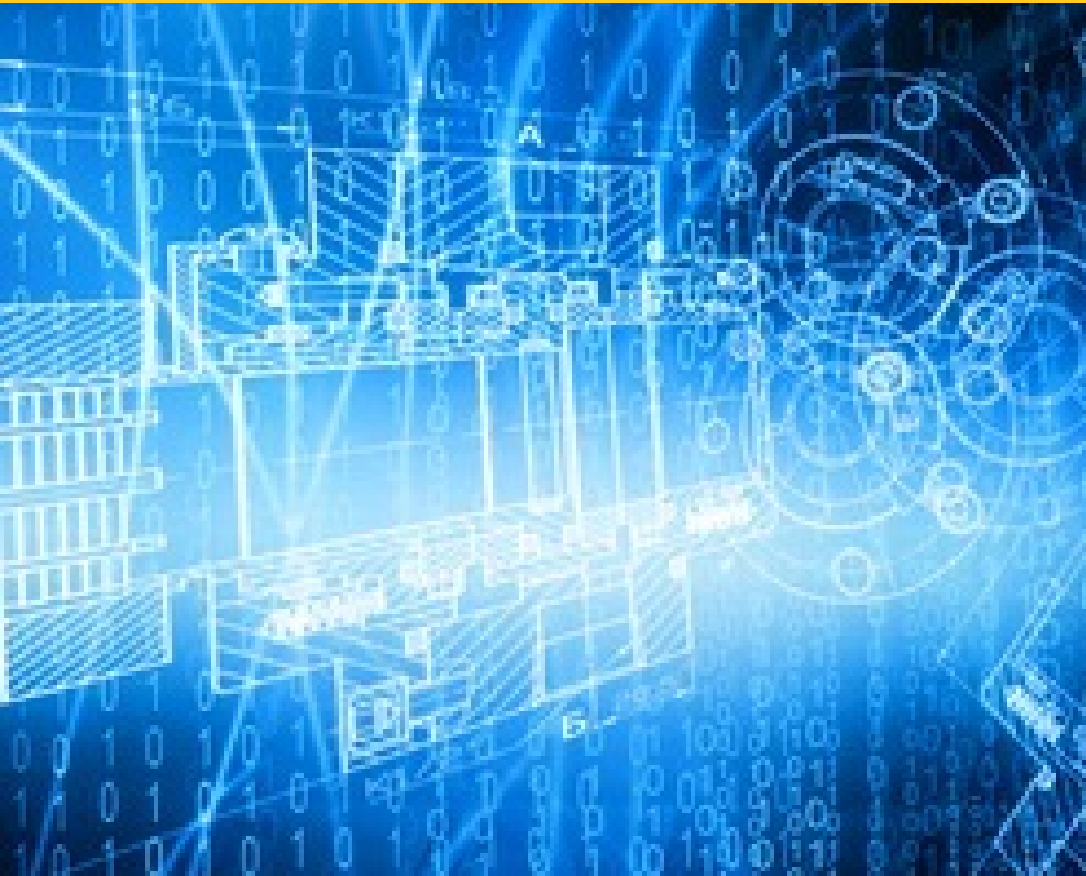




# Risk Adjustment for EDS & RAPS User Group



August 23, 2018  
2:00 p.m. – 3:00 p.m. ET

# Session Guidelines

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

# Feedback on the Agenda

- We want to thank everyone who has been submitting specific topics for future User Group Calls. We continue to review these topics as we plan for future agendas.
- We remind you that you have an opportunity to suggest specific topics as part of the evaluation at end of each User Group call.
- Please be as specific as possible when suggesting topics. It helps us better tailor our trainings and webinar development.
- We recognize that we have a broad audience with a wide range of interests and levels of expertise.
- In order to meet these varied interests, we are splitting the agendas for these calls between Program Updates, which will include a variety of topics of varying levels of detail, and Trainings, with Trainings scheduled last.

# Technical Assistance



## Registration Support Contact Information

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

Phone: 1-800-290-2910

Email: [TARRegistrations@tarsc.info](mailto:TARRegistrations@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**
  - Encounter Data Report Cards
  - Upcoming Deadlines
  - EDPS Edits – Issues Update
  - Report of the Month - Edits/Errors
    - EDFES Most Frequent Edits
    - EDPS Most Frequent Edits
- **Q&A Session**
  - July User Group Frequently Asked Questions
  - Live Question and Answer Session
- **Closing**
- **Appendix – Edit Prevention Tips**



# CMS Updates



# Encounter Data Report Cards



# 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 an Excel based format

# Accessing Encounter Data Report Card Reports

- Accessible via HPMS
- Risk Adjustment - Encounter Data – Encounter Data Report Card



## Encounter Data Report Card

### Select a Report Period

2018 May Update	
2018 February Update	^
2017 December Update	
2017 September Update	v
2017 June Update	

Back

Next

# 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.
  - Comparisons to the average frequency, volume, and error rates for similarly sized contracts and type of contract.

