

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

DATE: July 2, 2019

TO: All Medicare Advantage, Cost, PACE, and Demonstration Organizations Systems Staff

FROM: Jennifer R. Shapiro, Acting Director, Medicare Plan Payment Group

SUBJECT: Release of Encounter Data Report Cards Q1 2019 – Information

To support the submission of encounter data, CMS has initiated a series of efforts aimed at providing feedback and technical assistance to, and soliciting input from, stakeholders. These efforts include distribution of quarterly report cards, one-to-one communication with plans to resolve technical issues and to gather information about submission challenges, and increased frequency of user group calls with a focus on discussions related to specific submission topics.

This memo announces the availability of the Q1 2019 encounter data report cards in HPMS. Each report card presents information on the encounter data submitted by your organization.

To access the report cards, follow this path:

HPMS Home Page > Risk Adjustment > Encounter Data Report Card > 2019 June Update

Report Card Contents

Section 1

- Contract's submission frequency of encounter data by quarter
- Information on rejection rate of submissions (at both the header and line level)
- Average frequency, volume, and rejection rates for contracts within the same enrollment size category of small, medium, or large and plan type. For the purpose of these report cards, plans refer to contracts.
- Volume of encounters submitted per 1,000 beneficiaries

Section 2

- Contract's volume of encounter data record (EDR) submissions
- Average submission volume of EDRs for the MA program within an assigned benchmarked region as well as for the MA program nationally
- Average volume of claims submissions for the Fee-For-Service (FFS) program within the same assigned benchmarked region and for the FFS program nationally
- Volume of EDRs and claims is presented per 1,000 beneficiaries

Section 3

- Submission volumes for four service types: professional, inpatient, outpatient, and durable medical equipment
- Average MA EDRs and average FFS claims in an assigned benchmarked region(s) as well as national averages for both programs by service type
- Volume is presented per 1,000 beneficiaries

Section 4

- Presents the data from which the Sections 2 & 3 charts were produced in table format

Section 5

- Comparison of a contract's Inpatient Hospital EDRs to FFS Inpatient No-pay claims¹

Section 6

- Presents the data from which the Section 5 charts were produced in table format

Note that Cost & PACE plans will not have reports for Sections 5 and 6.

We also have included **Technical Notes** containing detailed information about the methodology used in preparation of these report cards.

Questions and Comments

Questions and comments can be addressed to encounterdata@cms.hhs.gov with the subject heading "Encounter Data Report Card- Q1 2019." Thank you.

¹ To comply with FFS payment policies, inpatient hospitals must submit to CMS an information-only bill (also known as a "no-pay" bill) for each discharge of a MA enrollee. Thus, we expect an inpatient EDR for each inpatient hospital no-pay bill. See Chapter 3 of the FFS Claims Processing Manual on submission of these information only bills for Medicare Advantage enrollees, found on the CMS website at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf> for further information.