DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

DATE: March 25, 2022

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

Staff

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

SUBJECT: Encounter Data Front End System Edit Updates

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the systems related to accepting and processing encounter data to support the Medicare Advantage (MA) program. The changes described in this memo impact edits within the Encounter Data Front End System (EDFES) and are effective for encounter submissions beginning April 2, 2022.

The EDFES uses a translator as part of its process of receiving encounter data files, performing syntactical editing, and translating the files into the CMS defined flat file. CMS transitioned from the Sybase translator product to TIBCO on July 22, 2019 on account of discontinued support for the previously utilized translator product used for ASC X12 TR3 editing (for reference see the June 25th 2019, HPMS memo "2019 Encounter Data Front-end System Translator Software, Reference Data Updates, and Guidance on Submission of Partially Capitated Encounters").

There are variations in how each translator edits incoming data and CMS has recently identified three edits that were active in Sybase, but that were not activated in TIBCO in the same manner. Effective with this release, CMS will update the identified edits within the TIBCO translator for data files that are accepted after their activation.

Specifically, two edits for DME records (Payer ID 80887) will be activated to prevent invalid amounts (amounts > \$99,999) in the Total Claim Charge Amount and the Line Item Charge Amount. Note that these edits are already activated for Professional records and these edits do not apply to Institutional records.

The third edit will be activated for all encounter data records to prevent duplicate Payer Responsibility Sequence Number Codes when submitted.

In summary, as of 04/02/2022 the following edits will be activated:

837P Edit Reference	Element	TA1/ 999/ 277CA	Accept /Reject	Disposition/Error Code	Edits
X222.157.2300.CLM02.040	CLM02	277CA	R	CSCC A7: "Acknowledgement/Rejected for Invalid Information" CSC 512: "Length invalid for receiver's application system" CSC 178: "Submitted Charges"	2300.CLM02 must be >= 0 and <= 99,999.99.
X222.351.2400.SV102.030	SV102	277CA	R	CSCC A7: "Acknowledgement/Rejected for Invalid Information" CSC 512: "Length invalid for receiver's application system" CSC 583: "Line Item Charge Amount"	2400.SV102 must be <= 99,999.99.
X223.354.2320.SBR01.030	SBR01	999	R	IK403 = 7: "Invalid Code Value"	Each iteration of 2320.SBR01 must contain a different code value (each code value may appear in one and only one SBR01 element).

Questions can be submitted to CSSC Operations at <u>CSSCoperations@palmettogba.com</u>. Please specify "Encounter Data Front End System Edit Updates" in the email subject line. Thank you.