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 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

Agenda

- Introduction
- CMS Updates
  - Frequently Occurring Encounter Data System Edits
  - Encounter Data Report Cards
  - Deadlines for Risk Score Calculation Runs
- EDS Training Topics
  - EDS Reports Overview
  - EDFES Acknowledgement Reports
  - EDPS Processing Status Reports
- Q&A Session

CMS Updates

Frequently Occurring EDPS Edits

- CMS has been reviewing the most frequently occurring edit codes
  - At the Header Level
  - At the Line Level
  - By type of record (DME, Home Health, SNF, Outpatient, Inpatient, Professional)
- Findings presented in User Group Calls and in one-to-one technical assistance
- Findings also used to inform CMS about whether changes are required to edit logic

Frequently Occurring EDPS Edits –
Header Level by Type of Record: Dates of Service 2015

Claim Type	Edit Rank	Edit Code	Edit Description
DME	1	Blank	All Lines Rejected
DME	2	02240	Beneficiary Not Enrolled In MAO For DOS
DME	3	98320	Chart Review Duplicate
HOME HEALTH	1	17330	RAP Not Allowed
HOME HEALTH	2	Blank	All Lines Rejected
HOME HEALTH	3	02240	Beneficiary Not Enrolled In MAO For DOS
HOSPICE	1	Blank	All Lines Rejected
HOSPICE	2	22405	Occurrence Code 55 & DOD Required
HOSPICE	3	00265	Correct/Replace or Void ICN Not in EODS
INPATIENT	1	98300	Exact Inpatient Duplicate Encounter
INPATIENT	2	00800	Parent ICN Not Allowed for Original
INPATIENT	3	22355	Inpatient Service Line Error
OUTPATIENT	1	Blank	All Lines Rejected
OUTPATIENT	2	02240	Beneficiary Not Enrolled In MAO For DOS
OUTPATIENT	3	02125	Beneficiary DOB Mismatch
SNF	1	22355	Inpatient Service Line Error
SNF	2	98300	Exact Inpatient Duplicate Encounter
SNF	3	22220	DOS Prior to Provider Effective Date
PROFESSIONAL	1	Blank	All Lines Rejected
PROFESSIONAL	2	02240	Beneficiary Not Enrolled In MAO For DOS
PROFESSIONAL	3	98320	Chart Review Duplicate

Frequently Occurring EDPS Edits –
Line Level by Type of Record: Dates of Service 2015

Claim Type	Edit Rank	Edit Code	Edit Description
DME	1	98325	Service Line(s) Duplicated
DME	2	Blank	Header Rejected
DME	3	02256	Beneficiary Not Part C Eligible For DOS
HOME HEALTH	1	98325	Service Line(s) Duplicated
HOME HEALTH	2	Blank	Header Rejected
HOME HEALTH	3	22225	Missing Provider Specific Record
HOSPICE	1	98325	Service Line(s) Duplicated
HOSPICE	2	Blank	Header Rejected
HOSPICE	3	21950	Line Level DOS Required
INPATIENT	1	Blank	Header Rejected
INPATIENT	2	98325	Service Line(s) Duplicated
INPATIENT	3	17310	Rev Code 036X Requires Surg Proc Code
OUTPATIENT	1	98325	Service Line(s) Duplicated
OUTPATIENT	2	Blank	Header Rejected
OUTPATIENT	3	20500	Invalid DOS for Rev Code Billed
SNF	1	Blank	Header Rejected
SNF	2	21925	Swing Bed SNF Conditions Not Met
SNF	3	98325	Service Line(s) Duplicated
PROFESSIONAL	1	98325	Service Line(s) Duplicated
PROFESSIONAL	2	Blank	Header Rejected
PROFESSIONAL	3	02256	Beneficiary Not Part C Eligible For DOS

CMS Analysis of EDPS Edits by Category

- Listed below are the most common duplicate edits. CMS' in-depth analysis focused on the duplicate edits because they are the most frequent.
    - 98300 – Exact Inpatient Duplicate Encounter,
    - 98315 – Linked Chart Review Duplicate
    - 98320 – Chart Review Duplicate
    - 98325 – Service Line(s) Duplicated
- CMS's future analyses will focus on:
    - Enrollment and demographic edits:
        - 02240 – Beneficiary Not Enrolled In MAO for DOS
        - 02256 – Beneficiary Not Part C Eligible for DOS
        - 02125 – Beneficiary DOB Mismatch
    - Edits related to incorrect ICN submission and edits specific to claim types (e.g., Home Health, SNF, etc.)
        - 00760 – Adjusted Encounter Already Void/Adjusted
        - 00780 – Adjustment Must Match Original
        - 00800 – Parent ICN Not Allowed for Original

Edit 98325 - Overview

- Edit is a line level edit and applicable for
  - Professional Encounters
  - DME Encounters
  - Institutional Encounters
- Edit is not applicable for
  - Chart Review Encounters
  - Void Encounters
- Edit identifies service lines that are duplicates of
  - An existing accepted encounter service line in history (previously submitted)
  - Another service line within the same encounter data record
- Edit is bypassed for specific modifiers and specific Ambulatory Surgery Centers (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 header level Billing Provider NPI will be used.

For Institutional Outpatient Encounters, the dates of service at the service line level are optional. Therefore, EDPS uses the *header level* Statement 'From' and 'Through' date 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 the following modifiers:

Professional	Institutional - Outpatient
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

- Ambulatory Surgical Center (ASC) Encounters:
  - Professional and Institutional ASC encounter service lines having procedure code with Multiple Procedure Discount Indicator of '1' on the ASC Fee Schedule.

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

            Plan                                    Duplicate Plan                    Duplicate Encounter
Record Type Encounter ID (CCN)  Encounter ICN  Encounter Line Number Encounter ID (CCN) Duplicate Encounter ICN Line Number    Beneficiary HICN Date of Ser

PRO         NNNNNNNN5983        NNNNNNNNN1181  001                   NNNNNNNNN6467      NNNNNNNNN9670           001             NNNNNNNNNN       MM/DD/YYYY
                                               002                   NNNNNNNNN6467      NNNNNNNNN9670           002             NNNNNNNNNN       MM/DD/YYYY
PRO         NNNNNNNN6529        NNNNNNNNN1222  006                   NNNNNNN6529        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 the encounter impacted by the duplicate edit

Encounter service line rejected by the edit

ICN of the encounter previously submitted and accepted

Encounter service line previously accepted with same exact data elements

- The MAO-001 report is a fixed length report available in flat file and formatted layouts. It provides information for encounters and service lines that receive a status of "reject" as a result of 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

# Details of 98325 Analysis Performed - Methodology

- Encounter data files for all modules (INST, PROF, DME)

- All encounter data files with service lines posting edit 98325 – processed between March 11 and March 25

- For each encounter file, determined the percentage of lines that were rejected with edit 98325

- For each module, performed an in-depth analysis of an encounter data file with the highest percentage of lines rejected with edit 98325

- For each encounter data record in an encounter data file, determined the number of service lines on the record that were rejected with edit 98325

- Verified whether edit 98325 was posted against a line within the same encounter data record or against a service line from a previously accepted record

- For each service line posting edit 98325 due to duplication of a previously accepted line, reviewed the details of the previously accepted encounter data record, including the number of lines previously submitted

- For a subset of encounter data records, reviewed all the data elements submitted on the current encounter data record and the previously submitted encounter data record to assess differences

- Results
  - In the sample of records reviewed, all of the service lines that rejected with Edit 98325 were duplicates of service lines found on previously submitted and accepted encounters
  - <u>For the sample examined, for each instance of edit 98325, ALL of the encounter data record elements</u> received on the current encounter data file and the previously submitted encounter data file were identical except for the encounter data record transaction control number (TCN)

Analysis of Edit 98325 by Module

Distribution of 98325 Edit by Module

INST 46%
PROF 52%
DME 2%
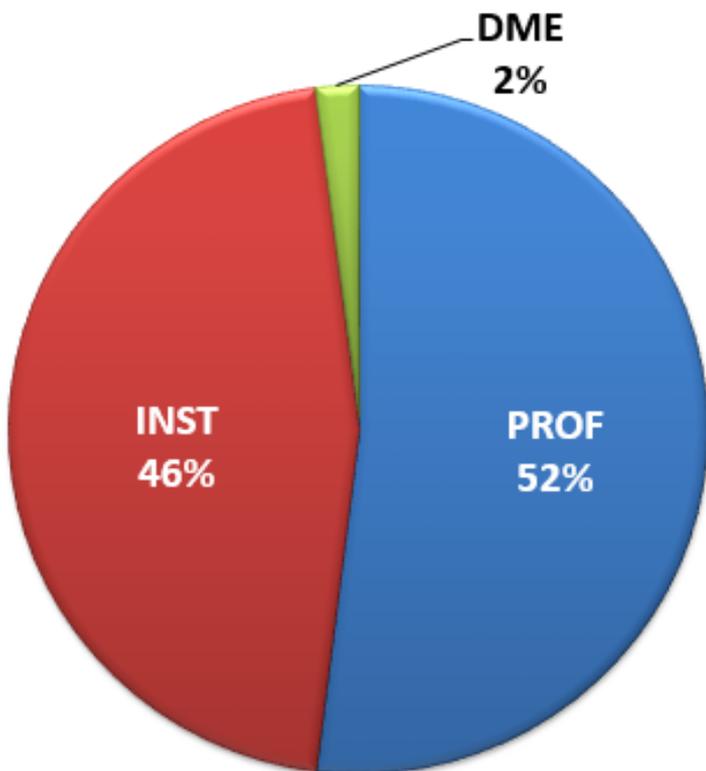
Professional Module
4%
96%
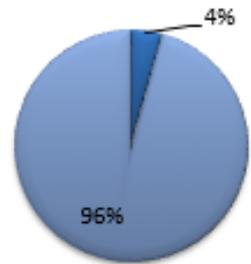
Institutional Module
48%
52%
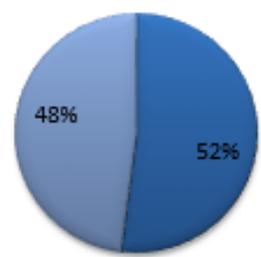
DME Module
3%
97%
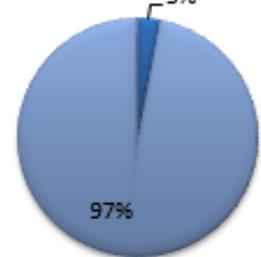
■ Within Encounter ■ Across Encounter

Edit Prevention Strategies for Edit 98325

Original encounter data record is in "Accepted" status with all accepted service lines and the MAO needs to correct a data element that is <u>not part of duplicate check</u>

> Void the Original encounter data record and resubmit a new encounter data record with the corrections

> **OR**

> Submit a "replacement" (Claim Frequency Code of '7') encounter data record against the original encounter data record to correct the inaccurate or missing data elements

Original encounter data record is in "Accepted" status with accepted and rejected service lines and the MAO needs to <u>correct rejected lines only</u>

> Void the Original encounter data record and resubmit a new encounter data record with both the previously accepted service lines, and with corrections to the previously rejected service lines

> **OR**

> Submit an "Original" (Claim Frequency Code <u>*other than*</u> '7' or '8') encounter data record 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

Edit Prevention Strategies for Edit 98325
(continued)

When an MAO-001 Report is returned with encounter service lines rejected with edit 98325:

- DO make corrections to your rejected lines and resubmit them (see the two allowed approaches on previous slide).

