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DATE: October 4, 2019

TO: All Medicare Advantage Organizations, PACE Organizations, Medicare-Medicaid Plans, Section 1833 Cost Contractors, and Demonstrations

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

SUBJECT: Encounter Data Report Card Re-design

On October 17, 2018, CMS released a Health Plan Management System (HPMS) memorandum titled, “Proposed Updates to Encounter Data Report Cards-For Comment.” We appreciate the thoughtful responses submitted by 11 organizations. CMS reviewed the feedback received and has made updates to the Encounter Data Report Cards. This memorandum provides information on the finalized format and content of Encounter Data Report Cards.

The redesigned report cards contain the following enhancements:

- Format changes to make the data machine readable (e.g., removal of merged cells for headings)
- Separate encounter data records from chart review records in Sections 1 & 2
- Changes to benchmarks (records per beneficiary instead of records per 1,000 beneficiaries, addition of contract type)
- Addition of Section 1B to provide information on a contract’s top 5 edits
- Removal of Sections 5 and 6 analysis matching inpatient encounter data records to hospital-submitted claims data (“no-pay claims”)

CMS expects to release the redesigned report cards in October 2019. An HPMS memo will announce the release of the report cards. CMS will continue to distribute report cards via HPMS:

HPMS Home Page > Risk Adjustment > Encounter Data Report Card > 2019 October Update

Revised Report Card Contents

Section 1A

- Contract’s submission frequency of encounter data by quarter for the last five quarters
- Information on rejection rate of submissions (at both the header and line level)
- Average frequency, volume, and rejection rates for contracts within the same enrollment size

category of small, medium, or large and contract type

- Volume of encounters submitted per beneficiary
- Volume of chart reviews submitted per beneficiary

Section 1B

- Contract's top five most frequently occurring edits for the last quarter (on a monthly basis) at both the 277 and MAO-002 levels
- The number of encounter data records affected by said edits

Section 2A

- Contract's submission volume by service year for the last three service years, compared against both the totals for the Medicare Advantage Program, a regional benchmark for contracts in the same geographic region, and an average of the similar contract types within the region
- Average volume of claims submissions for the Fee-For-Service (FFS) program within the same assigned benchmarked region and for the FFS program nationally
- Volume of EDRs, CRRs, and FFS claims is presented per beneficiary
- Submission volumes for six service types: professional, inpatient, outpatient, durable medical equipment, home health, and skilled nursing facility

Section 2B

- Presents the data from 2A in chart form on a per beneficiary basis
- Does not include chart review records

We also have included **Technical Notes** containing detailed information about the methodology used in preparation of these report cards. Please note that the technical notes can also be downloaded from HPMS when downloading the report card, by clicking on the "Technical Notes" link located on the same page as the report card.

Questions and comments can be addressed to encounterdata@cms.hhs.gov with the subject heading "Encounter Data Report Redesign."

ENCOUNTER DATA REPORT TECHNICAL NOTES

October 2019

The Quarter 3 of 2019 report will be based on encounter data records (EDRs) and chart review records (CRRs) that were extracted from CMS' data warehouse on October 11, 2019. Section 1 includes encounters submitted from July 1, 2018 to September 30, 2019 and includes FFS claims with service dates since January 1, 2015. Section 2 includes submission records with service dates between January 1, 2017 and September 30, 2019.

SECTION 1A. SUBMISSION VOLUME

Section 1A includes the following information:

- a. **Name:** Name of the contract submitting the encounter data record.
- b. **Parent Organization:** Name of organization overseeing contract
- c. **Contract:** Contract Number for the contract submitting the encounter data record.
- d. **Enrollment:** The number of enrolled beneficiaries in February of the indicated year.
- e. **Contract Size:** Large contracts are defined as those with more than 100,000 enrolled beneficiaries; medium contracts are defined as those with 50,000 to 100,000 enrolled beneficiaries; small contracts are defined as those with fewer than 50,000 enrolled beneficiaries.
- f. **Organization Type:** There are 8 organization types: 1876 Cost Plans, 1833 Cost Plans, Demonstration (Demo) Plans, Local Coordinated Care Plans (CCPs), National PACE Organizations, Private Fee for Service (PFFS) Plans, Medical Savings Account (MSA) Plans, and Regional CCPs. The report combines information for 1876 and 1833 Cost Plans, Local and Regional CCPs, and for MSA and PFFS Plans for the purpose of comparing contract-level data.
- g. **Total Number of Submissions:** The count of submissions during the quarter, including both EDRs and CRRs.
- h. **Number of Weeks/Bi-Weeks/Months with Submission:** Depending on the contract size, the number of minimum submission periods that include at least one submission. The minimum submission frequency requirement for each contract size is shown in Table 1.
- i. **Number of Weeks/Bi-Weeks/Months in a Quarter:** Number of minimum submission periods in the quarter.

