Risk Adjustment for EDS & RAPS User Group

April 18, 2019

2:00 p.m. – 3:00 p.m. ET

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).

➢ We will be conducting a live Q&A session after the presentations today.

➢ There remain opportunities to submit questions via the webinar Q&A feature.

➢ For follow-up questions regarding content of this User Group, submit inquiries to CMS at RiskAdjustment@cms.hhs.gov or EncounterData@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.

➢ User Group Evaluation.

Feedback on the Agenda

- We want to thank everyone who has been submitting specific topics for future User Group Calls. We continue to review these topics as we plan for future agendas.

- We remind you that you have an opportunity to suggest specific topics as part of the evaluation at end of each User Group call.

- Please be as specific as possible when suggesting topics. It helps us better tailor our trainings and webinar development.

- We recognize that we have a broad audience with a wide range of interests and levels of expertise.

- In order to meet these varied interests, we are splitting the agendas for these calls between Program Updates, which will include a variety of topics of varying levels of detail, and Trainings, with Trainings scheduled last.

Technical Assistance

Registration Support Contact Information

For questions or issues regarding logistics, registration, or materials, please contact Registration Support.

Phone: 1-800-290-2910

Email: TARegistrations@tarsc.info

When contacting Registration Support, please provide your name, phone number, and email address, along with a detailed description of your issue.

Technical Assistance

- **Browser Requirements**
  - JavaScript and cookies enabled
  - Java 6 and Java 7 (for web browsers that support Java) enabled
  - Cisco WebEx plug-ins enabled for Chrome 32 and later and Firefox 27 and later
  - Plug-ins enabled in Safari
  - Active X enabled and unblocked for Microsoft Internet Explorer
- **Recommended Browsers**
  - Internet Explorer: 8 - 10 (32-bit/64-bit)
  - Mozilla Firefox: Version 10 through the latest release
  - Google Chrome: Version 23 through the latest release

Agenda

- **CMS Updates**
  - 2020 Rate Announcement
    - Risk Adjustment Model Review
    - CMS-HCC Model PY2020 Risk Score Calculation Overview
  - 277CA Acknowledgment Reports
    - Top 5 277CA Edits and Resolutions
  - EDPS Q1 2019 Release
  - MAO-004 and Model Output Reports Update
  - Webinar Announcement
- **Q&A Session**
  - February User Group Frequently Asked Questions
  - Live Question and Answer Session
- **Closing**

CMS Updates

2020 Rate Announcement:
Risk Adjustment Model Review

PY2020 Risk Adjustment Model Updates

- On April 1, 2019, CMS published the 2020 Announcement, which finalized the use of the following risk adjustment models for PY2020:

  - *CMS-HCC (Part C) Risk Adjustment Models*:
    - The updated CMS-HCC alternative payment condition count model (i.e., 2020 CMS-HCC model) will be used to calculate the encounter data-based portion of the risk score.
    - The 2017 CMS-HCC model will be used to calculate the RAPS-based portion of the risk score.

  - *CMS-HCC ESRD Risk Adjustment Models*:
    - The updated ESRD dialysis and functioning graft models (i.e., 2020 ESRD models) will be used to calculate the encounter data-based portion of the risk score.
    - The 2019 ESRD dialysis and functioning graft models will be used to calculate the RAPS-based portion of the risk score.

  - *RxHCC (Part D) Model*:
    - The recalibrated 2020 RxHCC model using 2014/2015 data will be used to calculate the encounter data-based and RAPS-based risk scores.

  - *PACE*:
    - The 2017 CMS-HCC model will be used to calculate Part C risk scores for PACE organizations.

CMS-HCC (Part C) Model for PY2020

- The PY2020 alternative payment condition count ("APCC") model includes additional HCCs for pressure ulcers and dementia as well as count variables. Coefficients were determined by using 2014 diagnoses to predict 2015 costs, and diagnoses were selected using the CPT/HCPCS filtering method that is used for encounter data risk score calculation.

- 8 segments in total
  - Continuing enrollees, 6 segments broken out by age/disabled and dual status
  - Long term institutional
  - New Enrollees

- Payment HCC count variables for each segment
  - Counts conditions included in the model for payment after the application of hierarchies

- We will blend 50% of the risk score calculated with the 2017 CMS-HCC model, using diagnoses from RAPS and FFS, summed with 50% of the risk score calculated with the PY2020 APCC model, using diagnoses from encounter data, RAPS inpatient records, and FFS.
  - For PACE organizations, Part C risk scores will be calculated using the 2017 CMS-HCC model with diagnoses from encounter data, RAPS and FFS.

ESRD Model for PY2020

- For PY2020, CMS will use a revised CMS-HCC ESRD risk adjustment model (2020 ESRD model) calibrated with diagnoses filtered using the approach we currently use to filter encounter data records to calculate encounter data-based risk scores.

- The PY2020 ESRD risk adjustment model is structurally the same ESRD model that we implemented for 2019 in that it retains separate coefficients for dialysis, transplant, and post-graft beneficiaries, uses concurrent Medicaid status using 3 sources, and has the same HCCs as the 2019 ESRD model.

- We will blend 50% of the risk score calculated with the 2020 ESRD model, using diagnoses from encounter data (supplemented with RAPS inpatient data) and FFS, summed with 50% of the risk score calculated with the 2019 ESRD model, using RAPS and FFS diagnoses.

  - For PACE organizations, ESRD risk scores will be calculated using the 2019 ESRD model with diagnoses from encounter data, RAPS, and FFS.

RxHCC (Part D) Model for PY2020

- The Part D model for PY2020 has the same structure as the model implemented in PY2018, but has been updated to reflect the 2020 benefit structure.

