CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Risk Adjustment for EDS & RAPS User Group

2016 Encounter Data Submissions: Frequently Occurring Edits & Updates

Thursday

January 19, 2017

2:00 p.m. – 3:00 p.m. ET

Agenda

- Introduction
  - Session Guidelines
  - Upcoming User Group calls
- EDS Edits and EDS Updates
- Edit 98325 & MAO-001 Encounter Data Duplicates Report
- MAO-004 Report Updates
- MOR Reports & Scheduling
- Frequently Asked Questions
- Q & A

Session Guidelines

- This is a 1 hour webinar session for MAOs and other entities submitting data to the Encounter Data System
- There will be opportunities to submit questions via webinar
- Slides and documented Q&As will be posted in coming weeks on the CSSC webpage under *Medicare Encounter Data>User Group*
- For questions regarding content of this webinar, submit inquiries to the CMS Encounter Data mailbox at: EncounterData@cms.hhs.gov
- Please refer to http://tarsc.info for the most up to date details regarding Encounter Data training opportunities

EDFES Most Frequent Edits

Top 5 Most Frequent Edits in EDFES 2015 & 2016 Submissions

		2016 Submissions	
Edit Code	**Description**	**Count of Records Triggering Edit**	**Percent of Total Records**
255	Diagnosis Code	8,159,949	1.53%
254	Principle Diagnosis Code	3,042,145	0.57%
453	Procedure Code Modifier(s) for Service(s) Rendered	939,183	0.18%
249	Place of Service	810,287	0.15%
519	Adjustment Amount	663,905	0.12%
	Grand Total Submissions	**532,014,161**	

		2015 Submissions	
Edit Code	**Description**	**Count of Records Triggering Edit**	**Percent of Total Records**
255	Diagnosis Code	3,412,229	0.55%
286	Other Payer's Explanation of Benefits/Payment Information	1,742,897	0.28%
455	Revenue Code for Services Rendered	1,130,994	0.18%
562	Entity's National Provider Identification – Referring Provider	1,076,114	0.17%
507	HCPCS	788,306	0.13%
	Grand Total Submissions	**618,616,676**	

EDFES Most Frequently Occurring Edits, 2015 & 2016, Edit Triggers and Resolutions

Edit Code*	Description	Edit Triggers	Resolution
255	Diagnosis Code	When diagnosis is valid	Diagnosis code must be valid on date of service and coded to the highest level of specificity.
254	Principal Diagnosis Code	When principle diagnosis code is invalid	Principle diagnosis code must be valid on the date of service and coded to the highest level of specificity.
455	Revenue Code for Services Rendered	When revenue code is invalid	Revenue code must be valid.
562	Entity's National Provider Identification (NPI) – Referring Provider	When NPI is invalid	The first position of the NPI must be "1" and according to the NPI algorithm.
453	Procedure Code Modifier(s) for Service(s) Rendered	When procedure code modifier is invalid and when the procedure code modifier is duplicated	Procedure code modifier must be valid on date of service and must not be duplicated within the same detail service line.
249	Place of Service	When place of service is invalid	Place of service must be valid on date of service.
507	HCPCS	When HCPCS code is invalid	HCPCS code must be valid on date of service.
519	Adjustment Amount	When adjustment amount is invalid	Adjustment amount must not = 0.

*Edit codes in descending order of frequency

Edit 255 – Diagnosis Code – ICD-9

Diagnosis codes submitted must be coded to the highest level of specificity and valid for the date of service.

- ICD-9 Example: The diagnosis code for hypertensive heart disease is 402; however, a higher level of specificity is required.
  - 402.01 describes hypertensive heart disease (402), malignant (402.0), with congestive heart failure (402.01).
- An encounter submitted with diagnosis code 402 or 402.0 will receive Edit 255.

Edit 255 – Diagnosis Code – ICD-10

- ICD-10 Example: The diagnosis code for hypertensive heart disease is I11; however, a higher level of specificity is required.
  - I11.0 describes hypertensive heart disease (I11), with heart failure (I11.0).
- An encounter submitted with diagnosis code I11 will receive Edit 255.

Edit 509 – External Cause of Injury or Poisoning Diagnosis Codes

- The ICD-9-CM code set prohibits an “E” code from being reported as principal diagnosis (first-listed) on an encounter data record (EDR).
  - This guidance also applies to V00-Y99 (external causes of morbidity) equivalent ICD-10 CM diagnosis codes.
- Example: If beneficiary A was involved in a car accident which resulted in a broken arm, the circumstance causing the injury (car accident) should not be used as the principal diagnosis (first-listed) on an EDR.

EDFES Updates

EDFES Updates to HCPCS Code Edits

- The edits in EDFES for MA Encounter Data Records have been modified to allow nationally-accepted standard coding practices.
- July 2013 – HCPCS S-codes and G-codes were added to EDFES reference tables.
- March 2016 – Procedure code modifiers SU, SA, TD, HO, HA, TU, AJ, and UD were added to EDFES reference tables.

SU – Procedure performed in physician's office	**HO** – Master's Degree Level	**AJ** – Clinical Social Worker
SA – Nurse Practitioner rendering service in collaboration with a physician	**HA** – Child/Adolescent Program	**UD** – Medicaid level of care 13, as defined
TD – Registered Nurse (behavioral health)	**TU** – Special payment rate, overtime	

EDFES - Other Processing Updates

- Advanced Billing Concept (ABC) Codes are not HIPAA compliant and therefore, are not acceptable on MA encounter data records.
- For Edit 510 (Future Date) in the CEM, records fail due to future dates being used for supplies and equipment.
  - This edit cannot be modified in the EDFES for future dates for DME records without turning it off for professional records as well.
  - The edit is set up to allow multiple units; however, the FROM and THRU dates cannot be the same and cannot be in the future.
  - Therefore, the submitter should use only the FROM date if the THRU date is not different from the FROM date. And the submitter should hold DME records with future dates until the date has passed before submitting in order to avoid rejections.

Edit 145 and Edit 747

Question:

Does the EDS edit on fields that are not required minimum data elements list? (for example, edit 145: Entity's specialty/taxonomy code and edit 747 – Hospice Employee Indicator)

Answer:

From the 2012 Regional Technical Assistance Encounter Data Participant Guide (page 3-3 and 3-4):

The minimum data elements were developed to assist MAOs with the submission of paper generated, 4010, foreign provider, and chart review encounters. **The Minimum Data Elements list is not inclusive of all situational loops, segments, and data elements in the 837-P TR3.** MAOs and other entities must refer to the 837-P TR3 and CEM Edits Spreadsheet to determine the correct usage of situational fields.

