

# Risk Adjustment for EDS & RAPS User Group



February 21, 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 <a href="mailto:RiskAdjustment@cms.hhs.gov">RiskAdjustment@cms.hhs.gov</a> or <a href="mailto:EncounterData@cms.hhs.gov">EncounterData@cms.hhs.gov</a>.
- ➤ 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 <a href="http://tarsc.info">http://tarsc.info</a> 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 TARSC TECHNICAL ASSISTANCE REGISTRATION SERVICE CENTER 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

- 999 Acknowledgment Reports
  - EDFES Top Five 999 Edits
  - Tips for Error Prevention
- PY2018 Attestation Deadline Memo
- Replacement and Void Logic

### Q&A Session

- January User Group Frequently Asked Questions
- Live Question and Answer Session

## Closing



## **CMS Updates**



## 999 Acknowledgment Reports, Top 5 999 Edits and Resolutions

## Purpose of a 999 Report

• It is a report that acknowledges initial receipt of your 837 file and whether is was accepted or rejected.

• The 999 report is generated for 837 file submissions that pass the prescreen and TA1 processing.

• One of the following status values will display within the 999 report: (A)ccepted, (R)ejected, or (P)artial.

• The 999 report will be returned upon completion of syntax editing of the 837 file.

## High Level Structure of a 999 Report

- Each row represents a "segment".
- Each field following a separator (\*) is known as an "element".
- Segments that will indicate if the 837 file was accepted, rejected, or partial are:
  - IK5
  - AK9
- Segments that will give the error received and the error location within the 837 file are:
  - IK3
  - IK4

## 999A Report Example

```
ISA*00* *00* *ZZ*80882 *ZZ*ENH4506
*160606*1111*^*00501*022971922*0*P*:~

GS*FA*80882*ENH4506*20160606*11110731*22972392*X*005010X231A1~

ST*999*972392001*005010X231A1~

AK1*HC*161580820*005010X222A1~

AK2*837*00000001*005010X222A1~

IK5*A~

AK9*A*1*1*1~

SE*6*972392001~

GE*1*22972392~

IEA*1*022971922
```

• If the first position of an IK5 and an AK9 segment contains an 'A', the entire 837 file will be accepted and will continue processing.

## 999R Report Example

```
ISA*00*
           *00*
                    *ZZ*80882
                                   *ZZ*FNH4506
*160606*1111*^*00501*022971922*0*P*:~
GS*FA*80882*FNH4506*20160606*11110731*22972392*X*005010X231A1~
ST*999*972392001*005010X231A1~
AK1*HC*161580820*005010X222A1~
AK2*837*0000001*005010X222A1~
IK3*CLM*22*2300*8~ (Identifies the location of the 837 data segment in error)
CTX*CLM01:2010070933400010~
IK4*2**6~ (Identifies the location of the 837 data element in error)
IK5*R*I5~
AK9*R*1*1*0~
SE*6*972392001~
GE*1*22972392~
IEA*1*022971922
```

- If the first position of the IK5 and the AK9 segment contains an 'R', the entire 837 file has rejected.
- The IK3 and the IK4 segments indicate what loop and segment contain errors.
- The entire 837 file will <u>not</u> continue processing.

### 999P Report Example

```
ISA*00*
           *00*
                   *ZZ*80882
                                 *ZZ*ENH4506
*160606*1111*^*00501*022971922*0*P*:~
GS*FA*80882*ENH4506*20160606*11110731*22972392*X*005010X231A1~
ST*999*972392001*005010X231A1~
AK1*HC*161580820*005010X222A1~
AK2*837*00000001*005010X222A1~
IK5*R*I5~
AK2*837*00000002*005010X222A1~
IK5*A~
AK9*P*2*2*1~
SE*8*972392001~
GE*1*22972392~
IEA*1*022971922
```

- If the first position of an AK9 contains a 'P' the IK5 segments will contain an 'A' and an 'R'
- If the first position of the IK5 segment contains:
  - 'R' the transaction set will <u>not</u> continue processing.
  - 'A' the transaction set will continue processing.
- A "transaction set" represents a group of encounters submitted between a "ST" segment and a "SE" segment" on the 837 file.