- We will implement the recalibrated RxHCC model using the 2014/2015 modeling sample to maintain stability and reflect a year of diagnoses submitted under a single classification system.

- For PY2020, CMS will calculate Part D risk scores by adding 50% of the risk score calculated with diagnoses from encounter data (supplemented with RAPS inpatient data) and FFS with 50% of the risk score calculated using RAPS and FFS diagnoses.

  - For PACE organizations, Part D risk scores will be calculated using the 2020 RxHCC model with diagnoses from encounter data, RAPS, and FFS.

PY2020 Part C Risk Scores for PACE Organizations

- The 2017 CMS-HCC model will be used to calculate risk scores
  - Six community segments by dual status: non-dual aged, non-dual disabled, partial benefit dual aged, partial benefit dual disabled, full benefit dual aged, and full benefit dual disabled.

- Medicaid sources:
  - We will use Medicaid data from three sources to identify Medicaid status when calculating risk scores with the 2017 CMS-HCC model: (1) MMA State files, (2) Point of Sale data, and (3) monthly Medicaid file that the Commonwealth of Puerto Rico submits to CMS.

- We will continue to use the same method of calculating risk scores that we have been using since PY2015, which is to pool risk adjustment-eligible diagnoses from the following sources to calculate a single risk score (with no weighting): (1) encounter data, (2) RAPS, and (3) FFS claims.

CMS-HCC Model
PY2020 Risk Score Calculation Overview

Payment Year 2020 Risk Score Calculation

- In PY2020, CMS will continue calculating risk scores by blending two risk scores:

  1. The risk score calculated using diagnoses from the Risk Adjustment Processing System (RAPS) and FFS.

  2. The risk score calculated using diagnoses from the Encounter Data System (EDS) and FFS, supplemented with RAPS inpatient.

- The blend of RAPS-based and encounter data-based risk scores will apply to risk scores calculated with the following models:

  - CMS-HCC model

  - ESRD dialysis model

  - ESRD functioning graft model

  - RxHCC model (PY2020 RxHCC model)

  * Risk scores for PACE organizations will be calculated using the same method as used for PY2019.

CMS-HCC Risk Adjustment Model

- CMS-HCC Risk Adjustment Model:
  - For PY2020, CMS will blend risk scores calculated with the 2017 CMS-HCC model and the PY2020 Alternative Payment condition count model.
  - The risk adjustment factors for the 2020 CMS-HCC model were published in the 2020 Rate Announcement.
  - For more information on the 2020 CMS-HCC model, please refer to the documents listed here, as well as the resource materials listed at the end of this presentation.
    - 2020 Advance Notice Part 1
    - 2020 Announcement

Risk Score Calculation -- Overview

Risk Adjustment Model Variables and Adjustments	
Demographic Variables: • Age / Sex • Originally Disabled	There are relative factors associated with each demographic variable.
Disease Variables: • Disease Hierarchical Condition Categories (HCCs) • Disease / Disabled Interactions	CMS uses diagnoses submitted by plans to assign HCCs and interactions for each beneficiary. There are relative factors associated with each HCC and interaction.
Payment HCC Count Variables: • Payment HCC count variables for each segment	There are relative factors associated with the payment HCC count variables starting between 4-6 HCCs. The count variables are added to the risk score after the application of hierarchies.
Sum of Factors *Demographic + Disease Variables + Payment HCC Count Variables* The relative factors for all of the demographic variables, HCCs, interactions and count variables are added together. The result is the raw risk score.	
• **Normalized Score**	A normalization factor is applied to keep the average FFS risk score at 1.0 each year.
• **MA Coding Pattern Adjusted Score**	A coding pattern adjustment is applied to account for differential coding patterns between MA and FFS.
Final product is the payment risk score	

Risk Score Calculation for PY2020

For PY2020, risk scores will be calculated independently and then blended:

- **Portion of risk score from 50% RAPS & FFS using the 2017 CMS-HCC model**
  - [(raw risk score from RAPS + FFS diagnoses) / (PY2020 normalization factor for 2017 model)] X (1 – PY2020 coding adjustment factor) X 50% = portion of the risk score from RAPS & FFS .

- **Portion of risk score from 50% ED, RAPS inpatient records & FFS using the 2020 CMS-HCC model (i.e. Alternative Payment Condition Count model)**
  - [(raw risk score from ED + RAPS inpatient records + FFS diagnoses) / (PY2020 normalization factor for 2020 model)] X (1 – PY2020 coding adjustment factor) X 50% = portion of the risk score from ED & FFS.

- **Blended risk score** = 2017 CMS-HCC model (RAPS & FFS) portion of the risk score + 2020 CMS-HCC model (ED, RAPS inpatient, and FFS) portion of the risk score.

CMS-HCC Risk Model
Example Risk Score Calculation for PY2020

Demographics	2017 CMS-HCC model (RAPS & FFS)	2020 CMS-HCC model (ED, RAPS inpatient & FFS)
Male, Age 82 (aged), FB-Dual, Community	0.816	0.803
Diagnoses & Payment HCC Count Factors:		
Diabetes w/o complications (HCC19)	0.097	0.107
COPD (HCC111)	0.422	0.430
2 Payment HCCs (for the 2020 CMS-HCC model)	N/A	0.000
Total Raw Risk Score (Demographic Factors + Diagnostic factors + Payment HCC Count Factor)	1.335	1.340

Adjustments to Risk Scores

2020 MA Coding Pattern Adjustment:

For PY2020, CMS will implement an MA coding pattern difference adjustment of **5.90%**.