The 145 edit (Entity's specialty/taxonomy code) is generated when the MAO sends a situational loop (Provider Specialty Information) and the Health Care Taxonomy Code sent is not on the CEM Health Care Provider Taxonomy table.

The 747 edit is a result of a Hospice professional claim being submitted. Medicare requires a Hospice Employee Indicator to be submitted. ("Y" value indicates the provider is employed by the hospice. "N" value indicates the provider is not employed by the hospice).

Edit 453 – Invalid Procedure Code Modifiers

Question:

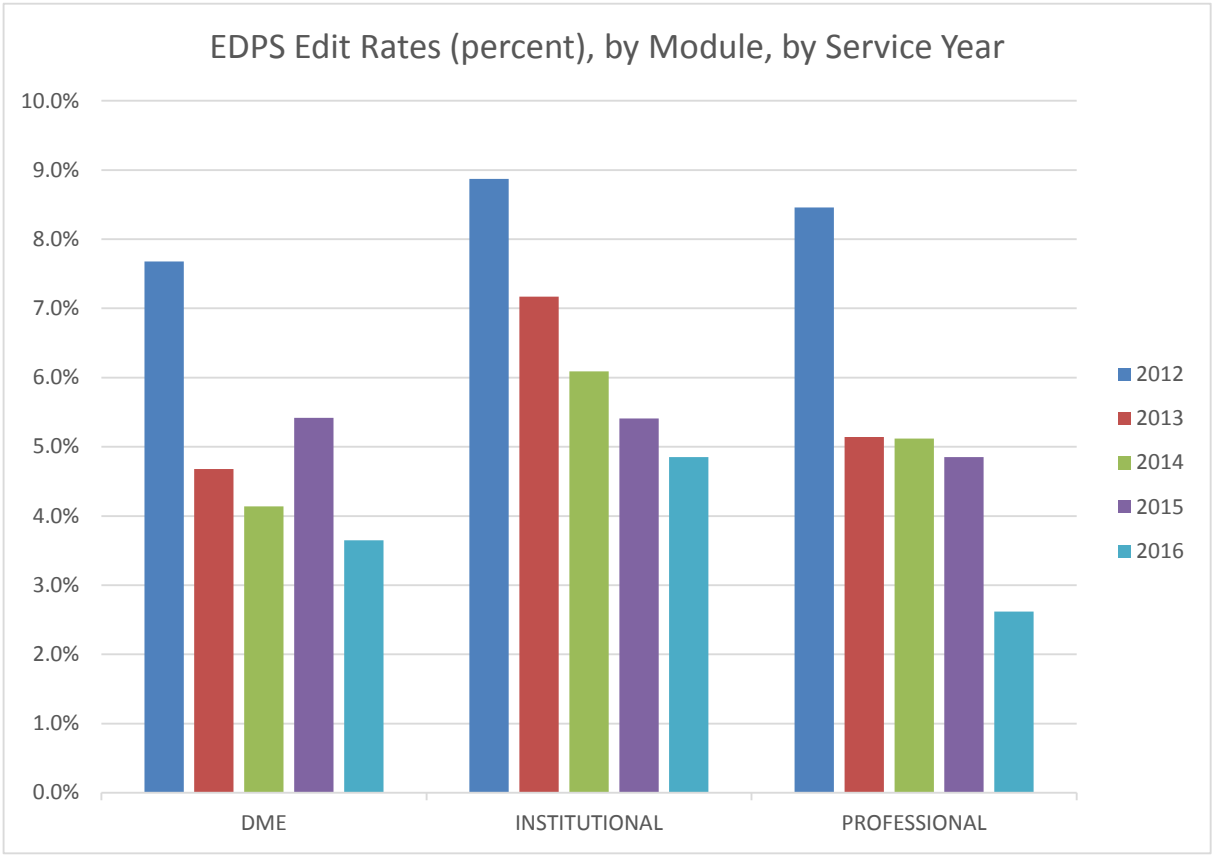
EDRs are being rejected when a valid modifier is present. Why does this occur? Examples of valid modifiers include 26; 25; HB; 59; A1.

Answer:

Although the modifiers listed above are valid modifiers, it is important to note there are Medicare rules and regulations surrounding the proper assignment of modifiers. The CEM not only checks that the modifier is valid, there are edits in place to ensure certain procedure code/modifier combinations are valid.

EDPS Most Frequent Edits

Overall Edit Rates – EDPS 2014, 2015, 2016



Main Take-Aways

Institutional and Professional EDRs have seen a steady and marked decrease year over year.

- Professional EDRs edit rate is approximately 1/4 of 2012 rate.
- Institutional EDRs edit rate is approximately 1/2 of 2012 rate.

Edit Rates & Resolution Strategies

- Overall data quality is improving.
- Subsequent slides show the most frequent issues that submitters are still having with submissions.
- In the Appendix we have included slides from the June 2016 User Group call that provides information on edit prevention strategies for some of these frequently occurring edits.

Top 5 Most Frequent Header-level Edits Institutional 2014, 2015, & 2016 DOS

Edit Rank	Edit Code	Description	2014		2015		2016	
			Count	%	Count	%	Count	%
1	Blank	All Lines Rejected	1,904,962	2.8%	1,281,050	1.7%	975,751	1.6%
2	02240	Beneficiary Not Enrolled in MAO for DOS	343,304	0.5%	743,783	1.0%		
2	22355	Inpatient Service Line Edit					236,095	0.4%
3	17330	RAP Not Allowed	333,985	0.5%				
3	98300	Exact Inpatient Duplicate Encounter			461,897	0.6%	233,218	0.4%
4	02240	Beneficiary Not Enrolled in MAO for DOS					170,295	0.3%
4	17330	RAP Not Allowed			312,079	0.4%		
4	98320	Chart Review Duplicate	250,122	0.4%				
5	17330	RAP Not Allowed					161,192	0.3%
5	22355	Inpatient Service Line Edit			160,727	0.2%		
5	98300	Exact Inpatient Duplicate Encounter	235,217	0.4%				
		All Institutional EDRs Submitted	67,879,187		74,797,072		62,547,916	