## EDFES Top 5 999 Edits

Example	Error Received	Error Description	Resolution
1	IK3*HL*39742*2000*8~ IK4*1**6*1203~ IK5*R*I5~ AK9*R*1*1*0~	Invalid sequence code value was submitted in the first element of the HL segment; 2000 loop	Ensure the subscribers in the 837 file are submitted in sequential order.
2	IK3*SVD*369*2430*8~ CTX*CLM01:1218260430~ IK4*1**7*H9999~ IK5*R*I5~ AK9*R*1*1*0~	Invalid code submitted in the ninth element of the SVD segment; 2430 loop. Code value must match code submitted in NM1 segment; loop 2330B	Must verify all required data is submitted in the other payer loops (2320, 2330A, and 2330B) that represents who made the payment.
3	IK3*HL*3*2000*3~ IK5*R*I5~ AK9*R*1*1*0~	Missing required HL segment; 2000 loop	Must submit the required subscriber HL segment (2000 loop) along with all required data elements.
4	IK3*NM1*4**3~ IK5*R*I5~ AK9*R*1*1*0~	Missing required NM1 segment	Ensure all required and situational name (NM1) segments are submitted along with all required data elements.
5	IK3*SBR*7158*2320*8~ CTX*CLM01:1218372012~ IK4*1**1~ IK5*R*I5~ AK9*R*1*1*0~	Missing required code value in the first element of SBR segment; loop 2320	Ensure payer responsibility codes (P = Primary, S = Secondary, T = Tertiary) are not identical in an encounter.

# 999 Edit Example 1 Review (From Slide 14)

#### **Subset of 837 Data in Error**

HL\*1198\*\*20\*1~ Billing Provider Hierarchical Level HL\*1199\*1198\*22\*0~ 1st Subscriber Hierarchical Level HL\*1200\*1198\*22\*0~ 2nd Subscriber Hierarchical Level HL\*1202\*1198\*22\*0~ 3rd Subscriber Hierarchical Level HL\*1203\*\*20\*1~ Billing Provider Hierarchical Level HL\*1204\*1203\*22\*0~ 1st Subscriber Hierarchical Level HL\*1205\*1203\*22\*0~ 2nd Subscriber Hierarchical Level HL\*1206\*1203\*22\*0~ 3rd Subscriber Hierarchical Level

#### 999 Report

IK3\*HL\*39742\*2000\*8~ IK4\*1\*\*6\*1202~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

• The next 4 slides will explain the 999 edit for each code received in the IK3 and IK4 segments.

## **IK3 Error Identification Segment**

#### **Subset of 837 Data in Error**

HL\*1198\*\*20\*1~ Billing Provider Hierarchical Level
HL\*1199\*1198\*22\*0~ 1st Subscriber Hierarchical Level
HL\*1200\*1198\*22\*0~ 2nd Subscriber Hierarchical Level
HL\*1202\*1198\*22\*0~ 3rd Subscriber Hierarchical Level
HL\*1203\*\*20\*1~ Billing Provider Hierarchical Level
HL\*1204\*1203\*22\*0~ 1st Subscriber Hierarchical Level
HL\*1205\*1203\*22\*0~ 2nd Subscriber Hierarchical Level
HL\*1206\*1203\*22\*0~ 3rd Subscriber Hierarchical Level

#### 999 Report

IK3\*HL\*39742\*2000\*8~ IK4\*1\*\*6\*1202~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

- IK301 = **'HL'** The segment in the 837 file causing the error
- IK302 = **'39742'** The line number in the 837 file ST–SE transaction set where the error is occurring
- IK303 = **'2000'** The Loop in the 837 file causing the error
- IK304 = '8' Segment Has Data Element Errors

## **IK4 Implementation Data Element Note Segment**

#### **Subset of 837 Data in Error**

HL\*1198\*\*20\*1~ Billing Provider Hierarchical Level HL\*1199\*1198\*22\*0~ 1st Subscriber Hierarchical Level HL\*1200\*1198\*22\*0~ 2nd Subscriber Hierarchical Level HL\*1202\*1198\*22\*0~ 3rd Subscriber Hierarchical Level HL\*1203\*\*20\*1~ Billing Provider Hierarchical Level HL\*1204\*1203\*22\*0~ 1st Subscriber Hierarchical Level HL\*1205\*1203\*22\*0~ 2nd Subscriber Hierarchical Level HL\*1206\*1203\*22\*0~ 3rd Subscriber Hierarchical Level

#### 999 Report

IK3\*HL\*39742\*2000\*8~ IK4\*1\*\*6\*1202~

IK5\*R\*I5~

AK9\*R\*1\*1\*0~

- IK401 = '1' The position of the 837 file segment where error is occurring
- IK403 = **'6'** Syntax Error Code; Invalid Character In Data Element
- IK404 = '1202' The data in the 837 file that caused the error

## 837 Data in Error & Reason for Edit Occurrence

#### **Subset of 837 Data in Error**

HL\*1198\*\*20\*1~ Billing Provider Hierarchical Level
HL\*1199\*1198\*22\*0~ 1st Subscriber Hierarchical Level
HL\*1200\*1198\*22\*0~ 2nd Subscriber Hierarchical Level
HL\*1202\*1198\*22\*0~ 3rd Subscriber Hierarchical Level
HL\*1203\*\*20\*1~ Billing Provider Hierarchical Level
HL\*1204\*1203\*22\*0~ 1st Subscriber Hierarchical Level
HL\*1205\*1203\*22\*0~ 2nd Subscriber Hierarchical Level
HL\*1206\*1203\*22\*0~ 3rd Subscriber Hierarchical Level

#### 999 Report

IK3\*HL\*39742\*2000\*8~ IK4\*1\*\*6\*1202~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

