
**Encounter Data Update**

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Stacey Plizga: Our next speaker today is going to focus on the technical and operational aspects of encountered data submission and CMS' current and planned efforts to assess and improve the data collection process and data quality. Sharing this information with us from the Division of Encounter Data, please welcome Shruti Rajan.

[Applause]

Shruti Rajan: Good morning.

And thank you, Stacey.

Today I'm going to talk about Medicare Advantage encounter data from an operational perspective, focusing on how far we've come since 2012 when CMS first started collecting MA encounter data and then discussing the challenges and opportunities that we still face.

I wanted to start with an overview of the presentation. We'll begin with a brief history of the MA Encounter Data program. And then next I'll discuss a couple of aspects of MA encounter data that are important to bear in mind when thinking about operations. The third part of the presentation will be about the current state of MA encounter data collection, where are we. And the final section will be to discuss next steps in the evolution of

submitting and collecting encounter data. So I'll talk about the MA Encounter Data Integrity Plan, process improvement, and present a couple of preliminary analyses.

The history of MA encounter data – most of you here are probably familiar with the evolution of the Encounter Data Project, so I'll be brief here.

The Inpatient Prospective Payment System Rule (IPPS) was published in 2008. This rule clarified CMS' authority to require Medicare Advantage organizations and other entities to submit encounter data for each item and service provided to Medicare Advantage enrollees.

So consistent with this authority, as everyone here probably knows, CMS began collecting MA encounter data in 2012. So why do we collect encounter data? What are some of the uses?

And I've listed them here on this slide. The primary and apparent use is for program administration and payment. But there are other uses that are important; such as, program integrity, demonstration projects, and research. And so because of all these uses, the success of encounter data implementation and collecting accurate and complete information is important; and it has ramifications beyond day-to-day program administration.

Since 2008, CMS, along with our Medicare Advantage community, has worked to successfully stand up this system, the Encounter Data System. And I won't go into detail here about all the various subsystems we use to perform the editing and processing and storage of the encounter data. What I'd really like to focus on is where do we go from here operationally? Now that the system is in place, we're at an important and exciting juncture for encounter data, where we're beginning to think about operationally how do we improve the process, how do we assess the data quality.

Before I talk about specifics, I wanted to talk about two aspects of MA encounter data about that are important to think about in relation to operations. And the first point is that encounter data is Big Data. And it's a key fact to remember because all of the challenges and opportunities that come with Big Data are also there with MA encounter data.

"Big Data" is a term that you hear all the time; it's about data sets that are so large and complex that everything about them, from collecting the data to storing the data to analyzing and validating the data, becomes more complex. And so MA encounter data fits the model. People usually talk about the four Vs of Big Data, so I thought I'd go through how that applies to MA encounter data.

The first "V" stands for volume, and that refers to the volume; and that refers to the quantity of data that's generated and stored. And I think the key distinction here is that Big Data is not sample data. It is a complete record of what happens, and it tends to grow over time. And this is true of MA encounter data. So we are observing and tracking all the services that are provided to MA enrollees. And as the MA program grows, so too will our data.

The second "V" stands for velocity; and in this context, that has to do with the transactional nature of the processing. So we're getting in large volumes of data, and the goal is to process it quickly and provide access to it pretty much in real time; and that's a big task.

The third "V" stands for variety; and in the context of Big Data, that's really talking about the content – the type and nature of data. And in this case of MA encounter data, what that means is, as everybody knows, we're collecting data in a standardized format from hundreds of different submitters who all have their different data systems. And so pulling all of that together, there are a lot of challenges with that.

And then the fourth "V" stands for veracity, and what that's really referring to is the quality of the data. And as you can imagine, if you're collecting data from hundreds of different systems, the quality of the data is going to have a lot of variation; and it's difficult to think about how to asses it.

So MA encounter data is Big Data, and that's important to bear in mind.

The next sort of contextual point I wanted to make is that encounter data is not claims data; and that seems like an obvious point, but it's important to think about because operationally it has an effect. So both encounter data and claims data are conceptually equivalent in that they are basically providing information about medical services that are provided to a patient.