- DO NOT resubmit a new encounter file until the MAO Reports for previously submitted files have been received and reconciled by your system.

- DO incorporate duplicate line checks within your internal processing systems prior to submission.

Edit 98325 – Known Issues

- The encounter service line is a duplicate of itself
  - This is a known system issue that occurs infrequently
  - Issue was identified based on help desk ticket(s) submitted
  - Root cause is being determined and a resolution will be implemented soon thereafter

- MAOs should continue to report this issue and open help desk tickets with CSSC Operations

Edit 98320 – Chart Review Duplicate Reported Issue

- Submitters have reported difficulties using chart review records to delete diagnosis codes from more than one encounter data record on which the diagnosis codes appear

- These chart review records have the same HICN, Contract ID, Dates of Service, and Diagnosis codes, but have different linking ICNs

- CMS's duplicate edit for Linked Chart Review records currently does not check the linking ICN

- CMS is considering options for addressing this issue

Encounter Data Report Cards

- Encounter Data Report Cards have been distributed via the Health Plan Management System (HPMS) to plans since late 2015

- They are viewable by anyone with the Compliance Officer role for a contract in HPMS

- They currently contain 3 types of data: Operational, Volume, and No-Pay

    - Cost & PACE Organizations do not see data for the No Pay section

- Currently produced in PDF format; plans to switch to an Excel based format in Q3 2017

Accessing Encounter Data Report Card Reports

- Done via HPMS
- Risk Adjustment → Encounter Data Report Card

HPMS
Health Plan Management System

Encounter Data Report Card

Select a Report Period

2017 April Update
2016 November Update
2016 May Update

EDS Report Card, Section 1 Overview: Encounter Data Submission Report

- Section 1 provides data on a contract's frequency of submissions, volume of submissions, and error rates.

- The averages for frequency, volume, and error rates for similarly sized contracts is also provided.

- Cells highlighted in yellow indicate that a contract's data is at the 5th percentile relative to the average.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES — CENTER FOR MEDICARE

Name: Contract Name
Contract: H####
Enrollment: ###
Plan Size: Small

SECTION 1: ENCOUNTER DATA SUBMISSION REPORT - Q4 2016

SUBMISSION - KEY PERFORMANCE INDICATORS

Frequency	Small Plan Average Q4 2016	Contract Measure			
		Q1 2016	Q2 2016	Q3 2016	Q4 2016
Percent of Months Submitted	91%	100%	100%	100%	100%
Total Number of Submissions	.	4	3	4	4
Number of Months with Submission	2.7	3	3	3	3
Number of Months in Quarter	.	3	3	3	3

VOLUME - KEY PERFORMANCE INDICATORS

Submitted per 1,000 Beneficiary	Small Plan Average Q4 2016	Contract Measure			
		Q1 2016	Q2 2016	Q3 2016	Q4 2016
Total – Submitted per 1,000 Beneficiary	13,162	4,301	5,924	7,678	4,206
Durable Medical Equipment – Submitted per 1,000	756	255	70	244	27
Institutional Submitted – Submitted per 1,000	2,025	729	1,054	902	843
Professional Submitted – Submitted per 1,000	10,381	3,317	4,799	6,531	3,336

Accepted per 1,000 Beneficiary	Small Plan Average Q4 2016	Contract Measure			
		Q1 2016	Q2 2016	Q3 2016	Q4 2016
Total – Accepted per 1,000 Beneficiary	12,130	3,610	5,621	7,444	3,805
Durable Medical Equipment – Accepted per 1,000	708	149	3	220	27
Institutional Submitted – Accepted per 1,000 Beneficiary	1,826	707	1,033	881	770
Professional Submitted – Accepted per 1,000	9,596	2,753	4,585	6,344	3,008

Final Action per 1,000 Beneficiary	Small Plan Average Q4 2016	Contract Measure			
		Q1 2016	Q2 2016	Q3 2016	Q4 2016
Total – Final Action per 1,000 Beneficiary	11,396	3,583	5,615	7,434	3,797
Durable Medical Equipment – Final Action per 1,000	690	149	3	220	27
Institutional Submitted – Final Action per 1,000	1,621	680	1,027	870	762
Professional Submitted – Final Action per 1,000	9,085	2,753	4,585	6,344	3,008

EDS Report Card, Submission Rejection Rates Example

Name: Contract Name
Contract: H####
Enrollment: ####
Plan Size: Small

SECTION 1: ENCOUNTER DATA SUBMISSION REPORT - Q4 2016 Continued

QUALITY - KEY PERFORMANCE INDICATORS

| Total Rejection Rates	Small Plan Average Q4 2016	Contract Measure Q1 2016	Q2 2016	Q3 2016	Q4 2016
Total Encounter Rejection Rate	6.4%	16.1%	5.1%	3.0%	9.5%
Total Encounters Rejected	6,505	255	112	86	148
Total Encounter Lines Rejection Rate	8.4%	18.5%	5.0%	3.1%	10.0%
Total Encounter Lines Rejected	22,158	729	270	189	411
Durable Medical Equipment Rejection Rates	**Small Plan Average Q4 2016**	**Contract Measure Q1 2016**	**Q2 2016**	**Q3 2016**	**Q4 2016**
DME Encounter Rejection Rate	5.3%	41.5%	96.2%	10.0%	N/A
DME Encounters Rejected	261	39	25	9	0
DME Encounter Lines Rejection Rate	5.8%	37.8%	85.7%	7.7%	N/A
DME Encounter Lines Rejected	466	54	30	14	0
Institutional Rejection Rates	**Small Plan Average Q4 2016**	**Contract Measure Q1 2016**	**Q2 2016**	**Q3 2016**	**Q4 2016**
Institutional Encounter Rejection Rate	8.7%	3.0%	2.1%	2.4%	8.7%
Institutional Encounters Rejected	1,043	8	8	8	27
Institutional Encounter Lines Rejection Rate	12%	4.0%	3.5%	1.9%	12.0%
Institutional Encounter Lines Rejected	10,662	45	72	27	182
Professional Rejection Rates	**Small Plan Average Q4 2016**	**Contract Measure Q1 2016**	**Q2 2016**	**Q3 2016**	**Q4 2016**
Professional Encounter Rejection Rate	5.8%	17.0%	4.5%	2.9%	9.8%
Professional Encounters Rejected	5,202	208	79	69	121
Professional Encounter Lines Rejection Rate	6.1%	23.6%	5.0%	3.3%	8.9%
Professional Encounter Lines Rejected	11,030	630	168	148	229

N/A - Not Applicable - No encounters reported so a rate cannot be calculated.

EDS Report Card, Section 2 Encounter Data Submissions by Year

- Section 2 provides data on a contract's volume of submissions by service year and by service type.

- This section also provides comparable data for FFS claims volume nationally and MA encounters by MA region as well as nationally

- This section currently includes the most recent 3 service years (2014, 2015, 2016)

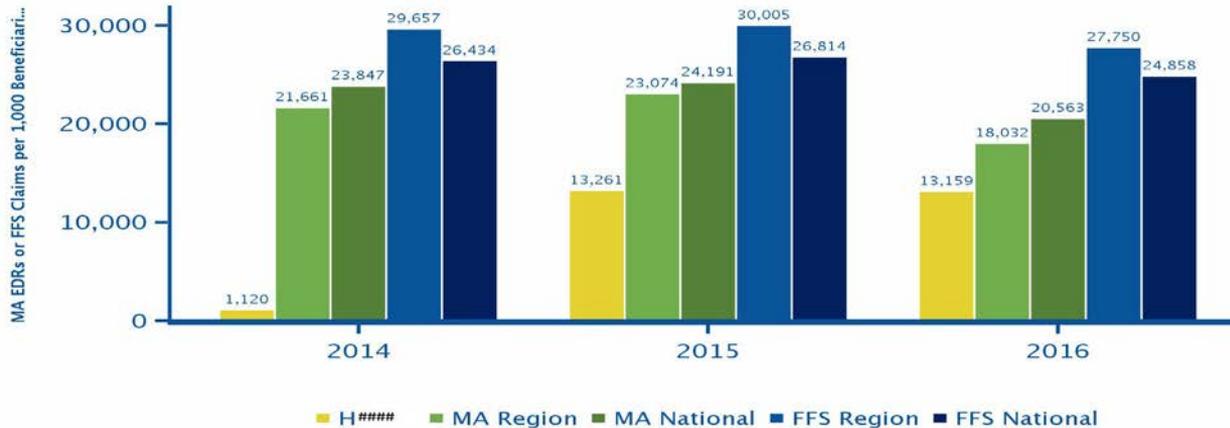- The service type categories are professional, inpatient, outpatient, and DME