- The Subscriber Hierarchical ID Number (HL01) is out of sequence
- The HL01 in error should be '1201' not '1202'

## **Example 1: Correction of Error**

#### **Subset of Corrected 837 Data**

HL\*1198\*\*20\*1~ Billing Provider Hierarchical Level
HL\*1199\*1198\*22\*0~ 1st Subscriber Hierarchical Level
HL\*1200\*1198\*22\*0~ 2nd Subscriber Hierarchical Level
HL\*1201\*1198\*22\*0~ 3rd Subscriber Hierarchical Level
HL\*1202\*\*20\*1~ Billing Provider Hierarchical Level
HL\*1203\*1202\*22\*0~ 1st Subscriber Hierarchical Level
HL\*1204\*1202\*22\*0~ 2nd Subscriber Hierarchical Level
HL\*1205\*1202\*22\*0~ 3rd Subscriber Hierarchical Level

The HL01 in error has been corrected from '1202' to '1201'

# 999 Edit Example 2 Review (From Slide 14)

#### 837 Data in Error

CLM\*1218260430\*100\*\*\*11|B|1\*Y\*C\*W\*Y~
PWK\*09\*AA~
CN1\*05\*0~
REF\*F8\*1709460063248~
HI\*ABK|W5301~
NM1\*82\*1\*DUCK\*DONALD\*\*\*\*XX\*155555555~
PRV\*PE\*PXC\*207R00000X~
LX\*1~
SV1\*HC|99214\*100\*UN\*1\*\*\*1~
DTP\*472\*D8\*20180102~
REF\*6R\*1~
SVD\*H9999\*100\*HC|99214|||||OV FOR EVAL MANAGE ESTAB
PATIENT\*\*1~
DTP\*573\*D8\*20180115~

#### 999 Report

IK3\*SVD\*369\*2430\*8~ CTX\*CLM01:1218260430~ IK4\*1\*\*7\*H9999~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

The next 3 slides explain each 999 edit code received in the IK3 and IK4 segments.

## **IK3 Error Identification Segment**

#### 837 Data in Error

CLM\*1218260430\*100\*\*\*11|B|1\*Y\*C\*W\*Y~
PWK\*09\*AA~
CN1\*05\*0~
REF\*F8\*1709460063248~
HI\*ABK|W5301~
NM1\*82\*1\*DUCK\*DONALD\*\*\*\*XX\*155555555~
PRV\*PE\*PXC\*207R00000X~
LX\*1~
SV1\*HC|99214\*100\*UN\*1\*\*\*1~
DTP\*472\*D8\*20180102~
REF\*6R\*1~
SVD\*H9999\*100\*HC|99214|||||OV FOR EVAL MANAGE ESTAB
PATIENT\*\*1~
DTP\*573\*D8\*20180115~

#### 999 Report

IK3\*SVD\*369\*2430\*8~ CTX\*CLM01:1218260430~ IK4\*1\*\*7\*H9999~ IK5\*R\*I5~

AK9\*R\*1\*1\*0~

- IK301 = **'SVD'** The segment in the 837 file causing the error
- IK302 = **'369'** The line number in the 837 file ST–SE transaction set where the error is occurring
- IK303 = **'2430'** The Loop in the 837 file causing the error
- IK304 = **'8'** Segment Has Data Element Errors

## **IK4 Implementation Data Element Note Segment**

#### 837 Data in Error

CLM\*1218260430\*100\*\*\*11|B|1\*Y\*C\*W\*Y^
PWK\*09\*AA~
CN1\*05\*0~
REF\*F8\*1709460063248~
HI\*ABK|W5301~
NM1\*82\*1\*DUCK\*DONALD\*\*\*\*XX\*1555555555~
PRV\*PE\*PXC\*207R00000X~
LX\*1~
SV1\*HC|99214\*100\*UN\*1\*\*\*1~
DTP\*472\*D8\*20180102~
REF\*6R\*1~
SVD\*H9999\*100\*HC|99214|||||OV FOR EVAL MANAGE ESTAB PATIENT\*\*1~
DTP\*573\*D8\*20180115~

#### 999 Report

IK3\*SVD\*369\*2430\*8~ CTX\*CLM01:**1218260430**~ **IK4\*1\*\*7\*H9999~** IK5\*R\*I5~ AK9\*R\*1\*1\*0~

- IK401 = '1' The position of the 837 file segment where error is occurring
- IK403 = '7' Invalid Code Value
- IK404 = 'H9999' The data in the 837 file that caused the error
- This 999 edit example also contains a "CTX" segment. CTX01 references the Patient Control Number in the 837 file that caused the error.

## 837 Data in Error & Reason for Edit Occurrence

#### 837 Data in Error

#### 999 Report

IK3\*SVD\*369\*2430\*8~ CTX\*CLM01:1218260430~ IK4\*1\*\*7\*H9999~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

• The other subscriber payer responsibility loop (2320) is missing.