*Note: does not apply to ESRD dialysis, dialysis new enrollee, transplant, or Part D risk scores

2020 Normalization Factors:

Model	Factor
2020 CMS-HCC alternative payment condition count model	1.069
2017 CMS-HCC model*	1.075
2019 & 2020 ESRD dialysis models	1.059
2019 & 2020 ESRD functioning graft models	1.084
2020 RxHCC model	1.043

*Note: The 2017 CMS-HCC model & normalization factor will be used for the calculation of risk scores for PACE organizations.

CMS-HCC Risk Model
Example Risk Score Calculation for PY2020

Demographics	2017 CMS-HCC model (RAPS & FFS)	PY2020 CMS-HCC alternative payment condition count model (ED, RAPS & FFS)
Total Raw Risk Score	1.335	1.340
Adjustments:		
Normalization factor	1.335 / 1.075 = 1.24186	1.340 / 1.069 = 1.25351
Round to three decimal places	1.242	1.254
Coding differences (5.90%)	1.242 X (1 − 0.0590) = 1.16872	1.254 X (1 − 0.0590) = 1.18001
Round to three decimal places	1.169	1.180
% of Blended of the Risk Scores	1.169 X 0.50 = 0.5845	1.180 X 0.50 = 0.5900
Round to three decimal places	0.585	0.590
Payment Risk Score	0.585 + 0.590 = 1.175	

277CA Acknowledgment Reports:Top 5 277CA Edits and Resolutions

Purpose of a 277CA Report

The CMS Common Edits and Enhancements Module (CEM) software produces the 277CA after performing Medicare specific edits. These edit modules are taken from FFS claims processing systems that also process 837 files, and so the edits are similar.

The purpose of the report is to provide:

- Trace and control identifiers to tie the 277CA Report back to the 837 file

- Acknowledgement codes for each encounter record submitted

- Total Accepted/Rejected:

    - Quantities

    - Monetary Amounts

- Internal Control Numbers (ICN) assigned by the CEM for accepted encounter records

Purpose of a 277CA Report

- The primary vehicle for the encounter status information is the Status Information (STC) segments
- The STC segment provides:
  - Acknowledgement codes
  - Front End Processed Date
  - Action Codes
    - Accepted (WQ)
    - Rejected (U)
  - Monetary amount (excluding service line rejections)
  - QTY segments provide the total number of encounter records accepted and/or rejected:

Receiver Level	Billing Provider Level
90 – Accepted	QA – Accepted
AA – Rejected	QC – Rejected

Example of 277CA Hierarchical Level (HL) Structure

```
ISA*00*    *00*    *ZZ*80881    *ZZ*ENC9999
*190208*1839*^*00501*100000001*0*P*:~
GS*HN*80881*ENC9999*20190208*183926*12345678*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*19000*20190208*18353400*TH~
```
```
HL*1**20*1~
NM1*PR*2*EDSCMS*****PI*80881~
TRN*1*8088120190208000001~
DTP*050*D8*20190208~
DTP*009*D8*20190208~
```
Sender
```
HL*2*1*21*1~
NM1*41*2*ABC HEALTH*****46*ENC9999~
TRN*2*000010010~
STC*A1:19:PR*20190208*WQ*936~
QTY*90*2~
AMT*YU*936~
```
Receiver
```
HL*3*2*19*1~
NM1*85*2*HEAVEN MEDICAL CENTER*****XX*2345678901~
TRN*1*CLM00161~
STC*A1:19:PR**WQ*936~
QTY*QA*2~
AMT*YU*936~
```
Billing Provider
```
HL*4*3*PT~
NM1*QC*1*SMITH*JOHN****MI*4DEF5678GH9~
TRN*2*CLM00161~
STC*A2:20:PR*20190208*WQ*468~
REF*1K*1900000000001~
REF*BLT*131~
DTP*472*RD8*20180510-20180510~
TRN*2*CLM00162~
STC*A2:20:PR*20190208*WQ*468~
REF*1K*1900000000002~
REF*BLT*131~
DTP*472*RD8*20180731-20180731~
```
Subscriber
```
SE*32*000000001~
GE*1*12345678~
IEA*1*100000001~
```

277CA Sender Hierarchical Level

```
HL*1**20*1~

NM1*PR*2*EDSCMS*****PI*80881~

TRN*1*8088120190208000001~

DTP*050*D8*20190208~

DTP*009*D8*20190208~
```

- NM1 – Identifies the entity sending the 277CA
- TRN – Transaction Receipt Number assigned by Sender
- DTP – Receipt date of the 837 file
- DTP – Process date of the 837 file

277CA Receiver Hierarchical Level

```
HL*2*1*21*1~

NM1*41*2*ABC HEALTH*****46*ENC9999~

TRN*2*000010010~

STC*A1:19:PR*20190208*WQ*936~

QTY*90*2~

AMT*YU*936~
```

- NM1 – Identifies the entity receiving the 277CA
- TRN – Returns the BHT03 (Unique Batch Control Number) submitted on the 837 file
- STC – Provides acknowledgement, date, status, and monetary amount of total submitted charges
- QTY – Total number of accepted or rejected encounter records within the transaction set (ST-SE)
- AMT – Monetary amount of total accepted or rejected encounter records

277CA Billing Provider Hierarchical Level

```
HL*3*2*19*1~

NM1*85*2*HEAVEN MEDICAL CENTER*****XX*2345678901~

TRN*1*CLM00161~

STC*A1:19:PR**WQ*936~

QTY*QA*2~

AMT*YU*936~
```

- NM1 – Identifies the billing provider(s) from the 837 file
- TRN – Returns the CLM01 (Patient Control Number) submitted on the 837 file
- STC – Provides acknowledgement, status, and monetary amount of total submitted charges
- QTY – Total number of accepted or rejected encounter records
- AMT – Monetary amount of total accepted or rejected encounter records

