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CENTER FOR MEDICARE

DATE: February 10, 2023

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

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

SUBJECT: Medicare Advantage Encounter Data Submission Performance Reports - Changes to Metrics in March 2023

Submission Performance Reports (SPRs) have been sent to Medicare Advantage Organizations (MAOs) since 2019 to help plans review instances where their encounter data submission patterns appear particularly low and for which technical assistance and feedback from CMS may be appropriate. The metric thresholds are designed to identify potential submission performance issues. MAOs are expected to review the reports and take any steps they deem necessary based on their review. CMS may send additional communication to MAOs that are outliers on various measures and may ask for one-on-one calls to better understand the MAO's data and processes for data capture and submission.

In both the 2018 and 2019 Medicare Advantage and Part D Rate Announcement and Call Letters, CMS set forth our approach to implementing encounter data submission performance metrics. We also discussed submission performance metrics (SPR) in several Health Plan Management System (HPMS) memos in 2017 and 2018, where we described the metrics and asked for feedback.[1] We released the first SPR metrics in August 2019, see "*Medicare Advantage Encounter Data Submission Performance Reports – August 2019.*"

The purpose of this memo is to announce updates to the metrics published in the SPRs beginning with the first quarterly release of 2023, which is currently scheduled to occur in March 2023. Since their inception, these reports have included three metrics that assess completeness by comparing encounter data (ED) to Risk Adjustment Processing System (RAPS) record submissions. Starting with calendar year 2022, however, RAPS data are no longer used to calculate Medicare Advantage risk scores (they are still used to calculate risk scores for Program for All-inclusive Care for the Elderly (PACE) organizations). Given this change in submission

[1] See November 1, 2017 HPMS memo describing the metrics and thresholds and soliciting feedback from stakeholders, entitled "*CMS Monitoring and Compliance of Encounter Data, Performance Metrics and Thresholds – For Comment,*" and August 20, 2018 HPMS memo finalizing encounter data submission performance metrics and thresholds, titled "*CMS Monitoring and Compliance of Encounter Data.*"

requirements, comparisons between RAPS and encounter data are no longer feasible. Therefore, CMS is eliminating current metrics based on RAPS comparisons[2] and introducing the following new metrics:

- C5: Low Submission Volume – Facility EDRs for Professional Inpatient Services
- C6: Low Submission Volume – Facility EDRs for Professional Emergency Room Services
- C7: Low Submission Volume – Dialysis Encounters for Beneficiaries Diagnosed with End-Stage Renal Disease (ESRD)
- C8: Low Submission Volume – EDR Submissions for High-Need Beneficiaries

All performance metrics and thresholds are calculated at the contract level. Contract-specific information, showing performance for each metric, will be available through the Encounter Data Report Card link on the HPMS portal:

> HPMS Home Page > Risk Adjustment > Encounter Data > Submission Performance Report

The reference period and included data for each new metric in the first quarterly 2023 report are shown below in Table 1. More detailed specifications for all metrics and thresholds are available in the technical notes that can be downloaded from the same location as the SPRs. The technical notes for all metrics are also below as an appendix to this memo, and an example of the report is available as an attachment to this memo. The example report contains two tabs, one displaying the original report and the other displaying the new report.

Table 1. Reference Periods & Encounter Data Used for Encounter Data Submission Performance Metrics

METRIC	DESCRIPTION	TIMEFRAME	ENCOUNTER DATA INCLUDED
Low Submission Volume – Facility EDRs for Professional Inpatient Services	Identifies the percentage of professional inpatient Encounter Data Records (EDRs) with a matching inpatient facility EDR.	01/01/2021 - 12/31/2021 (Service-through dates)	Final action EDRs

[2] The metrics being eliminated are:

- C2: Low Submission Volume – RAPS to Encounter Data Record (EDR) Matching – Beneficiaries with EDRs
- C3: Low Submission Volume – RAPS to EDR Matching – Beneficiaries with Professional EDRs
- C4: Low Submission Volume – RAPS to EDR Matching – Beneficiaries with Outpatient EDRs

METRIC	DESCRIPTION	TIMEFRAME	ENCOUNTER DATA INCLUDED
Low Submission Volume – Facility EDRs for Professional Emergency Room (ER) Services	Identifies the percentage of professional EDRs for services delivered in an ER with a matching EDR for outpatient ER, inpatient ER, or observation stay.	01/01/2021 - 12/31/2021 (Service-through dates)	Final action EDRs
Low Submission Volume – Dialysis Encounters for Beneficiaries Diagnosed with End-Stage Renal Disease (ESRD)	Identifies the percentage of beneficiaries continuously enrolled in the contract and with an ESRD diagnosis and no transplantation diagnosis reported on an EDR or CRR; and for whom the contract reported at least one EDR for dialysis in the service year.	01/01/2021 - 12/31/2021 (Service-through dates)	Final action EDRs; CRRs used to identify diagnoses
Low Submission Volume – EDR Submissions for High-Need Beneficiaries	Identifies the percentage of beneficiaries continuously enrolled in the contract and with at least three diagnosed chronic conditions reported on an EDR or CRR; and for whom the contract reported at least one EDR with a service-through date in the service year.	01/01/2021 - 12/31/2021 (Service-through dates)	Final action EDRs; CRRs used to identify diagnoses

Questions may be submitted to RiskAdjustmentOperations@cms.hhs.gov. Please specify, "Medicare Advantage Encounter Data Submission Performance Reports - Changes to Metrics" in the subject line. Thank you.

