CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Risk Adjustment for EDS & RAPS User Group

Thursday

February 16, 2017

2:00 p.m. – 3:00 p.m. ET

Introduction

Session Guidelines

- This is a one hour User Group for MAOs submitting data to the Encounter Data System (EDS) and the Risk Adjustment Processing System (RAPS)
- There will be opportunities to submit questions via the webinar Q&A feature
- For questions regarding content of this User Group, submit inquiries to CMS at: EncounterData@cms.hhs.gov or RiskAdjustment@cms.hhs.gov
- User Group slides and Q&A documents are posted on the CSSC Operations website under Medicare Encounter Data>User Group and Risk Adjustment Processing System>User Group
- Please refer to http://tarsc.info for the most up-to-date details regarding training opportunities, session dates, and registration information

Agenda

- Introduction
- CMS Updates
- RAPS Overview
  - Reports & Submission Guidelines
- EDS Overview
  - Reports & Submission Guidelines
- Data Submission Timelines
- Q&A Session

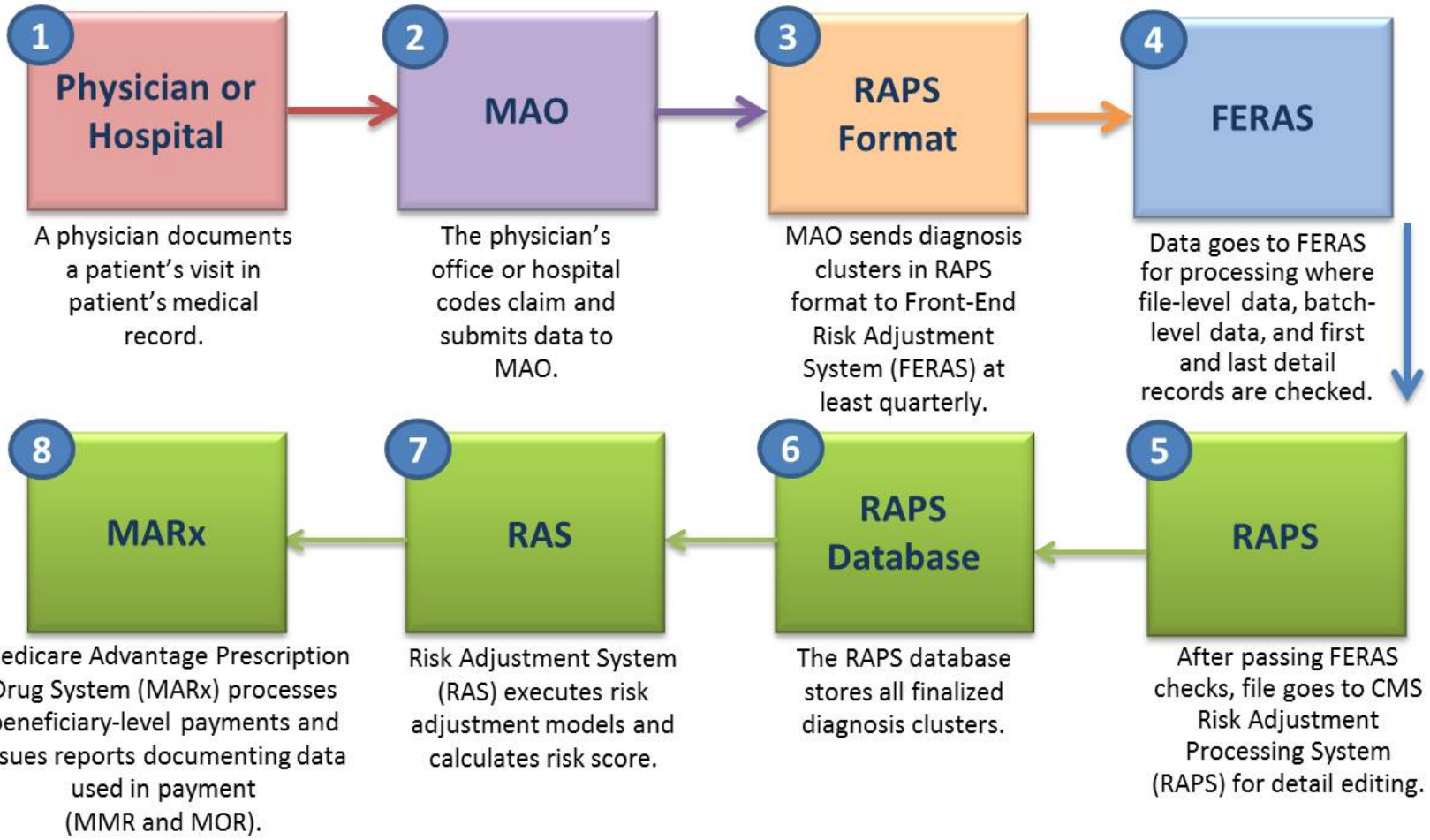
RAPS Overview

Risk Adjustment

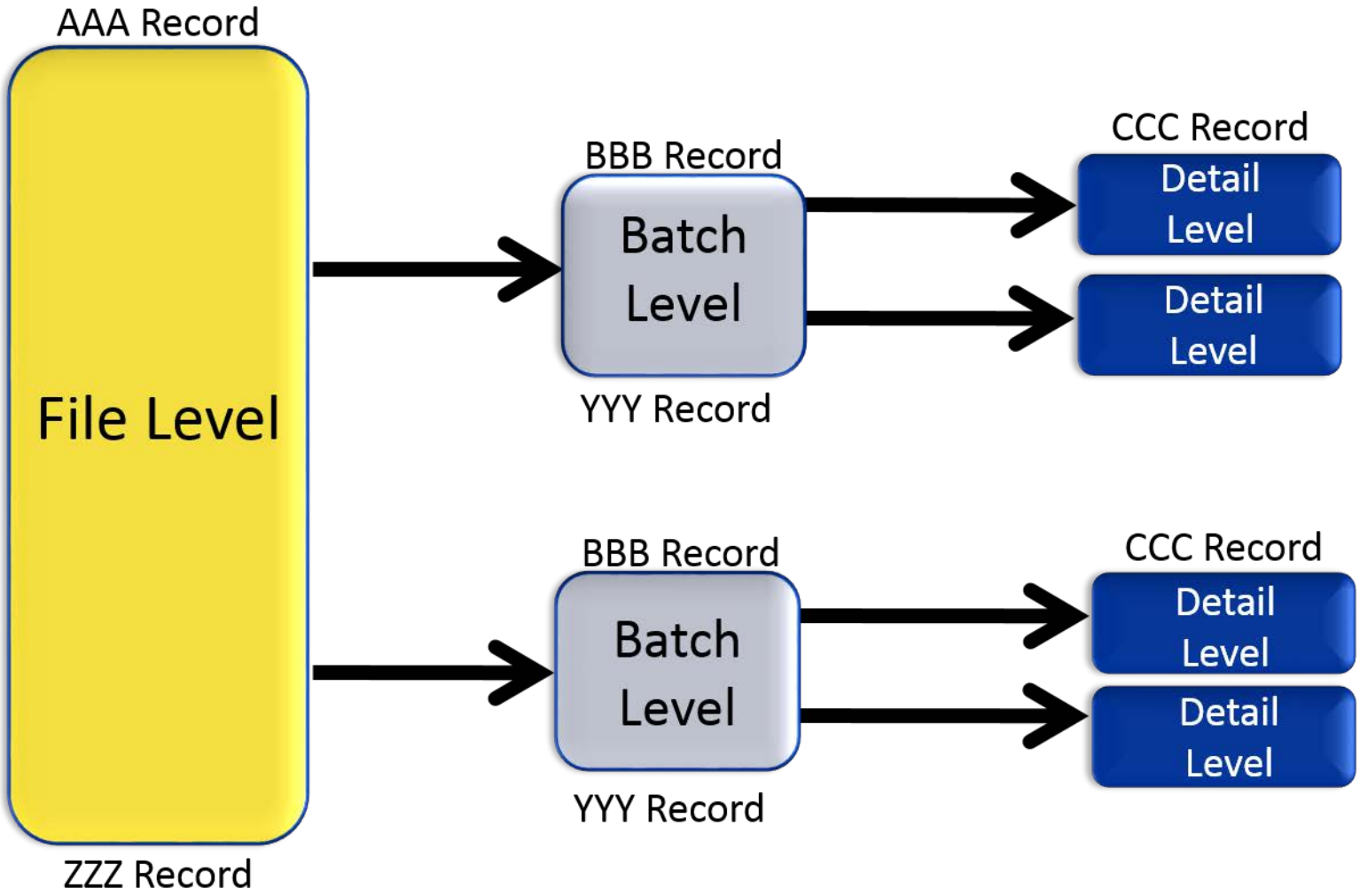
Risk Adjustment:

- Used to adjust plan bids and to adjust all MA and Part D payments
- Medicare risk adjustment is prospective, meaning diagnoses from the previous year, along with demographic information, are used to predict the relative cost of each beneficiary in the payment year

RAPS Process Flow Overview



RAPS File Logic



RAPS Format

File Layout Record Types:

- AAA – File Header
- BBB – Batch Header
- CCC – Detail
- YYY – Batch Trailer
- ZZZ – File Trailer

AAA RECORD

FIELD NO	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'AAA'
2	SUBMITTER-ID	4 – 9	X(6)	'Shnnnn'
3	FILE-ID	10 – 19	X(10)	
4	TRANSACTION-DATE	20 – 27	9(8)	'CCYYMMDD'
5	PROD-TEST-IND	28 – 31	X(4)	'PROD' Or 'TEST' Or 'CERT'
6	FILE-DIAG-TYPE	32 – 36	X(5)	'ICD9' Or 'ICD10'
7	FILLER	37 – 512	X(476)	SPACES

BBB RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'BBB'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	FILLER	16 – 512	X(497)	SPACES