Top 5 Most Frequent Header-level Edits Professional 2014, 2015, & 2016 DOS

Edit Rank	Edit Code	Description	2014		2015		2016	
			Count	%	Count	%	Count	%
1	Blank	All Lines Rejected	10,785,597	2.5%	9,952,681	2.1%	4,729,401	1.2%
2	02240	Beneficiary Not Enrolled in MAO for DOS			5,852,962	1.2%	1,081,645	0.3%
2	98320	Chart Review Duplicate	5,079,366	1.2%				
3	00800	Parent ICN Not Allowed for Original					607,610	0.2%
3	02240	Beneficiary Not Enrolled in MAO for DOS	2,349,240	0.5%				
3	98320	Chart Review Duplicate			2,578,965	0.5%		
4	02125	Beneficiary DOB Mismatch	842,034	0.2%	1,002,173	0.2%	518,365	0.1%
5	00760	Adjusted Encounter Already Void/Adjusted	791,685	0.2%	810,046	0.2%		
5	98320	Chart Review Duplicate					515,568	0.1%
		All Professional EDRs Submitted	438,492,784		478,202,460		394,064,459	

Top 5 Most Frequent Header-level Edits DME 2014, 2015, & 2016 DOS

Edit Rank	Edit Code	Description	2014		2015		2016	
			Count	%	Count	%	Count	%
1	Blank	All Lines Rejected	352,296	1.7%	585,506	2.5%	301,063	1.6%
2	02240	Beneficiary not Enrolled in MAO for DOS	274,087	1.3%	361,726	1.5%	173,213	0.9%
3	00035	ICD-9 Codes Not Allowed			87,465	0.4%		
3	00800	Parent ICN Not Allowed for Original					38,070	0.2%
3	02125	Beneficiary DOB Mismatch	48,943	0.2%				
4	00760	Adjusted Encounter Already Void/Adjusted	46,321	0.2%				
4	02125	Beneficiary DOB Mismatch			59,386	0.3%	26,168	0.1%
5	00780	Adjustment Must Match Original			33,955	0.1%	16,508	0.1%
5	02120	Beneficiary Gender Mismatch	32,230	0.2%				
		All DME EDRs Submitted	20,979,621		23,740,628		18,872,773	

Top 3 Most Frequent Line-Level Edits Institutional 2014, 2015, & 2016 DOS

Institutional

			2014		2015		2016	
Edit Rank	**Edit Code**	**Description**	**Count**	**%**	**Count**	**%**	**Count**	**%**
1	98325	Service Line(s) Duplicated	26,564,842	6.3%	26,927,747	5.6%	23,009,633	6.0%
2	-----	Header Rejected	13,298,072	3.2%	22,303,392	4.6%	14,145,240	3,7%
3	22225	Missing Provider Specific Record	2,263,731	0.5%				
3	21950	Line Level DOS Required			689,027	0.1%		
3	21950	Invalid DOS for Rev Code Billed					453,404	0.1%
		All Institutional EDR Lines Submitted	422,326,333		483,377,885		386,296,378	

Top 3 Most Frequent Line-Level Edits Professional and DME 2014, 2015, & 2016 DOS

Professional

			2014		2015		2016	
Edit Rank	**Edit Code**	**Description**	**Count**	**%**	**Count**	**%**	**Count**	**%**
1	98325	Service Line(s) Duplicated	27,171,683	3.2%	26,831,962	2.8%	14,167,907	1.8%
2	-----	Header Rejected	14,189,600	1.7%	21,700,674	2.2%	9,733,395	1.2%
3	02256	Beneficiary Not Part C Eligible for DOS	2,011,628	0.2%	1,746,959	0.2%	976,836	0.1%
		All Prof EDR Lines Submitted	857,910,008		971,861,993		805,013,329	

DME

			2014		2015		2016	
Edit Rank	**Edit Code**	**Description**	**Count**	**%**	**Count**	**%**	**Count**	**%**
1	98325	Service Line(s) Duplicated	697,470	2.0%	1,064,386	2.7%	553,722	1.7%
2	-----	Header Rejected	543,306	1.6%	925,682	2.3%	471,978	1.4%
3	02256	Beneficiary Not Part C Eligible for DOS	214,207	0.6%	195,170	0.5%	146,652	0.5%
		All DME EDR Lines Submitted	35,132,994		40,052,218		32,724,307	

Edit 98325 & MAO-001 Reports

Edit 98325 – Duplicate Service Line(s)

- A number of contracts continue to experience issues with edit 98325, the duplicate line logic.
- CMS is considering submission options for records which contain multiple lines with data fields that differ across service lines, but these data fields are not included within the EDS duplicate line logic.
- In the meantime, CMS recommends that submitters take the following actions:

  (1) Review the June 2016 User Group slides that provide information on the duplicate line level logic. (*Included in the Appendix of this presentation*),

  (2) Compare contracts within your organization to identify underlying reasons for a high level of duplicate line submissions,

  (3) Contact CMS to submit a sample of records that CMS can use to help provide additional guidance.

Edit 98325 – Overview

- Line Level Edit - Applicable for
  - Professional Encounters
  - DME Encounters
  - Institutional Encounters (Outpatient Only)
- Not Applicable for
  - Chart Review Encounters
  - Void Encounters
- Edit 98325 identifies a claim line that is a duplicate of
  - An existing “Accepted” encounter service line in History (previously submitted)
  - Another service line within the same encounter
- Edit 98325 is bypassed for specific modifiers and specific ASC procedures

Edit 98325 – Data Elements Compared for Duplicates

Professional/DME
Health Insurance Claim Number (HICN)
Date of Service (DOS)
Procedure Code and up to 4 modifiers
Paid Amount (2320 AMT02/2430 SVD02)
Billed Amount
Place of Service (POS)
Rendering Provider NPI

- For Professional/DME Encounters, service line Rendering Provider NPI is used. If Rendering Provider NPI is not submitted on the service line, header level Rendering Provider NPI will be used. If the header level Rendering Provider NPI is not submitted, the Billing Provider NPI will be used.

- For Institutional Encounters, the dates of service at the service line level are optional. EDPS uses the Statement 'From' and 'Through' date (Header Level) for validation.

