

Rising to the Challenge!

RISE Update: Transitioning from RAPS to Encounter Data Submissions

December 2010 Edition

CMS recently held an informational session as a first step in educating plans on the transition from RAPS to Encounter Data Submissions. RISE staffers interviewed several experts in the field to get their perspectives on the key items CMS covered and, more importantly, what CMS did not address, and the questions that remain.

Timeline

CMS outlined a timeline for the conversion, starting with front-end testing beginning March 30, 2011, with a May 7, 2012 target date for going live. In April 2011, the first test files will need to be submitted. From Dec. 2010 to May 2011, working groups will meet to discuss further implementation details. November 15, 2010 is the deadline to register for a working group. There will be a maximum of 50 people in each group, but CMS has not indicated how the members will be selected.

Reasons for Moving to EDPS

A primary reason to move to EDPS is to better monitor cost utilization for setting rates and for other reasons. Utilization of EDPS data may expand to areas such as: quality, program trending, HEDIS measures, expense monitoring, fraud control and performance measures. As one person noted, "CMS' objective in collecting full encounter data is way beyond risk adjustment."

Key Implementation Issues Addressed

Our experts noted several important areas for plans to keep in mind:

- Plans will need to run parallel RAPS and EDPS systems until CMS testing is complete
- Encounter data must be submitted at least monthly
- Both plans and providers will need to transition to using the 5010 format; there are many data points in this form as compared to the five-item data submission required for RAPS
- Sweeps dates will stay the same
- Plans will have twelve months from the date of service to submit data
- Plans will no longer have to filter data

Other Important Points

- "Encounter data" is not just claims, it's actually the re-grouping of claim data
- Once CMS has published a companion guide for creating 5010 encounters, then the details of these re-groupings will be more specific. But it does not seem that this companion guide would be similar to the UB encounter reporting requirement by CMS of a few years ago.
- Encounters may include medical equipment, vision, nursing facilities, and more
- Eventually, incentives and penalties may be applied
- Medicaid plans have been submitting encounter data for many years. Each state has its own complexities. Some Medicaid plans have had problems in submitting encounter data because they haven't paid enough attention to the encounter data processing requirements
- Encounter processing is not a simple technical issue; it impacts the plans in their overall business operations: financial controls, operational controls and the handling of data discrepancies, for example
- Data submissions must be accurate, complete and timely
- CMS intends to benchmark against fee-for-service data, but plans to use encounter data to calculate the risk adjustment model going forward
- CMS also intends to use encounter data to refine the Star Rating System
- CMS will accept data from both paid and denied but adjudicated claims. There was no discussion of the proven high error rate in claims-based risk adjustment submissions. According to one interviewee, "It almost seems like they are ignoring the recent RADV experience."
- CMS didn't address the problem of obtaining data from systems (like those that are fully capped) that do not submit claims for services

Remaining Questions

Every expert interviewed emphasized that a crucial issue is the lack of any provision at this time for submitting data other than electronic claims. For example, one interviewee noted that approximately 40% of her plan's claims are paper claims. Several people noted that CMS seemed "shocked" that there were still so many paper claims.

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In addition, plans are apprehensive about provisions for submitting data for chart reviews and prospective health assessments. At this point, it's unclear how that data can be submitted under the new system, even though a great deal of plan revenue depends on these submissions.

Plans were also concerned that CMS has not specified their new requirements in enough detail for the plans to budget and effectively design their systems to handle EDPS. One executive noted that her plan's 2011 budget is "pretty much already allocated," at this point, so they will have to fund system changes through the reprioritization of projects that have already been approved for 2011.

Some interviewees expressed concern that the data points on the 5010 form don't necessarily match up well with plans' current data. Other potential difficulties might include handling transaction rejects, amendments to claims, and the error correction process overall, in addition to the issue of submitting data from alternate sources.

The experts also said that there is currently no consensus on how long the RAPS and EDPS systems will need to run in parallel, and no answer as to how plans can reconcile these two systems, since one will contain filtered data and the other unfiltered.

Outlook

Some interviewees expressed doubt that the CMS target dates can be met, given the many unanswered questions. But they indicated that the working groups are supposed to come up with answers to many of the remaining issues and concerns.

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Contributors

RISE would like to thank the following for their contributions to this update:

Behzad Mohazzebi, **DCA**

Kimberly D. Stone, **PRESBYTERIAN HEALTH PLAN**

Lesley Weir, **VIVA HEALTH, INC.**

Jack McCallum, **CENSEO HEALTH**

Kimberly Bresnan, **WELLPOINT**

**Don't miss the inaugural meeting of RISE,
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March 27-29 at the Downtown Hilton in Nashville.
Call Cathy Cuomo for details: 704-341-2438.**