

*SCAN Health Plan
Provider Overview and Orientation*

*CMS Full Encounter
Data by January, 2012*

Presentation: March 23, 2011

CMS Full Encounter Data Agenda

- CMS Announcement and Overview
- Work Flow Overview
- Impact on Providers
- How SCAN Will Work With You
- Next Steps
- Q&A

CMS Full Encounter Data Announcement

- Oct 29th, 2010: CMS formally announced decision to transition to a new Encounter Data Processing System (EDPS) from the current Risk Adjustment Processing System (RAPS).
 - Measuring healthcare utilization in MA organizations
 - Calibrating MA specific Risk Adjustment models
 - Calculating disproportionate share hospital payments
- EDPS Target Production Date of January 2nd, 2012
- RAPS data submission will continue side-by-side during transition

CMS Full Encounter Data Overview

Complete Data Submission

RAPS: only face-to-face visits and IP Hospitalizations

EDPS: all encounters for all provider types

CMS FFS Adjudication of Encounter Data

RAPS: validate enrollment and DX codes

EDPS: FFS claims edits will be applied

Encounter Data and Report Format

RAPS: 5 data element flat file (member ID, DOS, DXcode, ProviderType) and report

EDPS: complete ANSI 837v5010 encounter with 999, TA1, 277U/S, and custom reports

CMS Full Encounter Data Overview

Complete Data Submission

MA must submit all data from all types of service, including:

- Inpatient Hospital
- Inpatient Rehab
- Inpatient Psychiatric
- Long Term Care
- Skilled Nursing
Inpatient/Swing Bed
- Skilled Nursing Outpatient
- Outpatient Hospital
- Community Mental Health
- Home Health (DME)
- End-Stage Renal Disease
- Critical Access Hospital
Inpatient/Swing Bed
- Critical Access Hospital
Outpatient
- Rural health Clinic
- Federally Qualified Health Center
- Outpatient Rehab
- Physician/Professional
- Clinical Laboratory
- Durable Medical Equipment
- Ambulatory Surgical Centers
- Ambulance
- Radiology

CMS Full Encounter Data Overview

Adjudication of Encounter Data

- RAPS Editing
 - Enrollment Edits
 - Duplicate Edits
 - DX Code Edits

- EDPS Editing*
 - Driver Edits
 - All Code, Coverage, and Clinical
 - Consistency Edits
 - Eligibility Edits
 - Duplicate Edits

** This is not a complete or final list*

CMS Full Encounter Data Overview

Encounter Data and Report Format

- Data collection changes from *5* elements to *all* elements of a HIPAA standard 5010.
- Encounter Data Processing System will only collect HIPAA compliant 5010 data.
 - o 837 – I (Institutional)
 - o 837 – P (Professional)

RAPS Data

- HIC Number
- Diagnosis Codes
- From Date of Service
- Through Date of Service
- Provider Type

EDPS Encounter Data

- All data elements from the HIPAA version ANSI v5010 format.