277CA Patient Hierarchical Level

```
HL*4*3*PT~
NM1*QC*1*SMITH*JOHN****MI*4DEF5678GH9~
TRN*2*CLM00161~
STC*A2:20:PR*20190208*WQ*468~
REF*1K*1900000000001~
REF*BLT*131~
DTP*472*RD8*20180510-20180510~
TRN*2*CLM00162~
STC*A2:20:PR*20190208*WQ*468~
REF*1K*1900000000002~
REF*BLT*131~
DTP*472*RD8*20180731-20180731~
```

- NM1 – Identifies the beneficiary from the 837 file
- TRN – Returns the CLM01 (Patient Control Number) submitted on the 837 file
- STC – Provides acknowledgement, date, status, and monetary amount of total encounter charges
- REF - 1K (ICN assigned by the sender of the 277CA), D9 (Clearing house tracking number), BLT (Institutional Bill Type)
- DTP – Date of service

277CA Content

- Using a 277CA, you may:
    - Review all accepted and/or rejected transactions
    - Identify provider level errors where encounter record editing will not be performed for that specific provider
    - Determine business rule errors that occurred
    - Begin a correct/resubmit action on rejected encounter records
    - Use assigned ICNs for future reference and/or research purposes

CMS Documentation for Edit Resolution

- CMS has developed the CMS 5010 Edits Spreadsheet that:
  - Give specific coding instructions for each encounter type
  - Details edits performed on rejected encounter records
  - Provides loop, segment, and/or element in error
  - Defines Acknowledgement Codes
  - Outlines the logic used to perform edits
- The spreadsheet can be found at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index.html
  - Select '2017 Transmittals'
  - Filter On: 'EDI Front End Updates'
  - Select Transmittal #
    - R1806OTN – Institutional
    - R1865OTN – Professional
    - R1947OTN – DME

EDFES Top 5 277CA Edits

Example	Error Received	Error Description	Resolution
1	A7:254	Invalid Principal Diagnosis	Submit a valid Principal diagnosis code and submit to the highest level of specificity.
2	A7:507 / A7:710	Invalid HCPCS / Line Adjudication Information	Ensure the HCPCS code submitted in the Line Adjudication Information field is valid.
3	A7:507	Invalid HCPCS Code	Ensure the HCPCS code submitted in the Service Line field is valid.
4	A8:521:GB / A8:516:GB	Invalid Adjustment Reason Code on the Adjudication/Payment Date	Use a valid Adjustment Reason Code.
5	A7:255	Invalid Diagnosis Code	Submit valid diagnosis codes and submit to the highest level of specificity. Ensure diagnosis codes are not duplicated on same encounter. Both ICD-9 and ICD-10 diagnosis codes can not be submitted on same encounter.

277CA Edit Example 1 Review
(From Slide 32)

Subset of 837 Data in Error

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181004911191600002*80***11:B:1*Y*A*Y*Y~
HI*ABK:R538*ABF:M545~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:97110:59*80*UN*4.00***1~
DTP*472*D8*20180926~
SVD*H0137*0.00*HC:97110:59**4.00~
CAS*CO*45*80~
DTP*573*D8*20181018~
```

277CA Report

```
HL*4*3*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*2*20181004911191600002~
STC*A7:254*20190205*U*80~
DTP*472*D8*20180926~
```

- The next 3 slides will explain the 277CA acknowledgment codes received in the STC segment

STC Error Identification Segment

Subset of 837 Data in Error

SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181004911191600002*80***11:B:1*Y*A*Y*Y~
HI*ABK:R538*ABF:M545~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:97110:59*80*UN*4.00***1~
DTP*472*D8*20180926~
SVD*H0137*0.00*HC:97110:59**4.00~
CAS*CO*45*80~
DTP*573*D8*20181018~

277CA Report

HL*4*3*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*2*20181004911191600002~
STC*A7:254*20190205*U*80~
DTP*472*D8*20180926~

- STC01-1 = 'A7' Rejected for Invalid Information
- STC01-2 = '254' Principal diagnosis code"

Example of A7:254 5010 Edit Spreadsheet

277CA Report

HL*4*3*PT~

NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~

TRN*2*20181004911191600002~

STC*A7:254*20190205*U*80~

DTP*472*D8*20180926~

837P CEDI Edit Reference	Disposition/ Error Code	Proposed 5010A1 Edits CEDI	Misc. Notes
X222.226.2300.HI01-2.030 (ICD-9-CM) X222.226.2300.HI01-2.050 (ICD-10-CM)	CSCC A7: "Acknowledgement/Rejected for Invalid Information" CSC 254: "Principal diagnosis code"	If 2400.SV107-1, SV107-3, or SV107-4 is "1" and 2300.HI01-1 is "BK" (ICD-9-CM) or "ABK" (ICD-10-CM)then 2300 HI01-2 must be a valid ICD-9-CM / ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM or ICD-10-CM Diagnosis Code list table. If 2400.DTP02 = RD8, use the "from" date to validate.	This edit ensures both that ICD-9 or ICD-10 codes are valid for the date of service and that the ICD-9 or ICD-10 code set is valid for the date of service. REVISED 10/7/2013 It also specifies using the "from" date to validate for spans of dates. The dates against which validation will occur will be on the ICD-9 code list table.

837 Data in Error & Reason for Edit Occurrence

Subset of 837 Data in Error

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181004911191600002*80***11:B:1*Y*A*Y*Y~
HI*ABK:R538*ABF:M545~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:97110:59*80*UN*4.00***1~
DTP*472*D8*20180926~
SVD*H0137*0.00*HC:97110:59**4.00~
CAS*CO*45*80~
DTP*573*D8*20181018~
```

