

Encounter Data Update



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Medicare Advantage Encounter Data Operations – Challenges & Opportunities

Overview

- Brief History
- Operations Context
- Current State of MA Encounter Data
- Next Steps
 - MA Encounter Data Integrity Plan
 - Process Improvement
 - Known Issues
 - Assess & Improve Encounter Data Volume
 - Preliminary Analyses

History

- Aug 2008 Inpatient Prospective Payment System (IPPS) Rule
- Uses of Encounter Data
 - Program Administration
 - Payment
 - Program Integrity
 - Demonstration Projects
 - Research
- Encounter Data System (EDS)

Context: Encounter Data is Big Data

- Encounter Data & 4Vs Model of Big Data
 - Volume
 - Velocity
 - Variety
 - Veracity
- Challenges and Opportunities

Context: Encounter Data ≠ Claims

Both encounter data and claims are equivalent in that they provide information about medical services provided to a patient.

Operationally – Key Difference

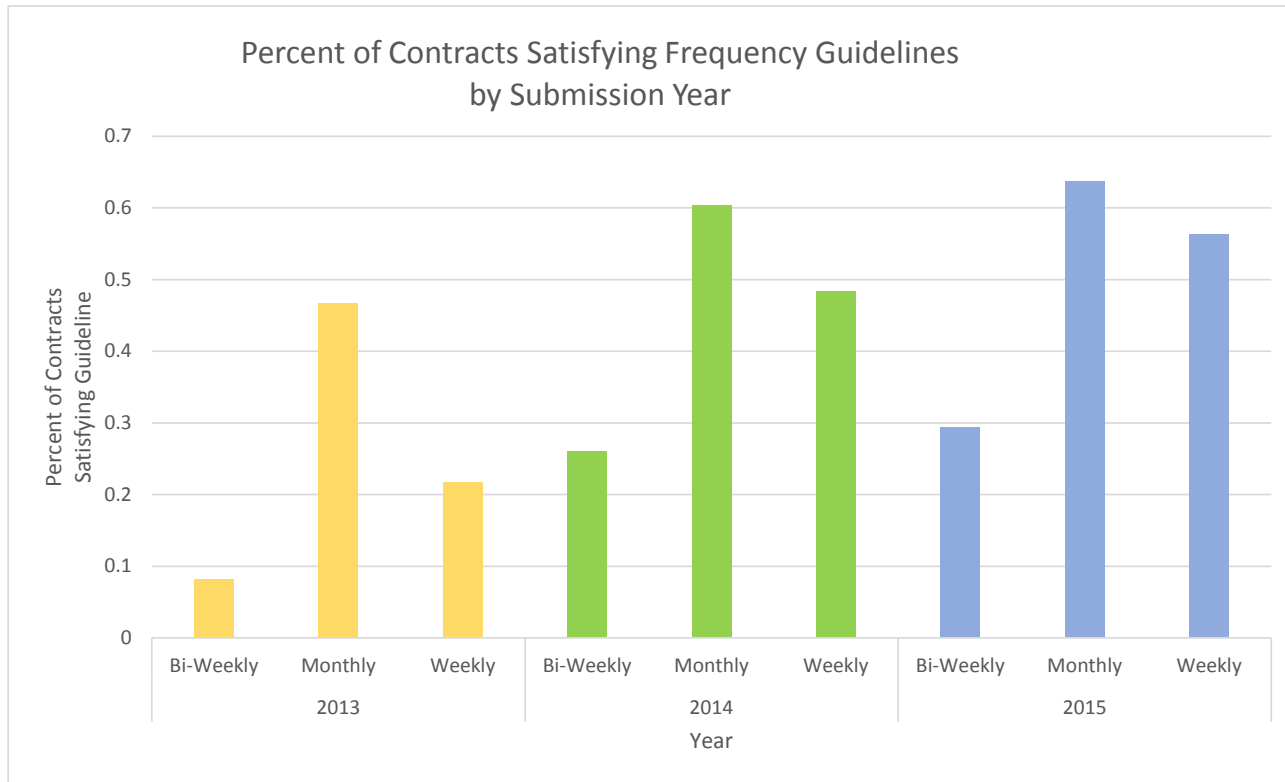
Claim: Record of a service submitted directly to CMS via MACs