DTP\*573\*D8\*20180115~

- The other subscriber demographic information (2330A) is missing.
- The other payer demographic information (2330B) that represents who made the payment is missing.

## **Example 2: Correction of Error**

```
CLM*1218260430*100***11|B|1*Y*C*W*Y~
PWK*09*AA~
CN1*05*0~
REF*F8*1709460063248~
HI*ABK|W5301~
NM1*82*1*DUCK*DONALD****XX*1555555555~
PRV*PE*PXC*207R00000X~
SBR*P*18******16~
                                                2320
AMT*D*100~
OI***Y***Y~
NM1*IL*1*MOUSE*MICKEY****MI*123456789A~
                                               2330A
N3*1 MICKEY MOUSE LANE~
N4*ORLANDO*FL*328309999~
NM1*PR*2*DISNEY HEALTH PLAN****XV*H9999~
                                               2330B
N3*WALT DISNEY BLVD~
N4*ORLANDO*FL*328309999~
LX*1~
SV1*HC|99214*100*UN*1***1~
DTP*472*D8*20180102~
REF*6R*1~
SVD*H9999*100*HC|99214|||||OV FOR EVAL MANAGE ESTAB PATIENT**1~
DTP*573*D8*20180115~
```

- The other subscriber information in loops 2320 and 2330A are now populated.
- The other plan demographic information in loop 2330B is now populated.

## 999 Edit Examples 3 and 4 Review (From Slide 14)

#### 837 Data in Error

ST\*837\*00000130\*005010X222A1~ BHT\*0019\*00\*163605840\*20180908\*1725\*CH~ HL\*1\*\*20\*1~ SE\*4\*00000130~

#### 999 Report

IK3\*HL\*3\*2000\*3~ IK3\*NM1\*4\*\*3~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

 The next 2 slides explain each 999 edit code received in the IK3 segments.

## **IK3 Error Identification Segment**

#### 837 Data in Error

ST\*837\*00000130\*005010X222A1~ BHT\*0019\*00\*163605840\*20180908\*1725\*CH~ HL\*1\*\*20\*1~ SE\*4\*00000130~

#### 999 Report

IK3\*HL\*3\*2000\*3~ IK3\*NM1\*4\*\*3~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

- IK301 = **'HL' and 'NM1'** The segments in the 837 file causing the errors
- IK302 = **'3'** and **'4'** The line numbers in the 837 file ST–SE transaction set where the errors are occurring
- IK303 = **'2000'** The Loop in the 837 file causing the error
- IK304 = '3' Required Segment Missing

## 837 Data in Error & Reason for Edit Occurrence

#### 837 Data in Error

ST\*837\*00000130\*005010X222A1~
BHT\*0019\*00\*163605840\*20180908\*1725\*CH~
HL\*1\*\*20\*1~
SE\*4\*00000130~

#### 999 Report

IK3\*HL\*3\*2000\*3~ IK3\*NM1\*4\*\*3~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

• The 837 file is missing all required data elements.

## **Example 3 & 4: Correction of Error**

BHT\*0019\*00\*163605840\*20180908\*1725\*CH~ HL\*1\*\*20\*1~ PRV\*BI\*PXC\*282N00000X~ NM1\*85\*2\*NEVERLAND HOSPITAL\*\*\*\*XX\*1234567890~ N3\*PO BOX 4444~ N4\*ORLANDO\*FL\*328309999~ RFF\*FI\*123456789~ HL\*2\*1\*22\*0~ SBR\*S\*18\*00LAD1\*\*\*\*\*MB~ NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~ N3\*1 MICKEY MOUSE LANE~ N4\*ORLANDO\*FL\*328309999~ DMG\*D8\*19430108\*M~ NM1\*PR\*2\*EDSCMS\*\*\*\*\*PI\*80889~ N3\*7500 Security Blvd~ N4\*Baltimore\*MD\*212441850~ REF\*2U\*H9999~ CLM\*1218260430\*100\*\*\*11|B|1\*Y\*C\*W\*Y~ PWK\*09\*AA~ CN1\*05\*0~ REF\*F8\*1709460063248~ HI\*ABK|W5301~ NM1\*82\*1\*DUCK\*DONALD\*\*\*\*XX\*1555555555 PRV\*PE\*PXC\*207R00000X~ SBR\*P\*18\*\*\*\*\*16~ AMT\*D\*234.56~ OI\*\*\*Y\*\*\*Y~ NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~ N3\*1 MICKEY MOUSE LANE~ N4\*ORLANDO\*FL\*328309999~ NM1\*PR\*2\*DISNEY HEALTH PLAN\*\*\*\*XV\*H9999~ N3\*WALT DISNEY BLVD~ N4\*ORLANDO\*FL\*328309999~ LX\*1~ SV1\*HC|99214\*100\*UN\*1\*\*\*1~ DTP\*472\*D8\*20180102~ REF\*6R\*1~ SVD\*H9999\*100\*HC|99214|||||OV FOR EVAL MANAGE ESTAB PATIENT\*\*1~ DTP\*573\*D8\*20180115~