277CA Report

```
HL*4*3*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*2*20181004911191600002~
STC*A7:254*20190205*U*80~
DTP*472*D8*20180926~
```

- Principal diagnosis code **R538** was not submitted to the highest level of specificity

Example 1: Correction of Error

Subset of Corrected 837 Data

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181004911191600002*80***11:B:1*Y*A*Y*Y~
HI*ABK:R5381*ABF:M545~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:97110:59*80*UN*4.00***1~
DTP*472*D8*20180926~
SVD*H0137*0.00*HC:97110:59**4.00~
CAS*CO*45*80~
DTP*573*D8*20181018~
```

- The principal diagnosis code has been corrected from '**R538**' to '**R5381**'

277CA Edit Example 2 and 3 Review
(From Slide 32)

Subset of 837 Data in Error

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181005911397300004*84***12:B:1*Y*A*Y*Y~
HI*ABK:R5381*ABF:M545~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:100*84*UN*1.00***1~
DTP*472*RD8*20180901-20180930~
SVD*H9999*0.00*HC:100**1.00~
CAS*CO*45*84~
DTP*573*D8*20181018~
```

277CA Report

```
HL*2581*2*19*1~
NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~
TRN*1*20181005911397300004~
STC*A1:19:PR**WQ*84~
QTY*QC*1~
AMT*YY*84~
HL*2582*2581*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*2*20181005911397300004~
STC*A1:19:PR*20190205*U*84~
DTP*472*RD8*20180901-20180930~
SVC*HC:100*84*****1~
STC*A7:507**U~
STC*A7:507**U*******A7:710~
REF*FJ*000001~
DTP*472*RD8*20180901-20180930~
```

- The next 3 slides will explain the 277CA acknowledgment codes received in the STC segment

STC Error Identification Segments

Subset of 837 Data in Error

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181005911397300004*84***12:B:1*Y*A*Y*Y~
HI*ABK:R5381*ABF:M545~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:100*84*UN*1.00***1~
DTP*472*RD8*20180901-20180930~
SVD*H9999*0.00*HC:100**1.00~
CAS*CO*45*84~
DTP*573*D8*20181018~
```

277CA Report

```
HL*2581*2*19*1~
NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~
TRN*1*20181005911397300004~
STC*A1:19:PR**WQ*84~
QTY*QC*1~
AMT*YY*84~
HL*2582*2581*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*2*20181005911397300004~
STC*A1:19:PR*20190205*U*84~
DTP*472*RD8*20180901-20180930~
SVC*HC:100*84*****1~
```
STC*A7:507U~**
STC*A7:507U*******A7:710~**
```
REF*FJ*000001~
DTP*472*RD8*20180901-20180930~
```

- **1st STC Segment**
  - STC01-1 = '**A7**' Rejected for Invalid Information
  - STC01-2 = '**507**' HCPCS
- **2nd STC Segment**
  - STC01-1 = '**A7**' Rejected for Invalid Information
  - STC01-2 = '**507**' HCPCS
  - STC10-1 = '**A7**' Rejected for Invalid Information
  - STC10-2 = '**710**' Line Adjudication Information

Example of A7:507 and A7:710 5010 Edit Spreadsheet

277CA Report

```
HL*2581*2*19*1~
NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~
TRN*1*20181005911397300004~
STC*A1:19:PR**WQ*84~
QTY*QC*1~
AMT*YY*84~
HL*2582*2581*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*2*20181005911397300004~
STC*A1:19:PR*20190205*U*84~
DTP*472*RD8*20180901-20180930~
SVC*HC:100*84*****1~
STC*A7:507**U~
STC*A7:507**U*******A7:710~
REF*FJ*000001~
DTP*472*RD8*20180901-20180930~
```

837P CEDI Edit Reference	Disposition/ Error Code	Proposed 5010A1 Edits CEDI	Misc. Notes
X222.480.2430.SVD03-2.020	CSCC A7: "Acknowledgement/Rejected for Invalid Information" CSC 507: "HCPCS" CSC 710: "Line Adjudication Information"	When 2430.SVD03-1 = "HC", 2430.SVD03-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472".	12/16: Fallback edits: used only if primary edit above is determined to be unworkable. Review this before finalizing. Valid HCPCS reference must be available for this edit (full external code list).

837 Data in Error & Reason for Edit Occurrence

Subset of 837 Data in Error

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181005911397300004*84***12:B:1*Y*A*Y*Y~
HI*ABK:R5381*ABF:M545~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:100*84*UN*1.00***1~
DTP*472*RD8*20180901-20180930~
SVD*H9999*0.00*HC:100**1.00~
CAS*CO*45*84~
DTP*573*D8*20181018~
```

277CA Report

```
HL*2581*2*19*1~
NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~
TRN*1*20181005911397300004~
STC*A1:19:PR**WQ*84~
QTY*QC*1~
AMT*YY*84~
HL*2582*2581*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*2*20181005911397300004~
STC*A1:19:PR*20190205*U*84~
DTP*472*RD8*20180901-20180930~
SVC*HC:100*84*****1~
STC*A7:507**U~
STC*A7:507**U*******A7:710~
REF*FJ*000001~
DTP*472*RD8*20180901-20180930~
```

