99201	1164593000	1500.34
837P	541917476	33147688910234	564829589	2009048929800	225154234	Tristan Ludlow	11/08/2010	09	19	M0801	1851573141	800.00

Totals
 Total Number of Duplicate Encounter Records Rejected 3
 Total Number of Encounter Records Accepted 50
 Overall Percentage of Duplicate Encounters Within The Transaction 6.00%

Plan ID –
is the MAO internal claim control number that is submitted and displayed here for tracking purposes.

Procedure Code –
The procedure code for Professional encounters includes 4 modifiers.

Encounter Data Processing Status Report

Encounter Data Processing Status Report Medicare Advantage Contract ID

Report ID:
MAO-002

Report Date: 09/20/2011
Transaction Date: 09/13/2011

Record Type	Plan Encounter ID (CCN)	Encounter ICN	Encounter Status	Error Code	Error Description
837I	231181789	2509061539013	Rejected	095	INVALID DIALYSIS DIAGNOSIS CODE.
837I	231181789	5509009092011	Rejected	032	PROCEDURE IS NOT FOUND ON PROCEDURE FILE.
837P	541917476	2509061539014	Accepted	-	No errors found.

Totals
Total Number of Processing Errors 2
Total Number of Encounter Records Accepted 1

Encounter Status –
The encounter status will display all statuses for encounters, “Rejected” or “Accepted”.

Encounter Data Pricing Status Report

Encounter Data

Encounter Data Pricing Status Report Medicare Advantage Contract ID

Report ID:
MAO-003

Report Date: 09/20/2011
Transaction: 09/13/2011

Record Type	Plan Encounter ID (CCN)	Encounter ICN	Date of Service	Pricer	Error Description
837I	231181789	2509061539013	10/1/2009	IPPS	31680 - BLOOD TOTAL CHARGE AMOUNT IS NOT EQUAL TO BLOOD UNIT RATE TIMES BLOOD UNIT COUNT
837I	231181789	5509009092011	10/1/2010	IRF PPS	32281 - THE PROVIDER SPECIFIC (PPSH) RECORD ON FILE WITH CODE = C REQUIRES MANUAL PRICING FOR AN INPATIENT REHABILITATION FACILITY (IRF) PPS
837P	541917476	2509061539014	10/1/2008	MPFS	017D - LESS THAN 3 YEARS OF PRICING EXIST FOR A PROCEDURE AND THE DATE OF SERVICE IS PRIOR TO THE OLDEST PRICING PERIOD'S EFFECTIVE DATE.
Totals					
Total Number of Pricing Rejections			3		
Total Number of Encounter Records Accepted			50		

Update

Industry

Thursday, October 27, 2011

1:00 P.M. – 3:00 P.M., ET



Industry Update



Encounter Data Risk Filter Report

Encounter Data Risk Filter Report Medicare Advantage Contract ID

Report ID:
MAO-004

Report Date: 09/20/2011

Record Type	Plan Encounter ID (CCN)	Encounter ICN	Transaction Date	Date of Service	Diagnosis Code	Diagnosis Description
837I	231181789	2509061539013	3/20/2011		221	Pulmonary anthrax
837P	541917475	2509061539014	6/12/2011	2/10/2009	27701	Cystic fibrosis w ileus
			6/12/2011	2/10/2009	4918	NEC
Totals						
Total Number of Encounters Finalized					2	
Total Number of Diagnoses Eligible For Risk Score Calculation					3	

Diagnosis Code –
This field will display all a list of all diagnoses accepted for risk adjustment.



Encounters Summary Report

Encounter Data

Encounters Summary

Report ID:
MAO-005

Medicare Advantage Contract ID

Report Date: 4/18/2011

Record Type	Encounter POS	Encounter POS Description	Number of encounter records accepted	Number of encounter records rejected	Percentage of Rejected Encounters
837I	01	Inpatient Acute	100	1	1.00%
	02	Inpatient Psych	10	0	0.00%
	03	LTC	18	0	0.00%
	04	SNF	20	2	10.00%
	05	Outpatient	1,000	2	0.20%
	06	Ambulatory Surgery Center (ASC)	25	0	0.00%
	07	Renal Dialysis	10	1	10.00%
	08	Home Health Outpatient	50	3	6.00%
	09	Hospice	3	0	0.00%
837P	10	Professional	2,500	0	0.00%
	11	DME	75	0	0.00%
	12	Transportation	2	0	0.00%
Totals			3,823	9	1.94%