- j. **Percent of Weeks/Bi-Weeks/Months Submitted:** Percent of minimum submission periods that include at least one submission.

Table 1: Contract size submission frequency requirements

Contract size	Number of Enrolled Medicare Beneficiaries	EDR Minimum Submission Frequency
Large	Greater than 100,000	Weekly
Medium	50,000 – 100,000	Bi-Weekly (every 2 weeks)
Small	Less than 50,000	Monthly

Months, bi-weeks, and weeks are mapped to quarters as follows:

- Successive three-month periods (January–March, April–June, July–September, and October–December) map to successive quarters 1–4 in a calendar year.
- The first bi-week in every month is 14 days. The second bi-week runs from the 15th day through the last day of the month (14 to 17 days, depending on the month and year).
- Weeks are anchored to specific dates in each month. Each of the first three weeks of the month are 7 days; the fourth week runs from the 22nd day through the last day of the month (7 to 10 days, depending on the month and year).

These definitions are summarized in Table 2. Submission dates by week and quarter from Q1 2017 through Q4 2019 are listed in Appendix A.

Table 2. Definition of weeks and bi-weeks

Week	Bi-week	Days of the month	Number of days in week	Number of days in bi-week
1	1	1–7	7	14
2	1	8–14	7	
3	2	15–21	7	14–17
4	2	22–end of month	7–10	

- k. **Number of EDRs Submitted per Beneficiary:** The measure includes the count of accepted and rejected EDRs submitted, excluding chart review records. The measure is shown by the Service Type categories shown in Table 3. Number of EDRs Submitted per Beneficiary is calculated as:

$$\text{Number of EDRs Submitted} / \text{Enrollment}$$

Table 3: Source EDRs by encounter type

Encounter type	Includes encounters submitted on:
Total	All 837 transactions
Durable Medical Equipment (DME)	837 DME Supplier Professional transaction
Institutional	837 Institutional transaction including inpatient, outpatient, skilled nursing facility, home health, hospice, and other institutional records.
Professional	837 Professional transaction

- l. **Number of EDRs Accepted per Beneficiary:** The measure includes the count of submitted EDRs that have an Encounter Data Processing System (EDPS) encounter status code of “A” in the CMS data warehouse. The measure is shown by the categories in Table 3. Number of EDRs Accepted per Beneficiary is calculated as:

$$\text{Number of EDRs Accepted} / \text{Enrollment}$$

- m. **Number of EDRs Final Action per Beneficiary:** The measure includes the count of accepted final action EDRs with the final action indicator equal to “Yes”. The measure is shown by the encounter type categories listed in Table 3. Number of EDRs Final Action per Beneficiary is calculated as:

$$(\text{Number of EDRs with Final Action} = Y) / \text{Enrollment}$$

- n. **EDR Rejection Rate:** Rejected EDRs in the CMS data warehouse are identified by the EDPS encounter status code “R” and rejected EDR lines are identified by the line status code 84. The measure is shown by the Service Type categories in Table 3. It is included for both header- and line-level records. Rejection rate is calculated as:

$$\begin{aligned} &\text{Header-level: Number of EDRs Rejected} / \text{Number of EDRs Submitted} \\ &\text{Line-level: Number of EDR Lines Rejected} / \text{Number of EDR Lines Submitted} \end{aligned}$$