CMS Full Encounter Data Overview

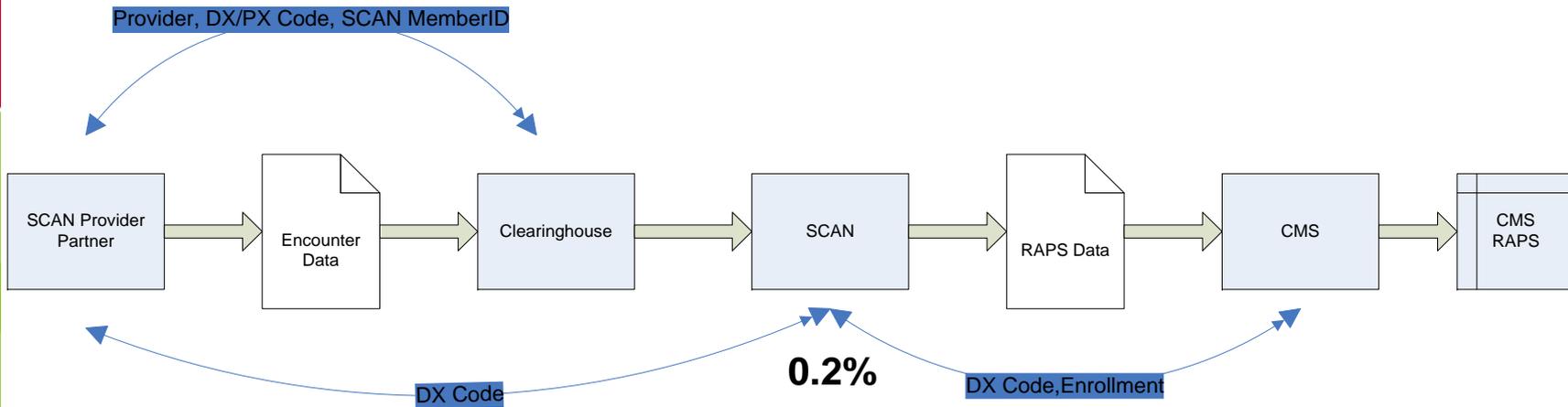
- MA Organizations must submit data within 12 months of the date of service.
- This is consistent with the Patient Protection and Affordable Care Act § 6404.

<http://thomas.loc.gov/cgi-bin/query/F?c111:7:./temp/~c111Mtknai:e2077346:>

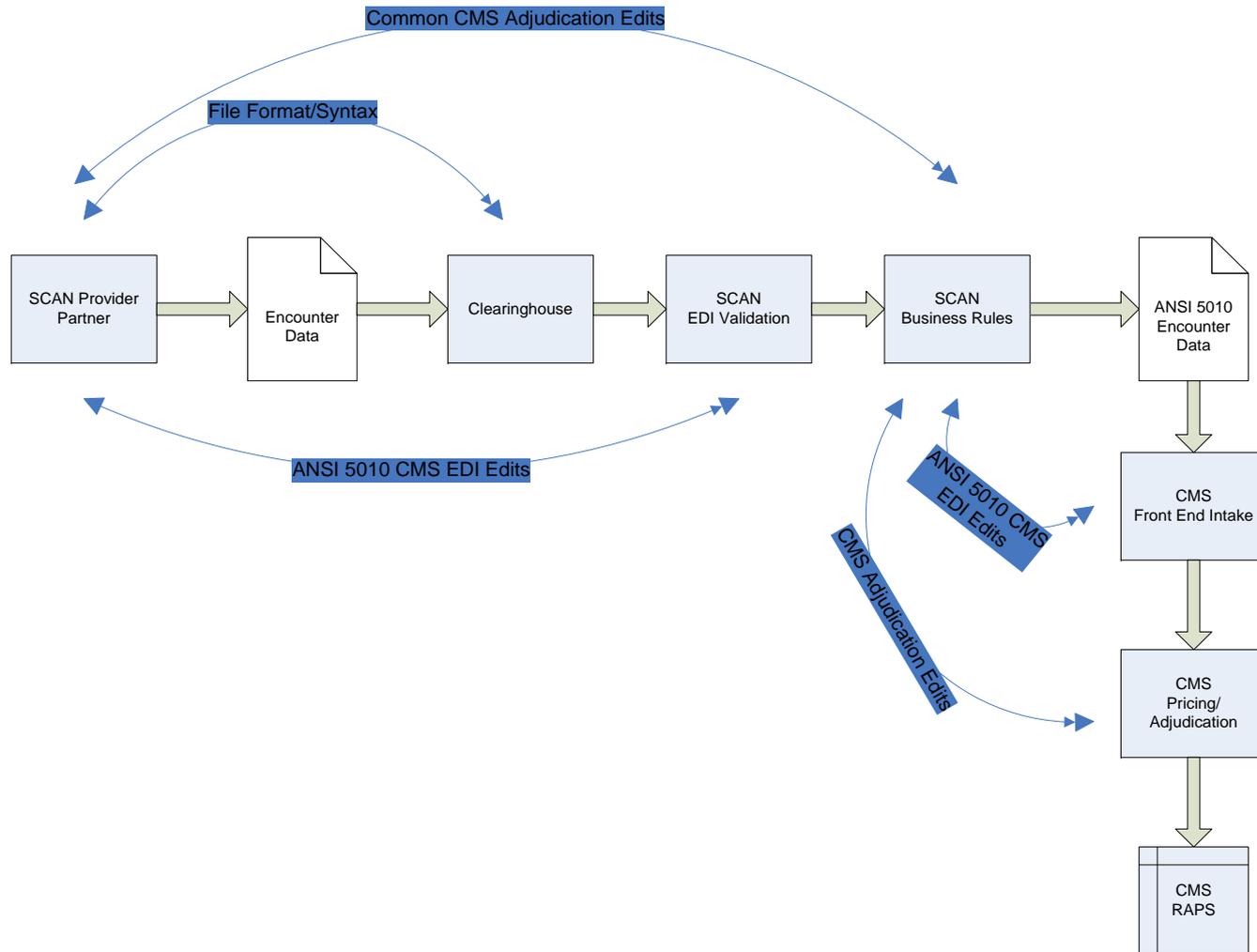
- This is also consistent with current data collection rules for Risk Adjustment, 42 CFR 422.310(g).