Update

Industry

Thursday, October 27, 2011

1:00 P.M. – 3:00 P.M., ET

Encounter Data Edit Disposition Report

Edit Disposition Summary Medicare Advantage Contract ID

Report ID:
MAO-006

Report Date: 4/18/2011

Record Type	Report ID	Encounter POS	Error Code	Error Code Description	Number of encounter records with the error code
837I		01	38001	INPATIENT CLAIM WITH EQUAL OR OVERLAPPING DATES	1
837I		02		<i>since there are no errors in this example, this claim type would not be included in this report</i>	
837I		03		<i>since there are no errors in this example, this claim type would not be included in this report</i>	
837I		04	39520	SNF BENEFITS PARTIALLY EXHAUSED	2
837I		05	37501	PROVIDER NOT ON THE PROVIDER FILE	2
837I		06		<i>since there are no errors in this example, this claim type would not be included in this report</i>	
837I		07	31694	ESRD LAB TOTAL CHARGE AMOUNT IS NOT NUMERIC	1
837I		08	37507	HOME HEALTH OUTPATIENT RATE IS EQUAL TO ZERO	3
837I		09		<i>since there are no errors in this example, this claim type would not be included in this report</i>	
837P		10		<i>since there are no errors in this example, this claim type would not be included in this report</i>	
837P		11		<i>since there are no errors in this example, this claim type would not be included in this report</i>	
837P		12		<i>since there are no errors in this example, this claim type would not be included in this report</i>	
837P		13		<i>since there are no errors in this example, this claim type would not be included in this report</i>	
Total Number of Encounter records rejected					9

Encounter Data Detail Report

Encounter Detail
Medicare Advantage Contract ID

Report ID:
MAO-007

Report Date: 4/18/2011

Encounter POS	Detail Line Number	Encounter ICN	Medical Record Number	Patient Control Number	Line Control Number	Error Code 1	Error Code 2 (if necessary)	Error Code 3	Error Code 4	Error Code 5	Error Code 6	Error Code 7	Error Code 8
01	1	440922011E00167085		1234	BC15x0832011005031	38001							
02	<i>since no errors, not included in report</i>												
03	<i>since no errors, not included in report</i>												
04	0	440922011E00167086		4589	BC15x0832011005058	39620							
04	0	440922011E00167095		2589	BC15x0832011005066	39620							
06	0	440922011E00167122		3799	BC15x0832011005088	37501							
06	0	440922011E00167123		J988kk	BC15x0832011005160	37501							
06	<i>since no errors, not included in report</i>												
07	2	440922011E00167124		G50899	BC15x0832011005145	31681	31694						
08	3	440922011E00167136		1597	BC15x0832011005445	37507							
08	2	440922011E00167145		1387	BC15x0832011005040	37507							
08	1	440922011E00167147		6696	BC15x0832011005002	37507							
09	<i>since no errors, not included in report</i>												
10	<i>since no errors, not included in report</i>												
11	<i>since no errors, not included in report</i>												
12	<i>since no errors, not included in report</i>												
13	<i>since no errors, not included in report</i>												
14	<i>since no errors, not included in report</i>												

Total Lines in File: 9
Total Encounter Records: 9

Encounter Data Detail Report *(cont.)*

Encounter Detail
Medicare Advantage Contract ID

Report ID:
MAO-007

Report Date: 4/18/2011

Encounter POS	Detail Line Number	Encounter (CN)	Error Code 9 (if necessary)	Error Code 10	DOS From	DOS Through	Medicare Recipient ID	Provider Billed Charges	Procedure Code	Provider Units	Billed	Medicare Payment	NDC	Therapeutic Rx refill code Class
01	1	440922011E00167085			20110203	20110304	112345678	48578.89			31	0		
02	<i>since no errors, not included in report</i>													
03	<i>since no errors, not included in report</i>													
04	0	440922011E00167088			20110101	20110130	234189999	2900			29	0		
04	0	440922011E00167095			20110204	20110228	156615999	2400			24	0		
05	0	440922011E00167122			20110215	20110215	112346908	550		450	1	0		
05	0	440922011E00167123			20110227	20110227	112389905	150		99263	1	0		
06	<i>since no errors, not included in report</i>													
07	2	440922011E00167124			20110201	20110201	112346959	1100			5	0		
08	3	440922011E00167136			20110115	20110115	112348888	350	G0154		7	0		
08	2	440922011E00167145			20110126	20110126	234190001	340	G0153		7	0		
08	1	440922011E00167147			20110214	20110214	156616808	50	G0152		1	0		
09	<i>since no errors, not included in report</i>													
10	<i>since no errors, not included in report</i>													
11	<i>since no errors, not included in report</i>													
12	<i>since no errors, not included in report</i>													
13	<i>since no errors, not included in report</i>													
14	<i>since no errors, not included in report</i>													

Total Lines in File: 9
Total Encounter Records: 9

Industry Update

Thursday, October 27, 2011
1:00 P.M. – 3:00 P.M., ET



Industry Update



Encounter Data Detail Report *(cont.)*

Encounter Detail
Medicare Advantage Contract ID

Report ID:
MAO-007

Report Date: 4/18/2011

Encounter POS	Detail Line Number	Encounter ICN	Diagnosis Code	Admit Date	Discharge Date	Servicing Provider Specialty
01	1	440922011E00167065	4149	20110203	20110311	Acute IP
02	<i>since no errors, not included in report</i>					
03	<i>since no errors, not included in report</i>					
04	0	440922011E00167065	042	2011010		SNF
04	0	440922011E00167065	3429	20110204		SNF
05	0	440922011E00167122	82391			General Hospital
05	0	440922011E00167123	4280			General Hospital
06	<i>since no errors, not included in report</i>					
07	2	440922011E00167124	462			ESRD
08	3	440922011E00167136	2303			HH
08	2	440922011E00167145	1911			HH
08	1	440922011E00167147	3419			HH
09	<i>since no errors, not included in report</i>					
10	<i>since no errors, not included in report</i>					
11	<i>since no errors, not included in report</i>					
12	<i>since no errors, not included in report</i>					
13	<i>since no errors, not included in report</i>					
14	<i>since no errors, not included in report</i>					