- o. **Number of CRRs Submitted per Beneficiary:** The measure includes the count of accepted and rejected chart review records (CRRs) submitted. The measure is shown by the Service Type categories listed in Table 3. Number of CRRs Submitted per Beneficiary is calculated as:

$$\text{Number of CRRs Submitted} / \text{Enrollment}$$

- p. **Number of CRRs Accepted per Beneficiary:** The measure includes the count of submitted CRRs that have an EDPS encounter status code of “A” in the CMS data warehouse. The

measure is shown by the Service Type categories listed in Table 3. Number of CRRs Accepted per Beneficiary is calculated as:

$$\text{Number of CRRs Accepted} / \text{Enrollment}$$

- q. **Number of CRRs per Final Action per Beneficiary:** The measure includes the count of accepted final action CRRs with the final action indicator equal to “Yes”. The measure is shown by the Service Type categories listed in Table 3. Number of CRRs Final Action per Beneficiary is calculated as:

$$(\text{Number of CRRs with Final Action} = Y) / \text{Enrollment}$$

- r. **CRR Rejection Rate:** Rejected CRRs in the CMS data warehouse are identified using the EDPS encounter status code “R” and rejected CRR lines are identified by the line status code 84. The measure is shown by the Service Type categories listed in Table 3. It is included for both header- and line-level records. Rejection rate is calculated as:

$$\text{Header-level: Number of CRRs Rejected} / \text{Number of CRRs Submitted}$$

$$\text{Line-level: Number of CRR Lines Rejected} / \text{Number of CRR Lines Submitted}$$

- s. **Averages:** Average performance indicators among all contracts in the contract’s organization type category are shown for the latest quarter on the report. Contracts are grouped into the following 5 categories:

- 1876 and 1833 Cost Plans
- Demo Plans
- Local CCPs and Regional CCPs
- National PACE
- PFFS and MSA Plans

SECTION 1B TOP EDITS

This section identifies the five edits that occurred most frequently, at the 277 level and at the MAO-002 level, respectively, for EDRs and CRRs submitted in January 2019 through August 2019. The section identifies:

- a. **Date of submission:** The month and year (mmyyyy) of the EDR or CRR submission that triggered the edit.
- b. **Edit Level:** 277 or MAO-002.
- c. **Edit Code:** The identification number of the triggered edit.
- d. **Edit Rank:** Ranks edits from 1 to 5 within each edit level, from the most to the least frequent.
- e. **Edit Description:** Describes the error that triggered the edit.
- f. **Number of Edits:** The number of times the edit was triggered.
- g. **Number of Encounters Affected:** The number of encounters that were rejected as a result of the edit.

SECTION 2

This section includes only accepted final-action EDRs and accepted final action chart review records – that is, records that reflect resolution of all encounter data adjustments. Section 2A provides EDR and CRR data in a tabular format; Section 2B provides EDR and CRR data in bar charts for each service type: Total, Professional, Inpatient, Outpatient, and DME. A hidden sheet, “Section 3 Volume Chart Data” provides hard-coded values underlying Section 2B charts.

Section 2A and Section 2B include the following information:

- a. **Parent Organization:** Name of organization overseeing contract
- b. **Contract ID:** The Contract Number on the encounter data record or chart review record.
- c. **Contract Name:** The name of the contract
- d. **Claim Year:** The year in which services were provided, as defined by the through date reported on the EDR or CRR.
- e. **Enrollment:** The number of beneficiaries enrolled in February of the indicated year.

- f. **Enrollment (beneficiaries in thousands):** The number of beneficiaries enrolled in February of the indicated year, divided by 1,000. This definition changed as of the June 2019 encounter data report; previous reports showed the contract's average monthly enrollment since January of the reference year. Fee for Service (FFS) enrollment includes beneficiaries who were eligible for Part A and enrolled in Part B. Medicare Advantage (MA) enrollment includes beneficiaries who were either eligible for Part A or enrolled in Part B.
- g. **Professional records (in thousands):** The number of final action professional EDRs, CRRs, or FFS claims submitted as an 837- Professional transaction, divided by 1,000.
- h. **Professional records per beneficiary:** The number of final action professional EDRs, CRRs, or FFS claims divided by the number of beneficiaries enrolled in February of the indicated year.
- i. **Inpatient records (in thousands):** The number of final action inpatient EDRs, CRRs, or FFS claims submitted as an 837-Institutional transaction, divided by 1,000. Inpatient EDRs are identified as those submitted with Bill Types 11X and 41X.
- j. **Inpatient records per beneficiary:** The number of final action inpatient EDRs, CRRs, or FFS claims divided by the number of beneficiaries enrolled in February of the indicated year.
- k. **Outpatient records (in thousands):** The number of final action outpatient EDRs, CRRs, or FFS claims submitted as an 837-Institutional transaction, divided by 1,000. Outpatient records are identified as those submitted with Bill Type 12X, 13X, 14X, 22X, 23X, 24X, 34X, 43X, 71X, 72X, 73X, 74X, 75X, 76X, 77X, 83X, and 85X.
- l. **Outpatient records per beneficiary:** The number of final action outpatient EDRs, CRRs, or FFS claims divided by the number of beneficiaries enrolled in February of the indicated year.
- m. **DME records (in thousands):** The number of final action DME EDRs, CRRs, or FFS claims submitted as an 837 Durable Medical Equipment (DME) Supplier Professional transaction, divided by 1,000.
- n. **DME records per beneficiary:** The number of final action DME EDRs, CRRs, or FFS claims divided by the number of beneficiaries enrolled in February of the indicated year.
- o. **Home health records (in thousands):** The number of final action home health EDRs, CRRs, or FFS claims submitted as an 837-Institutional transaction, divided by 1,000. Home health EDRs are identified as those submitted with Bill Types 32X and 33X.
- p. **Home health records per beneficiary:** The number of final action home health EDRs, CRRs, or FFS claims divided by the number of beneficiaries enrolled in February of the indicated year.