CCC RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'CCC'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	SEQ-ERROR-CODE	11 – 13	X(3)	SPACES
4	PATIENT-CONTROL-NO	14 – 53	X(40)	Optional
5	HIC-NO	54 – 78	X(25)	
6	HIC-ERROR-CODE	79 – 81	X(3)	SPACES
7	PATIENT-DOB	82 – 89	X(8)	'CCYYMMDD'
8	DOB-ERROR-CODE	90 – 92	X(3)	SPACES
9 – 15	DIAGNOSIS-CLUSTER (10 OCCURRENCES)	93 – 412		
9.0	PROVIDER-TYPE		X(2)	HOSPITAL IP PRINCIPAL = 01 HOSPITAL IP OTHER = 02 HOSPITAL OP = 10 PHYSICIAN = 20
9.1	FROM-DATE		9(8)	'CCYYMMDD'
9.2	THRU-DATE		9(8)	'CCYYMMDD'
9.3	DELETE-IND		X(1)	SPACE or 'D'
9.4	DIAGNOSIS-CODE		X(7)	ICD-9 or ICD-10
9.5	DIAG-CLSTR-ERROR-1		X(3)	SPACES
9.6	DIAG-CLSTR-ERROR-2		X(3)	SPACES
16	CORRECTED-HIC-NO	413 – 437	X(25)	SPACES
17	FILLER	438 - 512	X(75)	SPACES

YYY RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'YYY'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	CCC-RECORD-TOTAL	16 – 22	9(7)	
5	FILLER	23 – 512	X(490)	SPACES

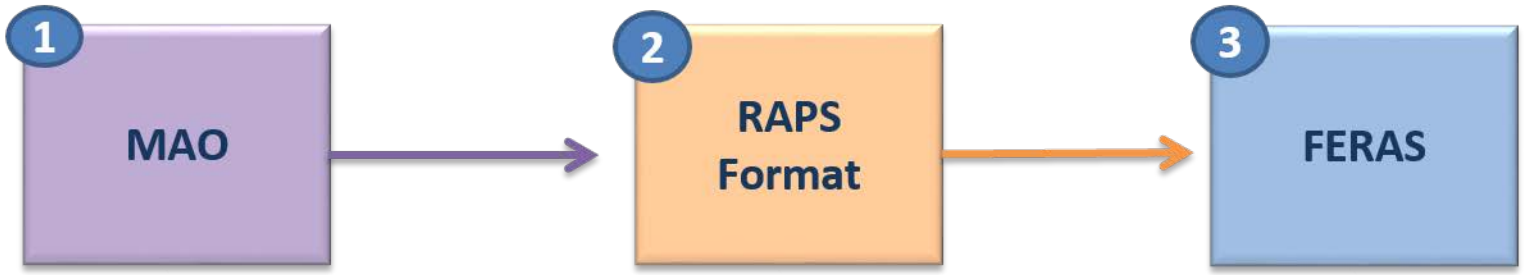
ZZZ RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'ZZZ'
2	SUBMITTER-ID	4 – 9	X(6)	'SHnnnn'
3	FILE-ID	10 – 19	X(10)	
4	BBB-RECORD-TOTAL	20 – 26	9(7)	
5	FILLER	27 – 512	X(486)	SPACES

Required Minimum Data Elements for RAPS Submission

- Health Insurance Claim Number (HICN)
- Acceptable Provider Type
- “From” Date of Service (DOS)
- “Through” Date of Service
- Diagnosis Code (ICD-10)
  - ICD-10- starting with DOS of 10/1/15

RAPS Submission Flow



The physician's office or hospital codes claim and submits data to MAO.

MAO sends diagnosis clusters in RAPS format to Front-End Risk Adjustment System (FERAS) at least quarterly.

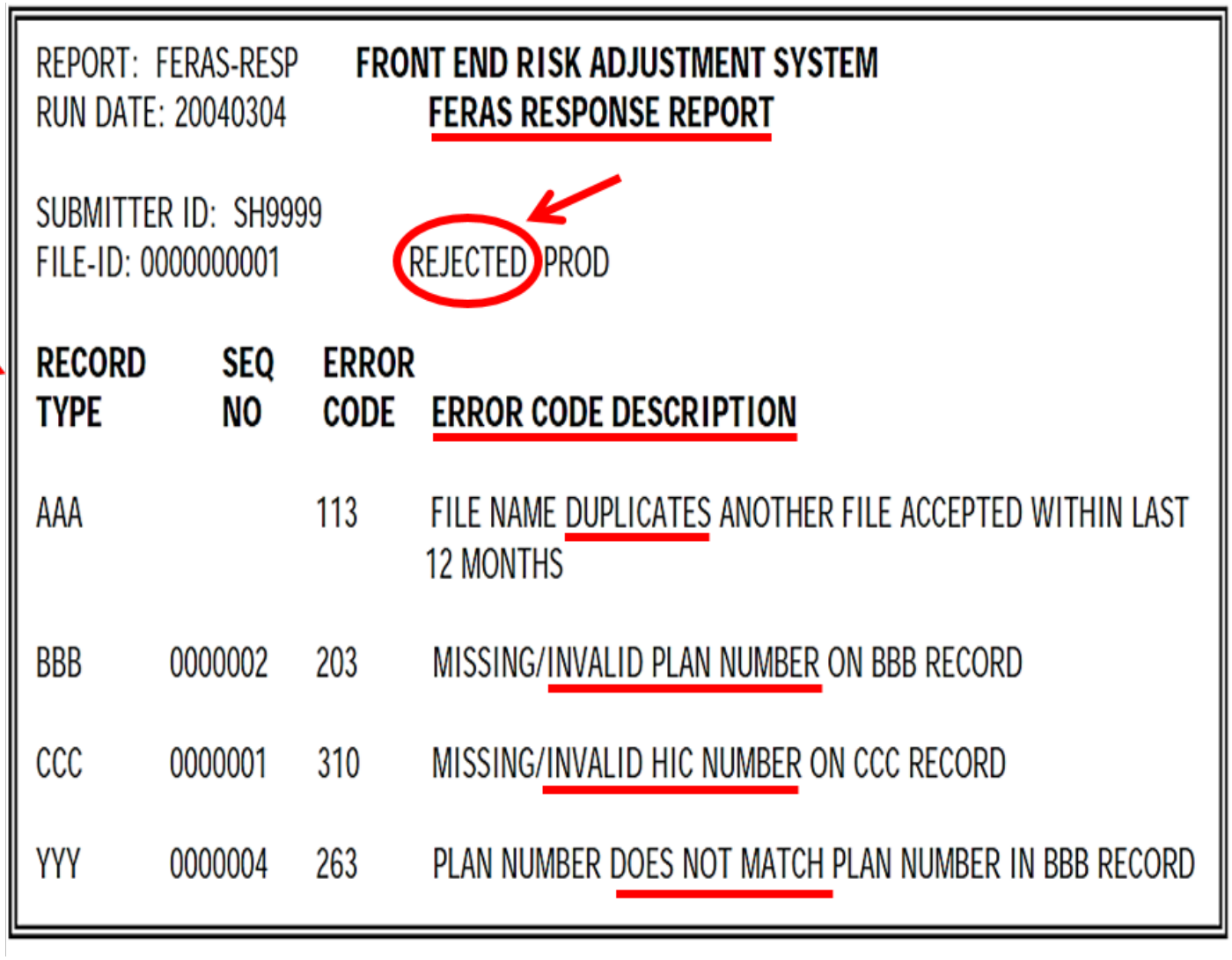
Data goes to FERAS for processing where file-level data, batch-level data, and first and last detail records are checked.

RAPS Reports

RAPS Reports

Type	Report
FERAS	FERAS Response
RAPS Transaction	RAPS Return File
	RAPS Transaction Error Report
	RAPS Transaction Summary Report
	RAPS Duplicate Diagnosis Cluster Report
RAPS Management	RAPS Monthly Plan Activity Report
	RAPS Cumulative Plan Activity Report
	RAPS Monthly Error Frequency Report
	RAPS Quarterly Error Frequency Report

FERAS Response Report



REPORT: FERAS-RESP **FRONT END RISK ADJUSTMENT SYSTEM**
RUN DATE: 20040304 **FERAS RESPONSE REPORT**

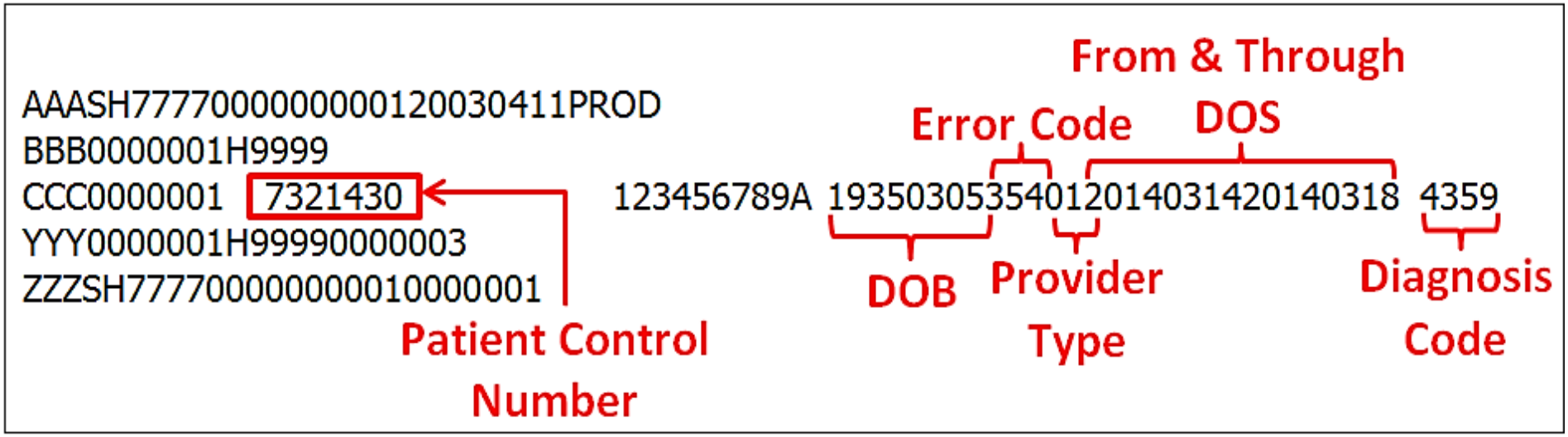
SUBMITTER ID: SH9999
FILE-ID: 0000000001 REJECTED PROD