ST\*837\*00000130\*005010X222A1~

SE\*41\*00000130~

**Billing Provider** 

Subscriber

Payer

Encounter

# 999 Edit Example 5 Review (From Slide 14)

#### 837 Data in Error

CLM\*1218372012\*391\*\*\*11|B|1\*Y\*C\*W\*Y~ DTP\*434\*RD8\*20180720-20180720~ CL1\*3\*1\*01~ HI\*ABK|C50412||||||U~ NM1\*71\*1\*DUCK\*DONALD\*\*\*\*XX\*1555555555~ PRV\*AT\*PXC\*2085R0001X~ SBR\*P\*18\*\*\*\*\*\*16~ AMT\*D\*234.56~ 01\*\*\*Y\*\*\*Y~ NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~ N3\*1 MICKEY MOUSE LANE~ N4\*ORLANDO\*FL\*328309999~ NM1\*PR\*2\*DISNEY HEALTH PLAN\*\*\*\*XV\*H9999~ N3\*WALT DISNEY BLVD~ N4\*ORLANDO\*FL\*328309999~ SBR\*P\*18\*\*\*\*\*\*16~ AMT\*D\*198.77~ OI\*\*\*Y\*\*\*Y~ NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~ NM1\*PR\*2\*MEDICARE\*\*\*\*\*PI\*OF~

#### 999 Report

IK3\*SBR\*7158\*2320\*8~ CTX\*CLM01:1218372012~ IK4\*1\*\*1~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

 The next 4 slides will explain the 999 edit for each code received in the IK3 and IK4 segments.

## **IK3 Error Identification Segment**

#### 837 Data in Error

CLM\*1218372012\*391\*\*\*11|B|1\*Y\*C\*W\*Y~ DTP\*434\*RD8\*20180720-20180720~ CL1\*3\*1\*01~ HI\*ABK|C50412||||||U~ NM1\*71\*1\*DUCK\*DONALD\*\*\*\*XX\*1555555555 PRV\*AT\*PXC\*2085R0001X~ SBR\*P\*18\*\*\*\*\*16~ AMT\*D\*234.56~ OI\*\*\*Y\*\*\*Y~ NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~ N3\*1 MICKEY MOUSE LANE~ N4\*ORLANDO\*FL\*328309999~ NM1\*PR\*2\*DISNEY HEALTH PLAN\*\*\*\*\*XV\*H9999~ N3\*WALT DISNEY BLVD~ N4\*ORLANDO\*FL\*328309999~ SBR\*P\*18\*\*\*\*\*\*16~ AMT\*D\*198.77~ OI\*\*\*Y\*\*\*Y~ NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~ NM1\*PR\*2\*MEDICARE\*\*\*\*PI\*OF~

#### 999 Report

IK3\*SBR\*7158\*2320\*8~ CTX\*CLM01:1218372012~ IK4\*1\*\*1~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

- IK301 = **'SBR'** The segment in the 837 file causing the error
- IK302 = '7158' The line number in the 837 file ST—SE transaction set where the error is occurring
- IK303 = '2320' The Loop in the 837 file causing the error
- IK304 = **'8'** Segment Has Data Element Errors

## **IK4 Implementation Data Element Note Segment**

#### 837 Data in Error

CLM\*1218372012\*391\*\*\*11|B|1\*Y\*C\*W\*Y~ DTP\*434\*RD8\*20180720-20180720~ CL1\*3\*1\*01~ HI\*ABK|C50412||||||U~ NM1\*71\*1\*DUCK\*DONALD\*\*\*\*XX\*1555555555 PRV\*AT\*PXC\*2085R0001X~ SBR\*P\*18\*\*\*\*\*\*16~ AMT\*D\*234.56\* 01\*\*\*Y\*\*\*Y~ NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~ N3\*1 MICKEY MOUSE LANE~ N4\*ORLANDO\*FL\*328309999~ NM1\*PR\*2\*DISNEY HEALTH PLAN\*\*\*\*XV\*H9999~ N3\*WALT DISNEY BLVD~ N4\*ORLANDO\*FL\*328309999~ SBR\*P\*18\*\*\*\*\*\*16~ AMT\*D\*198.77~ 01\*\*\*Y\*\*\*Y~ NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~ NM1\*PR\*2\*MEDICARE\*\*\*\*\*PI\*OF~

#### 999 Report

IK3\*SBR\*7158\*2320\*8~ CTX\*CLM01:1218372012~ IK4\*1\*\*1~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

- IK401 = **'1'** The position of the 837 file segment where error is occurring
- IK403 = **'1'** Required Data Element Missing

