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**DATE:** June 25, 2020  
**TO:** All Medicare Advantage, Cost, PACE, and Demonstration Organizations  
**FROM:** Jennifer R. Shapiro, Director, Medicare Plan Payment Group  
**SUBJECT:** Medicare Advantage Encounter Data – Data Exchange Reports – June 2020

In an October 2019 Health Plan Management System (HPMS) memo entitled “Medicare Advantage Encounter Data – Announcement of Data Exchange Reports,” CMS introduced a new report called the Encounter Data – Data Exchange. The purpose of today’s memo is to announce that the first round of Data Exchange reports has been posted to HPMS and to provide instructions for responding to the reports. Please log into HPMS and go to the following location to retrieve reports for your organization:

**HPMS Home Page > Risk Adjustment > Encounter Data > Data Exchange Report**

The Data Exchange Reports are intended to improve the accuracy of data submissions for key data fields and identify potential areas of incomplete submissions.<sup>1</sup> The reports are being sent to notify Medicare Advantage Organizations (MAOs) and other plan sponsors of the current status of thirteen data analyses, as shown in Table 1.

**Table 1. Data Exchange Analyses**

<b>Analysis</b>	<b>Description</b>
Invalid discharge status code (inpatient)	The discharge status code on an inpatient record does not conform to format specifications.
Missing admission date (inpatient)	The date of admission on an inpatient encounter record is missing, or it is after the date of service or before the beneficiary’s date of birth.
Invalid procedure perform date	The procedure perform date is not within the service from and service through dates on the encounter record.

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<sup>1</sup> Under 42 C.F.R. § 422.310, Medicare Advantage Organizations (MAOs) and other entities under Part C rules are required to submit encounter data for each item and service provided to an MA enrollee. As required under § 422.310(b): Each MA organization must submit to CMS (in accordance with CMS instructions) the data necessary to characterize the context and purposes of each item and service provided to a Medicare enrollee by a provider, supplier, physician, or other practitioner. Additionally, under § 422.310(d): MA organizations must submit data that conform to CMS' requirements for data equivalent to Medicare fee-for-service data, when appropriate, and to all relevant national standards. In addition, at § 422.504(l), CMS requires MAOs to certify to the accuracy, completeness, and truthfulness of their encounter data (based on best knowledge, information, and belief).

<b>Analysis</b>	<b>Description</b>
Invalid procedure dates	The procedure date is not within the service from and service through dates on the encounter record.
Invalid service through date	The service through date on the encounter record is after the submission date.
Invalid Billing NPI	The billing NPI value reported on the encounter record does not match any value in the NPPES Downloadable File (at <a href="https://nppes.cms.hhs.gov/#/">https://nppes.cms.hhs.gov/#/</a> ) as of the service-through date on the encounter record.
Invalid ordering/referring NPI	The ordering/referring NPI value reported on the encounter record does not match any value in the NPPES Downloadable File (at <a href="https://nppes.cms.hhs.gov/#/">https://nppes.cms.hhs.gov/#/</a> ) as of the service-through date on the encounter record.
No EDRs submitted for full-year enrolled beneficiary	No encounter data records (EDRs) were submitted for a beneficiary enrolled for the full-year.
Unlinked chart review records in the service year for full-year enrolled beneficiaries, with no EDRs submitted in the service year	An unlinked chart review record was submitted with a through date that matches to the beneficiary's enrollment; no encounter records were submitted for the service year. This measure is calculated only for beneficiaries enrolled for the full-year.
<b><i>HEDIS 2018 numerator analyses (missing EDRs):</i></b>	
Diabetic eye exam	<p>The beneficiary Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) reported in the Healthcare Effectiveness Data and Information Set (HEDIS) metric numerator does not match to a qualifying encounter record with a through date relevant to the metric.</p> <p>Qualifying encounters for each metric are identified consistent with the HEDIS 2018 technical specifications for 2017 HEDIS measures (available at: <a href="https://www.ncqa.org/wp-content/uploads/2018/10/20171002_HEDIS_2017_OctoberUpdate.pdf">https://www.ncqa.org/wp-content/uploads/2018/10/20171002_HEDIS_2017_OctoberUpdate.pdf</a>).</p> <p>The encounter observation period for these measures may be longer than indicated in the technical specifications.</p> <p>More specific information on how encounters are identified for each metric are provided in the technical notes tab of the data exchange.</p>
Breast cancer screening	
Colorectal cancer screening	
Medication reconciliation post discharge	