Institutional - Outpatient
Health Insurance Claim Number (HICN)
Date of Service (DOS)
Procedure Code and up to 4 modifiers
Paid Amount (2320 AMT02/2430 SVD02)
Billed Amount
Type of Bill (TOB)
Billing Provider NPI
Revenue Code

Edit 98325 – Bypass Conditions

Duplicate check is bypassed for encounters submitted with following modifiers:

Professional	Institutional
59 - Distinct Procedural Service	59 - Distinct Procedural Service
76 - Repeat Procedure by Same Physician	62 - Two Surgeons
77 - Repeat Procedure by Another Physician	66 - Surgical Team
91 - Repeat Clinical Diagnostic Laboratory Test	76 - Repeat Procedure by Same Physician
	77 - Repeat Procedure by Another Physician
	91 - Repeat Clinical Diagnostic Laboratory Test

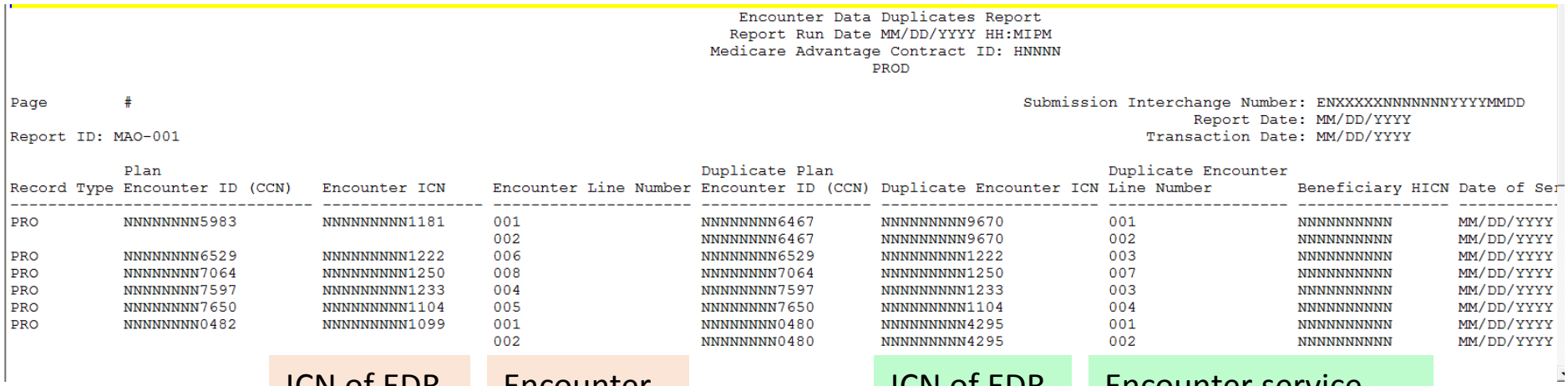
ASC Encounters

- Professional and Institutional ASC Encounter service lines having procedure code with Multiple Procedure Discount Indicator of ‘1’ on the ASC Fee Schedule.

Edit 98325 – Prevention Strategies

- Original Encounter in “Accepted” status with all accepted service lines and submitter needs to correct any of the data elements that are ***not part of duplicate check***.
  - Void the Original Encounter and resubmit a new Encounter Claim with the corrections.
  - Submit an “Adjustment” encounter against the original encounter.
- Original Encounter in “Accepted” status with accepted and rejected service lines and MAOs need to correct rejected lines only.
  - Void the Original Encounter and resubmit a new Encounter Claim with the corrections.
  - Submit an “Original” encounter with the corrections and include only the service lines that were previously rejected.
- For repeated Procedure/Service or a Distinct Procedural Service, include appropriate modifiers.

MAO-001 Report – Key Data Elements



Encounter Data Duplicates Report
Report Run Date MM/DD/YYYY HH:MIPM
Medicare Advantage Contract ID: HNNNN
PROD

Page # Submission Interchange Number: ENXXXXXNNNNNNNYYYYMMDD
Report Date: MM/DD/YYYY
Report ID: MAO-001 Transaction Date: MM/DD/YYYY

Record Type	Plan Encounter ID (CCN)	Encounter ICN	Encounter Line Number	Duplicate Plan Encounter ID (CCN)	Duplicate Encounter ICN	Duplicate Encounter Line Number	Beneficiary HICN	Date of Ser
PRO	NNNNNNNN5983	NNNNNNNNN1181	001	NNNNNNNN6467	NNNNNNNNN9670	001	NNNNNNNNNN	MM/DD/YYYY
			002	NNNNNNNN6467	NNNNNNNNN9670	002	NNNNNNNNNN	MM/DD/YYYY
PRO	NNNNNNNN6529	NNNNNNNNN1222	006	NNNNNNNN6529	NNNNNNNNN1222	003	NNNNNNNNNN	MM/DD/YYYY
PRO	NNNNNNNN7064	NNNNNNNNN1250	008	NNNNNNNN7064	NNNNNNNNN1250	007	NNNNNNNNNN	MM/DD/YYYY
PRO	NNNNNNNN7597	NNNNNNNNN1233	004	NNNNNNNN7597	NNNNNNNNN1233	003	NNNNNNNNNN	MM/DD/YYYY
PRO	NNNNNNNN7650	NNNNNNNNN1104	005	NNNNNNNN7650	NNNNNNNNN1104	004	NNNNNNNNNN	MM/DD/YYYY
PRO	NNNNNNNN0482	NNNNNNNNN1099	001	NNNNNNNN0480	NNNNNNNNN4295	001	NNNNNNNNNN	MM/DD/YYYY
			002	NNNNNNNN0480	NNNNNNNNN4295	002	NNNNNNNNNN	MM/DD/YYYY

ICN of EDR affected by duplicate edit

Encounter service line rejected by edit

ICN of EDR previously submitted & accepted

Encounter service line previously accepted with same data elements

The MAO-001 report is a fixed length report available in flat file and formatted report layouts. It provides information for encounters and service lines that receive a status of “reject” and the specific error code related to duplicate edits 98300, 98315, 98320, & 98325.

Details on the MAO-001 report include the Encounter ICN and service line that is rejected along with claim type, the previously submitted and accepted Encounter ICN and service line, Plan ID, Date of Service, Error Code, and Beneficiary ID.

General Guidance and Reminders

Edit 00800 – Parent ICN Not Allowed for Original

An original, non-chart review encounter data record should not contain a linked ICN.

- **Hypothetical Scenario**: Plan A submitted an original, non-chart review encounter data record for a beneficiary. This record contained a reference to ICN 1234567890123. The EDPS rejected the record because an original, non-chart review encounter data record should not contain an ICN. The original encounter should be resubmitted without the ICN.