But operationally, the key difference is kind of the path that they take. So a claim is a record of a service that's submitted directly to CMS by the MACs, whereas encounter data is really a record of a service that's reported to CMS by MAOs or their representatives. And the uses of those data and the path that they take to get to us really do have an effect, from a data processing standpoint, on the decisions that we make about how to process that data.

So the next section really is about where are we. I just wanted to give people a sense of where we are in terms of submission, how has it looked over the last four years. I'm just going to quickly go over – very broad brush – a description of submission requirements.

Medicare Advantage organizations, as you know, are required to submit encounter data from all types of services for each item and service that's provided to an enrollee. These data are classified in three modules: the institutional, professional, or DME (durable medical equipment); and they must be submitted on the 510 X12 format. And then MAOs or they can hire third-party submitters to submit the data on their behalf. And then we do have frequency guidelines that are based on the size of the contract.

These are sort of minimum guidelines, so MAOs are free to submit data more frequently; but it's kind of minimum submission frequency guidance.

So if the contract has enrollment that's enrollment that's greater than 100,000, the data should be submitted weekly. If enrollment is between 50,000 and 100,000, the data should be submitted every other week, bi-weekly. And if enrollment is less than 50,000, we suggest that data be submitted monthly. So how are we doing with that?

Overall, in terms of getting MAOs into the system and submitting data, we're doing well; 99% of MAOs are submitting data and have been for the last few years. And we have just a handful of small entities that require some technical assistance to complete the end-to-end certification process so that they can begin submitting data.

We did some analysis on the submission requirements I just mentioned, the frequency of submission. And this slide shows how well contracts are faring with regard to that guidance. In calculating the percentages that you see in this chart, we opted for a broad definition that would give credit for all files that were submitted regardless of the interval between submissions. So we measured the frequency by counting the number of files submitted over a given year for a given contract, and then we divide by the maximum number of times over the year that the guideline suggests.

So for example, for medium-size contracts, the suggested guideline is biweekly; so the maximum number of submissions over a year would be 26. And so if Contract A submitted 18 files over the course of 2015, even if all 18 files were submitted, say, in the first nine months, we would count all of those; and so the percent would be 18 divided by 26, which is about 69%.

And so in this chart here, what you're seeing is the yellow is 2013; the green is 2014; and the blue is 2015. And the percentages shown in this

graph really are the percentage of contracts that have met the compliance requirement. So we have the bi-weekly, the monthly, and the weekly. And we've seen improvement year over year across times, so the blue bars are higher than the yellow bars. For our small contracts, where the guidance is to submit monthly, we can see that the percentage satisfying the guideline has increased from 47% in 2013 to about 64% in 2015.

And you see a similar trend for the medium contracts; those are the biweekly, that's the left-hand bars. We started with 8% in 2013, and we're up to 29% in 2015.

And then finally, for large contracts, the requirement is weekly submission per the guidance. And what we're seeing is that many of the large contracts are actually submitting more frequently than weekly, so they may generate files every day or every other day; and some of the large contracts are submitting pretty frequently. But we're also seeing improvement in the frequency of submission there. We began with about 22% in 2013, and we're up to about 56% in 2015.

This next slide – oh, and I think I did want to make one more point about that slide, which is we do want to continue improving on that metric. So we will be planning to provide more feedback on frequency of submissions, as well as beginning to work with MAOs and their submitters to improve those rates.

Current enrollment and submission – this slide shows how encounter data volume is increasing. It really gets to the first "V," volume. As our enrollment grows – I do want to make a point here. The years are dates of service, so it's the volume of records by the date of service of when that record occurred, not the submission date; and that's why the 2015 bar looks a little smaller than the 2014 bar because we're still getting our records for dates of service in 2015.

And you can see here that we've gone from just under 350 million records in 2013 to just over 450 million in 2014. And our forecast for encounter data records for services rendered in 2015 is about 532 million. And then the line here is showing you how the enrollment is growing.