Encounter Data: Record of a service reported to CMS by MAOs

Current: Submission Requirements & Stats

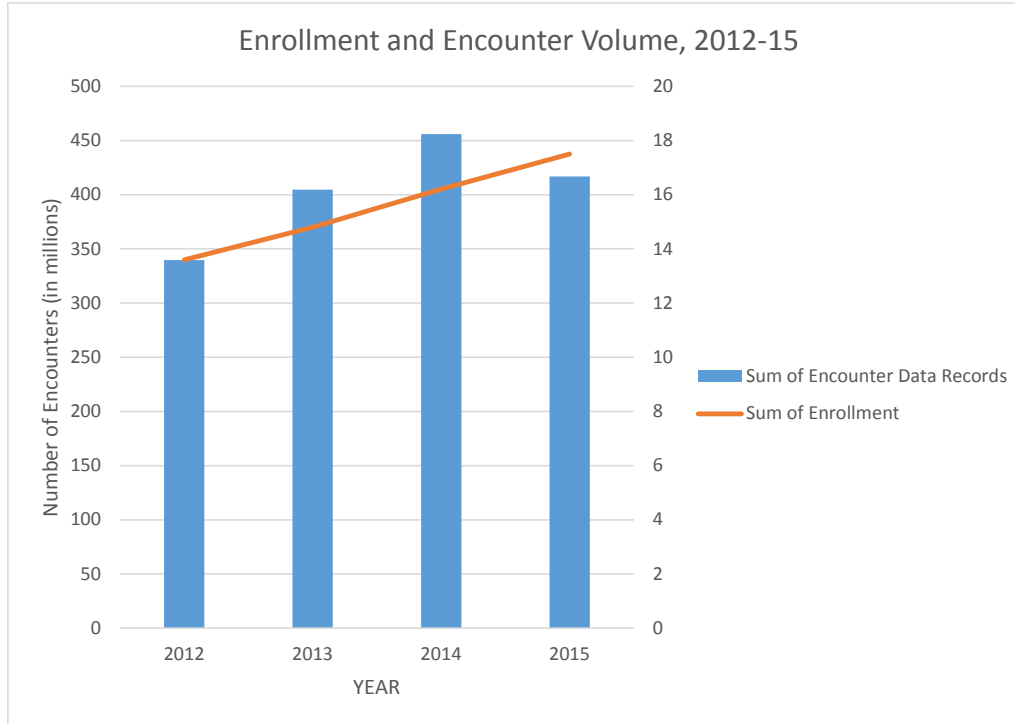
- Submission Requirements Overview
- Submission Stats
 - 99 percent of MAOs submitting data
 - Handful requiring technical assistance to complete end-to-end certification process

Current: Submission Requirements & Stats (cont.)