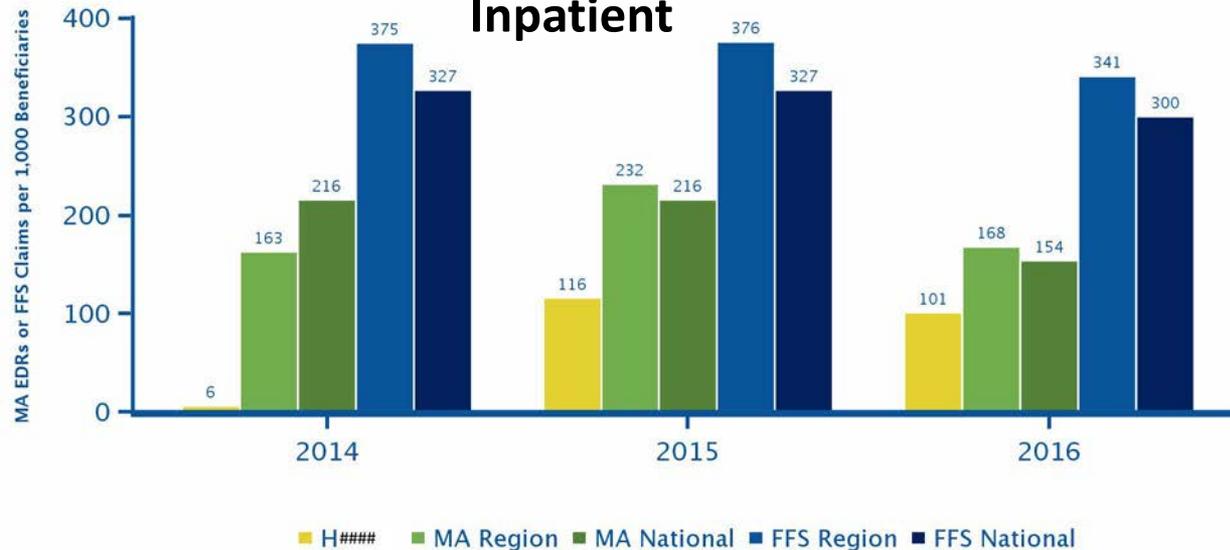# EDS Report Card, Section 2: Volume Example

Overall Submissions
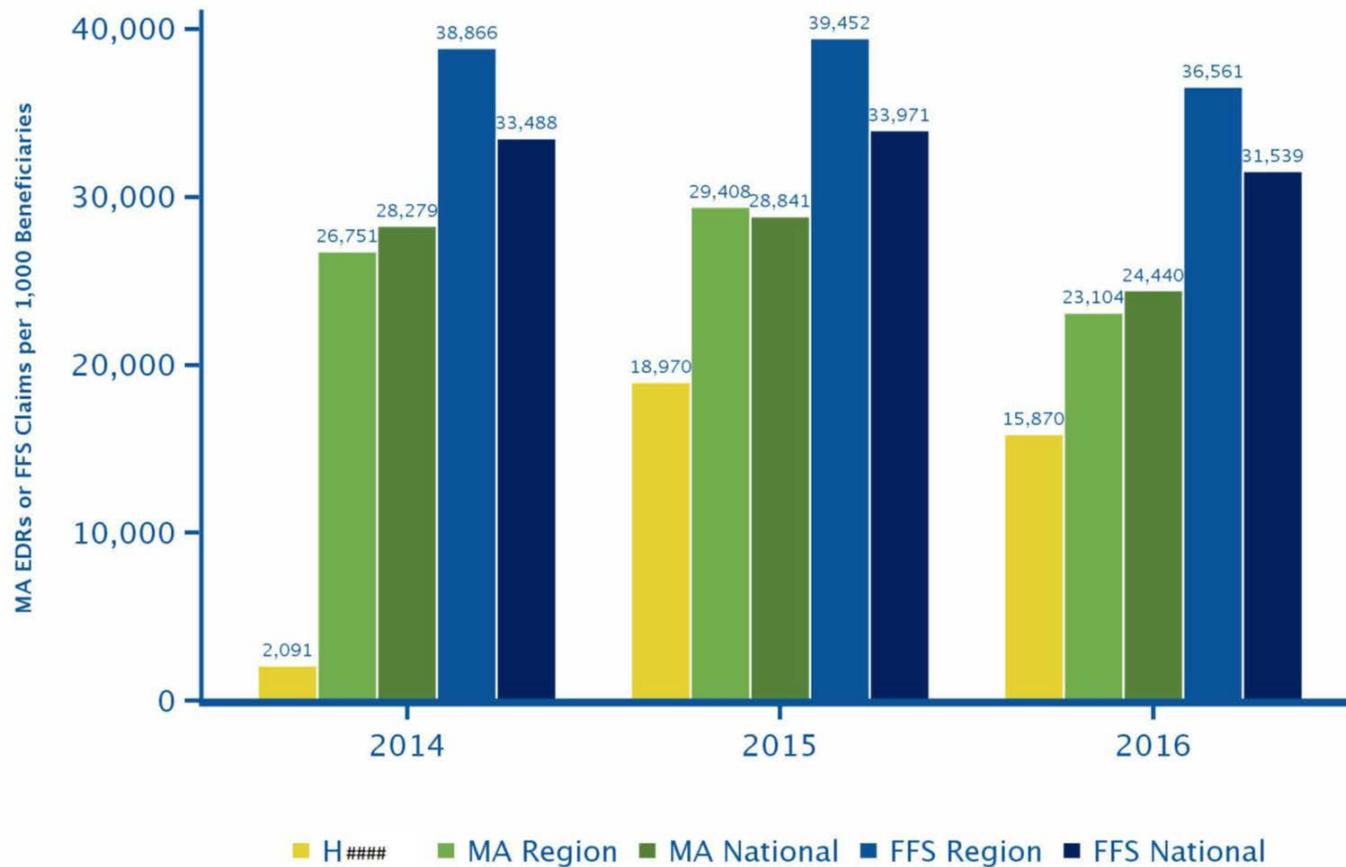
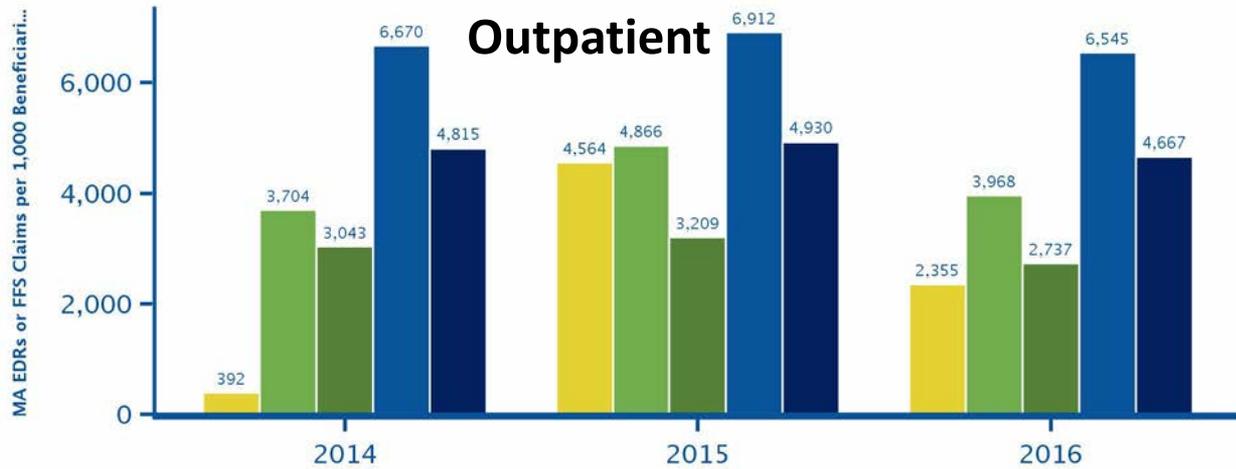# EDS Report Card, Section 2: Service Type Example

Professional

Inpatient
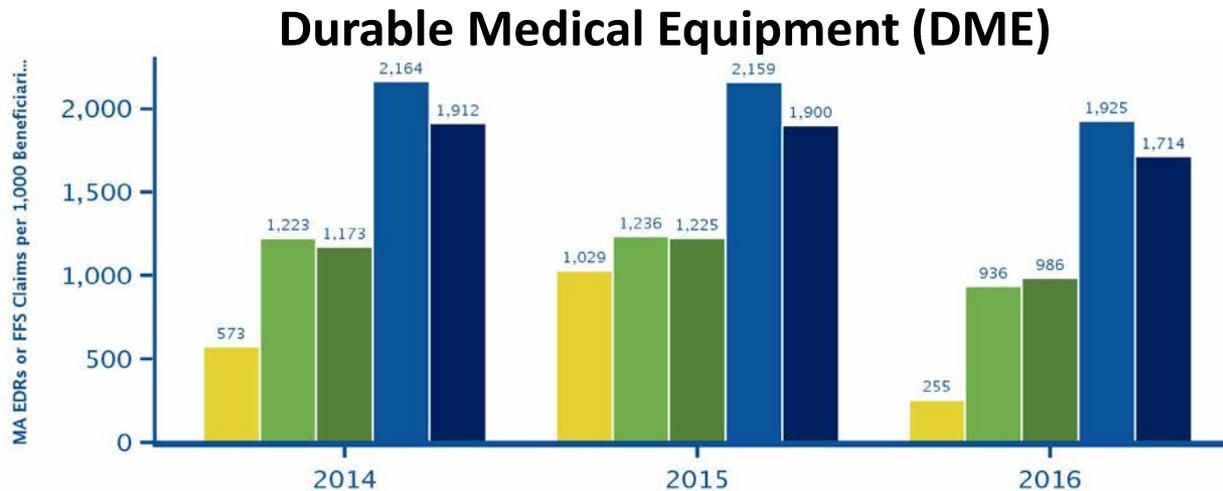
EDS Report Card, Section 2: Volume Submissions

Outpatient

Legend: H#### ■ MA Region ■ MA National ■ FFS Region ■ FFS National

Durable Medical Equipment (DME)

Legend: H#### ■ MA Region ■ MA National ■ FFS Region ■ FFS National

EDS Report Card, Section 2: Data Tables

Contract H####		Professional		Inpatient		Outpatient		DME	
Year	Enrollment	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees
2014	495	555	1,120	3	6	194	392	284	573
2015	121	1,598	13,261	14	116	550	4,564	124	1,029
2016	395	5,202	13,159	40	101	931	2,355	101	255

MA National

Year	Enrollment	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees	# EDRs	EDRs per 1,000 Enrollees
2014	16,297,226	388,647,970	23,847	3,515,988	216	49,592,735	3,043	19,114,344	1,173
2015	17,508,781	423,550,294	24,191	3,786,910	216	56,184,412	3,209	21,443,708	1,225
2016	18,397,172	378,300,853	20,563	2,839,629	154	50,345,332	2,737	18,147,836	986

FFS National		Professional		Inpatient		Outpatient		DME	
Year	Enrollment	# Claims	Claims per 1,000 Enrollees	# Claims	Claims per 1,000 Enrollees	# Claims	Claims per 1,000 Enrollees	# Claims	Claims per 1,000 Enrollees
2014	33,146,236	876,192,069	26,434	10,842,691	327	159,587,278	4,815	63,362,050	1,912
2015	32,982,255	884,374,298	26,814	10,779,907	327	162,601,263	4,930	62,656,569	1,900
2016	33,360,840	829,297,611	24,858	10,023,310	300	155,695,226	4,667	57,175,377	1,714

1) This is the underlying data used in calculating the EDR volume submission rates.
2) See Technical Notes for information on the definition of services, definition of the beneficiary population and additional detail on the data used to calculate the submission rates.