Total Lines in File: 9
Total Encounter Records: 9

Encounter Data Industry Outreach

Encounter Data

Industry

Update

Thursday, October 27, 2011

1:00 P.M. – 3:00 P.M., ET

Register for Outreach

- To register for Encounter Data Industry Outreach, please visit <http://www.tarsc.info/>.

User Group Calls

- The Encounter Data User Group Calls will be used to ensure weekly contact with MAOs and other entities collecting and submitting encounter data.
 - Teleconference Calls
 - First User Group will be held November 3, 2011
 - Bi-weekly, Thursday's, 3:00 P.M. – 4:00 P.M., EST
 - Up to 500 participants
- For more information on the schedule, refer to <http://www.tarsc.info/>.

User Group Calls *(cont.)*

- During each User Group, the EDS Project Team will respond to questions submitted to eds@ardx.net.
 - Questions must be submitted 10 days prior to the User Group Call in order to be considered for the next call.
 - Email should contain the subject: “EDS User Group Question”
 - Materials from each User Group call will be posted following each call.
- Additional program updates will also be provided.

Quarterly Newsletters

- The Encounter Data Newsletter, Volume 2 will be published quarterly beginning in November 2011.
- MAOs and other entities can expect to receive information in the newsletters on:
 - Current policy and operational guidance,
 - Resources,
 - Dates to remember, and
 - Other helpful hints.

Resources



Resources

- CSSC Operations: <http://www.csscooperations.com/>
- Encounter Data Outreach Registration: <http://www.tarsc.info/>
- CMS: <http://www.cms.gov/>
- EDS Inbox: eds@ardx.net

Resources *(cont.)*

- X12 Version 5010 Standards: <http://www.cms.gov/>
- CEM/CEDI Technical Reporting Formats: http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp
- Washington Publishing Company: <http://www.wpc-edi.com/content/view/817/1>

Question & Answer Session

Thursday, October 27, 2011

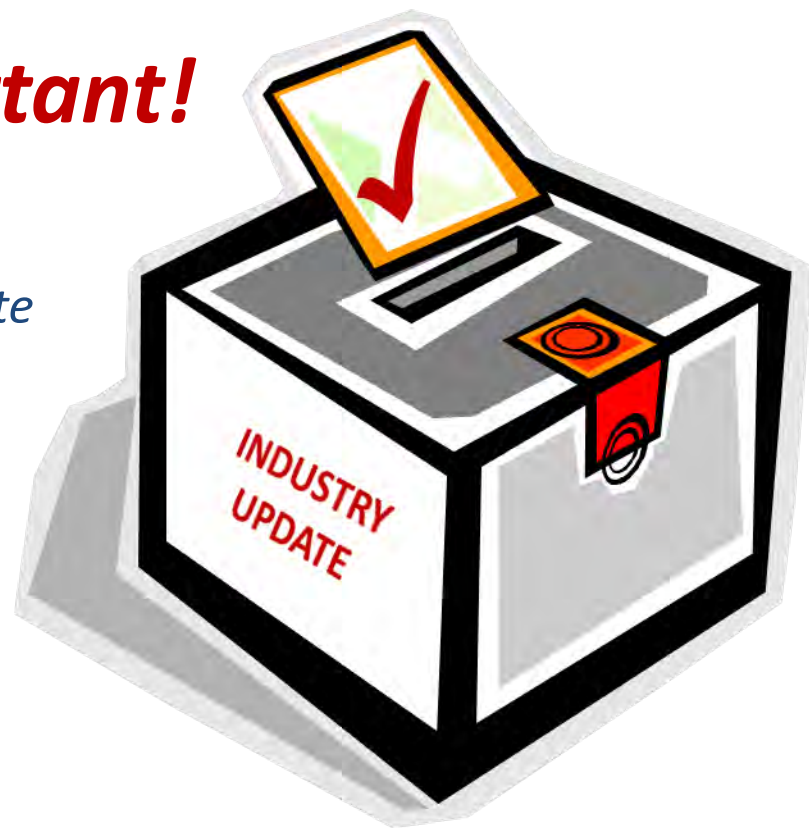
1:00 P.M. – 3:00 P.M., ET

Evaluation

Your feedback is important!

Please take a moment to give us your feedback regarding the Industry Update and provide recommendations for future discussion topics.

Please complete the Evaluation Form sent by email after the close of the Industry Update.



THANK YOU!