- Invalid HCPCS code was submitted

Example 2 and 3: Correction of Error

Subset of Corrected 837 Data

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181005911397300004*84***12:B:1*Y*A*Y*Y~
HI*ABK:R5381*ABF:M545~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:99212*84*UN*1.00***1~
DTP*472*RD8*20180901-20180930~
SVD*H9999*0.00*HC:99212**1.00~
CAS*CO*45*84~
DTP*573*D8*20181018~
```

- The HCPCS code has been corrected from '**100**' to '**99212**'

Subset of 837 Data in Error	277CA Report
SBR*S*18***47****MB~ NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~ N3*1 Disney Way~ N4*ORLANDO*FL*328019999~ DMG*D8*19350101*M~ NM1*PR*2*MMEDSCMS*****PI*80889~ N3*7500 Security Blvd~ N4*Baltimore*MD*212441850~ REF*2U*H9999~ CLM*S023MCE03908*135***41:B:8*Y*A*Y*Y~ HI*ABK:R5381*ABF:M545~ SBR*P*18******16~ AMT*D*0~OI***Y***Y~ NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~ N3*1 Disney Way~ N4*ORLANDO*FL*328019999~ NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~ N3*1 MAIN STREET~ N4*ORLANDO*FL*328019999~ LX*1~ SV1*HC:A0425:HN*135*UN*5***1:2~ DTP*472*D8*20190112~ REF*6R*2~ SVD*H9999*0*HC:A0425:HN**5~ CAS*CO*15*135~ DTP*573*D8*20190215~	HL*8665*2*19*1~ NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~ TRN*1*S023MCE03908~ STC*A1:19:PR**WQ*135~ QTY*QC*1~ AMT*YY*135~ HL*8666*8665*PT~ NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~ TRN*2*S023MCE03908~ STC*A1:19:PR*20190223*U*135~ DTP*472*D8*20190112~ SVC*HC:A0425:HN*135*****5~ STC*A8:521:GB**U*******A8:516:GB~ REF*FJ*2~ DTP*472*D8*20190112~

- The next 3 slides will explain the 277CA edits received in the STC segment

STC Error Identification Segment

Subset of 837 Data in Error

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~z
REF*2U*H9999~
CLM*S023MCE03908*135***41:B:8*Y*A*Y*Y~
HI*ABK:R5381*ABF:M545~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:A0425:HN*135*UN*5***1:2~
DTP*472*D8*20190112~
REF*6R*2~
SVD*H9999*0*HC:A0425:HN**5~
CAS*CO*15*135~
DTP*573*D8*20190215~
```

277CA Report

```
HL*8665*2*19*1~
NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~
TRN*1*S023MCE03908~
STC*A1:19:PR**WQ*135~
QTY*QC*1~
AMT*YY*135~
HL*8666*8665*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*2*S023MCE03908~
STC*A1:19:PR*20190223*U*135~
DTP*472*D8*20190112~
SVC*HC:A0425:HN*135*****5~
STC*A8:521:GB**U*******A8:516:GB~
REF*FJ*2~
DTP*472*D8*20190112~
```

- STC01-1 = 'A8' Rejected for Relational Field in Error
- STC01-2 = '521' Adjustment Reason code"
- STC01-3 = 'GB' Other Insured
- STC10-1 = 'A8' Rejected for Relational Field in Error
- STC10-2 = '516' Adjudication or Payment Date
- STC10-3 = 'GB' Other Insured

Example of A8:521 and A8:516 5010 Edit Spreadsheet

277CA Report

HL*8665*2*19*1~
NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~
TRN*1*S023MCE03908~
STC*A1:19:PR**WQ*135~
QTY*QC*1~
AMT*YY*135~
HL*8666*8665*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*2*S023MCE03908~
STC*A1:19:PR*20190223*U*135~
DTP*472*D8*20190112~
SVC*HC:A0425:HN*135*****5~
STC*A8:521:GBU*******A8:516:GB~**
REF*FJ*2~
DTP*472*D8*20190112~

837P CEDI Edit Reference	Disposition/ Error Code	Proposed 5010A1 Edits CEDI
X222.299.2320.CAS02.020	CSCC **A8**: "Acknowledgement/Rejected for relational field in error" CSC **521**: Adjustment Reason Code CSC **516**: Adjudication or Payment Date EIC: **GB** "Other Insured"	If 2330B.DTP03 with DTP01 = "573" is present, 2320.CAS02 must be a valid Adjustment Reason Code on the date in 2330B.DTP03 when DTP01 = "573"

837 Data in Error & Reason
for Edit Occurrence

Subset of 837 Data in Error	**277CA Report**
SBR*S*18***47****MB~ NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~ N3*1 Disney Way~ N4*ORLANDO*FL*328019999~ DMG*D8*19350101*M~ NM1*PR*2*MMEDSCMS*****PI*80889~ N3*7500 Security Blvd~ N4*Baltimore*MD*212441850~ REF*2U*H9999~ CLM*S023MCE03908*135***41:B:8*Y*A*Y*Y~ HI*ABK:R5381*ABF:M545~ SBR*P*18*******16~ AMT*D*0~OI***Y***Y~ NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~ N3*1 Disney Way~ N4*ORLANDO*FL*328019999~ NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~ N3*1 MAIN STREET~ N4*ORLANDO*FL*328019999~ LX*1~ SV1*HC:A0425:HN*135*UN*5***1:2~ DTP*472*D8*20190112~ REF*6R*2~ SVD*H9999*0*HC:A0425:HN**5~ CAS*CO***15***135~ DTP*573*D8*20190215~	HL*8665*2*19*1~ NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~ TRN*1*S023MCE03908~ STC*A1:19:PR**WQ*135~ QTY*QC*1~ AMT*YY*135~ HL*8666*8665*PT~ NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~ TRN*2*S023MCE03908~ STC*A1:19:PR*20190223*U*135~ DTP*472*D8*20190112~ SVC*HC:A0425:HN*135*****5~ STC*A8:521:GB**U*******A8:516:GB~ REF*FJ*2~ DTP*472*D8*20190112~