Since the release of the October 2019 memo, CMS has reviewed the key data fields and analyses included in the Data Exchange reports and removed two analyses related to demographic data fields (*Beneficiary Identifier* and *Date of Birth*) and added one analysis, the *No EDRs submitted for full-year enrolled beneficiary* data. We removed the analyses of the beneficiary identifier and

date of birth as these issues often relate to timing of data submissions and are often resolved upon resubmission of data.

The *No EDRs submitted for full-year beneficiary* data is related to the analysis of beneficiaries with only unlinked chart review records submitted on their behalf. The *No EDRs submitted for full-year beneficiary* analysis is presented in the same tab as the Unlinked chart review records analysis. There are three key columns presented in this tab: beneficiary identifier, chart review claim control number, and chart review claim submission date. For beneficiaries having no EDRs and no chart review records, the chart review claim control number and chart review claim submission date are not applicable and filled with “NA.”

#### Additional Technical Information about the Data Exchange Reports

Each Data Exchange Report contains one tab for each of the thirteen data analyses listed in Table 1, and two additional tabs (labeled README and TECHNICAL NOTES). Data Exchange Reports have been produced for all contracts, including those with no data issues identified across all analyses. All reports include a README and TECHNICAL NOTES tab. Technical Notes describing the analyses are provided in the tab labeled “TECHNICAL NOTES” and a summary of the number of data issues are provided in the tab labeled “READ ME.”

The analysis-specific tabs are only present in the Data Exchange Report when issues are identified for the particular analysis. For example, the “Discharge status code” tab will only appear if a contract’s submissions have issues in the discharge status code field based on CMS analysis. If none of the analyses identifies issues for a contract, the Data Exchange Report will contain just the README and TECHNICAL NOTES tabs.

In order to facilitate reconciliation of the data, CMS will provide the internal control numbers (ICNs) and submission dates for the encounter data records on each analysis-specific tab. For example, if an inpatient record has an invalid discharge status code, the tab labeled “Discharge status code” will contain the ICN and submission date of the record with the invalid discharge status code.

The first seven analyses listed in Table 1 are related to accuracy and completeness of reporting for specific data fields. The last six analyses are aimed at assessing the completeness of submissions (i.e., indicators that not all encounter data records have been submitted). As such, the MBI will be provided for the last six analyses in addition to other relevant information.

The Data Exchange Reports are focused on the dates of service in 2018.

CMS is providing the data exchange reports and technical notes in order to provide submitters with the opportunity to review and improve submission processes. **CMS requests a written explanation for the detected issues, a description of any action that is planned or in progress to prevent further issues of this kind, and information about whether corrected or missing encounter records will be re-submitted. MAOs are to submit this written explanation within 60 days of receiving the report, no later than **Monday, August 24, 2020.****

MAOs responding with questions or explanations that include a beneficiary’s personally identifiable information (PII) should follow the published guidance at the CSSC Operations FAQ

site here:

[https://csscooperations.com/internet/csscw3.nsf/DIDC/TFOSDZMRPK~Encounter%20and%20Risk%20Adjustment%20Program%20\(Part%20C\)~FAQs](https://csscooperations.com/internet/csscw3.nsf/DIDC/TFOSDZMRPK~Encounter%20and%20Risk%20Adjustment%20Program%20(Part%20C)~FAQs).

Information and any questions or comments that do not contain PII may be submitted to [EncounterData@cms.hhs.gov](mailto:EncounterData@cms.hhs.gov). Please reference “Response to Data Exchange Reports – June 2020” and your contract ID in the subject line of the email. Thank you.