http://edocket.access.gpo.gov/cfr_2005/octqtr/42cfr422.310.htm

Workflow Overview : Current RAPS



Workflow Overview : New EDPS



CMS Full Encounter Data: Impact

Greatest impact of the Full Encounter Data collection and 5010 format will be:

- Scope of encounter data collection
 - More data, more services
- Accuracy of data
 - Provider identification
 - Codes and reference data
- Timeliness and completeness
 - supplemental data submissions
 - encounter data rejects response

CMS Full Encounter Data: Impact

You will need:

- An encounter extraction process which has access to all required and situational-required ANSI 5010-data elements
- To ensure that ALL your providers begin submitting claims or encounter data to you by 1/1/2012
- To develop a workflow and assign resources to handle the large increase in encounter rejections in a timely fashion

CMS Full Encounter Data: Impact

You will need to:

- Assess and adjust systems, file formats, and workflows in second and third quarter of 2011
- Test in the third and fourth quarter of 2011 your new formats and processes with SCAN and our clearinghouses
- Begin submitting 100% of all encounter data for all services by 1/1/2012

CMS Full Encounter Data - SCAN Help

SCAN is:

- Developing an assessment readiness tool and consulting program to help you independently determine your current status and needs
- Preparing:
 - A CMS Full Encounter Data-specific SCAN email address to allow dialogue with Provider Partners on specific questions
 - To publish answers to specific questions which may be helpful to all SCAN providers via FAQ's

CMS Full Encounter Data - SCAN Help

SCAN is:

- Publishing industry-wide CMS Full Encounter data updates and information to www.hccuniversity.com (sign up for blog!)
- Working with our clearinghouses to put together planning and tracking for all Provider Partner implementations of CMS Full Encounter Data

CMS Full Encounter Data: NEXT STEPS

Immediate Next Steps:

- Identify a specific individual to maintain contact and coordination with SCAN for the duration of this transition
 - there will be more webinars and Q&As
- Alert and prepare all of your downstream providers of the upcoming changes
- Prepare to work with SCAN on assessment
 - Assess your current technical (IT) status and transition capabilities
 - Assess workflow and resources for Encounter Data rejections
- Develop a plan to accomplish the transition
- Ask SCAN for help!

CMS Full Encounter Data: Unanswered Questions

- Are non-Medicare covered services part of this collection?
- Will the 12 month submission requirement apply to chart review and adjustment data?
 - Will there be an abbreviated data set for this additional data?
- What is the definition of an encounter? One claim form? One DOS? One service?
- Is the Full Encounter Data requirement driven by DOS or date submitted?
- How will supplemental (add-on) Encounter Data be added?