- q. **Skilled Nursing Facility (SNF) records (in thousands):** All final action SNF EDRs, CRRs, or FFS claims submitted as an 837 Institutional transaction, divided by 1,000. SNF EDRs are identified as those submitted with Bill Types 18X, 21X, and 28X.
- r. **SNF records per beneficiary:** All final action SNF EDRs, CRRs, or FFS claims divided by the number of beneficiaries enrolled in February of the indicated year.
- s. **Encounters:** The number of final action EDRs submitted by the contract with through dates in the indicated year.
- t. **MA National Encounters:** The number of EDRs by service type with a through date in the indicated year; and the number EDRs per beneficiary by service type where the EDR occurred in the indicated year and the beneficiary was enrolled in any Medicare Advantage contract during February of the indicated year.
- u. **MA Regional Encounters:** The number of EDRs by service type with a through date in the indicated year and that are located in the indicated MA region; and the number of EDRs per beneficiary by service type where: (1) the EDR occurred in the indicated year, (2) the beneficiary was enrolled in any Medicare Advantage contract during February of the indicated year, and (3) the beneficiaries and encounters are located in the indicated MA region. Each MA beneficiary and encounter is assigned to a region based on the beneficiary's address as described in Section 2.1 below. MA regions are listed in Appendix B.
- v. **MA Regional/Organization Type Encounters:** The number of EDRs by service type from MA contracts of the indicated organization category with a through date in the indicated year that are located in the indicated MA region; and the number of EDRs per beneficiary by service type where: (1) the EDR occurred in the indicated year, (2) the beneficiary was enrolled in a Medicare Advantage contract of the indicated organization type during February of the indicated year, and (3) the beneficiaries and encounters are located in the indicated MA region. Each MA beneficiary and encounter is assigned to a region based on the beneficiary's address as described in Section 2.1 below. MA regions are listed in Appendix B.
- w. **Medicare FFS National Claims:** The number of claims by service type for those beneficiaries with through dates in the indicated year; and the number of claims per beneficiary by service type where the claim occurred in the indicated year and the beneficiary was enrolled in both Part A and Part B during February of the indicated year.
- x. **Medicare FFS Regional claims:** The number of claims by service type for those beneficiaries with through dates in the indicated year, and the number of claims by service type with through dates in the indicated year per beneficiary. FFS Regions are defined in the same way as MA Regions: each FFS claim is assigned to a region based on the beneficiary's address.