Current: Enrollment and Submissions

2012 - 2015

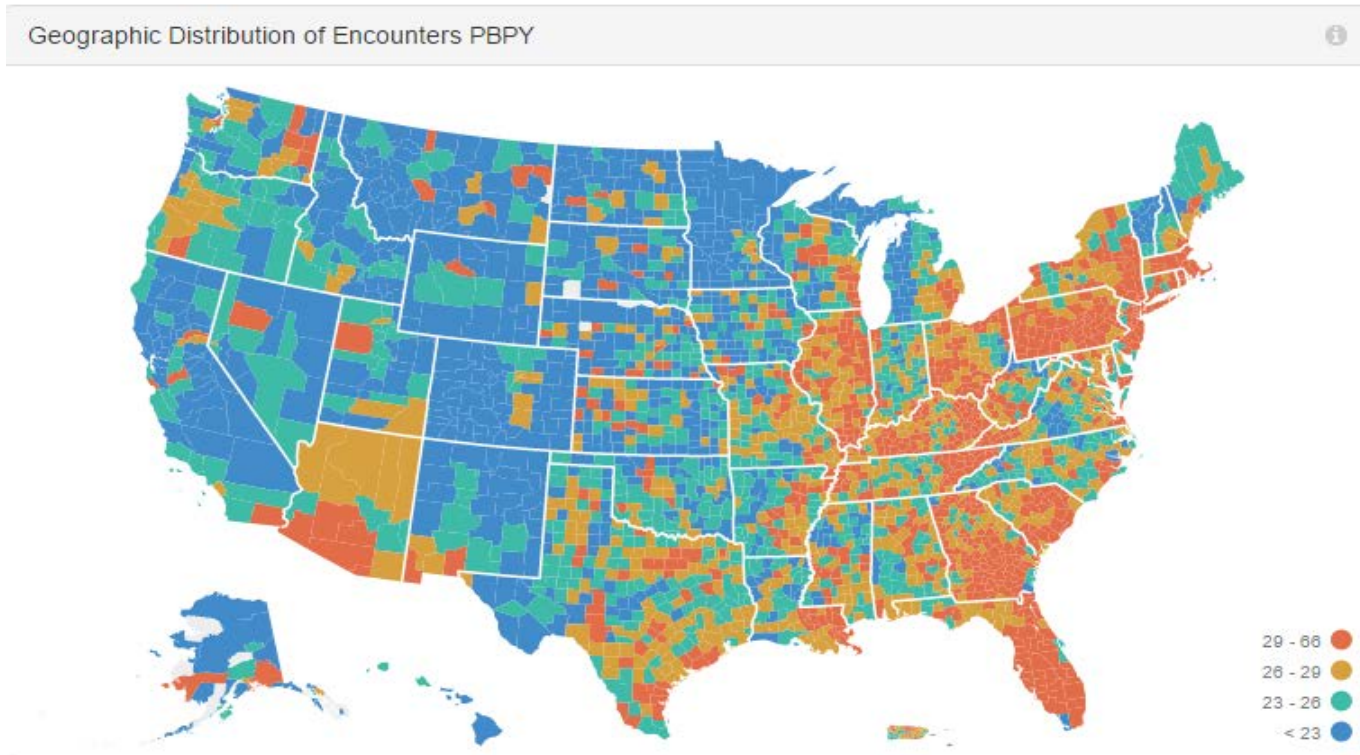


Forecast for 2015 Encounters: 532 M

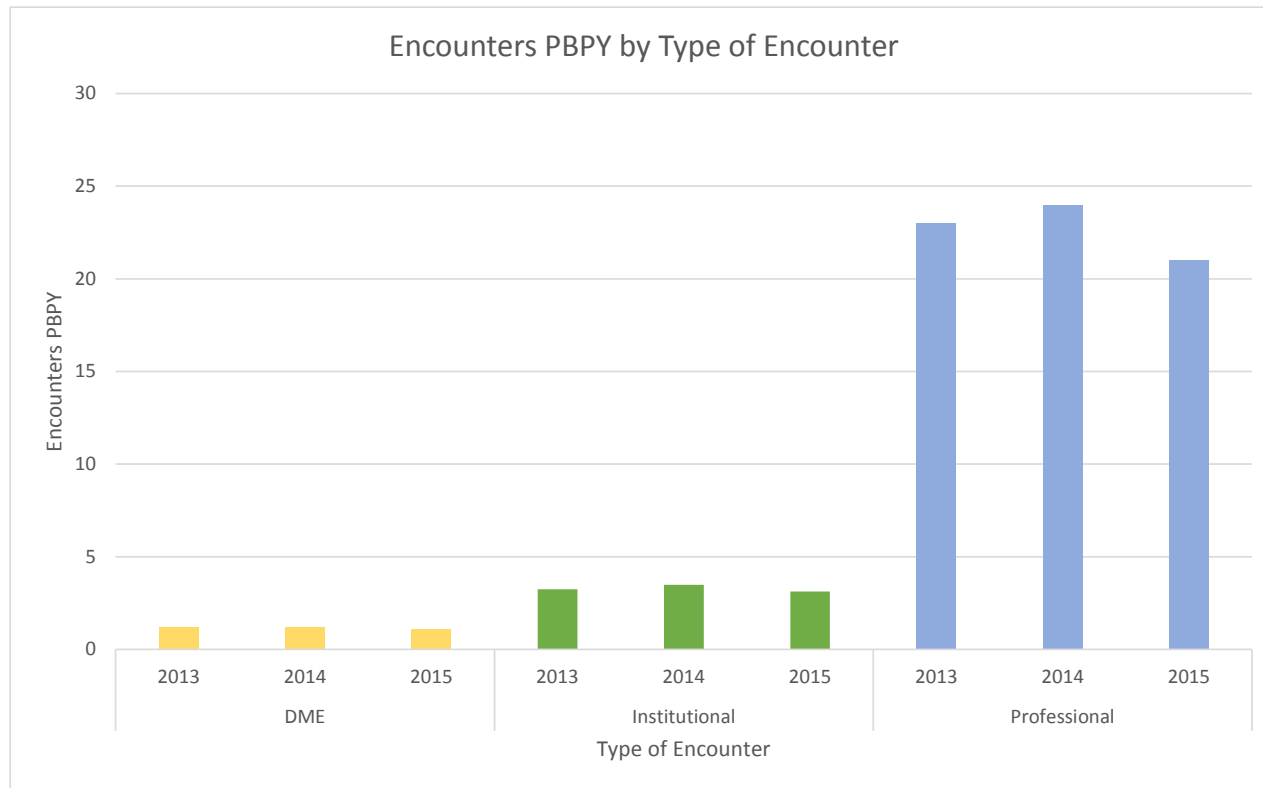
Current: Submissions Forecast 2016

Time Period	Forecast (in Millions of Encounters)
April 2016	53
CY 2016	598
CY 2013 – 2016	2,005

Current: Geographic Distribution, 2014



Current: Encounters Per Beneficiary, by Type, 2013-15



Next Steps

- Continue Process Improvement
 - Collaborate with the industry to improve encounter data submission and processing
 - Continue to implement the Encounter Data Integrity Plan

Process Improvement – Known Issues

- Overall, rejection rates were cut by about half between 2012 and 2014, approximately 4% currently
- Identified most frequently occurring error codes
 - Duplicates
 - Issues with individual identification numbers
 - Mismatches in demographic characteristics
- Additional guidance, user group calls