Report Restore Guidance

EDS Reports can be restored based on the following guidelines:

- 999 and 277CA Acknowledgement Reports will not be restored if the files are older than 20 business days.
- MAO Reports will not be restored if the files are older than 60 business days.
- The limits are based on the date that the original reports were distributed.
- Requests for more than 200 files will not be accepted.

Claims Adjudication Disposition & Encounter Data Submission

- CMS has received questions about encounter data records that are considered “denied” or “rejected” by the submitter, but fail front-end edits due to incorrect data.
- 2012 Regional Technical Assistance Encounter Data Participant Guide (Page 2-5) of Participant Guide
  - Although claims may have a final disposition of “accepted”, “denied”, or “rejected” in the MAO or other entities’ claims processing systems, for the purposes of encounter data processing, only fully adjudicated claims with a final disposition of “accepted” or “denied” may be submitted to EDS.
  - Adjudicated claims with a denied status must also include the reason for the denial.

Disposition	Definition
Accepted	Claims/lines deemed “processable” and given a final disposition of “payment” within the MAOs and other entities’ claims processing system
Denied	Claims/lines deemed “processable” and given a final disposition of “no payment” within the MAOs and other entities’ claims processing systems
Rejected	Claims/lines deemed “unprocessable” (i.e., Invalid HCPCS or diagnosis code) at any stage in the MAOs and other entities’ adjudication process

Recognized Issues & Further Refinements to the MAO-004 Report

Technical Refinements to the MAO-004 Report

- October 22-24, 2016 - CMS sent out Phase II MAO-004 Reports.
  - ✓EDRs with dates of service January 2014 through September 30, 2016.
  - ✓Full replacements of the earlier versions of the reports.

- November 2016 - CMS shared refinements to MAO-004 report to account for:
  - ✓CPT/HCPCS codes on each record (and not between original, replacement, and chart review records)
  - ✓Replacement and void records submitted out of sequence
  - ✓Interim and non ‘1’, ‘7’, or ‘8’ claim frequency codes

Technical Refinements to the MAO-004 Report

- This presentation provides additional technical guidance for identifying encounters that were accepted on the MAO-002 report and passed to the CMS filtering logic, but were not reported on the Phase II MAO-004 report.
- Technical issues identified in the Phase II MAO-004 reports will be resolved in the Phase III MAO-004 reports. Phase III will be a full replacement of all previous MAO-004 reports generated for encounters with dates of service 1/1/2014 to the month prior to release.
- In addition to refinements in how the data is processed, Phase III will include a revised layout that allows CMS to report records that are both allowed and disallowed for risk adjustment. The new layout will be distributed via HPMS in the coming weeks.

Technical Refinements to the MAO-004 Report

We provided detailed examples of some technical issues in the Phase II MAO-004 reports in the November User Group Call. Below are the remaining issues that will be addressed in the Phase III MAO-004 reports.

1. **Data extraction in filtering process:** Some records have been reprocessed by EDPS. These reprocessed EDRs and any subsequent records linked to them were not extracted for MAO-004 reports or risk scores in Phase II. All accepted encounters will be extracted and reported on the Phase III MAO-004 report.
2. **Chart review deletes acting as replacements:** When plans attempt to delete diagnoses from an encounter with a linked chart review delete, all diagnoses on the original encounter are deleted and the diagnoses listed on the linked chart review delete record are added. CMS intends to keep diagnoses reported on the original EDR, but not listed on the linked chart review delete record, as adds and delete the diagnoses listed on the linked chart review delete. This change will be reflected in the Phase III MAO-004 reports.

Technical Refinements to the MAO-004 Report (continued)

3. **Chart review replacements not processed:** Replacement chart reviews are not processed and reported on the MAO-004. In Phase III all chart review replacements will be processed. The chart review replacement will completely replace the chart review it is linked to. Any diagnoses on the original chart review, but not on the replacement chart review, will be deleted. Furthermore, outpatient and professional replacement chart reviews must have a CPT/HCPCS code on the approved Medicare CPT/HCPCS list for the date of service year to pass the CMS filtering logic.
4. **Voids for Professional & Outpatient records:** Some voids (claim bill freq=8) for professional and outpatient records are not processed and reported on the MAO-004. All voids will be processed and reported on the Phase III MAO-004 report. All diagnoses listed on the record that the void is linked to will be deleted.

Report Access Issue:

Terminated/Consolidated Contracts: at this point, MAOs will not receive MAO-004 reports for terminated and/or consolidated contracts. CMS is reviewing options to get reports to terminated and/or consolidated plans and will communicate any progress to the industry as necessary.

Checklist for Reconciling MAO-004 and MAO-002 Reports

Before Sending ICNs to CMS:

- ✓ Is the encounter data record professional, outpatient, or inpatient?
- ✓ Is the data submitted in Jan 2014 or a later month?
- ✓ Does the data in question have a date of service Jan 2014 or later?
- ✓ Is the encounter data record accepted at the header level by Encounter Data System, as reported on the MAO-002 report?
- ✓ Does the encounter data record pass the CMS published filtering logic for each specific encounter type under consideration– Professional, Outpatient, Inpatient?
- ✓ Is the issue described in the October, November, or January User Group Calls?
- ✓ If questions remain, please send a description of what you are seeing, and what checks you have conducted, along with a sample of 13-digit ICNs in a password-protected Microsoft Excel document, to encounterdata@cms.hhs.gov. We will help you work through the issue you are seeing, conducting research, if needed.

MAO-004 Reports – Additional Resources

***Additional Resources*:**

Final Encounter Data Filtering Logic Memo:
http://csscoperations.com/internet/cssc3.nsf/DocsCat/A5GM6K3403

October 20, 2016 Webinar:
http://www.csscoperations.com/internet/cssc3.nsf/files/RA_Webinar_Slides_102016_5CR_102116.pdf/$FIle/RA_Webinar_Slides_102016_5CR_102116.pdf

November 17, 2016 Webinar:
http://www.csscoperations.com/internet/cssc3.nsf/files/RA_Slides_111716_5CR_111816.pdf/$FIle/RA_Slides_111716_5CR_111816.pdf

Model Output Report (MOR) Updates for Payment Year (PY) 2016 & PY 2017

MOR Updates

- The RAS MOR reports the Hierarchical Condition Categories (HCCs) used to calculate the risk scores in each model run to the plans in which beneficiaries are enrolled.
- MORs are created for each model version, meaning for each model where there is a different set of HCCs.
  - 2014 CMS-HCC Part C model & 2017 CMS-HCC Part C model each have different record types since the set of factors, in this case the interaction terms, differs between the models.
  - The PACE and ESRD models have a separate record type, since they have another set of HCCs.
  - The RxHCC Part D model MOR is in another file and there are different record types for the model prior to 2016 and for 2016 and after.