## 837 Data in Error & Reason for Edit Occurrence

#### 837 Data in Error

CLM\*1218372012\*391\*\*\*11|B|1\*Y\*C\*W\*Y~ DTP\*434\*RD8\*20180720-20180720~ CL1\*3\*1\*01~ HI\*ABK|C50412||||||U~ NM1\*71\*1\*DUCK\*DONALD\*\*\*\*XX\*1555555555~ PRV\*AT\*PXC\*2085R0001X~ SBR\*P\*18\*\*\*\*\*\*16~ AMT\*D\*234.56~ 01\*\*\*Y\*\*\*Y~ NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~ N3\*1 MICKEY MOUSE LANE~ N4\*ORLANDO\*FL\*328309999~ NM1\*PR\*2\*DISNEY HEALTH PLAN\*\*\*\*XV\*H9999~ N3\*WALT DISNEY BLVD~ N4\*ORLANDO\*FL\*328309999~ SBR\*P\*18\*\*\*\*\*\*16~ AMT\*D\*198.77~ 01\*\*\*Y\*\*\*Y~ NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~ NM1\*PR\*2\*MFDICARF\*\*\*\*PI\*OF~

#### 999 Report

IK3\*SBR\*7158\*2320\*8~ CTX\*CLM01:1218372012~ IK4\*1\*\*1~ IK5\*R\*I5~ AK9\*R\*1\*1\*0~

 The 837 file contains identical Payer Responsibility Codes.

## **Example 5: Correction of Error**

#### **Corrected 837 Data**

CLM\*1218372012\*391\*\*\*11|B|1\*Y\*C\*W\*Y~ DTP\*434\*RD8\*20180720-20180720~ CL1\*3\*1\*01~ HI\*ABK|C50412||||||U~ NM1\*71\*1\*DUCK\*DONALD\*\*\*\*XX\*1555555555 PRV\*AT\*PXC\*2085R0001X~ SBR\*P\*18\*\*\*\*\*\*16~ AMT\*D\*234.56~ 01\*\*\*Y\*\*\*Y~ NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~ N3\*1 MICKEY MOUSE LANE~ N4\*ORLANDO\*FL\*328309999~ NM1\*PR\*2\*DISNEY HEALTH PLAN\*\*\*\*XV\*H9999~ N3\*WALT DISNEY BLVD~ N4\*ORLANDO\*FL\*328309999~ SBR\*T\*18\*\*\*\*\*16~

NM1\*IL\*1\*MOUSE\*MICKEY\*\*\*\*MI\*123456789A~

NM1\*PR\*2\*MEDICARE\*\*\*\*PI\*OF~

AMT\*D\*198.77~ OI\*\*\*Y\*\*\*Y~  The 837 file now contains a primary and a tertiary Payer Responsibility Code.

### **TIPS**

- It is important for submitters to monitor their mailboxes each time a file is submitted and to download and save the 999 report in order to determine the status of your 837 file.
- Encounters that reject on this report will not process any further, nor will a 277CA be produced.
- The 999 Technical Report (TR3) from the <u>Washington Publishing</u>
   <u>Company (WPC)</u> explains each element and segment contained in the 999.

### **TIPS**

#### REPORT RESTORATION

- 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.



## **PY2018 Attestation Deadline Memo**

## PY 2018 Risk Adjustment Attestation

- Per the January 31, 2019 HPMS memo, *Payment Year 2018 Risk Adjustment Attestations*, the attestations for PY 2018 (2017 dates of service) are now available on HPMS.
- Please complete the applicable attestation (MAO/PACE/MMP, 1876 Cost Plan, or 1833 HCPP) for your contract and submit to CMS via the path below by *Monday, March 4, 2019 by 11:59PM* PDT:

HPMS Home Page>Contract Management>Electronic Contracting>Contract Year 2018>Review and Certify Risk Adjustment Data



# Replacement and Void Logic

# Suggestions for Successful Submission – Replacement EDRs

- ➤ In order to change data elements on a previously submitted encounter EDR, CLM05-3 should be set to '7', which indicates that the EDR is meant to replace a previously accepted EDR.
- ➤ <u>Match EDR to be replaced</u>. When a replacement EDR is submitted, the system will check 7 key fields (see next slide) to ensure that the replacement EDR is for the same encounter as the previously accepted EDR that it is meant to replace. If there is a *mismatch* in any of the 7 key fields then the replacement EDR will be rejected. The reject code will be "00780 Adjustment Must Match Original".
- ➤ <u>Duplicate check against other EDRs</u>. In addition, the replacement EDR will be subjected to duplicate logic checks to ensure that it is not a duplicate of a previously submitted EDR. If it is found to be a duplicate of another EDR which was previously accepted, then the replacement EDR will be rejected. Otherwise, the replacement EDR will be accepted and the previously accepted EDR that it is linked to will be set to adjusted.