Section 3: No Pay Comparison

- Analysis of Inpatient encounter data records matched against Fee-for-Service (FFS) No-Pay Claims

- These are FFS claims submitted to CMS by hospitals for Disproportionate Share Hospital/Graduate Medical Education (DSH/GME) payment calculation purposes

- Submitted for discharge of MA enrollees, giving CMS a useful proxy to compare Inpatient encounter data records against

- Also compare Unmatched Inpatient encounter data records to Total Inpatient encounter data records submissions

SECTION 5: ANALYSIS OF INPATIENT HOSPITAL ENCOUNTER DATA AND FFS NO-PAY CLAIMS
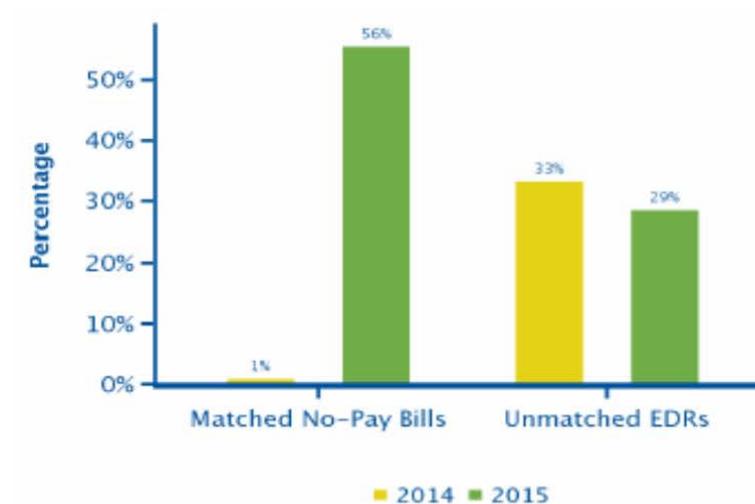
SECTION 6: INPATIENT HOSPITAL ENCOUNTER DATA USED IN SECTION 5

Year	Total Encounters	Total Matched	Unmatched Encounters	Unmatched No-Pay
2014	3	2	1	195
2015	14	10	4	8

The Future of the Encounter Data Report Card

- Medicare/Medicaid Plans (MMPs) will receive Report Cards for the first time in our next release

- Excel based format coming Fall 2017

- We want to hear from you on what data or additional information you would find useful

- CMS sent an HPMS memo on April 25, 2017 providing the deadlines for the next four risk score runs for Payment Years (PYs) 2017, 2018, and 2019.

- This is an annual memo, in which we provide deadlines for the next year and a half.

- Please refer to the latest HPMS memo when determining deadlines for risk score runs.

Encounter Data System Reports Overview

Phase III Version 2 MAO-004 Reports Update

- The Phase III MAO-004 report excludes professional records indicated as DME (NM109 Payer Identification Code = 80887). Diagnoses from these records are also currently excluded from risk adjustment.

- It has come to our attention that some records submitted to the EDS with the DME payer code contain risk adjustment allowable Health Care Procedural Coding System (HCPCS) codes.

- Prior to the second final PY2016 deadline, CMS will provide MAO-004 reports for all DME records submitted on or after 1/1/2014 with dates of service 1/1/2014 and later. Diagnoses from any DME record with a risk adjustment allowable HCPCS code will be considered for risk adjustment.

- DME records with non-DMEPOS fee schedule CPT/HCPCS codes cannot by priced by the EDS. At a later date, we will begin rejecting DME records with HCPCS codes that are not DMEPOS allowable codes, and will require plans to submit these records with professional payer codes.

Encounter Data System Reports Training

Accessing Reports
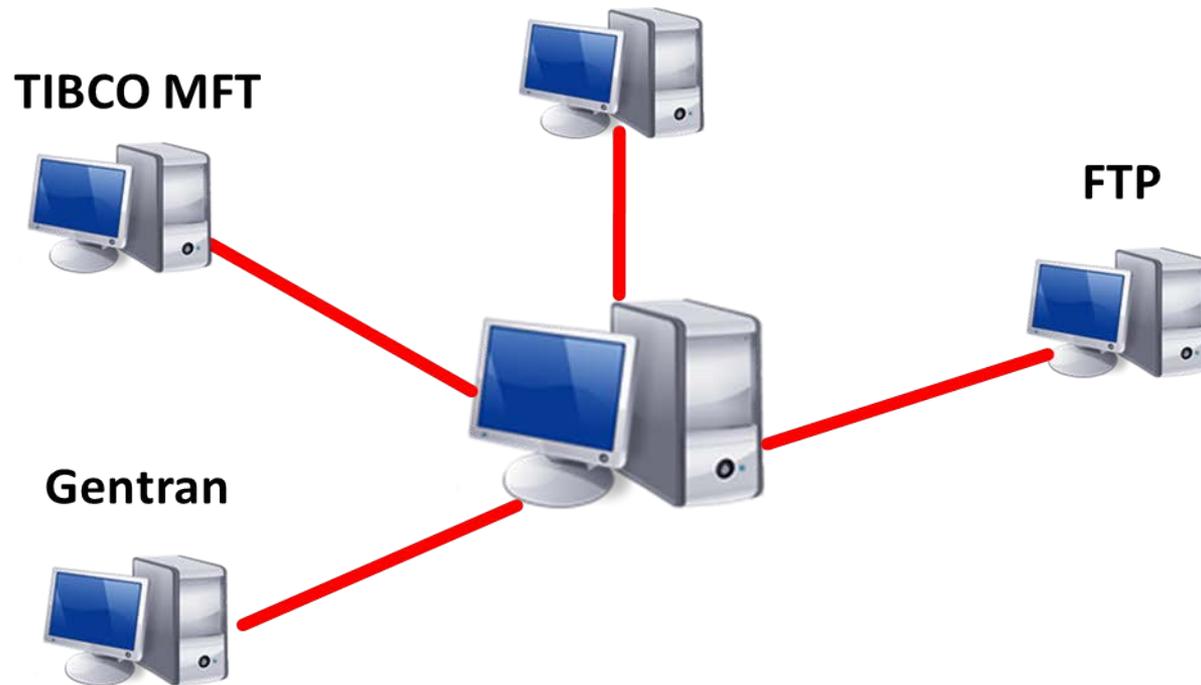
EDFES, MAO-001, and MAO-002 Reports Restoration

- MAOs are encouraged to save reports.

- CMS sets limits on restoring of EDS reports.

  – 999 and 277CA cannot be older than 20 business days.

  – MAO-001 and MAO-002 reports cannot be older than 60 business days.

  – Requests for more than 200 files will not be accepted.

- To request EDFES, MAO-001, or MAO-002 report restoration, contact

  csscoperations@palmettogba.com

MAO-004 Reports Requests

MAO-004 reports are available through the MARx User Interface (UI).

- Access the MARx UI
- Go to the "Reports" menu
- Select "Monthly" frequency
- Select "Start Month/Year"
- Select "End Month/Year"
- On the "Report/Data File" drop down select "Risk Adjustment Eligible Diagnosis Report"
- Add your "Contract ID"
- Select "Find"

The reports will populate and become available for download.
NOTE: Do not specify file type.

EDS Reports Overview

EDFES Acknowledgement Reports

EDFES Report Type	Description
EDFES Notifications	Special notifications when encounters have been processed, but will not proceed to the EDPS for further processing.
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	Lists all diagnoses from accepted encounters which are eligible for risk adjustment

EDFES Notifications

- The EDFES distributes special notifications to submitters when encounters have been processed by the EDFES, but will not proceed to the EDPS for further processing.

- These notifications are in addition to standard EDFES Acknowledgement Reports (TA1, 999, and 277CA) in order to avoid returned, unprocessed files from the EDS.

- For a list of the EDFES Notifications, refer to the appropriate EDS Companion Guide, section 6.7, Table 10 on the CSSC Operations website:
http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encounter^Data||

File Naming Conventions

File name components for EDFES and MAO-001 and MAO-002 reports assist MAOs and other entities in identifying the report types

FILE NAME COMPONENT	DESCRIPTION
RSPxxxxx	The type of data 'RSP' and a sequential number assigned by the server 'xxxxx'
X12xxxxx	The type of data 'X12' and a sequential number assigned by the server 'xxxxx'
TMMDDCCYYHHMMS	The Date and Time stamp the file was processed
999xxxxx	The type of data '999' and a sequential number assigned by the server 'xxxxx'
RPTxxxxx	The type of data 'RPT' and a sequential number assigned by the server 'xxxxx'
EDPS_XXX	Identifies the specific EDPS Report along with the report number (i.e., '002', etc.)
XXXXXXX	Seven (7) characters available to be used as a short description of the contents of the file
RPT/FILE	Identifies if the file is a formatted report 'RPT' or a flat file 'FILE' layout

EDFES File Naming Conventions

- CMS established unique file naming conventions for EDFES and EDPS reports.
- The file names ensure that specific reports are appropriately distributed to each secure mailbox.
  - Gentran/TIBCO
  - FTP

**EDFES Acknowledgement Reports
File Naming Conventions**

Report Type	Gentran/TIBCO Mailbox	FTP Mailbox – Text
TA1	P.xxxxx.EDS_REJT_IC_ISAIEA.pn	X12xxxxx.X12.TMMDDCCYYHHMMS
999A	P.xxxxx.EDS_ACCPT_FUNCT_TRANS.pn	999#####.999.999
999R	P.xxxxx.EDS_REJT_FUNCT_TRANS.pn	999#####.999.999
277CA	P.xxxxx.EDS_RESP_CLAIM_NUM.pn	RSPxxxxx.RSP_277CA