RECORD TYPE	SEQ NO	ERROR CODE	ERROR CODE DESCRIPTION
AAA		113	FILE NAME DUPLICATES ANOTHER FILE ACCEPTED WITHIN LAST 12 MONTHS
BBB	0000002	203	MISSING/INVALID PLAN NUMBER ON BBB RECORD
CCC	0000001	310	MISSING/INVALID HIC NUMBER ON CCC RECORD
YYY	0000004	263	PLAN NUMBER DOES NOT MATCH PLAN NUMBER IN BBB RECORD

RAPS Transaction Processing Reports

Report	Description
RAPS Return File	• Contains the entire submitted transaction • Identifies 300, 400, and 500-level errors • Provided in a flat file layout • Received by the end of the next processing day following submission
RAPS Transaction Error Report	• Communicates errors found in CCC records during processing • Displays only 300, 400, and 500-level error codes • Provided in a report layout • Received by the end of the next processing day following submission
RAPS Transaction Summary Report	• Summarizes the disposition of diagnosis clusters • Provided in a report layout • Received by the end of the next processing day following submission
RAPS Duplicate Diagnosis Cluster Report	• Identifies diagnosis clusters with 502-error message • Clusters accepted into the system, but not stored in the RAPS database • Provided in a report layout • Received by the end of the next processing day following submission

RAPS Return File



RAPS Transaction Error Report

REPORT: RAPS002 **ICD9**
RUN DATE: 20040523

RISK ADJUSTMENT PROCESSING SYSTEM
TRANSACTION ERROR REPORT

PAGE: 22
TRANS DATE: 20040521

SUBMITTER ID: SH9999 FILE ID: 0000000001 PLAN ID: H9999 BATCH NUMBER: 0000001

SEQ NO	SEQ ERR	PATIENT CONTROL NUMBER	HIC NUMBER	HIC ERR	DOB	DOB ERR	PRVD TYPE	FROM DATE	THRU DATE	DEL IND	DGNS CODE	DGNS ERR1	DGNS ERR2	MAEA CD	MAEA ERR	CORRECTED HIC
0000003			999999999A	353	19301206		01	20040101	20040105		4823			A		
		00000000000000000012345678901234567890														
0000005			888888888A		19260217		01	20040212	20040225		486	408		A		
		00000000000000000012345675675675675675														
							02	20040212	20040225		2508	408				
							02	20040312	20040325		496					
0000007			666666666D		19301206		20	20040101	20040105	D	25004	491				
							20	20040411	20040422		25004	408	409			

END OF FILE

RAPS Transaction Summary Report

RISK ADJUSTMENT PROCESSING SYSTEM
TRANSACTION SUMMARY REPORT

REPORT: RAPS001 **ICD9**
RUN DATE: 20040503 TRANS DATE:20040430

SUBMITTER ID SH7777 PLAN ID: H9999 FILE ID: 0000000001

PROVIDER TYPE	Principal Inpatient	Other Inpatient	Outpatient	Physician	Unidentified	Total
TOTAL SUBMITTED	870	3480	629	348	2	5329
TOTAL REJECTED	26	104	18	13	2	163
TOTAL ACCEPTED	842	3367	606	333	0	5148
TOTAL STORED	840	3335	581	320	0	5076
TOTAL MODEL STORED	295	1167	203	112	0	1777
TOTAL DELETE ACPTD	2	2	0	2	0	6
TOTAL DELETE RJCTD	0	7	5	0	0	12

RAPS Duplicate Diagnosis Cluster Report

REPORT: RAPS003 **ICD9**
RUN DATE: 20030523

RISK ADJUSTMENT PROCESSING SYSTEM
DUPLICATE DIAGNOSIS CLUSTER REPORT

PAGE: 22
TRANS DATE: 20030521

SUBMITTER ID: SH9999 FILE ID: 0000000001 PLAN ID: H9999 BATCH NUMBER: 0000001

SEQ NUMBER	PATIENT CONTROL NUMBER	HIC NUMBER	DOB	PVDR TYPE	FROM DATE	THRU DATE	DEL IND	DGNS CODE	DGNS ERR	CORRECTED HIC
0000003		999999999A	19301206	01	20040101	20040105		4823	502	

RAPS Management Reports

REPORT	DESCRIPTION
RAPS Monthly Plan Activity Report	• Provides monthly summary of the status of submissions by Submitter ID and Plan Number • Provided in a report layout • Available for download the second business day of the month • Generated only when plan has activity in current month
RAPS Cumulative Plan Activity Report	• Provides cumulative summary of the status of submissions by Submitter ID and Plan Number • Provided in a report layout • Available for download the second business day of the month • Generated only when plan has activity for the month of the report
RAPS Monthly Error Frequency Report	• Provides a monthly summary of all errors associated with files submitted in test and production • Provided in a report layout • Available for download the second business day of the month
RAPS Quarterly Error Frequency Report	• Provides a quarterly summary of all errors on all file submissions within the 3-month quarter • Provided in a report layout • Available for download the second business day of the month following each quarter

RAPS Monthly Plan Activity Report

RAPS Monthly Plan Activity Report

REPORT: RAPM0019 **ICD9** CMS RAPS ADMINISTRATION PAGE: 1
RUN DATE: 20040402 RAPS MONTHLY PLAN ACTIVITY REPORT SERVICE YEAR: 2004

PLAN NO: H7777
SUBMITTER ID: SH7777 FOR THE MONTH OF MARCH, 2004

PROVIDER TYPE/TOTALS	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
PRINCIPAL INPATIENT							
TOTAL SUBMITTED	1297	1301	293	0	0	0	2891
TOTAL REJECTED	26	26	0	0	0	0	52
TOTAL ACCEPTED	1261	1275	288	0	0	0	2824
TOTAL STORED	1235	1269	283	0	0	0	2787
TOTAL MODEL STORED	432	444	99	0	0	0	975
TOTAL DELE ACPTD	10	0	5	0	0	0	15
TOTAL DELE RJCTD	0	0	0	0	0	0	0
OTHER INPATIENT							
TOTAL SUBMITTED	8431	13489	411	0	0	0	22331
TOTAL REJECTED	169	270	3	0	0	0	442
TOTAL ACCEPTED	8262	13219	405	0	0	0	21886
TOTAL STORED	8261	13216	404	0	0	0	21881
TOTAL MODEL STORED	2891	4625	141	0	0	0	7657
TOTAL DELE ACPTD	0	0	1	0	0	0	1
TOTAL DELE RJCTD	0	0	2	0	0	0	2
OUTPATIENT							
TOTAL SUBMITTED	23415	17342	84	0	0	0	40841
TOTAL REJECTED	351	260	3	0	0	0	614
TOTAL ACCEPTED	23064	17081	81	0	0	0	40226
TOTAL STORED	20989	15199	77	0	0	0	36265
TOTAL MODEL STORED	7346	5320	27	0	0	0	12693
TOTAL DELE ACPTD	0	0	0	0	0	0	0
TOTAL DELE RJCTD	0	1	0	0	0	0	1

RAPS Cumulative Plan Activity Report

1REPORT: RAPM0020 **ICD10** CMS RAPS ADMINISTRATION
PAGE: 1
RUN DATE: 20100818 RAPS CUMULATIVE PLAN ACTIVITY REPORT
SERVICE YEAR: 2009

PLAN NO: H0000 FOR PERIOD ENDING JULY 31, 2010

PROVIDER TYPE/TOTALS	JANUARY	FEBUARY	MARCH	APRIL	MAY	JUNE	TOTAL
PRINCIPAL INPATIENT							
TOTAL SUBMITTED	2	8	18	196	0	0	224
TOTAL REJECTED	2	8	18	196	0	0	224
TOTAL ACCEPTED	0	0	0	0	0	0	0
TOTAL STORED	0	0	0	0	0	0	0
TOTAL MODEL STORED	0	0	0	0	0	0	0
TOTAL DELE ACPTD	0	0	0	0	0	0	0
TOTAL DELE RJCTD	0	0	0	0	0	0	0
OTHER INPATIENT							
TOTAL SUBMITTED	18	66	98	1284	0	0	1466
TOTAL REJECTED	18	66	98	1284	0	0	1466
TOTAL ACCEPTED	0	0	0	0	0	0	0
TOTAL STORED	0	0	0	0	0	0	0
TOTAL MODEL STORED	0	0	0	0	0	0	0
TOTAL DELE ACPTD	0	0	0	0	0	0	0
TOTAL DELE RJCTD	0	0	0	0	0	0	0
OUTPATIENT							
TOTAL SUBMITTED	40	44	246	876	0	0	1206
TOTAL REJECTED	40	44	246	876	0	0	1206
TOTAL ACCEPTED	0	0	0	0	0	0	0
TOTAL STORED	0	0	0	0	0	0	0
TOTAL MODEL STORED	0	0	0	0	0	0	0
TOTAL DELE ACPTD	0	0	0	0	0	0	0
TOTAL DELE RJCTD	0	0	0	0	0	0	0
PHYSICIAN							
TOTAL SUBMITTED	70	110	284	714	2	0	1180
TOTAL REJECTED	70	110	284	714	2	0	1180
TOTAL ACCEPTED	0	0	0	0	0	0	0
TOTAL STORED	0	0	0	0	0	0	0
TOTAL MODEL STORED	0	0	0	0	0	0	0
TOTAL DELE ACPTD	0	0	0	0	0	0	0
TOTAL DELE RJCTD	0	0	0	0	0	0	0