# Key Fields for Matching Replacement EDR to Previously Accepted EDR

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

# Suggestions for Successful Submission – Void EDRs

- In order to void a previously accepted EDR, CLM05-3 should be populated with an '8' and <u>all lines</u> originally submitted should be included on the void EDR.
- ➤ When a void EDR is submitted, the system will check 11 key fields (see next slide) to make sure that the void EDR is for the same encounter as the previously accepted EDR that it will be voiding.
- ➤ If there is a mismatch in any of the 11 key fields, the void EDR will be rejected and the previously accepted EDR will remain in active status. The reject code will be "00699 Void Must Match Original".
- ➤ Otherwise, the void EDR will be accepted and result in the disposition of the previously accepted EDR (header and lines) being set to void/off (i.e., Inactive).
- ➤ Void EDRs are **not** subject to the duplicate logic checks.

# Key Fields for Matching Void EDR to Previously Accepted EDR

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

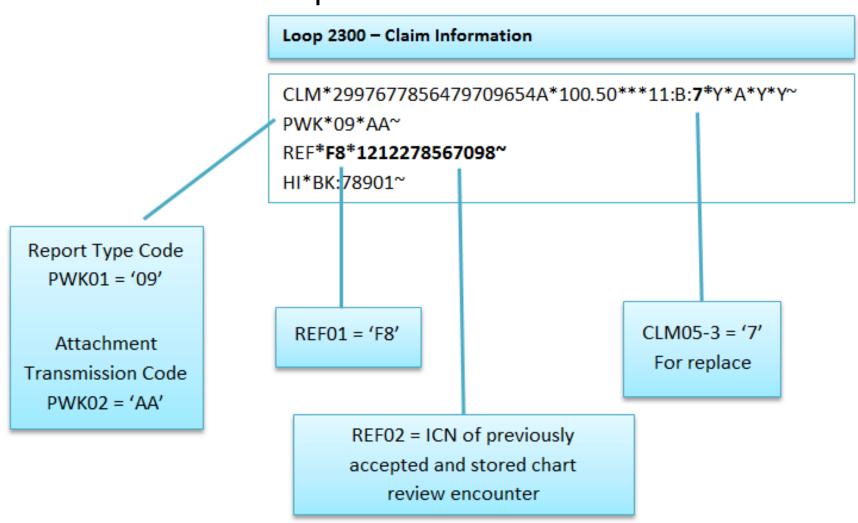
## Submitting Replacement and Void Chart Review Records

Duplicate logic for Chart Review Records is handled separately from duplicate logic for original or replacement EDRs.

Newly submitted chart review records are compared against previously submitted and accepted chart review records for duplicate submission.

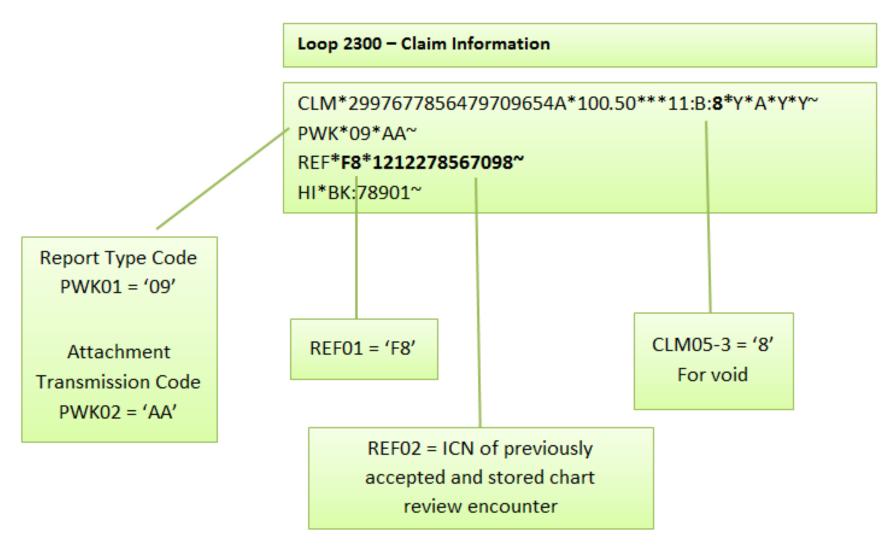
# Replacement Chart Review Record

Data elements to replace chart review record:



## Void Chart Review Record

Data elements to void chart review record:



# Key Fields for Checking Duplicate Submission of Replacement Chart Review Records

EDPS rejects a chart review record with edit "98315 - Linked Chart Review Duplicate" at the header level when a Linked Chart Review (Claim Frequency Code = '7') contains the same exact data values as an existing linked chart review record in the EDPS database, based on the following data elements:

- Associated ICN
- 2. Beneficiary Identifier
- 3. Header Date of Service
- 4. Diagnosis code
- 5. For institutional records, the duplicate logic also includes the Type of Bill

# Key Fields for Checking Duplicate Submission of Original Chart Review Records

EDPS rejects a chart review record with edit "98320 – Duplicate Chart Review" at the header level when a chart review record (Claim Frequency Code not equal to '7' or '8') contains the same exact data values as an existing linked or unlinked chart review record in the EDPS database, based on the following data elements:

- 1. Associated ICN
- 2. Beneficiary Identifier
- 3. Header Date of Service
- 4. Diagnosis code(s)
- 5. For Institutional Records only the Type of Bill is an additional Requirement



# January User Group Frequently Asked Questions

#### **Question:**

When will CMS release the MAO-004 files for data submitted in December 2018?

