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MEDICARE PLAN PAYMENT GROUP**

DATE: August 28, 2018
TO: All Medicare Advantage Organizations, PACE Organizations, Medicare-Medicaid Plans, Section 1833 Cost Contractors and Section 1876 Cost Contractors, and Demonstrations
FROM: Jennifer Harlow, Deputy Director, Medicare Plan Payment Group
SUBJECT: Additional Guidance for Chart Review Record (CRR) Submissions

This memo is a follow-up to the April 9, 2018 HPMS memo “Guidance for Chart Review Record (CRR) Submissions” and provides clarification of the guidance provided in the referenced memo based on questions we have received from stakeholders. In the April 9 memo, we stated the following requirements for CRR submissions:

1. A CRR should only be submitted for the purpose of modifying risk adjustment diagnosis data for a Medicare Advantage enrollee.
2. Default HCPCS codes must be submitted consistent with the CMS filtering logic: diagnoses that are disallowed for risk adjustment should not be submitted with default HCPCS codes that would cause the diagnoses to be allowed for risk adjusted payment. Similarly, other data elements, such as the dates of service, should preserve the integrity of the associated encounter and medical record from which the CRR was created.
3. Items or services provided to an enrollee under the plan must be reported on an EDR. A CRR should not be the only record with information about a healthcare item or service provided to a plan enrollee.

The April 9, 2018 HPMS memo was intended to clarify the role of chart review records as part of the Encounter Data System, and reflected existing requirements for the submission of encounter data. It was not intended to provide new guidance for how to submit encounter data records and chart review records. Specifically, MAOs and other submitting organizations are required to “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” (42 CFR 422.310(b)). CMS has provided guidance that Encounter Data Records (EDRs) are the means for meeting this requirement. Through our ongoing conversations with MAOs, we understand that not all data is always available to fully populate each EDR for submission, and we are committed to working with MAOs to provide technical assistance, clarify guidance, and identify solutions in specific situations so that complete data can be submitted.

Given the requirement to report all items and services provided to your enrollees, our statement that a chart review record should not be the only record with information about a healthcare item

or service provided to a plan enrollee is within the context that all encounters should be reported. The intent of that language was to indicate that chart review records should not be submitted in lieu of encounter data records. However, *this guidance does not require that chart review records be linked to a previously submitted EDR*; an MAO's use of linked or unlinked chart review remains their decision.

The April 9, 2018 memo also does not preclude guidance that MAOs can submit diagnoses on CRRs for prior periods when a beneficiary was enrolled in the plan of another MAO. In this case, the previously-enrolling MAO would submit the EDR.

Note that CMS is not introducing new edits into the Encounter Data System, but merely stating that the guidance regarding the submission of CRRs exists along with the requirement for each MAO to submit complete encounter data.

We welcome MAOs to submit questions or additional information on data elements that are difficult to collect to encounterdata@cms.hhs.gov.