- Adjustment Reason Code **15** is not valid

Example 4: Correction of Error

Subset of Corrected 837 Data

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*S023MCE03908*135***41:B:8*Y*A*Y*Y~
HI*ABK:R5381*ABF:M545~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:A0425:HN*135*UN*5***1:2~
DTP*472*D8*20190112~
REF*6R*2~
SVD*H9999*0*HC:A0425:HN**5~
CAS*CO*296*135~
DTP*573*D8*20190215~
```

- The Adjustment Reason Code has been corrected from '**15**' to '**296**'

277CA Edit Example 5 Review
(From Slide 32)

Subset of 837 Data in Error

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181005921195200076*75***11:B:1*Y*A*Y*Y~
HI*ABK:M9903*ABF:M9901*ABF:M9902*ABF:S39012A*ABF:S791*ABF:R51~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:99212*75*UN*1.00***1:2:3:4~
DTP*472*D8*20180906~
REF*6R*2~
SVD*H9999*0*HC:99212**1~
CAS*CO*45*75~
DTP*573*D8*20190205~
```

277CA Report

```
HL*8665*2*19*1~
NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~
TRN*1*20181005921195200076~
STC*A1:19:PR**WQ*75~
QTY*QC*1~
AMT*YY*75~
HL*8666*8665*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*1*20181005921195200076~
STC*A7:255*20190205*U*75~
DTP*472*D8*20180906~
```

- The next 3 slides will explain the 277CA edit received in the STC segment

STC Error Identification Segment

Subset of 837 Data in Error

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181005921195200076*75***11:B:1*Y*A*Y*Y~
HI*ABK:M9903*ABF:M9901*ABF:M9902*ABF:S39012A*ABF:S791*ABF:R51~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:99212*75*UN*1.00***1:2:3:4~
DTP*472*D8*20180906~
REF*6R*2~
SVD*H9999*0*HC:99212**1~
CAS*CO*45*75~
DTP*573*D8*20190205~
```

277CA Report

```
HL*8665*2*19*1~
NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~
TRN*1*20181005921195200076~
STC*A1:19:PR**WQ*75~
QTY*QC*1~
AMT*YY*75~
HL*8666*8665*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*1*20181005921195200076~
STC*A7:255*20190205*U*75~
DTP*472*D8*20180906~
```

- STC01-1 = 'A7' Rejected for Invalid Information
- STC01-2 = '255' Diagnosis code"

Example of A7:255 5010 Edit Spreadsheet

277CA Report

HL*8665*2*19*1~
NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~
TRN*1*20181005921195200076~
STC*A1:19:PR**WQ*75~
QTY*QC*1~
AMT*YY*75~
HL*8666*8665*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*1*20181005921195200076~
STC*A7:255*20190205*U*75~
DTP*472*D8*20180906~

837P CEDI Edit Reference	Disposition/ Error Code	Proposed 5010A1 Edits CEDI	Misc. Notes
X222.226.2300.HI02-2.020 (ICD-9-CM) X222.226.2300.HI02-2.040 (ICD-10-CM) ------------------------------------ X222.226.2300.HI01-2.130 (Duplicate Diagnosis Codes)	CSCC A7: "Acknowledgement/Rejected for Invalid Information" CSC 255: "Diagnosis code"	If 2400.SV107-1, SV107-3, or SV107-4 is "1" and 2300.HI02-1 is "BF" (ICD-9-CM) or "ABF" (ICD-10-CM)then 2300 HI02-2 must be a valid ICD-9-CM / ICD-10-CM Diagnosis code on the date in 2400.DTP03 when DTP01 = "472", based on the ICD-9-CM or ICD-10-CM Diagnosis Code list table. If 2400.DTP02 = RD8, use the "from" date to validate. --- If 2300B.HI02-1 = BK or ABK, the Diagnosis codes within this HI segment must not be duplicated.	This edit ensures both that ICD-9 or ICD-10 codes are valid for the date of service and that the ICD-9 or ICD-10 code set is valid for the date of service. REVISED 10/7/2013 It also specifies using the "from" date to validate for spans of dates. The dates against which validation will occur will be on the ICD-9 code list table.

837 Data in Error & Reason for Edit Occurrence

Subset of 837 Data in Error

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181005921195200076*75***11:B:1*Y*A*Y*Y~
HI*ABK:M9903*ABF:M9901*ABF:M9902*ABF:S39012A*ABF:S791*ABF:R51~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:99212*75*UN*1.00***1:2:3:4~
DTP*472*D8*20180906~
REF*6R*2~
SVD*H9999*0*HC:99212**1~
CAS*CO*45*75~
DTP*573*D8*20190205~
```

277CA Report

```
HL*8665*2*19*1~
NM1*85*2*J&J FAMILY PRACTICE*****XX*1900000001~
TRN*1*20181005921195200076~
STC*A1:19:PR**WQ*75~
QTY*QC*1~
AMT*YY*75~
HL*8666*8665*PT~
NM1*QC*1*SMITH*JOHN****MI*ABCD123456789~
TRN*1*20181005921195200076~
STC*A7:255*20190205*U*75~
DTP*472*D8*20180906~
```

- Diagnosis code **S791** was not submitted to the highest level of specificity

Example 5: Correction of Error

Subset of Corrected 837 Data

```
SBR*S*18***47****MB~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
DMG*D8*19350101*M~
NM1*PR*2*MMEDSCMS*****PI*80889~
N3*7500 Security Blvd~
N4*Baltimore*MD*212441850~
REF*2U*H9999~
CLM*20181005921195200076*75***11:B:1*Y*A*Y*Y~
HI*ABK:M9903*ABF:M9901*ABF:M9902*ABF:S39012A*ABF:S79101A*ABF:R51~
SBR*P*18*******16~
AMT*D*0~OI***Y***Y~
NM1*IL*1*SMITH*JOHN****MI*ABCD123456789~
N3*1 Disney Way~
N4*ORLANDO*FL*328019999~
NM1*PR*2*DISNEY HEALTH PLAN*****XV*H9999~
N3*1 MAIN STREET~
N4*ORLANDO*FL*328019999~
LX*1~
SV1*HC:99212*75*UN*1.00***1:2:3:4~
DTP*472*D8*20180906~
REF*6R*2~
SVD*H9999*0*HC:99212**1~
CAS*CO*45*75~
DTP*573*D8*20190205~
```

- Diagnosis code has been corrected from '**S791**' to '**S79101A**'

TIPS

- It is important for submitters to monitor their SFTP mailboxes each time a file is submitted and to download and save the 277CA report in order to determine the status of your 837 file.