RAPS Monthly Error Frequency Report

REPORT: RAPS004M PALMETO GBA]PAGE: 1

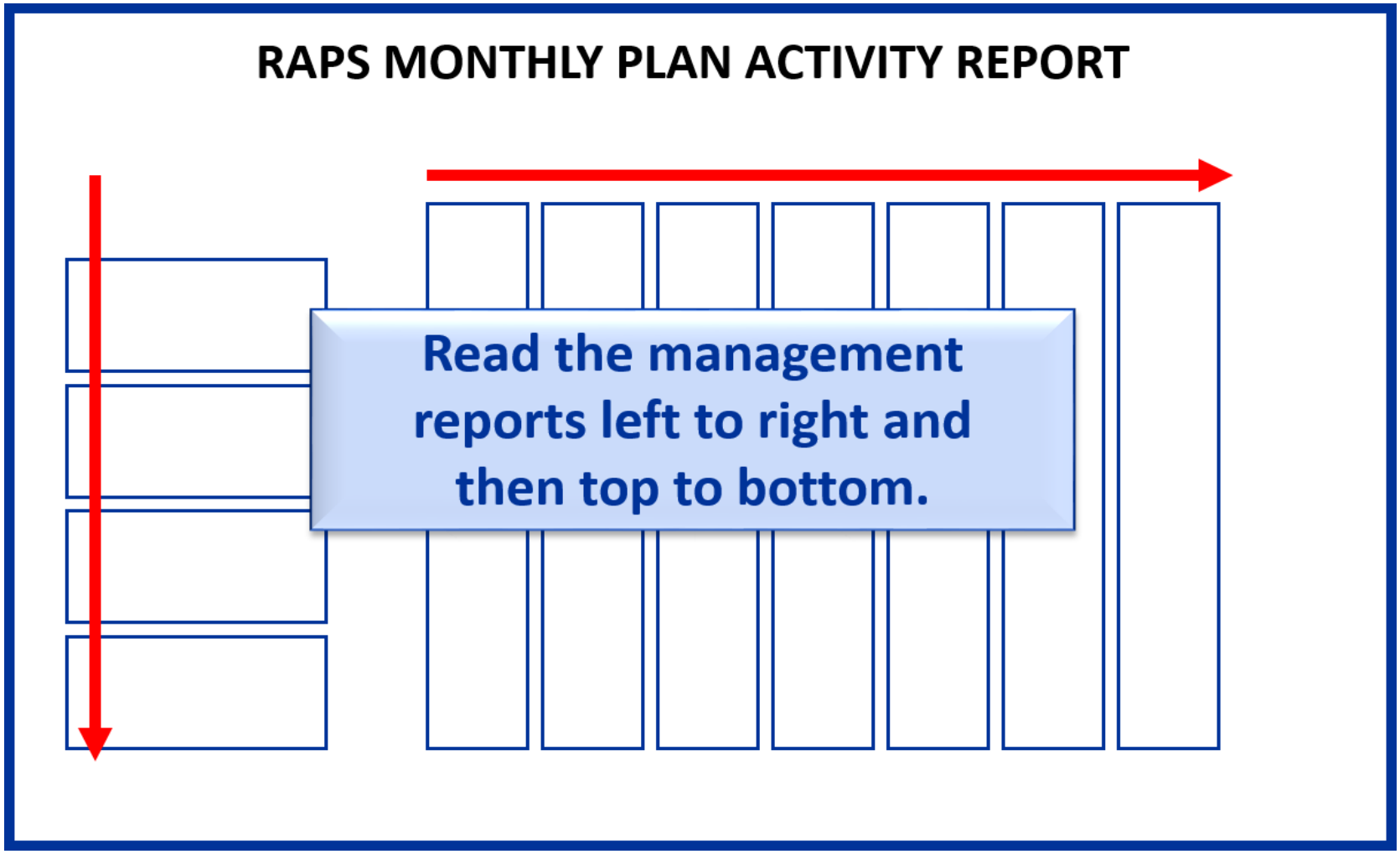
RUN TIME: 13.31.06 RISK ADJUSTMENT PROCESSING RUN DATE:20050219
ERROR FREQUENCY SUMMARY

SUBMITTER ID: SH9999 FOR THE MONTH OF APRIL, 2005
PLAN NO: H9999

TOTAL CCC RECORDS: 4,647 TOTAL DIAGNOSIS: 17,660 TOTAL ACCEPTED: 15,403 TOTAL REJECTED:2,257

ERROR CODE	<==PROVIDER TYPE XX==> <=UNKNOWN PROV TYPE=>	<==PROVIDER TYPE 01==> <PRINCIPAL INPATIENT>	<==PROVIDER TYPE 02==> <==OTHER INPATIENT==>	<==PROVIDER TYPE 10==> <=====OUTPATIENT=====>	<==PROVIDER TYPE 20==> <=====PHYSICIAN =====>
353	75	0	0	0	0
354	0	7	38	108	618
403	0	1	0	0	0
408	0	14	79	132	859
409	0	0	0	116	782
410	0	12	67	110	980
460	0	0	0	5	12
500	6	0	0	0	0
501	0	18	148	578	2,297
502	0	5	63	97	1,741

Analysis of RAPS Management Reports



Correcting Rejected Data

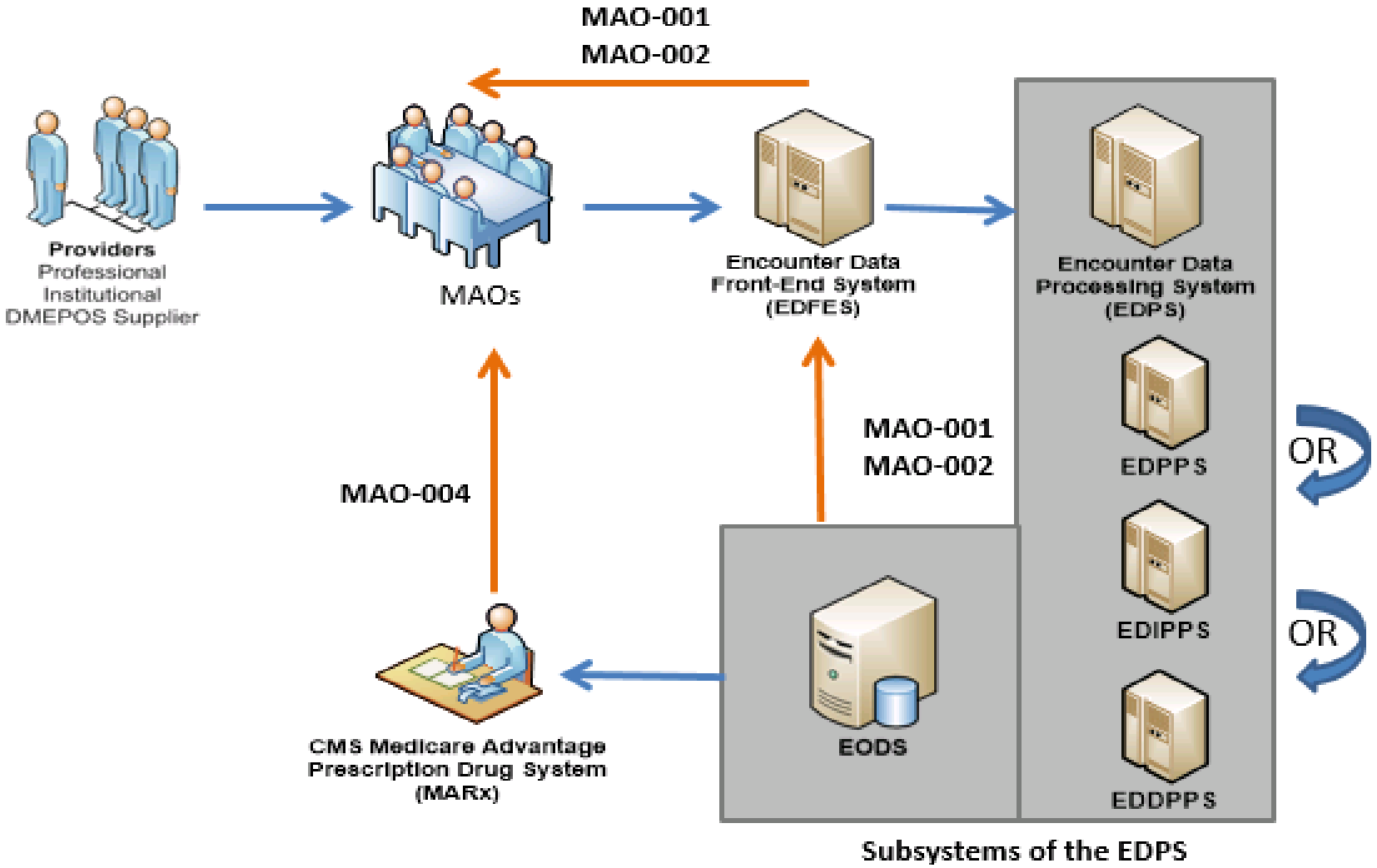
- Rejected data are reflected in cumulative totals for the appropriate month and number of total rejections
- When a cluster is counted as stored, it remains part of the stored count on the Cumulative Plan Activity Report, even if it is deleted
- Deleted clusters are included in total stored and total deleted
- Reports can help identify internal processes affecting data collection and submission, as well as external issues affecting data collection

Plan Reminders

- Plans are responsible for downloading and maintaining reports.
- Plans should correct errors and resubmit as soon as possible.