- y. **Chart Review Records (CRRs):** The number of final action CRRs submitted by the contract with through dates in the indicated year.
- z. **MA National CRRs:** The number of CRRs in total and by service type with a through date in the indicated year; and the number of CRRs per beneficiary in total and by service type where the CRR occurred in the indicated year and the beneficiary was enrolled in any Medicare Advantage contract during February of the indicated year.
- aa. **MA Regional CRRs:** The number of CRRs in by service type with a through date in the indicated year and that are located in the indicated MA region; and the number of CRRs per beneficiary by service type where: (1) the CRR occurred in the indicated year, (2) the beneficiary was enrolled in any Medicare Advantage contract during February of the indicated year, and (3) the beneficiaries and CRRs are located in the indicated MA region. Each MA beneficiary and CRR is assigned to a region based on the beneficiary's address as described in Section 2.1 below. MA regions are listed in Appendix B.
- bb. **MA Regional/Organization Type CRRs:** The number of CRRs by service type from MA contracts of the indicated organization category with a through date in the indicated year that are located in the indicated MA region; and the number of CRRs per beneficiary by service type where: (1) the CRR occurred in the indicated year, (2) the beneficiary was enrolled in a Medicare Advantage contract of the indicated organization type during February of the indicated year, and (3) the beneficiaries and CRRs are located in the indicated MA region. Each MA beneficiary and CRR is assigned to a region based on the beneficiary's address as described in Section 2.1 below. MA regions are listed in Appendix B.
- cc. **Final Action Encounters:** EDRs with Final Action = 'Y' and CRRs with Chart Review Effective Switch = 'Y'. (The Chart Review Effective Switch (CRES) applies to CRRs and is analogous to the Final Action Indicator for EDRs). These records are a subset of all accepted EDRs and CRRs. If multiple adjustments to an initial EDR or CRR are submitted for a beneficiary and date of service, only the last accepted record in the sequence is included and the Final Action Indicator or CRES is set to 'Y' accordingly.
- dd. **Accepted/Rejected Encounters:** An EDR or CRR may have either accepted or rejected status. If the header line is accepted or at least one other line is accepted, the EDR or CRR is accepted. If the header line is rejected or no lines are accepted, the EDR or CRR is rejected.
- ee. **Method for Assigning Regional Benchmarks to a Contract.** To calculate average enrollment per year for each MA contract by MA region, each MA beneficiary is assigned to an MA region based on the beneficiary's address. If the MA contract has enrollment in more than one MA region, the region with the highest enrollment is selected as its benchmark. (For example, if H0000 has the greatest number of beneficiaries in MA Region 03 in 2017, then MA Region 03 is its benchmark region for 2017.) A contract may have the same regional benchmark in all years, or it may change if the region with the contract's highest enrollment changes.

ff. **Region-specific records per beneficiary.** To count FFS enrollment and claims by region, FFS Regions are defined as MA Regions. Each MA beneficiary, FFS beneficiary, EDR, CRR, and FFS claim is assigned to an MA region based on the beneficiary's address. For each region:

- Region-specific MA Service Type encounter count per beneficiary is calculated as:

$\text{Region-specific MA encounter count} / \text{Region-specific MA enrollment}$

- Region-specific MA Service Type CRR count per beneficiary is calculated as:

$\text{Region-specific MA CRR count} / \text{Region-specific MA enrollment}$

- Region-specific FFS Service Type claims count per beneficiary is calculated as:

$\text{Region-specific FFS claim count} / \text{Region-specific FFS enrollment}$

Appendix A

Table A.1 Large contract submission dates

Start date	End date	Week	Quarter	Week per quarter
1/1/2017	1/7/2017	1	1	1
1/8/2017	1/14/2017	2	1	2
1/15/2017	1/21/2017	3	1	3
1/22/2017	1/31/2017	4	1	4
2/1/2017	2/7/2017	5	1	5
2/8/2017	2/14/2017	6	1	6
2/15/2017	2/21/2017	7	1	7
2/22/2017	2/28/2017	8	1	8
3/1/2017	3/7/2017	9	1	9
3/8/2017	3/14/2017	10	1	10
3/15/2017	3/21/2017	11	1	11
3/22/2017	3/31/2017	12	1	12
4/1/2017	4/7/2017	13	2	1
4/8/2017	4/14/2017	14	2	2
4/15/2017	4/21/2017	15	2	3
4/22/2017	4/30/2017	16	2	4
5/1/2017	5/7/2017	17	2	5
5/8/2017	5/14/2017	18	2	6
5/15/2017	5/21/2017	19	2	7
5/22/2017	5/31/2017	20	2	8
6/1/2017	6/7/2017	21	2	9
6/8/2017	6/14/2017	22	2	10
6/15/2017	6/21/2017	23	2	11
6/22/2017	6/30/2017	24	2	12
7/1/2017	7/7/2017	25	3	1
7/8/2017	7/14/2017	26	3	2
7/15/2017	7/21/2017	27	3	3
7/22/2017	7/31/2017	28	3	4
8/1/2017	8/7/2017	29	3	5
8/8/2017	8/14/2017	30	3	6