This next slide provides an idea of the overall size of MA encounter data; and again, the point about how it's growing. We received about 53 million records in April. We are anticipating receiving about 600 million records for this calendar year. And so if you look at the four-year period from 2013 through 2016, we estimate that we'll have just over 2 billion records.

And this is a slide that shows a map that presents encounter data records for beneficiaries for 2014 – dates of service 2014 across the country. And the orange areas are showing the highest volume per beneficiary, and the blue areas are showing the lowest volume. And operational, really what we tend to focus on is overall volume because that's really what we're processing. So this is sort of the next step in an analysis that's kind of calculating volume by enrollment, so just wanted to show that.

And then we also tend to look at the encounters per beneficiary by type of module. So we have institutional, professional, and DME. DME is on the left in yellow; institutional is green, and professional is on the right in blue. And I want to point out again that the year is the date of service, not the submission, which is why 2015 looks a little bit smaller than 2014. But because we're controlling for enrollment here in this chart, we wouldn't really expect that the volume by the type of service is actually going to change that much, and so that's really what we're seeing.

If you look at the DME bars, they're pretty much the same across the institutional or pretty close to being the same. And professional -- 2015 looks lower because it's not complete data; we're still getting that data. So this shows what you would expect; if you saw a lot of variation here, you might be concerned about what's actually happening with the submission process.

Next steps – so what's next for encounter data? Now that we've emerged from the initial stage of standing up a national data system, we're setting the groundwork for thinking about process and data quality improvement. And really, we have two key components that we're focusing on.

The first is a continuing collaboration with the industry to improve encounter data submission and processing. And the second part of this process improvement is to implement the encounter data integrity plan, which I'll describe in a second.

Before I discuss those two activities further, I wanted to talk a little bit about process improvement – sort of where are we and what do we know. There are some known issues. Overall, we've seen that the rejection rates are coming down. They've been cut by about half between 2012 and 2014. I think currently we're running about a 4% rejection rate at a record level. And we've been working to identify the most frequently occurring error codes through internal analysis, as well as through questions from submitters.

So I've listed the top three most frequently occurring errors here: duplicates/duplicate records, issues within individual identification numbers, and mismatches in demographic characteristics. And we're working to develop additional guidance and resolutions to these errors, investigating exactly what's happening at a record level and understanding what our system does and coming up with some guidance.

We'll be communicating our resolutions to these issues through various formats, newsletters, but also a return to user group calls. So the current plan is to begin user group calls again in June. June 23, 2016, is the date that we've set to start those calls again; that's the third Thursday in June. We'll be posting dates for upcoming user calls. We intend to continue those monthly on the CMS Technical Assistance Registration Service

Center. I'm sure most of you have already subscribed, but it's www.trsc.info – t-r-s-c.

We also recommend if you haven't already to continue to subscribe to the e-mail updates, the Customer Service and Support Center, the CSSC website, because we post information all the time. And so the way to be alerted about the latest postings is to register for those e-mail updates.

Okay, so process improvement – low volume and submission process. What can you do if your contracts' volume of encounter data is not consistent with the MA volume overall or fee-for-service, as seen in the report card that we've been producing and you think that it's due to submission issues?

I think the first step here is to review and verify the various reports that our systems generate and send back to the submitters. So on the front end, we have file-level rejection reports and record-level rejection supports. And then on the back end, we do more record level checking; and we generate a report called the MA002. So we recommend that you really try to look at those and verify what's in those and ask questions if you're seeing things that don't seem right.

The next step would be to make sure that review the guidance that's available on the website: www.CSSCOperations.com. And then correct and resubmit if you feel like you have gotten the answers; otherwise, please contact us with questions. We do want to hear about anything that you're seeing that does not seem right; our mailbox is EncounterData@CMS.hhs.gov.

And then another way to improve the submission process relates to self-assessment of encounter data completeness. And so we have some suggestions here. There are a number of different operational analyses that could help an organization understand their data and how complete it is and how accurate it is. So in the next couple of slides, we've listed a

series of questions that would lead to analyses that could be done to take stock of your own data.