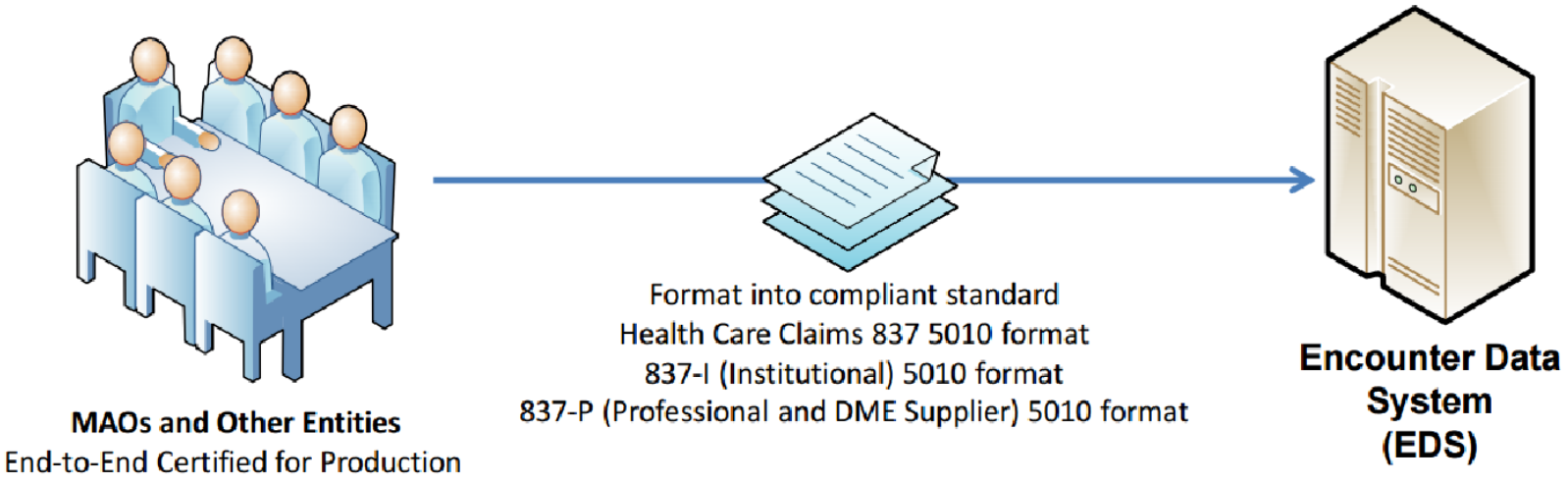
EDS Overview

EDS Overview - Process Flow



837 5010 Format Requirements

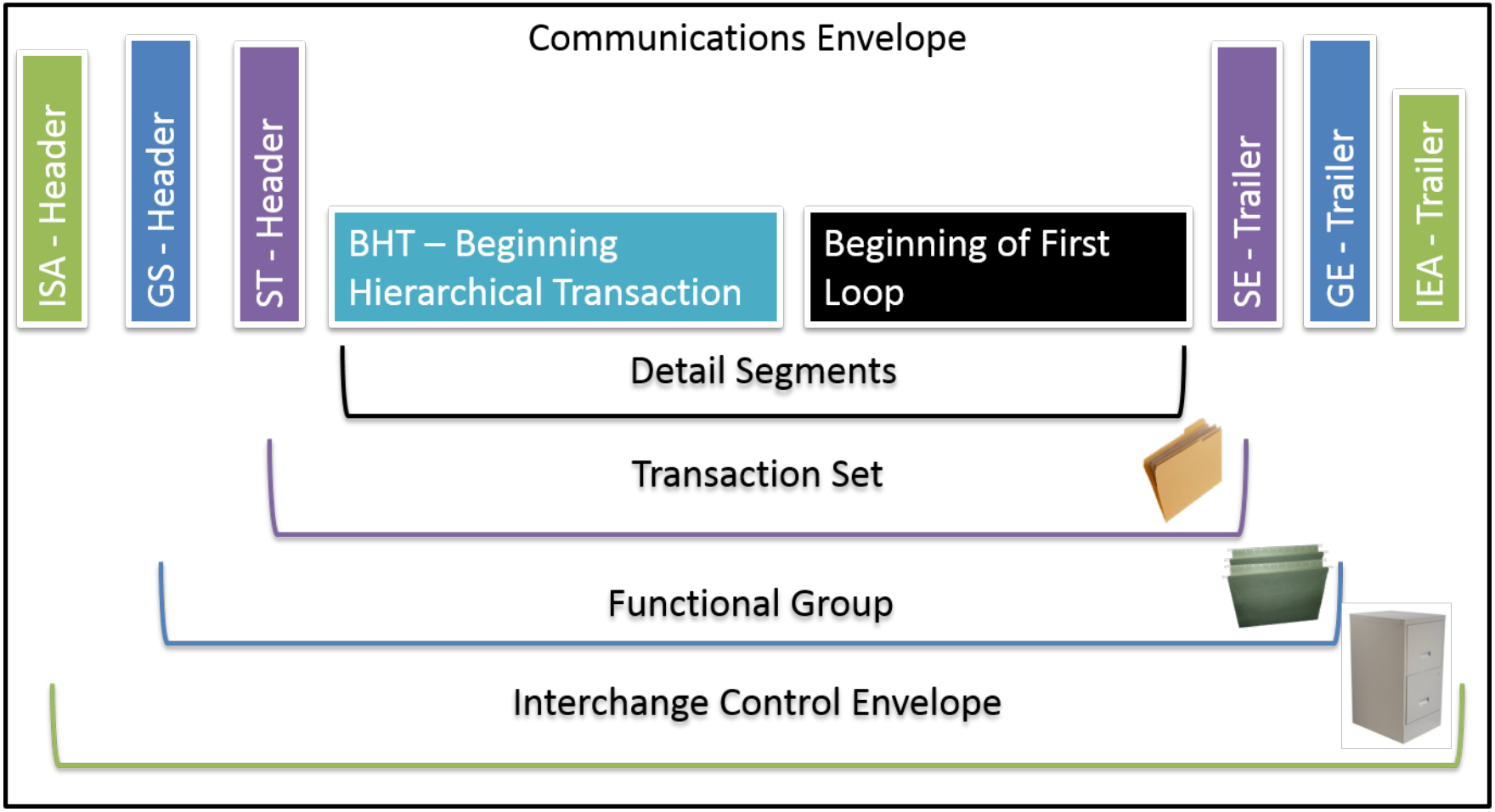
- Encounter Data:
  - must be submitted in the ANSI X12 837 5010 format
  - must contain minimum data elements
  - must also adhere to the TR3 transmission structure



Submission Format

- The 5010 837 submission format is comprised of:
  - Interchange Control Group (ISA/IEA)
  - Functional Group (GS/GE)
  - Transaction Set (ST/SE)
  - Detail Segment (BHT)
    - Loop, segments, and data elements
- The Interchange Acknowledgement, Functional Acknowledgement, and Proprietary Error Reports address errors contained within the ANSI X12 5010 837 submission

EDS Transmission Envelope Structure



EDS Submission Frequency

- MAOs are required to submit encounter data on a frequency based on the contract's enrollment size

Number of Medicare Enrollees	Minimum Submission Frequency
Greater than 100,000	Weekly
50,000 – 100,000	Bi-weekly
Less than 50,000	Monthly

EDS Submission Overview

Adjudicated Accepted and Denied encounters using 837 5010 format

1

MAOs and Other Entities

- Must be End-to-End Certified to submit production data

EDFES

Error Checking/Syntax Structure

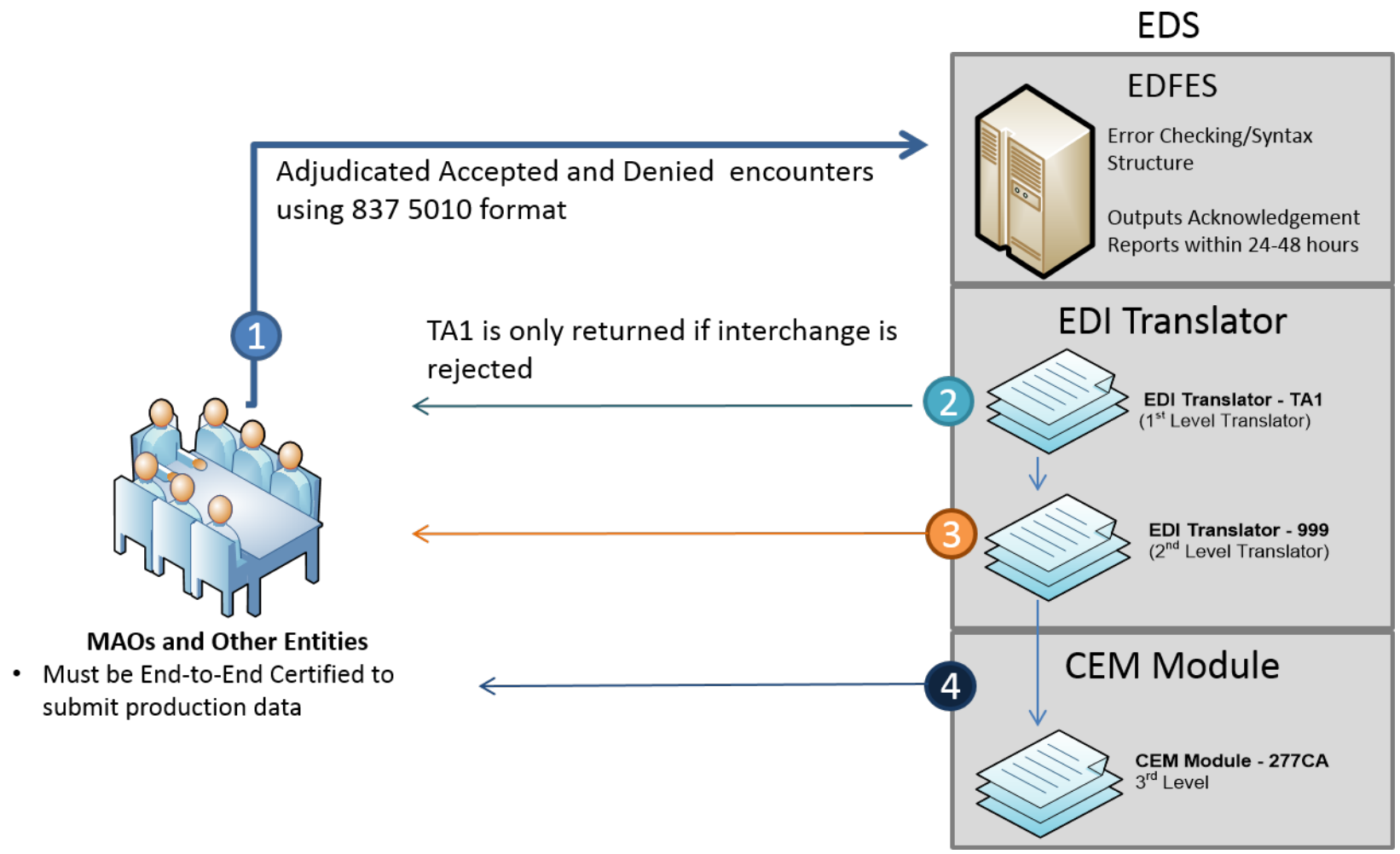
Outputs Acknowledgement Reports within 24-48 hours

