



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: March 15, 2017

TO: Medicare-Medicaid Plans

FROM: Sharon Donovan, Director, Program Alignment Group
Medicare-Medicaid Coordination Office

SUBJECT: New Feedback Reports on Medicare-Medicaid Plan Encounter Submissions

We appreciate the on-going efforts of Medicare-Medicaid Plans (MMPs) to submit encounter data to CMS on a monthly basis and in a timely manner. We understand that this is a new process, and appreciate your continued diligence and persistence in this effort. -MMP encounter submissions are necessary not only for MMP quality withhold analysis and Medicare Advantage rate setting, as encounter data are factored into risk adjustment, but are also critical for the external evaluation of these demonstrations. An inability to fully evaluate the capitated model demonstrations could limit our capacity to extend or expand the demonstrations in the future. As such, it is important to maintain the momentum on submitting complete and timely encounters.

Beginning in April 2017, CMS will provide two feedback reports to MMPs to support MMP efforts to ensure successful submission of encounter data.

New Quarterly Reports on Processing of MMP Encounter Data

Starting April 2017, MMCO will begin sending quarterly reports to MMPs with information on the successful processing of encounter data submitted on both Medicare and Medicaid files. In the longer term, the reports will be expanded to include metrics on frequency and timeliness of encounter data submitted.¹

These new quarterly reports will include data on the degree to which encounters were successfully processed at each major step of CMS' processing of those data. CMS is providing this feedback to enable MMPs to more rapidly identify potential issues that may have occurred at key points in the sequence of CMS processing of submitted encounter data (i.e., where intended

¹ These future changes will provide early feedback on meeting the frequency and timeliness requirements as described in the Medicare-Medicaid Capitated Financial Alignment Model Quality Withhold Technical Notes for DY 1 (Released June 2014) and DY 2-3 (Released April 2016). The quality withhold technical notes are available on the CMS website at the following link: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html>

acceptance may have failed), and highlight where MMPs may need to take additional steps to resolve unsuccessful encounter data submissions to CMS.

For Medicare encounters, the feedback reports will provide rates of successful processing at:

- initial submission,
- front end acceptance checks at the point of submission to the Encounter Data Front End System (hosted by Palmetto GBA),
- back end checks from the CMS Encounter Data Processing System (EDPS) using the MAO-002 Reports, and
- loading into CMS' data warehouse, the Integrated Data Repository (IDR).

For Medicaid encounters, the feedback reports will provide successful rates of processing at:

- initial submission,
- front end acceptance checks at the point of submission to the Encounter Data Front End System (hosted by Palmetto GBA), and
- loading into the IDR, CMS' data warehouse.

These reports will be generated on a rolling basis staggered among MMPs based on state, as follows:

April, July, October, January

- California
- South Carolina
- Texas

May, August, November, February

- Massachusetts
- Michigan
- Ohio
- Rhode Island
- Virginia

June, September, December, March

- Illinois
- New York

A given report will cover submission activity for the previous three months, e.g., April reports will cover January-March. Although the time periods vary slightly from one set of MMPs to the next, the ongoing reviews will allow any system issues which may have arisen, to be identified and addressed in a more timely manner.

In addition to sending these reports, MMCO will set up quarterly meetings with MMPs to discuss questions and provide technical assistance on ways to resolve issues identified in the reports.

Quarterly Report Cards Comparing to Benchmarks based on all Medicare Advantage Plans

Since September 2015 CMS has provided quarterly report cards to Medicare Advantage organizations (MAO) showing how their encounter data submission rates compare to those of other Medicare Advantage plans. These MAO Report Cards specifically perform several comparisons among all Medicare Part C plans submitting encounter data (inclusive of MAO plans and MMPs, however, please note that the metrics would be expected to differ for MMPs compared to most MA plans serving the general Medicare population):

- 1) review a contract's encounter data submissions for the most recent 4 quarters of data submissions.
- 2) compare a contract's volume of encounter data record (EDR) submissions to the average submission volume of EDRs for the Medicare Advantage (MA)/MMP within an assigned benchmarked region, and the MA program nationally,
- 3) present submission volumes for four service types: professional, inpatient, outpatient, and durable medical equipment,
- 4) present the data used for #2 & #3 above, but in usable table format,
- 5) compare a contract's Inpatient Hospital EDRs to FFS Inpatient No-pay claims, and
- 6) present the data used for the charts in #5 in a usable table format.

In response to several requests from MMPs to receive these report cards as well, all MMPs will begin receiving these with the next 2017 release. For the full detailed description of the report, please see the recent HPMS Memo issued by Cheri Rice, Director, Medicare Plan Payment Group on November 22, 2016, attached.

If you have any questions, please notify Goldy Austen (Goldy.Austen@cms.hhs.gov) or Joe Del Pilar (joseph.delpilar@cms.hhs.gov) in the Medicare-Medicaid Coordination Office.