Appendix

SUBMISSION PERFORMANCE REPORT – Technical Notes[3]

1) Measure: O1: Failure to Complete Certification Process

Title Description: Identifies contracts that began submission of encounter data (ED) within 4 months of the contract's effective date but have not completed certification.

Metric: This metric identifies a contract that has not met certification requirements for Institutional, Professional, and DME submissions.

Primary Data Source: Encounter Data Front-End System (EDFES)

Data Source Description: The data for this measure come from CMS predefined certification criteria.

Data Time Frame: Four months after the start of the current program year. The current report reflects the 2022 certification period.

Threshold: A contract meets the criterion for a green light[4] if it completes certification requirements.

Frequency of Assessment: Quarterly

2) Measure O2: Failure to Submit Any Accepted ED

Title Description: Identifies contracts that had no accepted ED for the 2021 submission year.

Metric: This metric identifies a contract that had enrollment, but no accepted ED submissions in the enrollment year. Values marked as N/A (not applicable) indicate that the contract was not active in the reference year.

Primary Data Source: ED

Data Source Description: The data for this measure come from ED files submitted to CMS. All records submitted in calendar year 2021 were used.

Data Time Frame: 01/01/2021 - 12/31/2021 (Submission dates)

Threshold: A contract meets the criterion for a green light if it submitted any ED with submission dates in the referenced calendar year.

Chart Review Records (CRRs) Included: Yes

Frequency of Assessment: Quarterly

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[3] See Terms and Definitions section at end of this document for details on terms used in the technical notes.
[4] Each metric is assessed against the threshold. A green light means that the contract met the threshold. An orange light means that a contract did not meet the threshold and should assess its submission procedures for opportunities to improve reporting.

3) Measure O3: Excessive Submission at End of Submission Window

Title Description: Excessive submission of encounter data during the end of the risk adjustment submission period.

Metric: The numerator for this metric is the total number of encounter data records (EDRs) and CRRs submitted during the end of the risk adjustment submission period. For payment year 2021, the numerator is the number of EDRs and CRRs with 2020 dates of service, submitted between June 1, 2022 and August 1, 2022. The denominator is the total of EDRs and CRRs with 2020 dates of service, submitted on or before the risk adjustment deadline (August 1, 2022). Values marked as N/A (not applicable) indicate that the contract was not active in the reference year.

Primary Data Source: ED

Data Source Description: The data for this measure come from ED files submitted to CMS. All ED submitted for service year 2020 were used.

Data Time Frame: 01/01/2020 - 12/31/2020 (Service through dates)

Threshold: A contract meets the criterion for a green light if less than 27% of submissions of EDRs and CRRs occurred in the two months prior to the August 1, 2022 risk adjustment deadline (that is, from June 1, 2022 through August 1, 2022). On average, contracts submit 9% of records each month. This threshold defines excessive submission as submitting three or more months of data at the average submission rate (9% times 3) in the final two-month period.

Chart Review Records Included: Yes

Frequency of Assessment: Annual

4) Measure C1: Low Submission Volume – Overall

Title Description: Low number of EDRs and CRRs per beneficiary in service year 2020 compared with one-third of the average value among contracts of the same organization type.

Metric: This metric compares the number of EDRs and CRRs submitted by a contract for service year 2020 to the number submitted by other contracts of the same organization type. It is calculated among contracts that submitted at least one EDR or CRR, reported at least one beneficiary, and were active as of February 2023. The numerator is the number of EDRs and CRRs submitted by the contract. The denominator is the number of beneficiaries enrolled in that contract at any time in 2020. The number of contracts per organization type is shown in Table A-1 below. Values marked as N/A (not applicable) indicate that the contract was not active in the reference year. Also, for 1876 cost contracts and 1833 Health Care Prepayment Plans (HCPPs), values are marked as N/A (not applicable), whether or not ED were submitted for services not paid directly by CMS.

Primary Data Source: ED

Data Source Description: The data for this measure come from ED files submitted to CMS. All records submitted with service through dates in 2020 were used.