EDPS File Naming Conventions

EDPS Processing Status Reports
File Naming Conventions MAO-001 and MAO-002

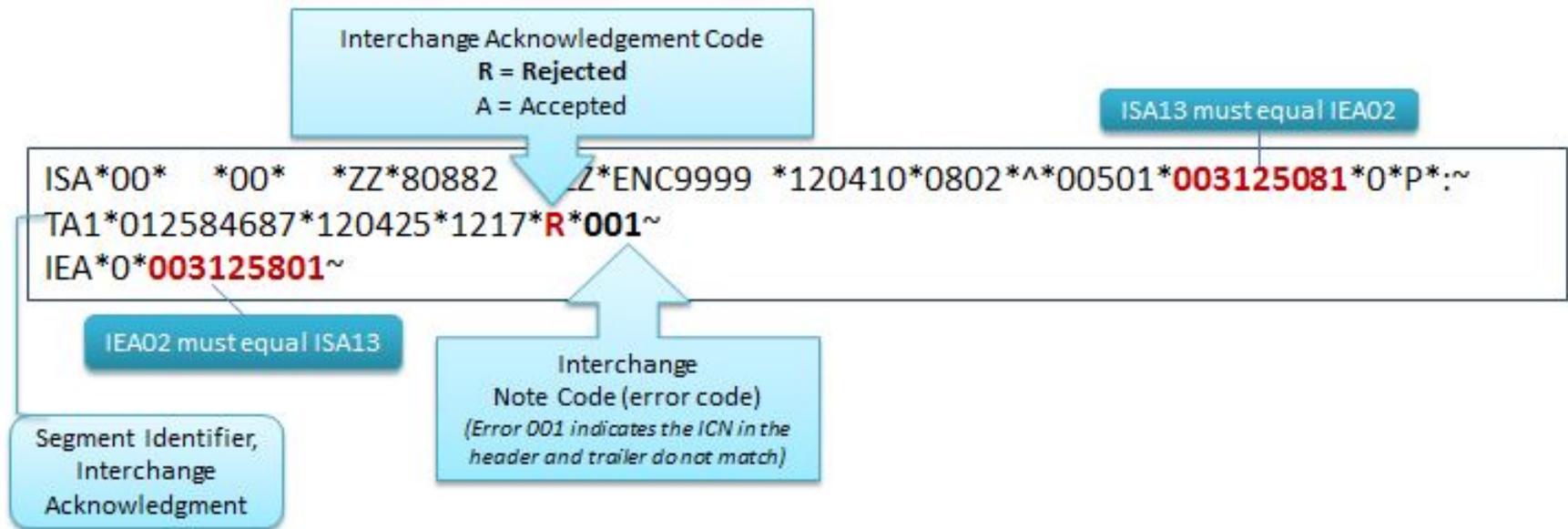| CONNECT.	NAMING CONVENTION FORMATTED REPORT	NAMING CONVENTION FLAT FILE LAYOUT
GENTRAN/ TIBCO	P.xxxxx.EDPS_001_DataDuplicate_Rpt P.xxxxx.EDPS_002_DataProcessingStatus_Rpt	P.xxxxx.EDPS_001_DataDuplicate_File P.xxxxx.EDPS_002_DataProcessingStatus_File
FTP	RPTxxxxx.RPT.PROD_001_DATDUP_RPT RPTxxxxx.RPT.PROD_002_DATPRS_RPT	RPTxxxxx.RPT.PROD_001_DATDUP_File RPTxxxxx.RPT.PROD_002_DATPRS_File

EDFES Acknowledgement Reports

Interchange Envelope Conformance and Acknowledgement

- Upon receipt of the inbound 837, the EDS 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.

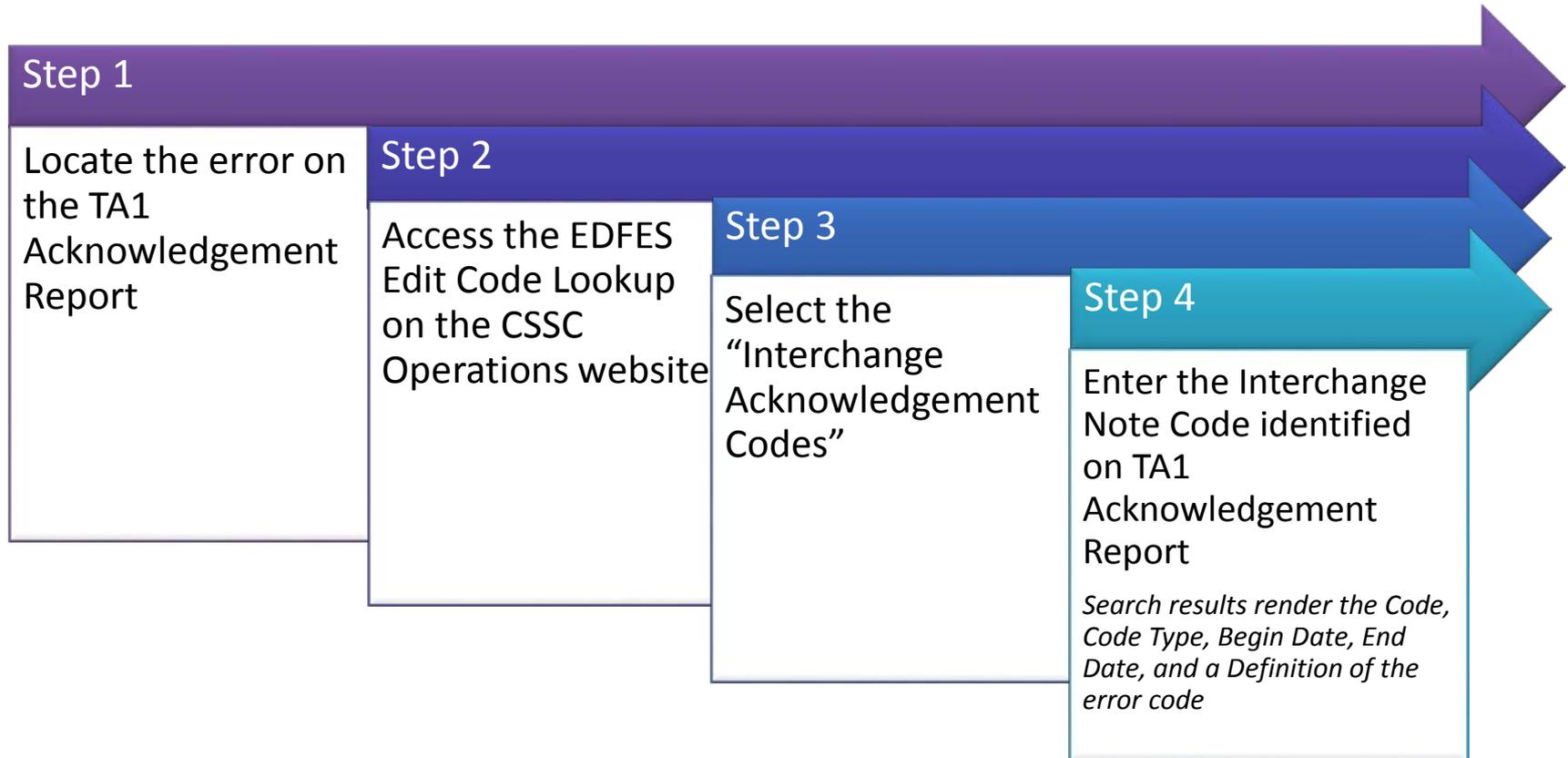- A TA1 Acknowledgement report is generated if the transaction is rejected.

Interpreting the TA1 Acknowledgement Report - Rejected

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

TA1 Acknowledgement Report – Error Resolution

Step 1

Locate the error on the TA1 Acknowledgement Report

Step 2

Access the EDFES Edit Code Lookup on the CSSC Operations website

Step 3

Select the "Interchange Acknowledgement Codes"

Step 4

Enter the Interchange Note Code identified on TA1 Acknowledgement Report

Search results render the Code, Code Type, Begin Date, End Date, and a Definition of the error code

TA1 Acknowledgement Report – Error Resolution *(continued)*

TA1 Acknowledgement Report – Error Resolution *(continued)*

Step 5

Access the Interchange File associated with the TA1 Acknowledgement Report

Step 6

Correct the error

Step 7

Resubmit the entire Interchange File
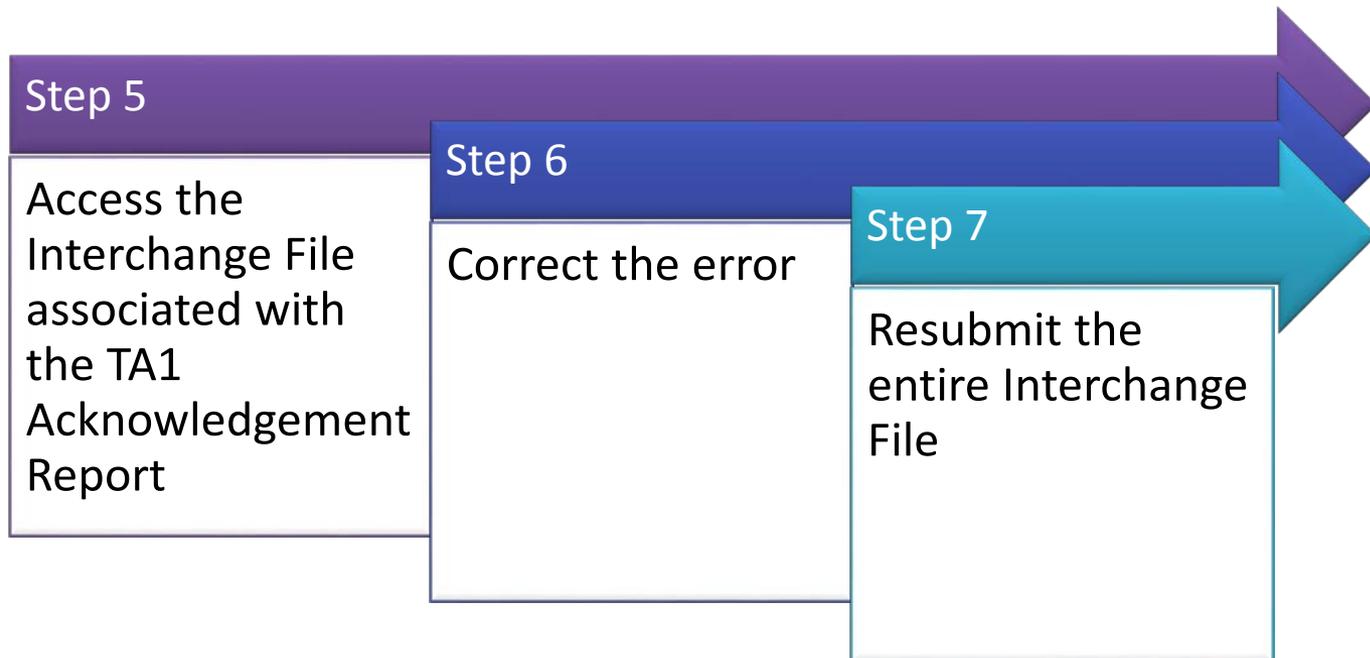
ISA*00*   *00*   *ZZ*80882   *ZZ*ENC9999 *120410*0802*^*00501***003125081***0*P*:~
IEA*0***003125081**~