EDPS

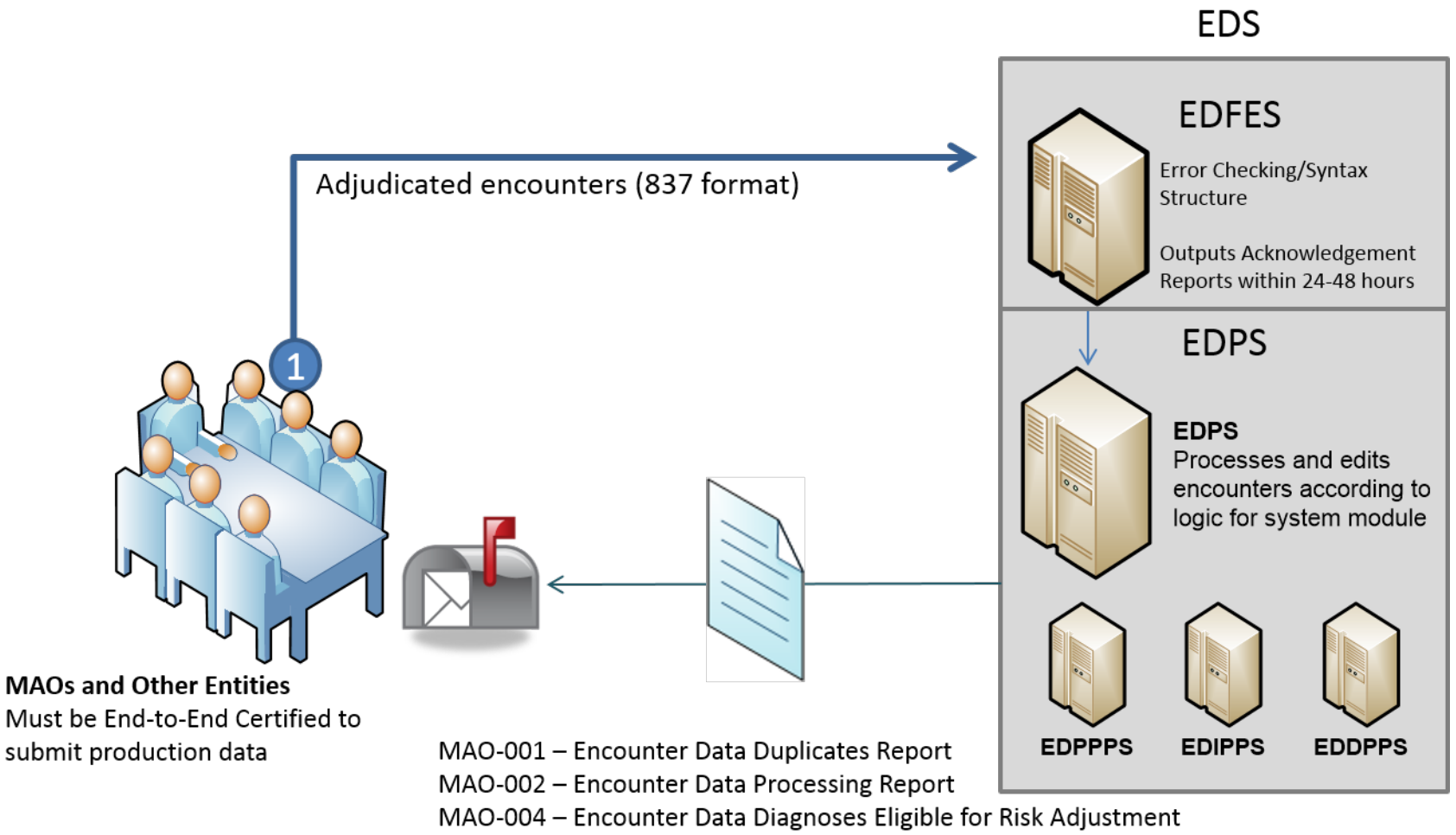
EDPS
Processes and edits encounters according to logic for system module

Checks encounter data for logic and business rules

EDFES Submission Overview



EDPS Submission Overview



EDS Reports

EDS Management Reports

EDFES Acknowledgement Reports

EDFES Report Type	Description
TA1	Provides notification of syntax and formatting errors
999	Provides notification implementation compliance status
277CA	Provides a claim level acknowledgement of all encounters received

EDPS Processing Status Reports

EDPS Report Type	Description
MAO-001 Encounter Data Duplicates	Lists all encounters that received duplicate errors (98300, 98325, 98320, and 98315) *MAOs and other entities will not receive the MAO-001 report if there are no duplicate errors received on submitted encounters
MAO-002 Encounter Data Processing Status	Lists the accepted and rejected status of all encounters for claim and line levels along with error codes
MAO-004 Encounter Data Diagnoses Eligible for Risk Adjustment	Phase III MAO-004 reports will list all diagnoses from accepted professional, inpatient, and outpatient encounter records, and indicate which diagnoses are considered for risk adjustment

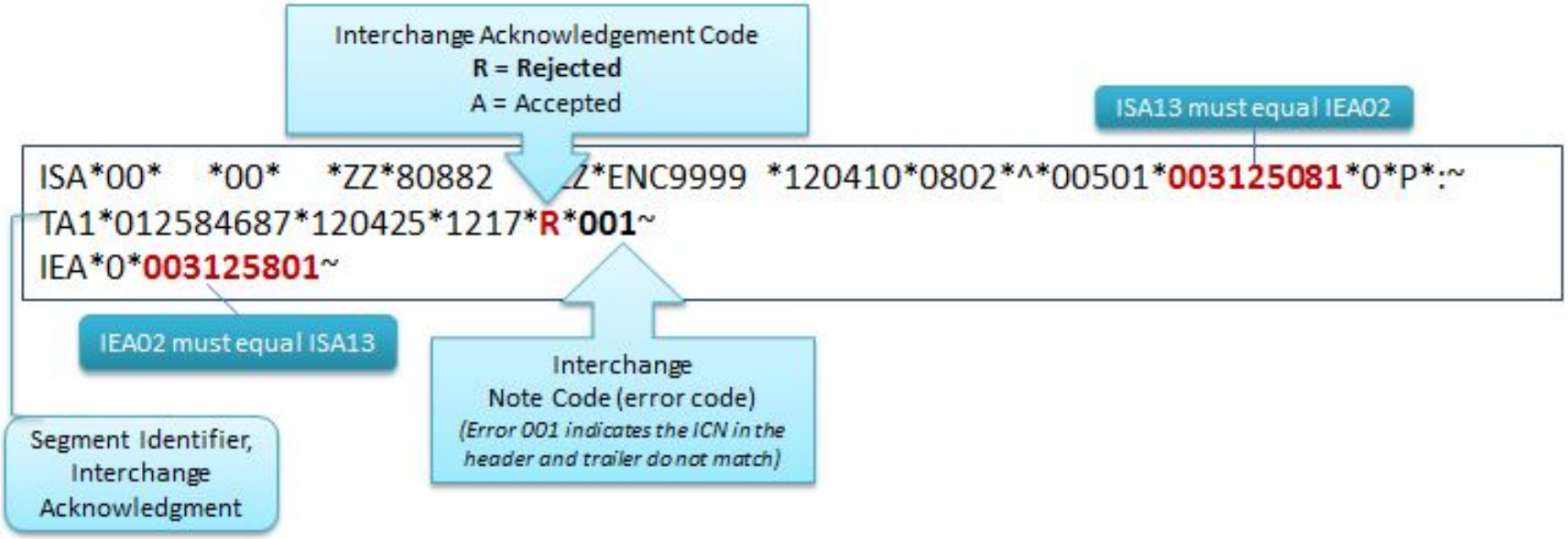
EDFES Acknowledgement Reports

TA1 Acknowledgement Report

- Upon receipt of the inbound 837, the EDI Translator performs syntax editing
- Issues detected in the ISA/IEA interchange will cause the 837 file to reject
  - MAOs must correct and resubmit the entire file
- A TA1 Acknowledgement report is generated if the transaction is rejected

TA1 Acknowledgement Report (continued)

- TA1 Acknowledgement Report with inconsistent Interchange Control Numbers (ICNs):



For EDS processing, a TA1 is generated only when there is a rejection

999 Acknowledgement Report

- The 999 Acknowledgement Report is generated following Common Edits and Enhancements Module (CEM) edits to verify the syntactical accuracy of data
  - Identifies the processing status of functional groups (GS/GE) and transactions sets (ST/SE)
    - 999A = all transaction sets were accepted
    - 999P = partially accepted (at least one transaction set was rejected)
    - 999R = syntax errors were noted and submitter needs to correct/resubmit

999A Report Example

- If an “A” is displayed in the IK5 and AK9 segments, the claim file is accepted and will continue processing.

```
1  ISA*00*       *00*       *ZZ*80882       *ZZ*ENC9999      *120410*0802*^*00501*003125081*0*T*:~
2  GS*FA*80882*ENC9999*20120410*08021518*3112795*X*005010X231A1~
3  ST*999*112795001*005010X231A1~
4  AK1*HC*135*005010X222A1~
5  AK2*837*000000135*005010X222A1~
6  IK5*A~
7  AK9*A*1*1*1~
8  SE*6*112795001~
9  GE*1*3112795~
10 IEA*1*003125081~
```

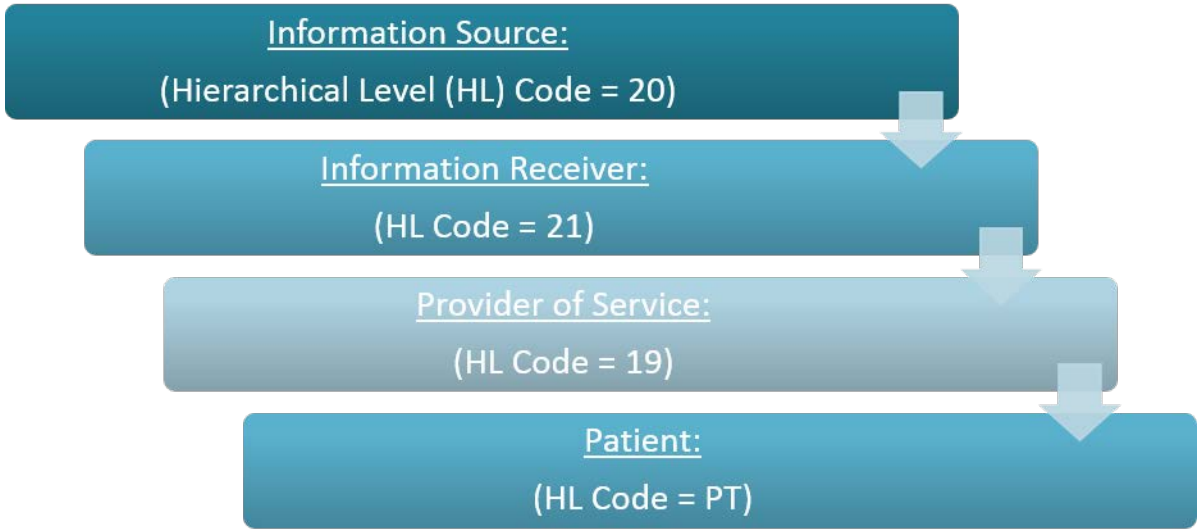
- If an “R” is displayed in the IK5 and AK9 segments, an IK3 and an IK4 segment will be displayed.

```
17 AK2*837*000020860*005010X222A1~
18 IK3*SVD*31*2430*8~
19 CTX*CLM01:P2752560~
20 IK4*1**2*H9999~
21 CTX*SITUATIONAL TRIGGER***2330~
22 IK5*R*I5~
23 AK9*R*2*1*0~
24 SE*16*26654001~
25 GE*1*3026654~
26 IEA*1*003038950~
```