MOR Updates (continued)

- Updated MORs are run after each RAS Model Run.
- Changes have been made to the Part C and Part D MORs for 2017 initial & mid-year risk score runs due to recent updates to these risk adjustment models.
- Changes will be made to the 2016 Final MORs to include a blend of both Risk Adjustment Processing System (RAPS)-based diagnoses and Encounter Data-based diagnoses.

2017 Initial & Mid Year Model Run MORs

- For both the 2017 Initial and 2017 Mid year Model runs, CMS has created a new Part C MOR Record Type “D” to account for changes made to the CMS-HCC Part C (non-PACE and non-ESRD) model.
- For the CMS-HCC Part C model, the HCCs remain the same and updates have been made to account for the new disease interactions.

2017 Initial & Mid Year Model Run MORs (continued)

- CMS has updated the RxHCC model for Payment Year 2017. As a result, CMS has created a new Part D MOR Record Type “2”, reflecting the updated HCCs and interactions.
- The updates include the following:
  - NonAged * Epilepsy and Other Seizure Disorders Except Intractable Epilepsy
  - NonAged * Convulsions
  - NonAged * Autism = Nonaged * Specified Anxiety, Personality, and Behavior Disorders

2016 Final Model Run MOR

- The MOR that will be produced for the 2016 Final Model run will include two separate MOR layouts for each model type (C, ESRD/PACE, D).
  - This will allow separate reporting of the HCCs for the RAPS-based diagnoses and the encounter data-based diagnoses.
- PACE diagnoses will still be reflected in a single MOR layout, since their risk scores will continue to have a combination of all three data sources (FFS, RAPS, encounter data).

2016 Final Model Run MOR (continued)

The RAPS MOR will use the following record types:

CMS-HCC

- Record Type “E” for ESRD/Post Graft
- Record Type “C” for non-PACE and non-ESRD

CMS-RxHCC

- Record Type “2” for Age/Disabled.

2016 Final Model Run MOR (continued)

The Encounter Data MOR will use the following record types:

CMS-HCC

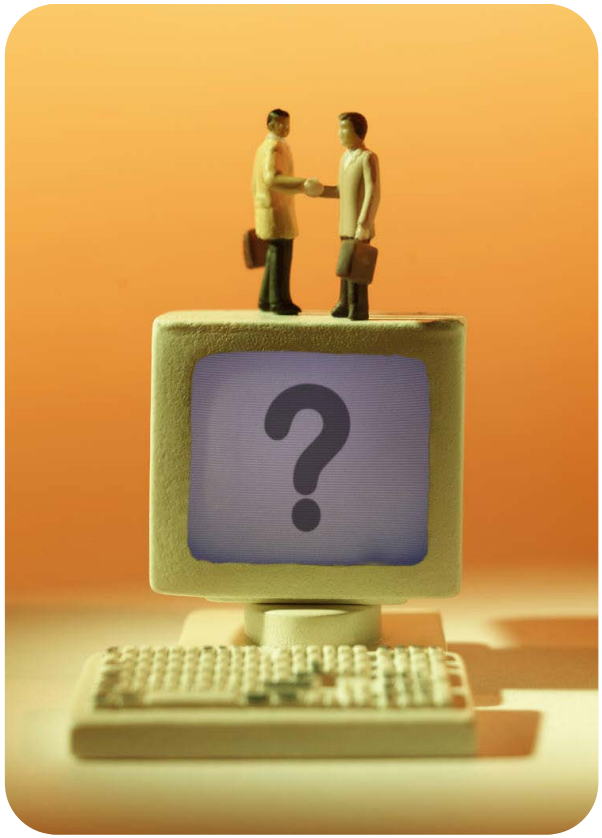
- Record Type “G” for ESRD/Post Graft
- Record Type “F” for non-PACE and non-ESRD

CMS-RxHCC

- Record Type “4” for Age/Disabled.

- PACE diagnoses data will use a single MOR layout using the following record types: Record Type “B” for PACE and PACE-specific ESRD, and Record Type “5” for Age/Disabled.

Questions & Answers



Closing Remarks

Commonly Used Acronyms

Acronym	Definition
ANSI	American National Standards Institute
CEM	Common Edits and Enhancements Module
CFR	Code of Federal Regulations
CPT	Current Procedural Terminology
DOS	Date(s) of Service
EDDPPS	Encounter Data DME Processing and Pricing Sub-System
EDFES	Encounter Data Front-End System
EDIPPS	Encounter Data Institutional Processing and Pricing Sub-System
EDPPPS	Encounter Data Professional Processing and Pricing Sub-System
EDPS	Encounter Data Processing System

Commonly Used Acronyms (continued)

Acronym	Definition
EDR	Encounter Data Report
EDS	Encounter Data System
EODS	Encounter Operational Data Store
FERAS	Front-End Risk Adjustment System
FFS	Fee-for-Service
FTP	File Transfer Protocol
HCC	Hierarchical Condition Category
HCPCS	Healthcare Common Procedure Coding System
HH	Home Health
HIPPS	Health Insurance Prospective Payment System

Commonly Used Acronyms (continued)

Acronym	Definition
ICN	Internal Control Number
MAOs	Medicare Advantage Organizations
MARx	Medicare Advantage Prescription Drug System
MMR	Monthly Membership Report
MOR	Monthly Output Report
NPI	National Provider Identifier
PY	Payment Year
RAPS	Risk Adjustment Processing System

Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov
Customer Support and Service Center (CSSC) Operations	http://www.csscoperations.com csscoperations@palmettogba.com
Encounter Data Mailbox	encounterdata@cms.hhs.gov
Risk Adjustment Mailbox	riskadjustment@cms.hhs.gov
Technical Assistance Registration Service Center (TARSC)	http://www.tarsc.info/
Washington Publishing Company	http://www.wpc-edi.com/content/view/817/1
Medicare Advantage and Prescription Drug Plans Communications User Guide	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html

Resources (continued)

Resource	Link
CMS 5010 Edit Spreadsheet	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/
RAPS Error Code Listing and RAPS-FERAS Error Code Lookup	http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&expand=1&navmenu=Risk^Adjustment^Processing^System||
EDFES Edit Code Lookup	https://apps.csscoperations.com/errorcode/EDFS_ErrorCodeLookup
EDPS Error Code Look-up Tool	http://www.csscoperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&navmenu=Medicare^Encounter^Data|||

Contact Us

- Additional questions may also be submitted following the webinar to:

EncounterData@cms.hhs.gov

or

RiskAdjustment@cms.hhs.gov

- Questions submitted to other CMS mailboxes will be forwarded to the risk adjustment or encounter data mailboxes as appropriate

Evaluation

A formal request for evaluation feedback will be sent at the conclusion of this session.