CMS Full Encounter Data: Some Topics to Consider

- SCAN receives a lot of encounters with V70.0; this DX code is routinely rejected in Medicare FFS claim adjudication. Valid Procedures and DX codes must be used.
- Providers may (contractually or otherwise) submit claims on incorrect forms (UB-04 instead of CMS-1500 and vice-versa).
- Chart reviews, audits, and validations may be required to be more timely due to filing limitations.
- NPI and Taxonomy information in NPPES for your physicians must be kept up to date
- Dental encounters may be required to be submitted

CMS Full Encounter Data

Q&A Session

CMS Full Encounter Data: Provider Partner Questions

- *Q: Has SCAN investigated whether your clearinghouses will be able to meet CMS requirements? A: Marc has talked to both Office Ally and DDD and they plan to be ready.*
- *Q: Do we need to change any of our processes or formats for the encounter data we submit to your clearinghouses? A: Yes. You will need to make whatever changes are needed to match the 5010 format requirements, and you will need to prepare for handling rejects.*

CMS Full Encounter Data: Provider Partner Questions

- *Q: What are some of the required fields in the 5010 that physicians are not submitting that we need to educate the physicians on? A: There are some but not many new fields in the 5010. The field sequences are different. There are some new data segments. Some fields have been removed. There are several new fields in the Ambulance area. There is little if any difference in the Physician data area.*
- *Q: Will we need to differentiate between a capitated claim versus a FFS claim in the 5010 file somehow? A: This is not yet completely clear. CMS may allow us to put zero dollars in an encounter indicating that it was for a capitated service. SCAN may make this differentiation on your data as part of the data scrubbing / preparation for transmission to CMS. More information will be provided when CMS provides the answers.*

CMS Full Encounter Data: Provider Partner Questions

- *Q: What is CMS's logic for dups in the 5010?*
 - *Q: What will be SCAN's dup logic when this is implemented?*
 - **A: CMS has not published their dup logic yet but it will be similar to their FFS side dup logic, based on information regarding the visit / service. True duplicates will reject. However, we will still need to send multiple versions of the encounter in order to get more than 6 diag codes. CMS will accommodate these addendums.**
- *Q: Are IPAs/Medical Groups required to go live with 5010 submission in 2011? A: No, but it is required as of January 2012.*

CMS Full Encounter Data: Provider Partner Questions

- *Q: What are the pros and cons of implementing 5010 this year from an IPA/MG perspective? A: Providers may begin using the 5010's this year if their other data trading partners are ready for them.*
- *Q: Can you define the scope and types of validation edits (FFS edits) that are going to be used for this project? A: We don't know for sure the scope and pricing of FFS edits. We are assuming worst case scenarios.*
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CMS Full Encounter Data: Provider Partner Questions

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- *Q: Can you define the scope and types of validation edits (FFS edits) that are going to be used for this project? A: We don't know for sure the scope and pricing of FFS edits. We are assuming worst case scenarios.*
- *Q: Is there any web site where we can download information about the claim validation edits? (not formatting edits) A: The web site to download claim validation edits and links to all these sites are in the HCC university blog.*

CMS Full Encounter Data: Provider Partner Questions

- *Q: Should we be making sure our edit system for Medicare fee-for-service members....expands to include our Medicare Advantage members for 2012?*
A: If you can, it will help a lot.
- *Q: If a medical group has an active upfront edit system in place, and corrections are made before encounters are sent to the clearinghouse, would this speed up the process for the Healthplans to handle up front edits for full encounter data....and move these encounters faster into the RAPS process?*
A: If you can, it will help a lot.