#### **Answer:**

The Phase III version 3 MAO-004 report for data submitted in December 2018 was released January 18, 2019.

#### **Question:**

Why do some diagnoses appear on the MAO-004 reports showing as accepted and allowed, but do not appear on the 2019 Initial payment Monthly Output Report (MOR)?

#### **Answer:**

There are a number of reasons why the HCC for a diagnosis reported as accepted and allowed on the MAO-004 report would not appear on the 2019 Initial payment Monthly Output Report (MOR). A diagnosis code that is added and allowed is only considered for risk adjustment. While the MAO-004 reports all diagnosis codes submitted on accepted encounters not all diagnosis codes reported map to a payment HCC. In addition, it is possible that there is a diagnosis that maps to a payment HCC that is higher in a hierarchy and thus a lower severity HCC in the same hierarchy would not be included in the risk score for payment. The MOR reports HCCs after the hierarchies are applied, therefore the lower severity HCC that was excluded for payment will not be reported on the MOR. Please also ensure that the diagnosis was submitted on an encounter with dates of service within the submission window for 2019 Initial (July 2017 – June 2018), and was not deleted by a subsequent replacement or chart review delete.

#### **Question:**

An MAO submitted a CRR Add that was linked to an original EDR. The linked CRR Add was accepted. The MAO then submitted a replacement of the EDR, and it was accepted. Because the linked CRR Add was submitted for the original EDR, will those CRR Add diagnoses now be linked to the replacement EDR?

#### **Answer:**

No, the diagnoses on the CRR Add will not be linked to the replacement EDR. However, the diagnoses on the CRR Add will still be considered for risk adjustment if they pass the CMS filtering logic. The information on a Linked CRR Add is still retained in CMS' filtering process, even if the record it that the CRR Add is linked to is voided or replaced.

#### Question:

If a Medicare Advantage Organization (MAO) received an incomplete claim that was sent as an unlinked chart review record (CCR) Add, and later received a replacement for the incomplete claim that was paid and submitted to the Encounter Data System (EDS) as an Encounter Data Record (EDR), should the MAO use the ICN of the unlinked CRR Add or the ICN of the EDR if the MAO wanted to submit a linked CCR Add?

#### **Answer:**

The MAO should link the CRR Add to the ICN of the EDR. The unlinked CRR is a report of diagnoses intended for inclusion in the risk score calculation and not a report of items or services. A linked CRR not only reports diagnoses intended for inclusion in the risk score calculation, but also indicates the EDR, which is a report of items or services provided to a beneficiary, associated with the diagnoses on the linked CRR Add.

#### **Question:**

Will claims with ICNs assigned after the September 14th deadline be accepted or rejected on the MAO-002 report?

#### **Answer:**

The MAO-002 report reflects the final phase of data processing in the EDS. During this phase, records and lines on records are rejected or accepted based on a series of edit checks in the Encounter Data Processing System and the results of this process are reported in the MAO-002 report.

The payment submission deadline does not apply in the processing of encounter data in EDS. In fact, in order to satisfy the requirement that records for every service or item provided to an enrollee be submitted to EDS, MAOs should continue to submit encounter data after the submission deadline if necessary.

The payment submission deadline indicates the date by which risk adjustment data must be submitted for inclusion in risk score calculations for a given model run.

#### Question:

There is a Q&A doc from 5/2013 that mentions a 5% error rate for MAO-002 reports. Does this refer to a maximum error rate for encounter submissions? Does such a threshold exist and if so what are the penalties for surpassing it?

#### **Answer:**

As described during the January 2019 user group call, CMS distributed an HPMS memo on August 20, 2018 that set forth 7 performance metrics and thresholds. These metrics and thresholds had been presented to stakeholders for comment in November 2017, were finalized in the August memo, and will form the basis for future compliance activity. The 5% error rate referred to is not part of the 7 performance metrics and thresholds.

CMS regularly provides updated information through HPMS memos, user group calls and technical assistance documents. Please ensure you reference the most current guidance available.



# **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 Comm unications User Guide.html

## Resources (continued)

Resource	Link
RAPS Error Code Listing and RAPS- FERAS Error Code Lookup	http://www.csscoperations.com/internet/cs sc3.nsf/docsCat/CSSC~CSSC%20Operations~ Risk%20Adjustment%20Processing%20Syste m~Edits?open&expand=1&navmenu=Risk^A djustment^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/cs sc3.nsf/DocsCat/CSSC~CSSC%20Operations~ Medicare%20Encounter%20Data~Edits~97JL 942432?open&navmenu=Medicare^Encoun ter^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
НН	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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