Data Time Frame: 01/01/2020 - 12/31/2020 (Service through dates)

Threshold: A contract meets the criterion for a green light if its metric value is greater than 33% of the average number of EDRs and CRRs per beneficiary among contracts of the same organization type. The threshold value is recalculated annually with the data pull for the first quarterly report and held constant for the following three quarterly reports.

Exclusions: Results for 1876 and 1833 Cost contracts appear as N/A (not applicable).

Chart Review Records Included: Yes

Frequency of Assessment: Quarterly

Table A-1. Organization Types, Number of Active Contracts in February 2023, and Threshold Values for Measure C-1[5]

Organization Type	Number of Contracts	C1 threshold value
1. 1876 cost	6	N/A
2. Demo	27	11.17
3. HCPP – 1833 Cost	8	N/A
4. Local/Regional Coordinated Care Plan (CCP)	553	10.31
5. Medical Savings Account (MSA)	2	4.88
6. National Program of All-inclusive Care for the Elderly (PACE)	136	13.57
7. Private Fee-For-Service (PFFS)	5	9.77

5) Measure C5[6]: Low Submission Volume – Inpatient Facility EDRs matching Professional Inpatient Services

Title Description: Low rate of facility EDRs matching professional inpatient services.

Metric: This metric identifies the percentage of professional inpatient EDRs with a matching inpatient facility EDR submitted by the contract. The numerator is the unduplicated number of inpatient facility EDRs submitted by the contract with the same beneficiary ID as on a professional EDR with an inpatient location of service, and (1) an admission date less than or equal to the service-through date on the professional EDR; and (2) a discharge date greater than or equal to the service-through date on the professional EDR. A single inpatient facility

[5] Note that these numbers may change when the report is run in March 2023.
[6] Measures C2, C3, and C4 were retired in 2023 and therefore the notes for these metrics are discontinued.

EDR may match to multiple professional EDRs. The denominator is the number of professional EDRs with an inpatient location of service submitted by the contract with a service-through date in 2021.

Primary Data Sources: EDRs

Data Source Description: The data for this measure come from EDRs submitted to CMS. All EDRs submitted for service year 2021 were used.

Data Time Frame: 01/01/2021 - 12/31/2021 (Service through dates)

Threshold: A contract meets the criterion for a green light if its metric value is greater than fifty percent (50%) of the average rate among contracts of the same organization type. The threshold value is recalculated annually with the data pull for the third quarterly report and held constant for the following three quarterly reports.

Exclusions: Results for 1876 and 1833 Cost contracts appear as N/A (not applicable).

Chart Review Records Included: No

Frequency of Assessment: Quarterly

6) **Measure C6: Low Submission Volume – Facility EDRs matching Professional Emergency Room (ER) Services**

Title Description: Low rate of facility EDRs matching professional ER services

Metric: This metric identifies the percentage of professional EDRs for services with an ER place of service with a matching facility EDR (inpatient or outpatient) for an ER visit or observation stay. The numerator is the unduplicated number of inpatient facility EDRs that match to a professional record submitted by the contract with the same beneficiary ID and an ER or observation stay revenue code. A single facility EDR may match to multiple professional ER EDRs. A matching facility EDR is identified as:

(1) an *outpatient* ER or observation stay EDR with a service-from date on, or one day before, the professional ER service-through date; or a service-through date on, or one day after, the professional EDR service-through date; or

(2) an *inpatient* ER or observation stay EDR with an ER or observation stay revenue code and a service-from date up to 3 days after the professional EDR service-through date.

The denominator is the number of professional EDRs for services with an ER place of service and with a service-through date in 2021.

Primary Data Sources: EDRs

Data Source Description: The data for this measure come from EDRs submitted to CMS. All EDRs submitted for service year 2021 were used.

Data Time Frame: 01/01/2021 - 12/31/2021 (Service through dates)

Threshold: A contract meets the criterion for a green light if its metric value is greater than sixty-seven percent (67%) of the average rate among contracts of the same organization type.

The threshold value is recalculated annually with the data pull for the third quarterly report and held constant for the following three quarterly reports.

Exclusions: Results for 1876 and 1833 Cost contracts appear as N/A (not applicable).

Chart Review Records Included: No

Frequency of Assessment: Quarterly

7) **Measure C7: Low Submission Volume – Dialysis Encounters for Beneficiaries Diagnosed with End-Stage Renal Disease (ESRD)**

Title Description: Low rate of beneficiaries with an ESRD diagnosis for whom the contract submitted at least one dialysis EDR.

Metric: This metric identifies the percentage of continuously enrolled beneficiaries with an ESRD diagnosis and no transplantation diagnosis reported on an EDR or CRR, for whom the contract reported at least one EDR for dialysis in the service year. The numerator is the number of beneficiaries continuously enrolled in the contract in 2021 with an ESRD diagnosis reported on an EDR or a CRR for whom no transplantation diagnosis is reported on an EDR or CRR, and the contract reported at least one EDR for dialysis in the service year. The denominator is the number of beneficiaries continuously enrolled in the contract in 2021 with an ESRD diagnosis reported on an EDR or a CRR, and for whom no EDR or CRR with a service-through date between January 1, 2021 and December 31, 2021 includes a transplantation diagnosis.