The first would be looking at how does your contract's volume of encounter data by type of service – professional, institutional, DME – compare to the fee-for-service and MA benchmarks, as shown in the recent report cards. How does your contract's volume of inpatient encounter data compare to the no-pay inpatient claims, as shown in the most recent report card? And I will talk about that a little bit more in a second.

What is the distribution of your encounter data records by type over time? Is it consistent? Is it what you would expect? What is the relationship in your contract's data between service categories? So what's the relationship between the primary encounter and the specialty encounter records that you're seeing? Does it look like what you would expect?

And that question actually relates to the first question here on this slide: Do the patterns of care in your encounter data align with the model of care that's used for your plan or your contract? Are you submitting encounter data for all services, including those that are outside of the risk adjustment process? Is your encounter data consistent with the content and volume of your medical record documentation? So all kinds of analyses that can be done to self-assess the quality and completeness of your own data.

Okay, so the Data Integrity Plan – CMS has developed an MA Encounter Data Integrity Plan that has two major goals. The first is to validate completeness and accuracy of encounter data and really improve the data for use in program administration and payment, and for the other uses I mentioned earlier.

And the second goal is to continue our dialog with the MA organizations on improving encounter data quality and completeness in the submission

process. So we really do want to continue the dialog we've started and think about best ways to improve encounter data submissions.

Validating encounter data refers to the last "V," veracity, that I mentioned when we were talking about Big Data. So in order to achieve this goal, how do you assess completeness and accuracy of data? And really, the core activity here is analysis of the data submission. So many of the same questions that I just listed a few slides ago are the same types of analyses that we might be thinking of doing to look at what is the data showing us? Does it seem reasonable?

We might look at things like verifying the integrity of specific data fields. If I picked 10 key data fields and I looked at them, what percent of the data is missing? Are they 99% complete? What percent of the values that I have are valid? Things like that, which some of the automated checks do capture that; but this is sort of looking at it just one layer deeper – analysis of volume and consistency over time, things like that.

And then the second major goal of our integrity plan is submitter outreach; this has to do with the dialog back and forth, communication of findings from our analyses to the submitters. And for a start, what we've done are the report cards. We distributed our first round of report cards in September 2015 on encounter data volume. And this slide says April, but it's actually today; we've loaded the data into the HPMS system, and so the second round of report cards should be ready today.

In the first release of the report cards, we provided contract-level MA and fee-for-service numbers on encounters or claims per 1,000 enrollees; so it was a national perspective relative to a specific contract. And in the second release, which has just been posted, we're including regional-level MA and fee-for-service volume per 1,000. And that was a suggestion from the submitter community, so we've included some regional benchmarks to look at.

Going forward, we actually plan to provide additional operational information regarding the frequency of submissions, even more data on volume; and the first part will be sort of integrity of specific fields, what do a key set of fields look like? This work is underway, and we expect to be discussing it and presenting it during user group calls in coming months.

I just wanted to give you a glimpse here of the first two pages of the May 2016 version of the report cards. There are five bars for each year. And from left to right, they represent the contract. The yellow bar is the contract -- the MA region volume, the MA national volume, fee-for-service region volume, and fee-for-service national volume.

The second page there on the right-hand side shows those same volumes, but broken out by professional and inpatient services.

The remaining pages of the report card also present the same volume metrics, but for outpatient and DME services. We've also provided a comparison of encounter data in patient records to an external source of data that we call "no-pay inpatient claims." And those are actually claims that hospitals submit through a separate program, the Disproportionate Share Payments and Medical Education Payments program. So it's through a separate program, but it is complete inpatient claims data; and so our assumption is that if there is a no-pay claim, we should be seeing that in the encounter data. So that will be in the report card as well. We also have technical notes in the report card that describe the methodology for how we did that match and what the ratios are telling you.

As I said at the beginning, the MA Encounter Data System is a national data processing system; it's large and complex, and it's Big Data. So we really do have some challenges, as well as the opportunities for visualizing the data, looking at a massive amount of data. So there's a lot there.