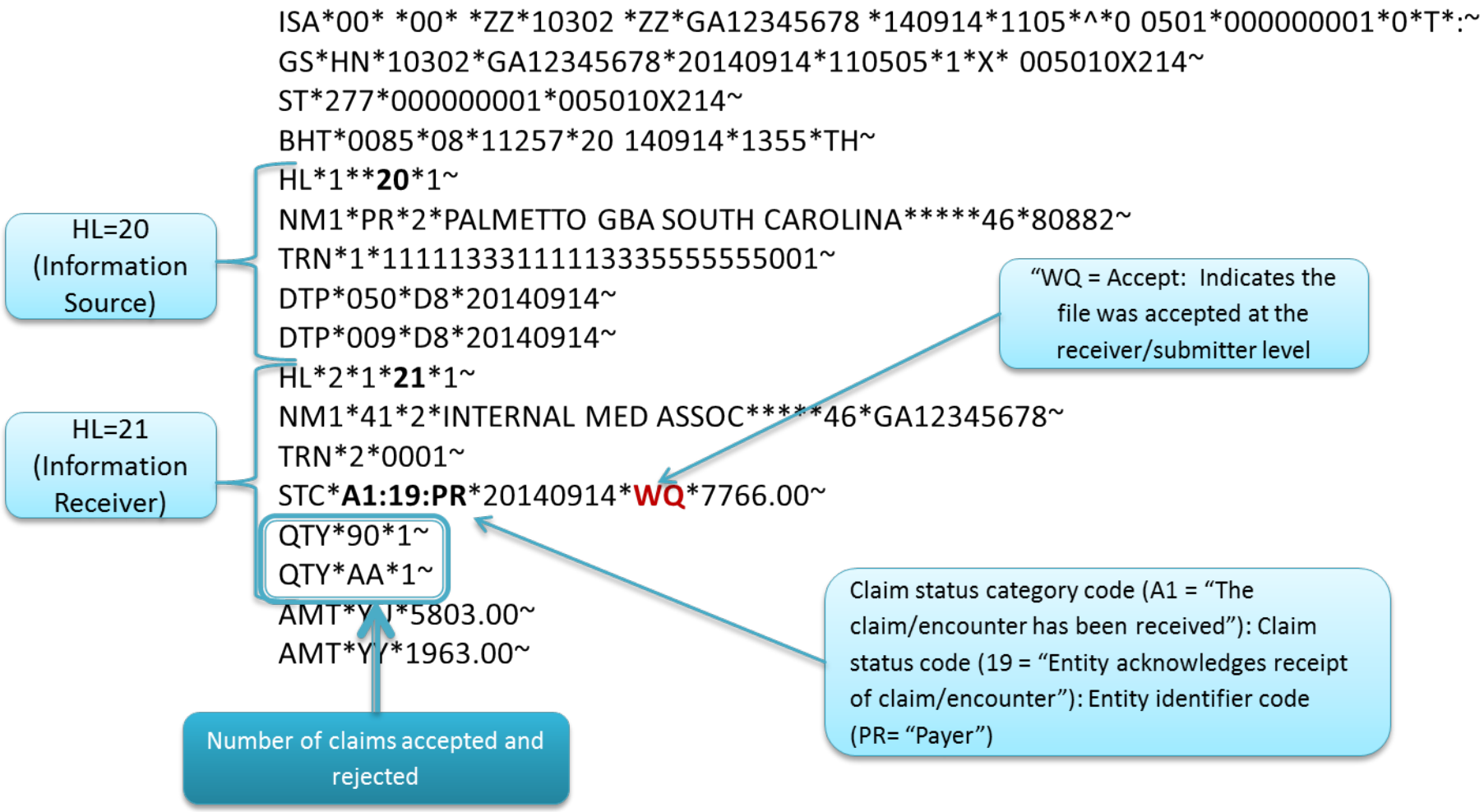
277CA Acknowledgement Report

- Returned to submitter for accepted encounter files or rejected encounter segments
  - Rejection responses based on edit failures detected by CEM
- Assigns an ICN for each ***accepted*** encounter

Note: Rejected encounters must be corrected and resubmitted in order to receive an ICN



277CA Acknowledgement Report (continued)



277CA Acknowledgement Report – ICN

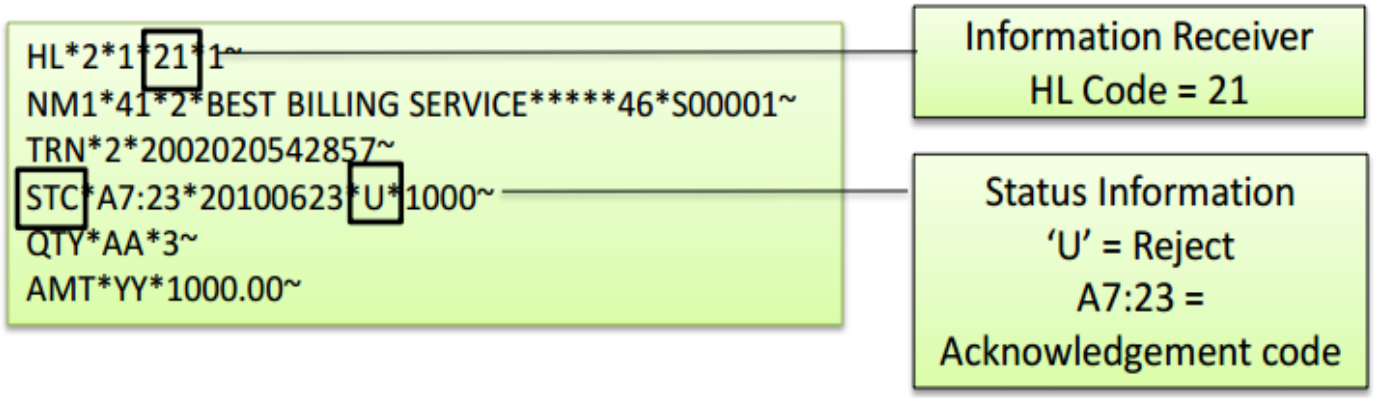
HL=PT (Patient – Claim Level

HL*4*3***PT**~
NM1*QC*1*SUMMER*BREEZE****MI*ABC123456789~
TRN*2*AR100839~
STC*A1:1:QC*20140914***WQ***7433~
REF*1K***1911290153580**~
DTP*472*D8*20140816~

"WQ = Accept: Indicates the file was accepted at the **claim** level

The REF Segment provides the ICN for **accepted** submissions

277CA Acknowledgement Report Overview



STC03 data element conveys whether the HL structures were accepted or rejected

- "U" = HL rejected
  - STC01 data element will list the Acknowledgement Code, Claim Status Category Code and the Claim Status Code
- "WQ" = HL accepted

EDPS Processing Reports

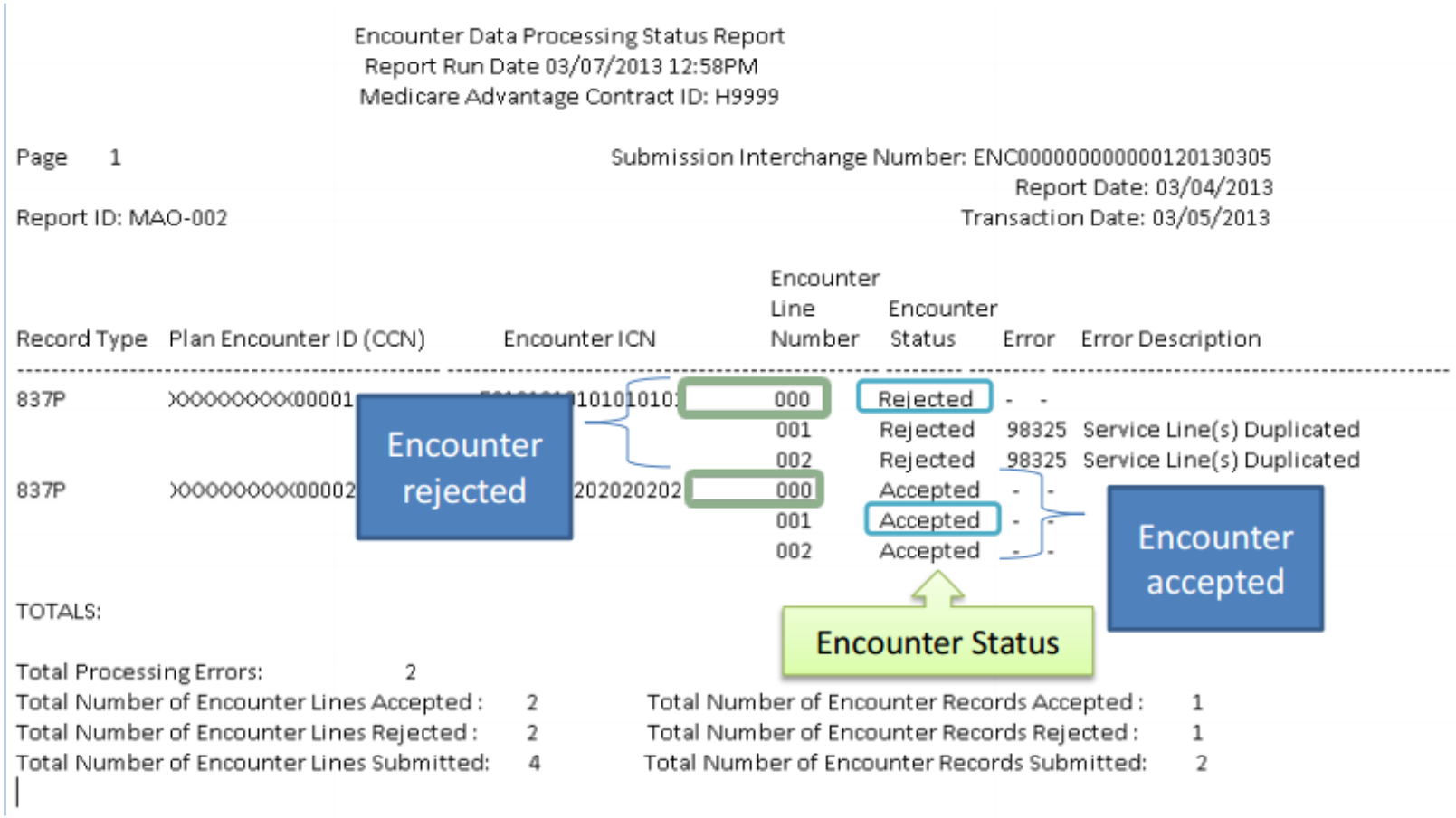
Report Layout

- MAO reports are delivered to submitters in a fixed length format and distributed by two methods:
  - Flat file
  - Formatted
- Flat file reports are categorized by:
  - Header record
  - Detail record
  - Trailer record