Process Improvement – Low Volume & Submission Process

- What do I do if my contract's volume of encounter data is not consistent with FFS or MA volume and I think this is due to submission issues?
 - Verify Front-End Reports
 - File-level rejections (TA-1 & 999 reports)
 - Record-level checks (277CA)
 - Verify Back-End Reports
 - Record level rejections (MAO-002 reports)
 - Review Guidance Available at www.cssoperations.com
 - Correct and Resubmit
 - Contact CMS with Questions: EncounterData@cms.hhs.gov

Process Improvement – Submitters' Self-Assessment of Encounter Data Completeness

- How can I assess and ensure encounter data completeness?
 - How does my contract's volume of encounter data (by type of service) compare to FFS and MA benchmarks as shown in the most recent report card?
 - How does my contract's volume of inpatient encounter data records compare to the no-pay inpatient claims as shown in the most recent report card?
 - What is the distribution of my contract's encounter data records (by type) over time?
 - What is the relationship in my contract's data between service categories (e.g., the relationship of primary to specialty care visits)?

Process Improvement – Submitters' Self-Assessment of Encounter Data Completeness (cont.)

- How can I assess and ensure my contract's encounter data completeness?
 - Do the patterns of care in my encounter data align with the model of care?
 - Am I submitting encounter data for all services, including those outside of what is used for risk adjustment?
 - Is my contract's encounter data consistent with the content and volume of my medical record documentation?

Next Steps: Data Integrity Plan

- Two Major Goals

Goal 1: Validate Completeness & Accuracy of Encounter Data

Goal 2: Communicate with MAOs on Best Ways to Improve Encounter Data Submissions

Goal 1: Validating Encounter Data

- Assess the completeness and accuracy of encounter data submissions
 - Core activity = analysis of encounter data submissions

Goal 2: Submitter Outreach

- Communication of findings from analysis to MAOs
 - Sept 2015 – first round of encounter data volume report cards
 - April 2016 – second round of encounter data volume report cards
- CMS plans to provide additional operational information regarding frequency of submissions, integrity of specific data fields, etc. are underway

Goal 2: Submitter Outreach (cont.)

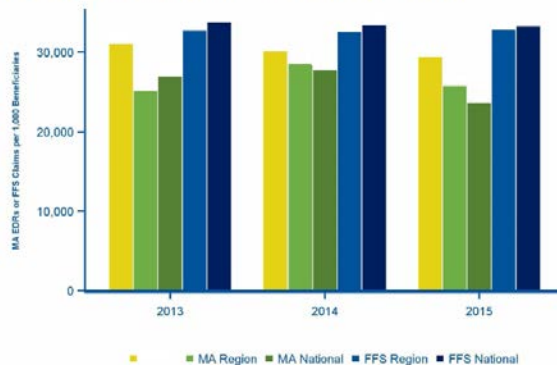
Contract XXXX
Assigned Benchmark Region(s):
XXXX 2013/2014/2015



This report card presents information about your contract's encounter data submissions to the Centers for Medicare and Medicaid Services (CMS) for calendar years (CY) 2013 to 2015 Dates of Service (DOS). Sections 1 and 2 present information about your contract's encounter data record (EDR) submission volume. Section 3 presents the EDR submission volume data used for the charts. Section 4 presents additional information on your inpatient EDRs and Section 5 presents the inpatient EDR data used for the charts.

Section 1 compares your contract's overall EDR submission volume to: (1) the average EDR submission volume for other MA contracts in your contract's region; (2) the average EDR submission volume for MA contracts nationally; (3) the average Fee-For-Service (FFS) claims submission volume for your contract's region; and (4) the average national FFS claims submission volume. (See the Technical Notes for the definition of region and other variables.) Section 2 presents these submission volume comparisons for four service types: professional, inpatient, outpatient and durable medical equipment. All metrics are reported on per 1,000 enrollees/beneficiaries.

SECTION 1: OVERALL ENCOUNTER DATA SUBMISSIONS (CYs 2013-2015)*



Contract XXXX

SECTION 2: ENCOUNTER DATA SUBMISSIONS BY SERVICE TYPE (CYs 2013-2015)



Professional



- 1) See Technical Notes for definition of Professional EDRs and the data used to calculate the rates.
2) Professional EDRs per 1,000 Enrollees = (Number of Professional EDRs / Average of a contract's monthly enrollments reported during the year)*1,000.

Inpatient



Conclusion

Successes

- National Data System
- Large and Complex
- Continued Improvement

Challenges

- Assessing & Improving Completeness and Quality
- Improving Submission Process

Conclusion (cont.)

- Improving Submission Process
 - Join user group calls
 - Send samples of problematic data to CMS
 - NOTE: Please do not include HICNs in sample data
 - Contact CMS with submission issues
 - EncounterData@cms.hhs.gov