X12 Standard Conformance and Implementation Guide (IG) Conformance

- The 999 Acknowledgement Report:
  - Identifies the processing status of the functional groups (GS/GE) and transactions sets (ST/SE) within the submission
    - 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

999 Acknowledgement Report – Segments

The 999 report is composed of segments that report information on the submitted 837 file

Segment	Description
IK3 error identification	Reports a segment error
IK4 data element	Reports an error at the data element level and, if required, there is a CTX context segment after the IK4 to describe the context within the segment
IK5 and AK9 segments are always present	Notes the transaction set and/or the functional group's accept or reject status

Interpreting the 999 Acknowledgement Report Accepted (999A)

GS - Functional Group Header Segment

ST – Transaction Set Header Segment

ISA*00* *00* 828*33477*28*EM08041*101208*1104*^*00501*000004308*0*P*:~
GS*FA*0046*ND00001*20101208*110418*1*X*005010X231A1~
ST*999*0001*005010X231~
AK1*HC*100000001*005010X222~
AK2*837*PE72330A*005010X222~
IK5*A~
AK9*1*1*1~
SE*6*0001~
GE*1*1~
IEA*1*000004308~

AK1 – Functional Group Response Header Segment

AK2 – Transaction Set Response Header Segment

AK9 – Functional Group Response Trailer Segment

Interpreting the 999 Acknowledgement Report Rejected (999R)

```
ISA*00*  *00*  828*33477*28*EM08041*101208*0934*^*00501*000004287*0*P*:~
GS*FA*0046*ND00001*20101208*093425*1*X*005010X231A1~
ST*999*0001*005010X231~
AK1*HC*100000001*005010X222~
AK2*837*PE72330A*005010X222~
IK3*DTP*33*2400*8~
IK4*3*1251*7*20090711~
IK5*R*5~
AK9*R*1*1*0~
SE*10*0001~
GE*1*1~
IEA*1*000004287~
```

IK3 and IK4 segments identify errors within the transaction

IK5 and AK9 indicate the transaction has been rejected

999R Error Resolution

Step 1 – Using data from the IK3 and IK4 segments, identify the error causing a rejection

IK3*DTP*33*2400***8**~

IK3	DTP	33 / 37	2400	8
999 segment ID "Error Identification"	ID of segment in error (DTP segment)	Position of the segment in error relative to the start of the transaction set	ID of loop containing segment in error (2400 loop)	Syntax error code 8 = "segment has data element errors. See TR3 document for the 999 transaction.

IK4*3*1251***7***20090711~

IK4	3	1251	7	20090711
999 Segment ID "Implementation Data Element Note"	Position of the data element error in the segment	Data element reference number. See TR3 document for the 999 transaction.	Syntax Error Code 7 = "Invalid Code Value"	Date

999R Error Resolution *(continued)*

Step 2 – Identify the error code in the CMS 5010 Edit Spreadsheet

837I Edit Reference	Segment/ Element	Description	5010 Values	TA1/999/ 277CA	Accept/ Reject	Disposition/ Error Code	Proposed 5010 Edits
X223.433.2400.DTP02.020	DTP02	Date Time Period Format Qualifier	D8, RD8	999	R	IK403 = 7 "Invalid Code Value"	2400.DTP02 must be valid values
X223.433.2400.DTP03.020	DTP03	Service Date	CYYMMDD, CCYYMMDD-CCYYMMDD	999	R	IK403 = 8 "Invalid Date"	If 2400.DTP02 = "D8" then 2400.DTP03 must be a valid date in CCYYMMDD format

- Step 3 – Use the guidance in the "Proposed 5010 Edits" column to correct submission issues
- Step 4 – Resubmit transaction

Note: this is an excerpt of the CMS 5010 Edit Spreadsheet and does not completely represent all fields contained in the spreadsheet.

CMS 5010 Edits Spreadsheet

MAOs and other entities are able to access the CMS 5010 Edits information on the CMS website at:

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/

1. Select the current year in the left navigation column (e.g., 2017 Transmittals).

2. Key in 'EDI Front End Updates' in the 'Filter On' box.

3. Select the most current transmittal to obtain the latest versions of the CEM Edits Spreadsheets.

4. Click on the link(s) under 'Downloads' at the bottom of the page.

	837I Edit Reference	Implementation Date to Activate Edit	Implementation Date to De-activate Edit	Segment or Element	Description	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	5010 Values	TA1/999/277CA	Accept/Reject	Disposition / Error Code	Proposed 5010 Edits	Misc. No
1	Version EA20144V01			page, from which these documents were downloaded.												
2				http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp												
3				The Data Interchange Standards Association(DISA) holds a copyright on the TR3 documents: Copyright (c) 2009, Data Interchange Standards Association on behalf of ASC X12. Format (c) 2009, http://store.x12.org/												
3398	X223.429.2400.PWK08.010	7/1/2011		PWK08	ACTIONS INDICATED			N/U				999	E	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	
3399	X223.429.2400.PWK09.010	7/1/2011		PWK09	Request Category Code	ID	1-2	N/U				999	E	IK403 = I10: "Implementation "Not Used" Element Present"	Must not be present.	
3400		7/1/2011														
3401	X223.433.2400.DTP.010 deactivated	7/1/2011	7/1/2011													
3402	X223.433.2400.DTP.020	7/1/2011		DTP	SERVICE LINE DATE		1	S	2400			999	R	IK304 = 5: "Segment Exceeds Maximum Use"	Only one iteration of 2400.DTP with DTP01 = "472" is allowed.	
3403	X223.433.2400.DTP01.010	7/1/2011		DTP01	Date TimeQualifier	ID	3-3	R			472	999	R	IK403 = 1: "Required Data Element Missing"	2400.DTP01 must be "472".	
3404	X223.433.2400.DTP02.010	7/1/2011		DTP02	Date Time Period FormatQualifier	ID	2-3	R			D8, RD8	999	R	IK403 = 1: "Required Data Element Missing"	2400.DTP02 must be present.	
3405	X223.433.2400.DTP02.020	7/1/2011		DTP02								999	R	IK403 = 7: "Invalid Code Value"	2400.DTP02 must be valid values.	
3406	X223.433.2400.DTP03.010	7/1/2011		DTP03	Service Date	AN	1-35	R			CYYMMDD, CCYYMMDD-CCYYMMDD	999	R	IK403 = 1: "Required Data Element Missing"	2400.DTP03 must be present.	
3407	X223.433.2400.DTP03.020	7/1/2011		DTP03								999	R	IK403 = 8: "Invalid Date"	If 2400.DTP02 = "D8" then 2400.DTP03 must be a valid date in CCYYMMDD format.	
3408	X223.433.2400.DTP03.030	7/1/2011		DTP03								999	R	IK403 = 8: "Invalid Date"	If 2400.DTP02 = "RD8"' then 2400.DTP03 must be a valid date in CCYYMMDD-CCYYMMDD format.	
3409	X223.433.2400.DTP03.040	7/1/2011		DTP03								277	C	CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 510: "Future date" CSC 187: "Date(s) of service"	2400.DPT03 may not be a future date.	CMS business ed 02/04: Companio Note needed
3410		7/1/2011			LINE ITEM										one iteration of 2400.REF with	

277CA Acknowledgement Report

- The 277CA Acknowledgement Report:
  - Provides 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 Structure

- The 277CA Acknowledgement is divided into hierarchical levels

Information Source:

(Hierarchical Level (HL) Code = 20)

Information Receiver:

(HL Code = 21)

Provider of Service:

(HL Code = 19)

Patient:

(HL Code = PT)
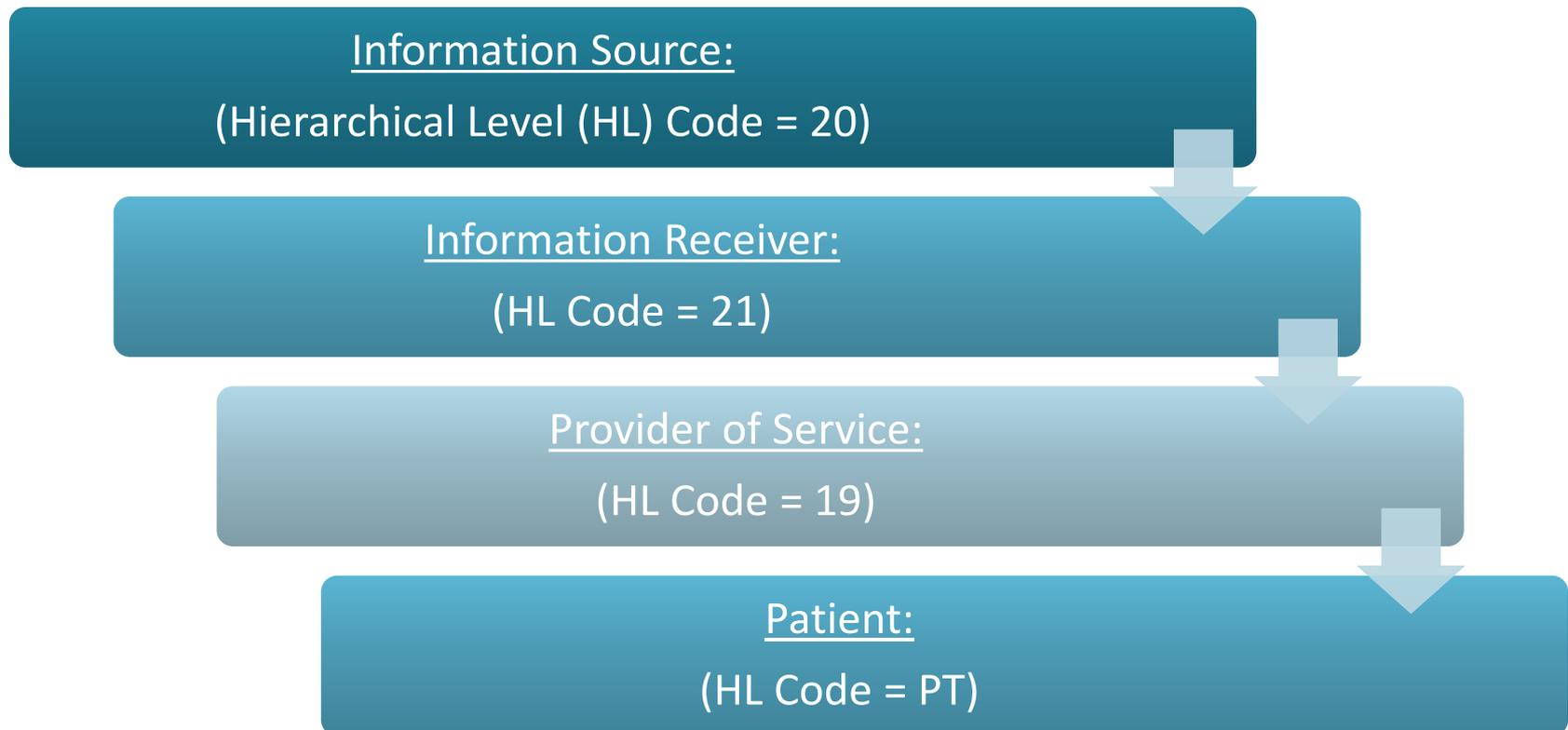
Interpreting the 277CA Acknowledgement Report - Accepted

```
ISA*00* *00* *ZZ*10302 *ZZ*GA12345678 *140914*1105*^*0 0501*000000001*0*T*:~
GS*HN*10302*GA12345678*20140914*110505*1*X* 005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*11257*20 140914*1355*TH~
HL*1**20*1~
NM1*PR*2*PALMETTO GBA SOUTH CAROLINA*****46*80882~
TRN*1*111113331111133355555555001~
DTP*050*D8*20140914~
DTP*009*D8*20140914~
HL*2*1*21*1~
NM1*41*2*INTERNAL MED ASSOC*****46*GA12345678~
TRN*2*0001~
STC*A1:19:PR*20140914*WQ*7766.00~
QTY*90*1~
QTY*AA*1~
AMT*YU*5803.00~
AMT*YY*1963.00~
```

HL=20 (Information Source)

HL=21 (Information Receiver)

"WQ = Accept: Indicates the file was accepted at the receiver/submitter level

Claim status category code (A1 = "The claim/encounter has been received"): Claim status code (19 = "Entity acknowledges receipt of claim/encounter"): Entity identifier code (PR= "Payer")

Number of claims accepted and rejected

Interpreting the 277CA Acknowledgement Report – REF Segment ICN

HL=PT
(Patient –
Claim Level

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

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

Interpreting the 277CA Acknowledgement Report – Rejected

STC Segment Action Code
U = Rejected

```
NM1*41*2*ABC MAO        6 ENC9999
TRN*2*6F7E5A388D5947  340C014AC~
STC*A8:746:40*20140403*U*1274321.46~
QTY*AA*4908~
AMT*YY*1274321.46~
SE*14*000000001~
```

Claim status category code (A8 = "Acknowledgement / Rejected for relational field in error"): Claim status code (746 = "Duplicate Submission Note"): Entity identifier code (40 = "Receiver")

277CA Acknowledgement Report – Error Resolution

Step 1
- Locate the error(s) on the 277CA Acknowledgement Report

Step 2
- Access the EDFES Edit Code Lookup on the CSSC Operations website

Step 3
- Select the "Claim Status Codes" option in the Lookup tool listing

Step 4
- Locate the QTY segment on the 277 CA Acknowledgement Report and determine total rejected quantity
  Example: *QTY*AA*4908 (AA = Unacknowledged Quantity)*

277CA Acknowledgement Report – Error Resolution *(continued)*

Step 5
- Locate the "Entity identifier code" in the NM1 segment to identify which entity has an error
  Example: *NM1*41*2*ABC MAO*****46*ENC9999~ (41 = Billing Service)*

Step 6
- Correct the error

Step 7
- Resubmit the corrected encounter(s)
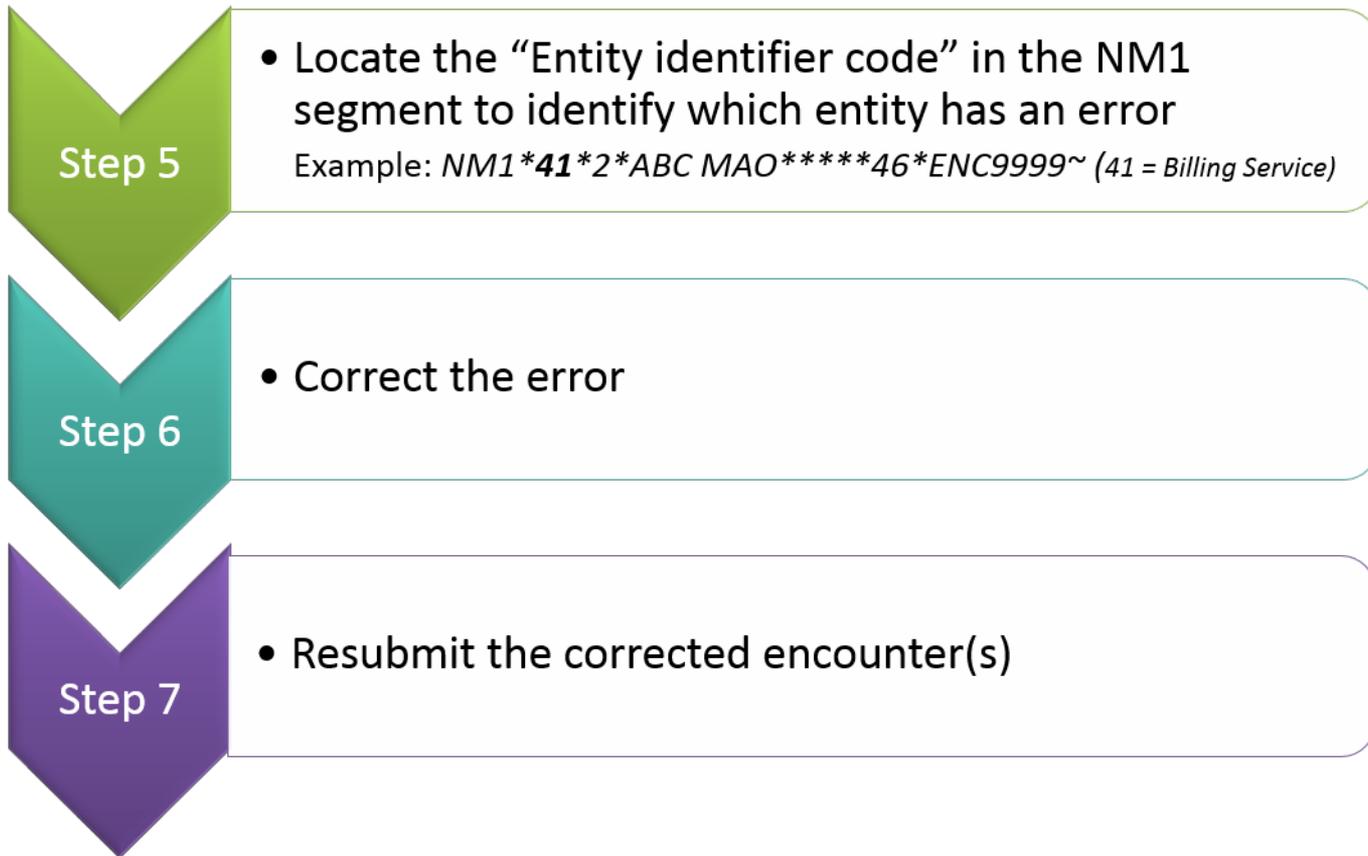
Note: MAOs are encouraged to coordinate with their vendors to assist with translating the 277CA.

EDPS Processing Status Reports

Report Layout

- MAO-001 and MAO-002 reports are delivered to submitters in two layouts - flat file and formatted.

- MAO-004 reports are delivered to submitters in a flat file layout.

- Flat file reports are categorized by:
  - Header record
  - Detail record
  - Trailer record

MAO-001 and MAO-002 Reports

- The MAO-001 Encounter Data Duplicates Report provides information exclusively for rejected encounters and service lines that receive:
  - Error Code 98300 - Exact Inpatient Duplicate Encounter
  - Error Code 98315 – Linked Chart Review Duplicate
  - Error Code 98320 – Chart Review Duplicate
  - Error Code 98325 – Service Line(s) Duplicated

- 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 and descriptions.

MAO-001 Duplicates Report – Flat File Layout

Header Record

There is only one header per record per file.

Position(s)	Item	Notes	Length	Format
1	Record Type	0=Header	1	Numeric, no commas and/or decimals
2	Delimiter		1	Uses the * character value
3-9	Report ID	Value is "**MAO-001**"	7	Alpha Numeric
10	Delimiter		1	Uses the * character value
11-18	Report Date	Date that the report was created by EDPSC	8	Numeric, format CCYYMDD
19	Delimiter		1	Uses the * character value
20-27	Transaction Date		8	Numeric, format CCYYMMDD
28	Delimiter		1	Uses the * character value
29-67	Report Description	Value is "**Encounter Data Duplicates Report**"	39	Alpha Numeric, Left Justify, Blank Fill
68	Delimiter		1	Uses the * character value
69-73	Filler		5	Blank – (Removal of Contract ID)
74	Delimiter		1	Uses the * character value
75-104	Submission Interchange Number	Interchange Sender ID (ISA06) + Interchange Control Number (ISA13) + Interchange Date (ISA09)	30	Alpha Numeric
105	Delimiter		1	Uses the * character value
106-108	Record Type	Value is "**INS**", "**PRO**", "**DME**"	3	Alpha Numeric
109	Delimiter		1	Uses the * character value
110-113	Submission File Type	Value is "**TEST**" or "**PROD**"	4	Alpha Numeric
114	Delimiter		1	Uses the * character value
115-200	Filler		**86**	Spaces

Detail Record

There may be multiple detail records per file.