MAO-002 and MAO-001 Reports

- The MAO-002 Encounter Data Processing Status Report reports the status of all encounter service lines (accepted and rejected) in an encounter file along with error codes.
- The MAO-001 Encounter Data Duplicates Report provides information exclusively for rejected encounters and service lines that receive:
  - Error Code 98315 – Linked Chart Review Duplicate
  - Error Code 98320 – Chart Review Duplicate
  - Error Code 98325 – Service Line(s) Duplicated
  - Error Code 98300 - Exact Inpatient Duplicate Encounter

MAO-002 Encounter Data Processing Status Report



Encounter Data Processing Status Report
Report Run Date 03/07/2013 12:58PM
Medicare Advantage Contract ID: H9999

Page 1 Submission Interchange Number: ENC00000000000120130305
Report Date: 03/04/2013
Report ID: MAO-002 Transaction Date: 03/05/2013

Record Type	Plan Encounter ID (CCN)	Encounter ICN	Encounter Line Number	Encounter Status	Error	Error Description
837P	XXXXXXXXX00001	10101010	000	Rejected	-	-
			001	Rejected	98325	Service Line(s) Duplicated
			002	Rejected	98325	Service Line(s) Duplicated
837P	XXXXXXXXX00002	202020202	000	Accepted	-	-
			001	Accepted	-	-
			002	Accepted	-	-

Encounter rejected

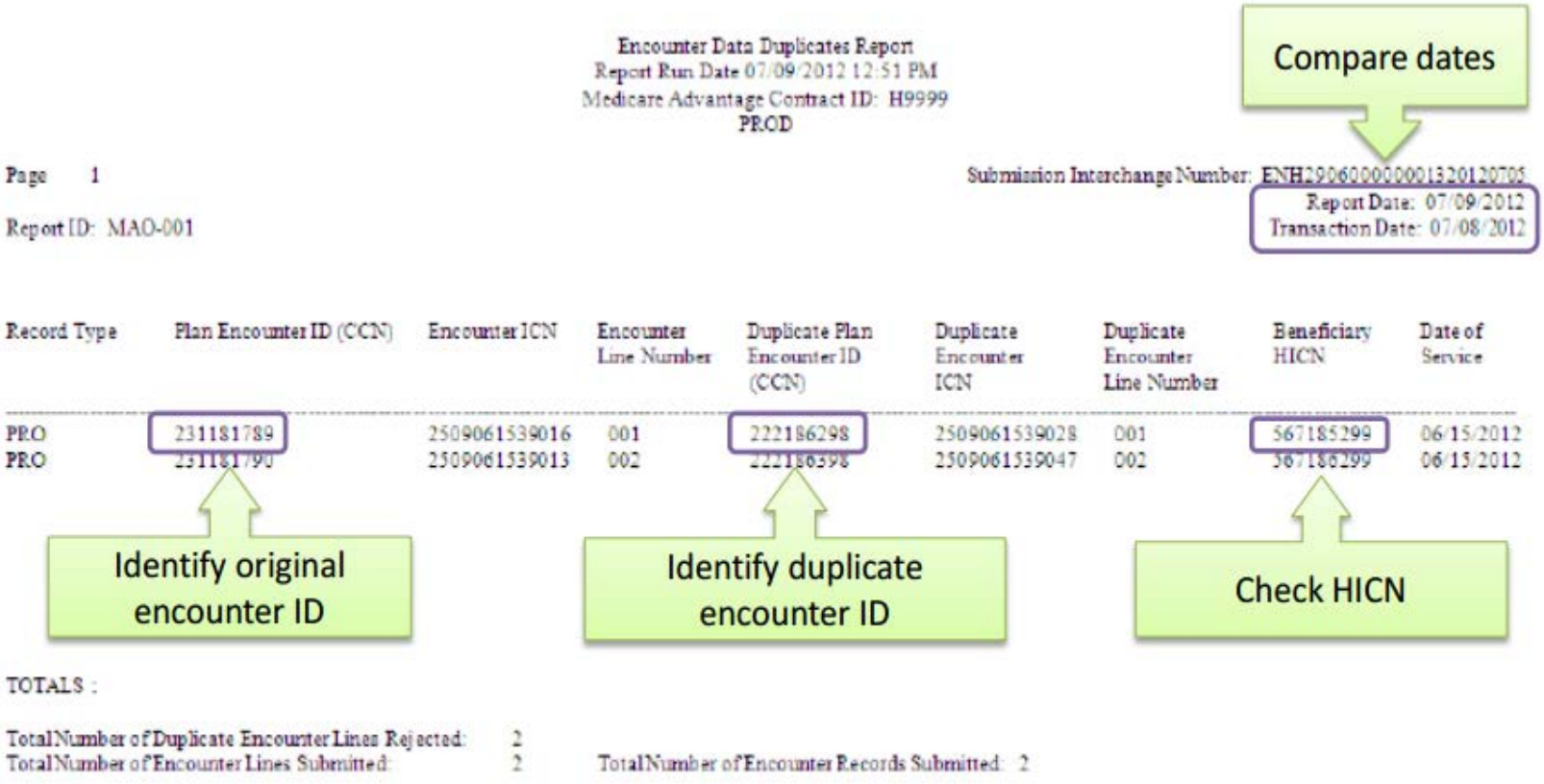
Encounter accepted

Encounter Status

TOTALS:

Total Processing Errors: 2
Total Number of Encounter Lines Accepted : 2
Total Number of Encounter Lines Rejected : 2
Total Number of Encounter Lines Submitted: 4
Total Number of Encounter Records Accepted : 1
Total Number of Encounter Records Rejected : 1
Total Number of Encounter Records Submitted: 2

MAO-001 Encounter Data Duplicates Report



Encounter Data Duplicates Report
Report Run Date 07/09/2012 12:51 PM
Medicare Advantage Contract ID: H9999
PROD

Compare dates

Page 1

Submission Interchange Number: ENH290600000001320120705

Report ID: MAO-001

Report Date: 07/09/2012
Transaction Date: 07/08/2012

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 Service
PRO	231181789	2509061539016	001	222186298	2509061539028	001	567185299	06/15/2012
PRO	231181790	2509061539013	002	222186598	2509061539047	002	567186299	06/15/2012

Identify original encounter ID

Identify duplicate encounter ID

Check HICN

TOTALS :

Total Number of Duplicate Encounter Lines Rejected: 2
Total Number of Encounter Lines Submitted: 2

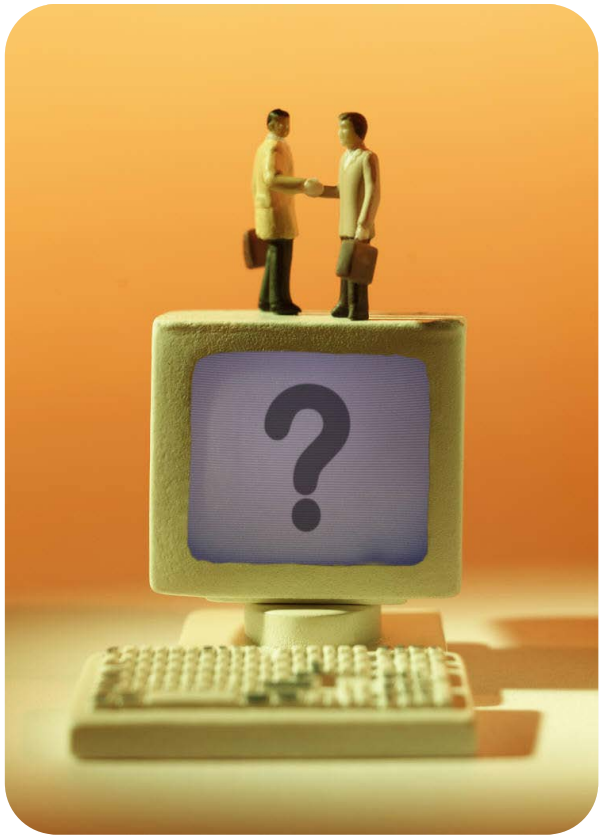
Total Number of Encounter Records Submitted: 2

Submission Timelines

Risk Adjustment
Payment Run Submission Deadlines

- For information on 2017 and 2018 payment run submission deadlines, refer to the most recent Health Plan Management System (HPMS) memos:
  - 4/27/2016 – *CORRECTION: Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2016, 2017, and 2018*
  - 12/29/2016 – *Updated Deadline for Submitting Risk Adjustment Data for Use in Final 2016 Risk Score Run and Data Use in Mid-Year 2017 Risk Score Run*

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
EDR	Encounter Data Record

Commonly Used Acronyms (continued)

Acronym	Definition
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
ICN	Internal Control Number

Commonly Used Acronyms (continued)

Acronym	Definition
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
SNF	Skilled Nursing Facility
TR3	Technical Report Type 3 Implementation Guide

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||
Plan Communications User Guide	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html
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!

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