- The 999 and 277CA Acknowledgement Reports will not be restored if the files are older than 20 business days.

- Restoration requests for more than 200 files, per single request, will not be accepted. Plan sponsors and submitters can send multiple requests for report restoration over a span of time.

- CMS recommends that MAOs monitor their files and submit requests appropriately. CMS reserves the right to deny requests that do not follow the guidelines.

EDPS Q1 2019 Release

EDPS Quarter 1 Release

Changes to the edits in the back-end processing system (EDPS) were announced in the March 12, 2019 HPMS Memo entitled "March 2019 Encounter Data Software Release". These changes were implemented on March 29, 2019.

- Existing edit 22490 – Invalid HCPCS for AKI Encounter was updated to include an additional HCPCS code (J3591).

- The disposition of existing edit 17404 – Multiple Duplicate Value Codes was changed from Reject to Informational

- Four new Informational edit codes were added (25005, 21970, 04040, & 21160)

- One new Reject edit code, 21821 – Multiple Duplicate Value Codes, was added.

Please see the memo for detail on each edit

MAO-004 and Model Output Reports Update

Discrepancy between MAO-004 and Model Output Reports

- MAOs reported to CMS that diagnoses from Linked and Unlinked CRRs were reported as Adds and Allowed on the MAO-004 reports (for April 2018 and later) but were not reflected in risk scores.

- In response to the inquiries CMS has researched the issue and confirms that the MAO-004s are correct in reflecting these diagnoses as Adds and Allowed.

- For determining the impact, we note in this case the MAO-004 is reporting these diagnoses correctly. As such, all diagnoses from chart review records identified as allowed and added should be included in the encounter data-based risk score, as long as these diagnoses have not been replaced or voided.

Webinar Announcement

Webinar Registration Update

- Beginning in May 2019, webinar registration will close at 12:00 PM EDT the day before each webinar event (i.e., Wednesday).

- However, if you need registration assistance anytime after 12:00 PM on Wednesday, please contact registration support at 1-800-290-2910 or *TARegistrations@tarsc.info*

February User Group
Frequently Asked Questions

Frequently Asked Questions

Question:

For replacement and void encounter data, if one of the key data fields is different from the original claim submitted, should the encounter be submitted as an original?

Answer:

If one of the key fields is different from the original record submitted, MAOs should void the originally accepted record and re-submit as an original record.

Frequently Asked Questions

Question:

When will CMS release the MAO-004 files for data submitted in January 2019?

Answer:

CMS released the MAO-004 reports for January 2019 submission on February 21, 2019.

Frequently Asked Questions

Question:

Will CMS release industry benchmarks allowing contracts to compare the number of HCCs in RAPS vs EDPS?

Answer:

No, CMS already provides plans with a number of reports identifying which HCCs were included in the risk score and whether those HCCs are found in RAPS or EDPS. Furthermore, HCCs can be in EDPS and not RAPS or vice versa for several reasons, including: incomplete submissions, different submission patterns between RAPS and EDPS, and differences in the filtering logic. A single metric to identify the aggregate differences between RAPS and EDPS submissions would not be useful in identifying the cause of the differences.

Live Question and Answer Session

Logistics

Audio Features

- Dial "* #" (star-pound) to enter the question queue at any time

- If selected, your name will be announced and the operator will unmute your telephone line.

- Dial "* #" (star-pound) to withdraw from the queue

- Dial "0" on your phone to reach the operator

- For questions regarding logistics or registration, please contact the TARSC Registration Support Team

Phone: 800-290-2910

Email: TARegistrations@tarsc.info

Closing

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
EDS Inbox	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 Plan Communications User Guide (PCUG)	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html

Resources *(continued)*

Resource	Link
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||
CMS 5010 Edit Spreadsheet	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/
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||||

Commonly Used Acronyms

Acronym	Definition
BHT	Beginning Hierarchical Transaction
CEM	Common Edits and Enhancements Module
CFR	Code of Federal Regulations
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
EDS	Encounter Data System
EODS	Encounter Operational Data Store
FERAS	Front-End Risk Adjustment System
FFS	Fee-for-Service

Commonly Used Acronyms (continued)

Acronym	Definition
FTP	File Transfer Protocol
HCC	Hierarchical Condition Category
HH	Home Health
HIPPS	Health Insurance Prospective Payment System
ICN	Internal Control Number
MAOs	Medicare Advantage Organizations
MARx	Medicare Advantage Prescription Drug System
MMR	Monthly Membership Report
MOR	Monthly Output Report
PY	Payment Year
RAPS	Risk Adjustment Processing System
RAS	Risk Adjustment System
SNF	Skilled Nursing Facility
TPS	Third Party Submitter

Evaluation

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

We are interested in learning how we can make the User Groups better for you. As part of this evaluation, we solicit Risk Adjustment topic(s) of interest for future User Groups. Topics can be technical or policy-related, related to the models or data submission, updates on various topics or trainings.

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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