DEPARTMENT OF HEALTH & HUMAN SERVICES
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CENTER FOR MEDICARE

DATE: October 17, 2019

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

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

SUBJECT: Medicare Advantage Encounter Data – Announcement of Data Exchange Reports - ***Clarification***

The purpose of this memo is to announce the upcoming availability of a new report, called the Encounter Data – Data Exchange. The Data Exchange Reports are intended to improve the accuracy of data submissions for key data fields and identify potential areas of incomplete submissions.[1] The reports will notify Medicare Advantage Organizations (MAOs) of the current status of 14 data analyses. Later this year, we will send a separate HPMS memo informing MAOs when the reports are available for review.

Like the Encounter Data Report Cards and Submission Performance Reports, the Data Exchange Reports will be posted to HPMS and will be at the contract-level.

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

Each Data Exchange Report will contain one tab for each of the 14 data analyses listed in Table 1, and two additional tabs (labeled README and TECHNICAL NOTES). Data Exchange Reports will be produced for all contracts, including those with no errors identified across all analyses. All reports will include a README and TECHNICAL NOTES tab. Technical Notes describing the analyses will be provided in the tab labeled "TECHNICAL NOTES" and a summary of the number of errors will be provided in the tab labeled "READ ME."

The analysis-specific tabs will only be 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 errors in the discharge status code field based on CMS

[1] 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).

analysis. If none of the analyses identifies errors 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 9 analyses listed in Table 1 are related to accuracy and completeness of reporting for specific data fields. The last 5 analyses are aimed at assessing the completeness of submissions (i.e., indicators that not all encounter data records have been submitted). As such, the Medicare Beneficiary Identifier will be provided for the last 5 analyses in addition to other relevant information.

The Data Exchange Reports are focused on the service year for the upcoming payment submission deadline in order to allow MAOs to address issues and resubmit data prior to a deadline. The first round of reports will be available on HPMS and will be for dates of service in 2018 (the upcoming deadline for the final model run for payment year 2019 is January 31, 2020). In calendar year 2020, we plan to release two data exchange reports focusing on records with dates of service in 2019.

Table 1. Data Exchange Analyses

Analysis	Description
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.
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 beneficiary identifier	The beneficiary identifier on the encounter record does not match any beneficiary identifier reported as enrolled in the same month and year as the encounter service through date. The beneficiary identification number is the Medicare Beneficiary Identifier (MBI), or otherwise the beneficiary's health insurance claim number (HICN).
Invalid beneficiary date of birth	The DOB value reported on the encounter record does not match the DOB value on the beneficiary eligibility record.
Invalid Billing NPI	The billing NPI value reported on the encounter record does not match any value in the NPPES Downloadable File (at https://nppes.cms.hhs.gov/#/) as of the service-through date on the encounter record.

Analysis	Description
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 https://nppes.cms.hhs.gov/#/) as of the service-through date on the encounter record.
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 full-year enrolled beneficiaries.
HEDIS 2018 numerator analyses (missing EDRs):	
Diabetic eye exam	The beneficiary HICN or MBI reported in the HEDIS metric numerator does not match to a qualifying encounter record with a through date relevant to the metric. Qualifying encounters for each metric are identified consistent with the HEDIS 2018 technical specifications for 2017 HEDIS measures (available at: https://www.ncqa.org/wp-content/uploads/2018/10/20171002_HEDIS_2017_OctoberUpdate.pdf). The encounter observation period for these measures may be longer than indicated in the technical specifications. More specific information on how encounters are identified for each metric are provided in the technical notes tab of the data exchange.
Breast cancer screening	
Colorectal cancer screening	
Medication reconciliation post discharge	

The data exchange reports and technical notes are intended to provide submitters with the opportunity to review and improve submission processes. CMS requests a written explanation for the detected errors, a description of any action that is planned or in progress to prevent further errors 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. Please submit this information to EncounterData@cms.hhs.gov.

Please reference "Response to Data Exchange Reports" and your contract ID in the subject line of the email. CMS encourages MAOs to review the Data Exchange Reports and take reasonable measures to resubmit corrected data or submit missing records to the extent possible, prior to the final risk adjustment submission deadline. Please submit comments or questions to EncounterData@cms.hhs.gov. Please reference "Encounter Data – Data Exchange Reports 2019" and your contract ID in the subject line of the email. Thank you.