And standing up this national system has been a major undertaking that I think CMS and the MAO community have faced. And now that we have a system in place, the next stage really is to take the next step and assess and improve our data quality and our submission process.

In closing, we ask that submitters join the user group calls. As I said, the first one is scheduled for June 23, 2016; and times and more details will be posted on the trsc website {www.trsc.info).

We also suggest, send samples of your problematic data to CMS. A sample of 10 to 20 records will suffice; and please remember, don't include the individual identification numbers, the HICNS, in that sample data. But it helps us to investigate and debug what's happening and get information back to you.

And finally, please continue to contact us with your questions and concerns at: encounterdata@CMS.hhs.gov.

Thank you.

Stacey Plizga: Okay, if we have any of our in-house guests who would like to ask a question, please go ahead and step up to the microphone in the center aisle. Please tell us your name and where you are from.

Scott Levine: Hi, Scott Levine of Community Health Plan.

Very interesting – as you know, I don't have to tell you, that in general the encounter data for MA plans is significantly lower than the corresponding fee-for-service claims data. Does CMS have any thoughts about that – why that is, what it really means?

Shruti Rajan: We've actually just started doing that analysis, so we're seeing the same differences that you're seeing. I think our next step, really, is to investigate why we see the differences that we're seeing and trying to tease out how

much of it may be submission and people still gearing up to get us all of the data, and how much of it might be other factors like case mix and so on.

So, really, I don't really have a solid answer for you; but we do intend to look at that.

Scott Levine: If you come to any conclusions, I think that would be very useful and interesting information to share with the plans.

Shruti Rajan: Thank you.

Scott Levine: Thank you.

Lynn Wartinger: Hi, I'm Lynn Wartinger; and I'm with Geisinger Health Plan. And my question is do you have any update on the MA004 report? There have been ongoing issues with that; and especially with the Call Letter that was released, it's going to be more and more important for 2017.

Shruti Rajan: Yes, we appreciate your patience as we work through the issues. We've gotten all the questions in the mailbox. We're investigating a lot of the specific sample data that people have told us, and we do expect to provide more information in coming weeks.

Lynn Wartinger: And I have another question that kind of tags off of one of your last slides here. You said if we encounter problematic data to send you a sample, but don't send the HICNs. But one of our problems involves with the MA004 and the HICN itself with a character on the railroad board numbers and makes the number unusable.

Shruti Rajan: Right, I know we're looking into that issue specifically; and we do really expect to have resolutions in coming weeks. So, yes, I know you can't send that in; but, yes, we are aware of that issue.

Lynn Wartinger: Okay, would there be a way to redact a portion of the number if we want to send you an example of something that involved a HICN – just for future reference, like to exit out all but like the last four characteristics if that's where the problem was – something like that?

Shruti Rajan: Yes, let me ask about that. I think that might be reasonable, and I know that you're probably the actual claim control number in the sample?

Lynn Wartinger: Yes.

Shruti Rajan: Okay, and that helps us a lot too. Okay, and so are you wanting to show that HICN so you can show us what the actual problem is?

Lynn Wartinger: Well, I'm just trying to think ahead. If this is the way to get you to know what problems we're encountering, and we have a problem that involves the HICN, how do we let you know if we can't send it?

Shruti Rajan: Yeah, and I think redacting is actually a good suggestion. I have that in my head; I'll take it back to my team, and we can definitely discuss that. It's a good suggestion. Thank you.

Lynn Wartinger: Okay, thank you.

Lesley Berkeyheiser: Good morning, I'm Lesley Berkeyheiser with Cigna-HealthSpring. Thank you, first, for the very helpful presentation. It was very informative on the EDS process.

Just a quick question with respect to supplemental data. I noticed that you didn't provide any specific information on it and was curious what you might say across the country with respect to supplemental and EDS.

Shruti Rajan: That's a question that I would take back to the team. I don't have any specific guidance on that right at the moment, so, yes, I will definitely take that back and we can discuss it and hopefully provide some guidance.

Lesley Berkeyheiser: Thank you.

Shruti Rajan: Thank you.