Start date	End date	Week	Quarter	Week per quarter
8/15/2017	8/21/2017	31	3	7
8/22/2017	8/31/2017	32	3	8
9/1/2017	9/7/2017	33	3	9
9/8/2017	9/14/2017	34	3	10
9/15/2017	9/21/2017	35	3	11
9/22/2017	9/30/2017	36	3	12
10/1/2017	10/7/2017	37	4	1
10/8/2017	10/14/2017	38	4	2
10/15/2017	10/21/2017	39	4	3
10/22/2017	10/31/2017	40	4	4
11/1/2017	11/7/2017	41	4	5
11/8/2017	11/14/2017	42	4	6
11/15/2017	11/21/2017	43	4	7
11/22/2017	11/30/2017	44	4	8
12/1/2017	12/7/2017	45	4	9
12/8/2017	12/14/2017	46	4	10
12/15/2017	12/21/2017	47	4	11
12/22/2017	12/31/2017	48	4	12
1/1/2018	1/7/2018	1	1	1
1/8/2018	1/14/2018	2	1	2
1/15/2018	1/21/2018	3	1	3
1/22/2018	1/31/2018	4	1	4
2/1/2018	2/7/2018	5	1	5
2/8/2018	2/14/2018	6	1	6
2/15/2018	2/21/2018	7	1	7
2/22/2018	2/28/2018	8	1	8
3/1/2018	3/7/2018	9	1	9
3/8/2018	3/14/2018	10	1	10
3/15/2018	3/21/2018	11	1	11
3/22/2018	3/31/2018	12	1	12
4/1/2018	4/7/2018	13	2	1
4/8/2018	4/14/2018	14	2	2

Start date	End date	Week	Quarter	Week per quarter
4/15/2018	4/21/2018	15	2	3
4/22/2018	4/30/2018	16	2	4
5/1/2018	5/7/2018	17	2	5
5/8/2018	5/14/2018	18	2	6
5/15/2018	5/21/2018	19	2	7
5/22/2018	5/31/2018	20	2	8
6/1/2018	6/7/2018	21	2	9
6/8/2018	6/14/2018	22	2	10
6/15/2018	6/21/2018	23	2	11
6/22/2018	6/30/2018	24	2	12
7/1/2018	7/7/2018	25	3	1
7/8/2018	7/14/2018	26	3	2
7/15/2018	7/21/2018	27	3	3
7/22/2018	7/31/2018	28	3	4
8/1/2018	8/7/2018	29	3	5
8/8/2018	8/14/2018	30	3	6
8/15/2018	8/21/2018	31	3	7
8/22/2018	8/31/2018	32	3	8
9/1/2018	9/7/2018	33	3	9
9/8/2018	9/14/2018	34	3	10
9/15/2018	9/21/2018	35	3	11
9/22/2018	9/30/2018	36	3	12
10/1/2018	10/7/2018	37	4	1
10/8/2018	10/14/2018	38	4	2
10/15/2018	10/21/2018	39	4	3
10/22/2018	10/31/2018	40	4	4
11/1/2018	11/7/2018	41	4	5
11/8/2018	11/14/2018	42	4	6
11/15/2018	11/21/2018	43	4	7
11/22/2018	11/30/2018	44	4	8
12/1/2018	12/7/2018	45	4	9
12/8/2018	12/14/2018	46	4	10