CMS Full Encounter Data: Provider Partner Questions

- *Q: Is SCAN going to do any data scrubbing before passing our encounter data to CMS? For example, are you going to run both 5010 formatting edits and FFS claim edits on your end to make sure that encounter data are “clean” before they are submitted to CMS? A: We WILL do data scrubbing. We will put any and all edits we can figure out into our edits so we reject BEFORE CMS rejects as it will be better for all of us if the rejection does not come from CMS .*
- *Q: What do you envision in terms of sharing the rejects with IPA/Medical Groups? Are you going to modify the existing provider portal to share the rejects there? Or are you going to produce reports? A: Existing portal and sharing rejects for providers – will be opened up to all providers for direct remediation of encounter rejection. We may produce other reports like the CMS rejection report that they can send corrections back.*

CMS Full Encounter Data: Provider Partner Questions

- *Q: Questions regarding Claim Timely Filing Requirements (12 months from DOS)*
 - *Does this requirement apply to both monthly and sweep encounter data submissions? A: Both. However sweep dates may change.*
 - *How does CMS plan to handle chart review/supplemental data? Does this requirement apply to Chart Review Data as well? A: We don't know HOW supplementation data will go in, but there will be a way. Note that all supp data must be associated w/ an already-submitted encounter.*

CMS Full Encounter Data: Provider Partner Questions

- *Q: Based on the bulletin SCAN sent to the groups re the transition EDPS system, it stated that the encounter submission deadline has been reduced by 1 year. So for ex, a DOS of Jan 2012 encounter must be submitted by Jan 2013 etc..? It's not like before where all 2012 DOS encounters would have a final submission deadline of sometime in late Jan 2014? A: it is our understanding they have started enforcing the 12 month rule already. Probably will not wave it for MA encounters. Some situations have 6 additional months, but don't know if that will continue.*

CMS Full Encounter Data: Provider Partner Questions

- *Q: We also submit some professional and institutional encounter data directly to the Medicare Advantage health plans in the Alternate Submission Format; how will that be impacted? A: We don't know HOW supplementation data will go in, but there will be a way. All supp data must be associated w/ an already submitted encounter*

CMS Full Encounter Data: Provider Partner Questions

- Q: Alternative submission has been a big help...and has provided a template method of sending data directly to Healthplans... shortening the time of data being sent to CMS. Is there a way.... SCAN can set-up a rejection format for alternative submission..... where a report can be generated immediately back to the medical group regarding all rejections of any kind (i.e. Member Plan # not recognized, CPT not linked to correct diagnosis, correct modifier missing, or any other problem). This would allow medical groups to review, correct, and re-submit encounter data in a timely manner....which I assume would help...and be extremely important...especially with full encounter submission requirements (CPT coding). **A: SCAN will be using our encounter data portal and/or a CMS Rejection Report in an Excel format. Either way, alternative submissions will continue, and we still need that data. We will need to be sure we have the orig encounter in our system.***

CMS Full Encounter Data: Provider Partner Questions

- *Q: Do you have a recommended checklist of all the things we need to do to get ready for CMS's Full Encounter Submission? A: We are developing a **Provider Readiness Assessment** which will serve this purpose.*
- *Q: Could you please describe what an IPA/MG should do in an ideal scenario? (if resource and time are not an issue, what can an IPA do to comply with CMS requirements and maximize RA?) A: **Already described earlier***

CMS Full Encounter Data

- Q&A -- When will we get answer re: whether MA-only services will need to be reported? – Probably in April 2011
- Q&A -- When will 12 month timely filing be enforced? -- It is our understanding they have started enforcing the 12 month rule already. Probably they will not wave it for MA encounters. Some situations have 6 additional months, but we don't know if that will continue.
- Q&A -- Will info on Supplemental Data input and other provider submissions also wait until June or July? -- We hope to have more guidance by May, but worst case may be June. However ... A new section in HCC University on 5010 encounter data and ICD-10 contains all info coming out of CMS for these topics

CMS Full Encounter Data

- Q&A – From SCAN staff – Should SCAN start reviewing 2011 data now to be safe: regarding the enforcement of the 12-mo timely filing window? – We are not sure but to be safe, yes.

CMS Full Encounter Data

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