[Pause for questions]

Stacey Plizga: Okay, we did have some questions from our virtual audience today; so thank you for sending those in. Again, if we don't get to all of them, we will certainly address them later on today.

The first question is: "Has CMS defined an audit process for encounter data?"

Shruti Rajan: Our first steps will be to pursue the MA Encounter Data Integrity Plan that I just described. That involves a lot of different analyses, as I said. So as we conduct those analyses and have findings and develop ways to share that, that would be really our first step in evaluating the data.

Stacey Plizga: The second question we received: "With only 15 minutes dedicated to ED updates, is there any plan to return monthly user group calls? As we become more familiar with submissions and returned responses, it would be helpful to open dialog regarding remediation and what is expected."

Shruti Rajan: That's a good question. Yes, as I mentioned during the presentation, we are returning to user group calls. June 23, 2016, is the date for our first call; and we will probably be discussing some of the known issues that I presented on that slide, what we're finding on that call. And then we do intend to continue those monthly going forward. Information will be posted on: www.trsc.info.

Stacey Plizga: The next question that we have received: "I understand that CMS will be reissuing the MAO-004 reports. Is there an ETA on what these updated reports will be available?"

Shruti Rajan: As I mentioned before in response to one of the other questions, we have been investigating all of the issues. And we really are trying to go through, row by row, where we have been given sample data. And so since the initial release, we've been working on the issues we've heard of; and we will be addressing the MAO-004 reports in coming weeks.

Stacey Plizga: Lots of questions – another question we received: "We have heard that CMS will be reissuing all of the MAO-004 reports; is this true? If so, when does CMS expect to reissue the reports?"

Shruti Rajan: I think that's very similar to the question before; and as I said, we are looking into it, and we will definitely be addressing these questions in coming weeks.

Stacey Plizga: Another question from our viewing audience: "When does CMS plan to reinitiate user group calls?" You already answered that.

Moving on: "How complete is the encounter data?"

Shruti Rajan: That's a good question; and as you can tell from the presentation, that is really the next step that we're taking – assessing the completeness and quality of the data. I think what I can say is the more encounter data becomes a part of the actual payment process, the more complete it will become. We've laid out a transitional plan in the Payment Notice, I think, which establishes a reasonable glide path for achieving a sound level of accuracy and completeness in the data. And we hope that as submitters continue to assess their own data that they will communicate with us and tell us what they're finding so that we can, overall, improve the process.

Stacey Plizga: You know, we were just checking to make sure you guys are paying attention out there. Another question we have: "Who is the contact person in CMS to address questions regarding merger of two plans into one plan regarding RAPS submission process and encounter submission process

related to third-party submitter? It is not being addressed in the CMS Terminated Contract Memo."

Shruti Rajan: Okay, I think that this question I'm going to take it – now that I see it as a question, I will definitely take it back to the team. But I would recommend that questions like this be submitted to two mailboxes: encounterdata@CMS.hhs.gov, as well as riskadjustment@CMS.hhs.gov. If you submit it to both of those, because the RAPS data system and the encounter data system are two parallel but separate things, we can take that into consideration and develop some guidance.

Stacey Plizga: Okay, and that is it for our questions for Shruti, so I would like to thank Shruti for joining us today.

[Applause]

Oh, I'm sorry – we do have one more question; it's in-house. Sorry, go ahead.

Unidentified Attendee: Thank you.

I have one quick question. I'm accustomed to the annual attestation for RAPS that you're attesting to accuracy, completeness and timeliness. Does that automatically apply to encounter data in the same attestation moving forward, or has that not been instituted yet?

Shruti Rajan: That has not been instituted yet. I know that we will be working on that and providing some more information about the attestation.

Unidentified Attendee: Great, thank you.

Shruti Rajan: Okay, I think that's probably it.

Stacey Plizga: Okay, thank you again for joining us today, Shruti.

[Applause]

It is that time again to go ahead and evaluate the session. So either text in the letter "A" or go to www.pollev.com/CMS2016Spring. Go ahead and put the "A" in, follow the directions, and you can evaluate this session.