Start date	End date	Week	Quarter	Week per quarter
12/15/2018	12/21/2018	47	4	11
12/22/2018	12/31/2018	48	4	12
1/1/2019	1/7/2019	1	1	1
1/8/2019	1/14/2019	2	1	2
1/15/2019	1/21/2019	3	1	3
1/22/2019	1/31/2019	4	1	4
2/1/2019	2/7/2019	5	1	5
2/8/2019	2/14/2019	6	1	6
2/15/2019	2/21/2019	7	1	7
2/22/2019	2/28/2019	8	1	8
3/1/2019	3/7/2019	9	1	9
3/8/2019	3/14/2019	10	1	10
3/15/2019	3/21/2019	11	1	11
3/22/2019	3/31/2019	12	1	12
4/1/2019	4/7/2019	13	2	1
4/8/2019	4/14/2019	14	2	2
4/15/2019	4/21/2019	15	2	3
4/22/2019	4/30/2019	16	2	4
5/1/2019	5/7/2019	17	2	5
5/8/2019	5/14/2019	18	2	6
5/15/2019	5/21/2019	19	2	7
5/22/2019	5/31/2019	20	2	8
6/1/2019	6/7/2019	21	2	9
6/8/2019	6/14/2019	22	2	10
6/15/2019	6/21/2019	23	2	11
6/22/2019	6/30/2019	24	2	12
7/1/2019	7/7/2019	25	3	1
7/8/2019	7/14/2019	26	3	2
7/15/2019	7/21/2019	27	3	3
7/22/2019	7/31/2019	28	3	4
8/1/2019	8/7/2019	29	3	5
8/8/2019	8/14/2019	30	3	6

Start date	End date	Week	Quarter	Week per quarter
8/15/2019	8/21/2019	31	3	7
8/22/2019	8/31/2019	32	3	8
9/1/2019	9/7/2019	33	3	9
9/8/2019	9/14/2019	34	3	10
9/15/2019	9/21/2019	35	3	11
9/22/2019	9/30/2019	36	3	12
10/1/2019	10/7/2019	37	4	1
10/8/2019	10/14/2019	38	4	2
10/15/2019	10/21/2019	39	4	3
10/22/2019	10/31/2019	40	4	4
11/1/2019	11/7/2019	41	4	5
11/8/2019	11/14/2019	42	4	6
11/15/2019	11/21/2019	43	4	7
11/22/2019	11/30/2019	44	4	8
12/1/2019	12/7/2019	45	4	9
12/8/2019	12/14/2019	46	4	10
12/15/2019	12/21/2019	47	4	11
12/22/2019	12/31/2019	48	4	12

Table A.2 Medium contract submission dates

Start date	End date	Biweek	Quarter	Biweek per quarter
1/1/2017	1/14/2017	1	1	1
1/15/2017	1/31/2017	2	1	2
2/1/2017	2/14/2017	3	1	3
2/15/2017	2/28/2017	4	1	4
3/1/2017	3/14/2017	5	1	5
3/15/2017	3/31/2017	6	1	6
4/1/2017	4/14/2017	7	2	1
4/15/2017	4/30/2017	8	2	2
5/1/2017	5/14/2017	9	2	3
5/15/2017	5/31/2017	10	2	4
6/1/2017	6/14/2017	11	2	5

Start date	End date	Biweek	Quarter	Biweek per quarter
6/15/2017	6/30/2017	12	2	6
7/1/2017	7/14/2017	13	3	1
7/15/2017	7/31/2017	14	3	2
8/1/2017	8/14/2017	15	3	3
8/15/2017	8/31/2017	16	3	4
9/1/2017	9/14/2017	17	3	5
9/15/2017	9/30/2017	18	3	6
10/1/2017	10/14/2017	19	4	1
10/15/2017	10/31/2017	20	4	2
11/1/2017	11/14/2017	21	4	3
11/15/2017	11/30/2017	22	4	4
12/1/2017	12/14/2017	23	4	5
12/15/2017	12/31/2017	24	4	6
1/1/2018	1/14/2018	1	1	1
1/15/2018	1/31/2018	2	1	2
2/1/2018	2/14/2018	3	1	3
2/15/2018	2/28/2018	4	1	4
3/1/2018	3/14/2018	5	1	5
3/15/2018	3/31/2018	6	1	6
4/1/2018	4/14/2018	7	2	1
4/15/2018	4/30/2018	8	2	2
5/1/2018	5/14/2018	9	2	3
5/15/2018	5/31/2018	10	2	4
6/1/2018	6/14/2018	11	2	5
6/15/2018	6/30/2018	12	2	6
7/1/2018	7/14/2018	13	3	1
7/15/2018	7/31/2018	14	3	2
8/1/2018	8/14/2018	15	3	3
8/15/2018	8/31/2018	16	3	4
9/1/2018	9/14/2018	17	3	5
9/15/2018	9/30/2018	18	3	6
10/1/2018	10/14/2018	19	4	1
10/15/2018	10/31/2018	20	4	2