Please take a moment to note any feedback you wish to give concerning this session.

Your Feedback is Important.

Thank You!

Stay Connected with CMS

Appendix

Demographic Data and Submission References

Source: June 23, 2016 User Group Presentation
http://www.csscoperations.com/internet/cssc3.nsf/files/EDRA_Slides_062316_5CR_062916.pdf/$FIle/EDRA_Slides_062316_5CR_062916.pdf

Demographic Data Fields - 02240

02240 (Not Enrolled in MAO for DOS)

This is a check at the contract level. The dates of service are compared to the contract-level enrollment dates as well as MA eligibility dates.

- If a person has an episode of care that spans their enrollment in two different contracts, the record will fail, because dates of services need to align with enrollment dates ***by contract***.

Example:

- Dates of service are 12/10/2014 through 02/07/2015 (home health service).
- Enrolled in Contract H1234 from 01/01/2014 through 12/31/2014
- Enrolled in Contract H2345 from 01/01/2015
- Eligible for Part C since 01/01/2011.

This record was submitted by **Contract H2345** with data as shown above. The record will fail, because the begin date of service is before the enrollment date in Contract H2345.

In cases where the beneficiary changes contracts, submitters should submit a record with dates of service that align to the contract enrollment dates.

Demographic Data Fields - 02240 Bypass Logic

INSTITUTIONAL RECORDS

The system shall bypass this edit when:

- the “From Date of Service” is equal to or prior to the Contract ID termination date **AND**
- the “Through Date of Service” is after the Contract ID termination date **AND**
- the Bill Type is 11X,12X,18X,21X,22X,41X, OR 85X.

PROFESSIONAL RECORDS

The system shall bypass this edit when:

- the “From Date of Service” is equal to or prior to the Contract ID termination date **AND**
- the “To Date of Service” is after the Contract ID termination date **AND**
- the Place of Service is equal to 21, 31, 32, 51, 55, 56, OR 61 on the Header level.

DME RECORDS

This edit shall bypass this edit when:

- the ‘From’ date is equal to or prior to the Contract ID termination date **AND**
- the ‘To’ date is after the Contract ID termination date **AND**
- the ‘From’ date is not equal to the claim ‘Through’ date (Statement DOS spans more than one day)

Duplicate Record & Demographic Data Field Processing in the CMS Encounter Data System

Specific Reject Codes Addressed in this Presentation

Reject Code	Header or Line Level (I=Institutional, P=Professional, D=DME)	Description of Reject Code
98325	Line (I, P, D)	Service Line(s) Duplicated
98300	Header (I)	Exact Inpatient Duplicate Encounter
02240	Header (I, P, D)	Beneficiary Not Enrolled in MAO for DOS
02256	Header (I); Line (P, D)	Beneficiary Not Part C Eligible for DOS
02110	Header (I, P, D)	Beneficiary HICN Not on File
02120	Header (I, P, D)	Beneficiary Gender Mismatch
02125	Header (I, P, D)	Beneficiary DOB Mismatch

Duplicate Record & Demographic Data Field Processing in the CMS Encounter Data System (cont'd)

- Header level rejects cause the encounter, including all service lines, to be rejected.
- If all lines in a record are rejected, the header will also be rejected, even if it passed all checks independently. The header will not receive a reject code in this instance.
- On the MAO-002 report, you would see the following for a record with two lines, both rejected. In this case, the Header passed independently, but has been reset to be rejected, because all lines in the record were rejected.

Encounter ICN	Line Number	Status	Reject Code	Error Description
111111111111TEST	000	Rejected		
	001	Rejected	98325	Service Line(s) Duplicated
	002	Rejected	98325	Service Line(s) Duplicated

Duplicate Submission

- EDS identifies a duplicate if all of the following data elements are submitted on more than one EDR.
- For Professional, DME and Institutional - Outpatient EDRs, the duplicate check is at the line level.
- Reject code 98325 will post if all of these fields match another line within the record being processed OR a line from a previously accepted EDR.
- The most recently processed line will be rejected.
- The service line dates are optional for Institutional EDRs. Therefore, if the service line dates are null, the system will use the Header 'From' and 'Through' date for comparison.

Professional/DME	Institutional - Outpatient
Health Insurance Claim Number (HICN)	Health Insurance Claim Number (HICN)
Date of Service (DOS)	Date of Service (DOS)
Procedure Code and up to 4 modifiers	Procedure Code and up to 4 modifiers
Paid Amount (2320 AMT02/2430 SVD02)	Paid Amount (2320 AMT02/2430 SVD02)
Billed Amount	Billed Amount
Place of Service (POS)	Type of Bill (TOB)
Rendering Provider NPI	Billing Provider NPI
	Revenue Code

Bypass Logic for Duplicate Checking

EDPS bypasses posting reject code 98325 “Service Line(s) Duplicated” for professional and institutional outpatient encounters based on certain modifiers as well as bypass edit on ASC encounters due to the submission of bilateral surgical services.

More detailed information will be included in the next update of the Companion Guide.

Duplicate Submission
Institutional Inpatient EDRs

EDS identifies a duplicate if all of the following data elements are submitted on more than one Institutional Inpatient EDR (bill types 11X, 18X, 21X, and 41X).

- For Institutional Inpatient EDRs, the duplicate check is at the header level.
- Reject code 98300 will post if all of these fields match a previously accepted EDR.
- The most recent submission will be rejected.