Position(s)	Item	Notes	Length	Format
1	Record Type	1=Detail	1	Numeric, no commas and/or decimals
2	Delimiter		1	Uses the " character value
3-9	Report ID	Value is "**MAO-001**"	7	Alpha Numeric
10	Delimiter		1	Uses the " character value
11-15	Medicare Advantage Contract ID	Medicare Contract ID assigned to the MA Plan	5	Alpha Numeric
16	Delimiter		1	Uses the " character value
17-36	Plan ID (CCN)	Plan Internal Control Number	20	Alpha Numeric
37	Delimiter		1	Uses the " character value
38-56	Encounter ICN	Internal Control Number. In encounter data, only 13 spaces represent the ICN; however, additional spaces allow for other use.	19	Alpha Numeric
57	Delimiter		1	Uses the " character value
58-60	Encounter Line Number	Internal line number generated by EDPS.	3	Numeric, no commas and/or decimals
61	Delimiter		1	Uses the " character value
62-81	Duplicate Plan Encounter ID (CCN)	Duplicate Plan ID stored in EODS	20	Alpha Numeric
82	Delimiter		1	Uses the " character value
83-101	Duplicate Encounter ICN	Duplicate Encounter ICN identified in EODS. In encounter data, only 13 spaces represent the ICN. Additional spaces allow for other use.	19	Alpha Numeric
102	Delimiter		1	Uses the " character value
103-105	Duplicate Encounter Line Number	Internal line number generated by EDPS	3	Numeric, no commas and/or decimals
106	Delimiter		1	Uses the " character value
107-118	Beneficiary HICN	Beneficiary Health Insurance Claim Number	12	Alpha Number
119	Delimiter		1	Uses the " character value
120-127	Date of Service		8	Numeric, format CCYYMMDD
128	Delimiter		1	Uses the " character value
129-133	Error Code	Error Code	5	Alpha Numeric
134	**Delimiter**		**1**	**Uses the " character value**
135-200	**Filler**		**66**	**Spaces**

Trailer (Totals) Record

There is only one trailer per record file.

Position(s)	Item	Notes	Length	Format
1	Record Type	9=Trailer	1	Numeric, no commas and/or decimals
2	Delimiter		1	Uses the * character value
3-9	Report ID	Value is "**MAO-001**	7	Alpha Numeric
10	Delimiter		1	Uses the * character value
11-18	Total Number of Duplicate Encounter Lines Rejected		8	Numeric, no commas and/or decimals
19	Delimiter		1	Uses the * character value
20-27	Total Number of Encounter Lines Submitted		8	Numeric, no commas and/or decimals
28	Delimiter		1	Uses the * character value
29-36	Total Number of Encounter Records Submitted		8	Numeric, no commas and/or decimals
37	Delimiter		1	Uses the * character value
38-200	Filler		**163**	Numeric, no commas and/or decimals

MAO-001 Duplicates Report – Formatted Layout

```
                    Encounter Data Duplicates Report
                    Report Run Date 04/07/2017 06:31AM
                   Medicare Advantage Contract ID: XXXXX
                                     PROD

Page       1                              Submission Interchange Number: XXXXXXXXXXXXXXXX20170404
                                                             Report Date: 04/07/2017
Report ID: MAO-001                                      Transaction Date: 04/06/2017

            Plan                                      Duplicate Plan                  Duplicate Encounter
Record Type Encounter ID (CCN)  Encounter ICN    Encounter Line Number Encounter ID (CCN) Duplicate Encounter ICN Line Number    Beneficiary HICN Date of Service Error Code
----------- ------------------  ----------------  --------------------- ------------------ ----------------------- --------------------  ---------------- --------------- ----------
PRO         111111111101        1111111111111     001                   222222222221       2222222222211           001                   XXXXXXXXXXX      DD/MM/YYYY       98325
PRO         111111111102        1111111111112     001                   222222222222       2222222222212           001                   XXXXXXXXXXX      DD/MM/YYYY       98325
PRO         111111111103        1111111111113     001                   222222222223       2222222222213           001                   XXXXXXXXXXX      DD/MM/YYYY       98325
PRO         111111111104        1111111111114     001                   222222222224       2222222222214           001                   XXXXXXXXXXX      DD/MM/YYYY       98325
                                                  002                   222222222224       2222222222214           002                   XXXXXXXXXXX      DD/MM/YYYY       98325
PRO         111111111105        1111111111115     001                   222222222225       2222222222215           001                   XXXXXXXXXXX      DD/MM/YYYY       98325
PRO         111111111106        1111111111116     001                   222222222226       2222222222216           001                   XXXXXXXXXXX      DD/MM/YYYY       98325

TOTALS:

Total Number of Duplicate Encounter Lines Rejected:        7
Total Number of Encounter Lines Submitted:              6769          Total Number of Encounter Records Submitted:       4998
```

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MAO-002 Processing Status Report – Flat File Layout

HEADER RECORD		There is only one header record per file.		
Position(s)	Item	Notes	Length	Format
1	Record Type	0=Header	1	Numeric, no commas and/or decimals.
2	Delimiter		1	Uses the * character value
3-9	Report ID	Value is "MAO-002"	7	Alpha Numeric
10	Delimiter		1	Uses the * character value
11-18	Report Date	Date that the report was created by EDPSC.	8	Numeric, format CCYYMMDD
19	Delimiter		1	Uses the * character value
20-27	Transaction Date		8	Numeric, format CCYYMMDD
28	Delimiter		1	Uses the * character value
29-67	Report Description	Value is "Encounter Data Processing Status Report"	39	Alpha Numeric
68	Delimiter		1	Uses the * character value
69-73	Filler		5	Blank – (Removal of Contract ID)
74	Delimiter		1	Uses the * character value
75-104	Submission Interchange Number	Interchange Sender ID (ISA06) + Interchange Control Number (ISA13) + Interchange Date (ISA09)	30	Alpha Numeric
105	Delimiter		1	Uses the * character value
106-108	Record Type	Value is "INS", "PRO", "DME"	3	Alpha Numeric
109	Delimiter		1	Uses the * character value
110-113	Submission File Type	Value is "TEST" or "PROD"	4	Alpha Numeric
114	Delimiter		1	Uses the * character value
115-160	Filler		46	Spaces

DETAIL RECORD		There may be multiple detail records per encounter line dependent upon the number of errors on a line. Up to 10 errors will be reported for an encounter line.		
Position(s)	**Item**	**Notes**	**Length**	**Format**
1	Record Type	1=Detail	1	Numeric, no commas and/or decimals.
2	Delimiter		1	Uses the * character value
3-9	Report ID	Value is "**MAO-002**"	7	Alpha Numeric
10	Delimiter		1	Uses the * character value
11-15	Medicare Advantage Contract ID	Medicare Contract ID assigned to the MA Plan	5	Alpha Numeric
16	Delimiter		1	Uses the * character value
17-54	Plan ID (CCN)	Plan internal encounter control number.	38	Alpha Numeric
55	Delimiter		1	Uses the * character value
56-99	Encounter ICN	Internal Control Number. In encounter data, only 13 spaces represent the ICN however 44 spaces are coded to allow enhancement of the ICN.	44	Alpha Numeric
100	Delimiter		1	Uses the * character value
101-103	Encounter Line Number	Internal line number generated by EDPS. For any given ICN (claim document) the line numbers will start from "000" representing the claim level, the first encounter line will start from "001" and increment by 1 for every additional line.	3	Numeric, no commas and/or decimals.
104	Delimiter		1	Uses the * character value
105-112	Encounter Status	Value is "**Accepted**" or "**Rejected**"	8	Alpha Numeric
113	Delimiter		1	Uses the * character value
114-118	Error Code		5	Alpha Numeric
119	Delimiter		1	Uses the * character value
120-159	Error Description	Description associated with error code identified.	40	Alpha Numeric
160	Delimiter		1	Uses the * character value

MAO-002 Processing Status Report – Flat File Layout *(continued)*

Position(s)	Item	Notes	Length	Format
TRAILER (TOTALS) RECORD				
1	Record Type	9=Trailer	1	Numeric, no commas and/or decimals.
2	Delimiter		1	Uses the *character value
3-9	Report ID	Value is "MAO-002"	7	Alpha Numeric
10	Delimiter		1	Uses the *character value
11-18	Total Number of Processing Errors		8	Numeric, no commas and/or decimals.
19	Delimiter		1	Uses the *character value
20-27	Total Number of Encounter Lines Accepted		8	Numeric, no commas and/or decimals.
28	Delimiter		1	Uses the *character value
29-36	Total Number of Encounter Lines Rejected		8	Numeric, no commas and/or decimals.
37	Delimiter		1	Uses the *character value
38-45	Total Number of Encounter Lines Submitted		8	Numeric, no commas and/or decimals.
46	Delimiter		1	Uses the *character value
47-54	Total Number of Encounter Records Accepted		8	Numeric, no commas and/or decimals.
55	Delimiter		1	Uses the *character value
56-63	Total Number of Encounter Records Rejected		8	Numeric, no commas and/or decimals.
64	Delimiter		1	Uses the *character value
65-72	Total Number of Encounter Records Submitted		8	Total Number of Encounter Records Submitted
73	Delimiter		1	Uses the *character value
74-160	Filler		87	Spaces

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: ENC000000000000120130305

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	501010101010101010	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 Records Accepted :   1
Total Number of Encounter Lines Rejected :   2   Total Number of Encounter Records Rejected :   1
Total Number of Encounter Lines Submitted: 4   Total Number of Encounter Records Submitted: 2

Questions & Answers

Closing Remarks

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
EDR	Encounter Data Record
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

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	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||||
Request Health Plan Management System (HPMS) Access	https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/UserIDProcess.html

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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