Start date	End date	Biweek	Quarter	Biweek per quarter
11/1/2018	11/14/2018	21	4	3
11/15/2018	11/30/2018	22	4	4
12/1/2018	12/14/2018	23	4	5
12/15/2018	12/31/2018	24	4	6
1/1/2019	1/14/2019	1	1	1
1/15/2019	1/31/2019	2	1	2
2/1/2019	2/14/2019	3	1	3
2/15/2019	2/28/2019	4	1	4
3/1/2019	3/14/2019	5	1	5
3/15/2019	3/31/2019	6	1	6
4/1/2019	4/14/2019	7	2	1
4/15/2019	4/30/2019	8	2	2
5/1/2019	5/14/2019	9	2	3
5/15/2019	5/31/2019	10	2	4
6/1/2019	6/14/2019	11	2	5
6/15/2019	6/30/2019	12	2	6
7/1/2019	7/14/2019	13	3	1
7/15/2019	7/31/2019	14	3	2
8/1/2019	8/14/2019	15	3	3
8/15/2019	8/31/2019	16	3	4
9/1/2019	9/14/2019	17	3	5
9/15/2019	9/30/2019	18	3	6
10/1/2019	10/14/2019	19	4	1
10/15/2019	10/31/2019	20	4	2
11/1/2019	11/14/2019	21	4	3
11/15/2019	11/30/2019	22	4	4
12/1/2019	12/14/2019	23	4	5
12/15/2019	12/31/2019	24	4	6

Table A.3. Small contract submission dates

Start date	End date	Month	Quarter	Month per quarter
1/1/2017	1/31/2017	1	1	1
2/1/2017	2/28/2017	2	1	2
3/1/2017	3/31/2017	3	1	3
4/1/2017	4/30/2017	4	2	1
5/1/2017	5/31/2017	5	2	2
6/1/2017	6/30/2017	6	2	3
7/1/2017	7/31/2017	7	3	1
8/1/2017	8/31/2017	8	3	2
9/1/2017	9/30/2017	9	3	3
10/1/2017	10/31/2017	10	4	1
11/1/2017	11/30/2017	11	4	2
12/1/2017	12/31/2017	12	4	3
1/1/2018	1/31/2018	1	1	1
2/1/2018	2/28/2018	2	1	2
3/1/2018	3/31/2018	3	1	3
4/1/2018	4/30/2018	4	2	4
5/1/2018	5/31/2018	5	2	5
6/1/2018	6/30/2018	6	2	6
7/1/2018	7/31/2018	7	3	7
8/1/2018	8/31/2018	8	3	8
9/1/2018	9/30/2018	9	3	9
10/1/2018	10/31/2018	10	4	10
11/1/2018	11/30/2018	11	4	11
12/1/2018	12/31/2018	12	4	12
1/1/2019	1/31/2019	1	1	13
2/1/2019	2/28/2019	2	1	14
3/1/2019	3/31/2019	3	1	15
4/1/2019	4/30/2019	4	2	16
5/1/2019	5/31/2019	5	2	17
6/1/2019	6/30/2019	6	2	18
7/1/2019	7/31/2019	7	3	19
8/1/2019	8/31/2019	8	3	20

Start date	End date	Month	Quarter	Month per quarter
9/1/2019	9/30/2019	9	3	21
10/1/2019	10/31/2019	10	4	22
11/1/2019	11/30/2019	11	4	23
12/1/2019	12/31/2019	12	4	24

APPENDIX B

Table B.1. CMS Medicare Advantage Regions

MA Region	State(s) in the MA Region
01	New Hampshire and Maine
02	Connecticut, Massachusetts, Rhode Island, and Vermont
03	New York
04	New Jersey
05	Delaware, District of Columbia and Maryland
06	Pennsylvania and West Virginia
07	North Carolina and Virginia
08	Georgia and South Carolina
09	Florida
10	Alabama and Tennessee
11	Michigan
12	Ohio
13	Indiana and Kentucky
14	Illinois and Wisconsin
15	Arkansas and Missouri
16	Louisiana and Mississippi
17	Texas
18	Kansas and Oklahoma
19	Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, and Wyoming
20	Colorado and New Mexico
21	Arizona
22	Nevada
23	Idaho, Oregon, Utah and Washington
24	California
25	Hawaii
26	Alaska

Note: CMS established these 26 MA regions in 2005; only regional PPOs must serve all counties in a MA region.