Institutional - Inpatient
Health Insurance Claim Number (HICN)
Date of Service (DOS) (from and thru dates)
Type of Bill
Billing Provider NPI

Duplicate Submission & Claim Frequency Code Indicator

The interaction between the type of claim as indicated by the ***claim frequency code*** field and the duplicate logic is a key relationship to understand in order to avoid duplicate submission error.

The table below shows the frequency of the reject code 98325 (line level duplications) by the claim frequency code field for 2014 for the 5 largest Parent Organizations.

Module	Claim Frequency Code	Distribution by Code of Lines Rejected as Duplicates
DME	1 (Original)	97%
	7 (Replacement)	3%
INST	1, 2, 3, 4, 5, 9 (Original or Interim)	97%
	7 (Replacement)	3%
PRF	1 (Original)	98%
	7 (Replacement)	2%

Duplicate Submission & Claim Frequency Code Indicator (continued)

If an EDR is flagged as an Original EDR (claim frequency code = 1 (or Interim in the case of Institutional records) AND the key matching fields in the duplicate logic are found to match a previously accepted EDR, the most recently submitted data will be determined to be a duplicate and be rejected. (See Red rows below).

Example:

Submission Date	Claim ID	Line #	Claim Frequency Code	Field Changed
4/23/2013	12345	0	1	
4/23/2013	12345	1	1	
4/23/2013	12345	2	1	
4/23/2013	12345	3	1	
5/05/2013	67890	0	1	Provider Specialty Code, Payment Field
5/05/2013	67890	1	1	Provider Specialty Code, Payment Field
5/05/2013	67890	2	1	Provider Specialty Code, Payment Field
5/05/2013	67890	3	1	Provider Specialty Code, Payment Field

Duplicate Submission & Claim Frequency Code Indicator (continued)

In order for the new record to be accepted and pass the duplicate logic in this example, the claim frequency code should be changed to 7, which indicates that this is a replacement EDR. The ***ICN*** for original EDR should also be included in the appropriate field.

Submission Date	Claim ID	Line #	Claim Frequency Code	Field Changed	Linking Claim ID
4/23/2013	12345	0	1		
4/23/2013	12345	1	1		
4/23/2013	12345	2	1		
4/23/2013	12345	3	1		
6/15/2013	99999	0	**7**	Provider Specialty Code, Payment Field	12345
6/15/2013	99999	1	**7**	Provider Specialty Code, Payment Field	12345
6/15/2013	99999	2	**7**	Provider Specialty Code, Payment Field	12345
6/15/2013	99999	3	**7**	Provider Specialty Code, Payment Field	12345

Suggestions for Successful Submission – Original EDRs

- When submitting an EDR for the first time, CLM05-3 should be set to '1', '2', '3', '4', '5', or '9', which indicates that the EDR is an "Original" or "Interim".
- ***All Lines Rejected.*** If all of the lines are rejected (either as duplicates or for some other reason), the Header will be set to Reject, even if it was accepted independently. In these cases, the submitter should resubmit the corrected EDR with all lines and CLM05-3 should be set to '1', '2', '3', '4', '5', or '9'.
- ***Some Lines Rejected.*** If some of the lines are rejected, the record will be accepted with an accepted Header and some lines accepted. The rejected lines will be reported on the MAO-002 report.
  - **Submit Void EDR.** In these cases, if the submitter wishes to correct the rejected lines and resubmit the encounter record, the submitter should submit a **Void record** (CLM05-3 = '8') for the accepted encounter record and include the accepted Header and all originally submitted lines (accepted and rejected). For example, if the original record contained 3 lines and 1 was accepted and 2 rejected, all 3 lines and the header should be included on the **Void record**.
  - Once the Void record has been submitted and accepted, the submitter should submit a new **Original record** (CLM05-3 should set to '1', '2', '3', '4', '5', or '9') with all three lines.

Suggestions for Successful Submission – Replacement EDRs

- In order to change data elements on a previously submitted encounter EDR, CLM05-3 should be set to '7', which indicates that the EDR is meant to replace a previously accepted EDR.

- Match EDR to be replaced. When a replacement EDR is submitted, the system will check 7 key fields (see next slide) to ensure that the replacement EDR is for the same encounter as the previously accepted EDR that it is meant to replace. If there is a ***mismatch*** in any of the 7 key fields then the replacement EDR will be rejected. The reject code will be "00780 - Adjustment Must Match Original".

- Duplicate check against other EDRs. In addition, the replacement EDR will be subjected to the key matching fields listed on slides 12 and 13 to ensure that it is not a copy of another EDR *other than the one it is meant to replace.* If it is found to be a duplicate of another EDR which was previously accepted, then the replacement EDR will be rejected. Otherwise, the replacement EDR will be accepted and the previously accepted EDR that it is linked to will be set to adjusted/off (i.e. Inactive).

Key Fields for Matching Replacement EDR to Previously Accepted EDR

- Linked Internal Control Number (ICN) – header level
- Beneficiary HIC Number – header level
- Beneficiary Last Name (first 5 characters) – header level
- Beneficiary First Name (first character) – header level
- Place of Service for Professional and DME
- Type of Bill for Institutional – header level
- Billing Provider NPI – header level
- Payer ID – header level

Suggestions for Successful Submission – Void EDRs

- In order to void a previously accepted EDR, CLM05-3 should be populated with an ‘8’ and **all lines** originally submitted should be included on the void EDR.
- When a void EDR is submitted, the system will check 10 key fields (see next slide) to make sure that the void EDR is for the same encounter as the previously accepted EDR that it will be voiding.
- If there is a mismatch in any of the 10 key fields, the void EDR will be rejected and the previously accepted EDR will remain in active status. The reject code will be "00699 - Void Must Match Original".
- Otherwise, the void EDR will be accepted and result in the disposition of the previously accepted EDR (header and lines) being set to void/off (i.e., Inactive).
- Void EDRs are **not** subject to the duplicate logic checks.

Key Fields for Matching Void EDR to Previously Accepted EDR

- Linked Internal Control Number (ICN) – header level
- Beneficiary HIC Number – header level
- Beneficiary Last Name (first 5 characters) – header level
- Beneficiary First Name (first character) – header level
- Place of Service for Professional and DME and Type of Bill for Institutional – header level
- Submitted Charges – header level
- Date of Service – header level
- Number of encounter lines (both accepted and rejected)– derived from line level
- Billing Provider NPI – header level
- Rendering Provider NPI, if applicable – header level
- Payer ID – header level