Primary Data Sources: Dialysis services are identified from EDRs. Diagnoses identified are reported on EDRs or CRRs. CRRs are used only to identify diagnoses.

Data Source Description: The data for this measure come from ED files and Medicare enrollment data files submitted to CMS. ESRD and transplantation diagnoses are as reported on EDRs or CRRs. Medical Evidence Forms submitted by dialysis networks to CMS are used only to calculate contract-specific thresholds.

Data Time Frame: 01/01/2021 - 12/31/2021 (Service through dates)

Threshold: Thresholds are contract-specific values. A contract meets the criterion for a green light if the percentage of beneficiaries in the denominator with at least one dialysis encounter, and for whom a dialysis network submitted a Medical Evidence Form to CMS, is greater than 80% of the average performance rate. The average performance rate is calculated as the percentage of beneficiaries with at least one dialysis EDR, among beneficiaries for whom a dialysis center submitted a Medical Evidence Form to CMS, averaged among contracts of the same organization type. The threshold value is recalculated annually with the data pull for the third quarterly report and held constant for the following three quarterly reports.

Exclusions: Beneficiaries who were not continuously enrolled during the service year or had a kidney transplantation diagnosis on an EDR or CRR with a service-through date in 2021 are excluded. Results for 1876 and 1833 Cost contracts appear as N/A (not applicable).

Chart Review Records Included: Only to identify ESRD and transplantation diagnoses.

Frequency of Assessment: Quarterly

8) **Measure C8: Low Submission Volume – EDR Submissions for High-Need Beneficiaries**

Title Description: Low rate of beneficiaries with multiple chronic disease diagnoses for whom the contract reported at least one encounter data record.

Metric: This metric identifies the percentage of continuously enrolled beneficiaries with at least three diagnosed chronic conditions and for whom the contract reported at least one EDR with a service-through date in service year 2021. The numerator is the number of beneficiaries continuously enrolled in the contract in 2021 with at least three diagnosed chronic conditions reported on EDRs and CRRs with a service-through date in any month of the lookback period while enrolled in the contract, and for whom the contract reported at least one EDR with a service-through date in 2021. The denominator is the number of beneficiaries continuously enrolled in the contract in 2021, with at least three diagnosed chronic conditions reported cumulatively on EDRs and CRRs with a service-through date in any month of the lookback period while enrolled in the contract. Chronic conditions are defined based on Chronic Condition Warehouse (CCW) logic, available at https://www2.ccwdata.org/web/guest/condition-categories. The lookback period includes EDRs and CRRs with either (1) 2019 and 2020 service through dates or (2) 2020 service through dates, depending on condition specific CCW logic.

Primary Data Sources: Encounters are identified from EDRs. Diagnoses identified are reported on EDRs or CRRs. CRRs are used only to identify diagnoses.

Data Source Description: The data for this measure come from ED files and Medicare enrollment data files submitted to CMS. Chronic condition diagnoses are as reported on EDRs or CRRs.

Data Time Frame: 01/01/2021 - 12/31/2021 (Service through dates)

Threshold: A contract meets the criterion for a green light if the percentage of continuously enrolled high-need beneficiaries with at least one EDR is greater than ninety percent (90%) of the average rate among contracts of the same organization type. The threshold value is recalculated annually with the data pull for the third quarterly report and held constant for the following three quarterly reports.

Exclusions: Beneficiaries who were not continuously enrolled in a contract during 2021 are excluded. Results for 1876 and 1833 contracts appear as N/A (not applicable).

Chart Review Records Included: Only to identify chronic conditions.

Frequency of Assessment: Quarterly

Data Pull Date: MMDDYYYY

TERMS AND DEFINITIONS

1) "Contract" refers to the contract submitting the encounter data.
2) "Continuously enrolled" means enrolled in one contract for the entire service year.
3) "Encounter Data" refers to all encounter data records (EDRs) and chart review records (CRRs) submitted to CMS and processed through CMS' Encounter Data Processing System.
4) "Encounter Data Records (EDRs)" are those records that are submitted to report an item or encounter, and not for the purpose of reporting diagnoses alone (which are submitted on Chart Review Records). All EDRs referenced herein are final accepted encounter records.
5) "Organization type" refers to any of seven organization types which include 1876 Cost, Demo, HCPP-1833 Cost, Local/Regional CCP, MSA, National PACE, or PFFS.
6) In measures C5 and C6, "Unduplicated" in the numerator definition refers to logic that counts multiple matching inpatient facility EDRs, if any, as a single match.