# EDS Report Card, Section 1 Overview: Encounter Data Submission Report *(continued)*



Name: HEALTH PLAN  
 Contract: A1234  
 2017 Enrollment: 96,769  
 2018 Enrollment: 95,377  
 Plan Size and Type: Medium - Local CCP

## SECTION 1: ENCOUNTER DATA SUBMISSION REPORT - Q1 2018

SUBMISSION - KEY PERFORMANCE INDICATORS						
Frequency	Medium Plan Average			Contract Measure		
	Q1 2018	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018
Percent of Bi-Weeks Submitted	98%	100%	100%	100%	100%	100%
Total Number of Submissions	-	66	76	69	70	72
Number of Bi-Weeks with Submission	6	7	7	7	7	7
Number of Bi-Weeks in Quarter	-	7	7	7	7	7

VOLUME - KEY PERFORMANCE INDICATORS						
Submitted per 1,000 Beneficiary	Medium Local CCP Plan			Contract Measure		
	Average Q1 2018	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018
Total Encounters	11,436	10,753	12,918	11,179	14,218	11,520
Durable Medical Equipment	359	211	198	208	185	224
Institutional	1,518	1,404	1,208	1,473	1,541	1,082
Professional	9,560	9,139	11,512	9,500	12,492	10,212

Accepted per 1,000 Beneficiary	Medium Local CCP Plan			Contract Measure		
	Average Q1 2018	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018
Total Encounters	10,860	10,142	12,198	10,861	13,615	11,284
Durable Medical Equipment	345	190	183	201	179	217
Institutional	1,436	1,283	1,134	1,390	1,486	1,036
Professional	9,079	8,668	10,881	9,270	11,949	10,030

Final Action per 1,000 Beneficiary	Medium Local CCP Plan			Contract Measure		
	Average Q1 2018	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018
Total Encounters	10,601	8,725	11,310	10,340	12,741	10,900
Durable Medical Equipment	342	178	173	193	173	213
Institutional	1,335	1,034	943	1,192	1,222	932
Professional	8,923	7,513	10,196	8,955	11,347	9,755

# EDS Report Card, Submission Rejection Rates Example

## QUALITY - KEY PERFORMANCE INDICATORS

<b>Total Rejection Rates</b>	<b>Medium Plan Average</b>		<b>Contract Measure</b>			
	<b>Q1 2018</b>	<b>Q1 2017</b>	<b>Q2 2017</b>	<b>Q3 2017</b>	<b>Q4 2017</b>	<b>Q1 2018</b>
Encounters Rejection Rate	5.01%	6.25%	6.14%	3.12%	4.65%	2.26%
Encounters Rejected	55,959	53,753	63,374	27,980	52,958	20,523
Encounter Line Rejection Rate	6.06%	11.07%	10.76%	7.14%	5.67%	4.22%
Encounter Lines Rejected	150,843	252,885	266,092	163,557	150,454	92,477
<b>Durable Medical Equipment Rejection Rates</b>						
	<b>Medium Plan Average</b>		<b>Contract Measure</b>			
	<b>Q1 2018</b>	<b>Q1 2017</b>	<b>Q2 2017</b>	<b>Q3 2017</b>	<b>Q4 2017</b>	<b>Q1 2018</b>
Encounters Rejection Rate	4.87%	10.42%	8.58%	3.42%	3.01%	3.72%
Encounters Rejected	998	1,755	1,362	569	444	659
Encounter Lines Rejection Rate	5.16%	10.73%	8.94%	3.91%	3.78%	4.65%
Encounter Lines Rejected	1,741	2,831	2,250	1,004	949	1,478
<b>Institutional Rejection Rates</b>						
	<b>Medium Plan Average</b>		<b>Contract Measure</b>			
	<b>Q1 2018</b>	<b>Q1 2017</b>	<b>Q2 2017</b>	<b>Q3 2017</b>	<b>Q4 2017</b>	<b>Q1 2018</b>
Encounters Rejection Rate	5.30%	9.49%	6.75%	6.12%	3.94%	4.70%
Encounters Rejected	5,964	10,654	6,524	7,201	4,851	4,011
Encounter Lines Rejection Rate	8.67%	21.14%	25.43%	16.89%	9.01%	10.24%
Encounter Lines Rejected	64,436	166,782	156,654	119,334	58,224	52,720
<b>Professional Rejection Rates</b>						
	<b>Medium Plan Average</b>		<b>Contract Measure</b>			
	<b>Q1 2018</b>	<b>Q1 2017</b>	<b>Q2 2017</b>	<b>Q3 2017</b>	<b>Q4 2017</b>	<b>Q1 2018</b>
Encounters Rejection Rate	4.87%	5.65%	6.03%	2.66%	4.77%	1.97%
Encounters Rejected	48,997	41,345	55,488	20,210	47,663	15,853
Encounter Lines Rejection Rate	4.70%	5.67%	5.85%	2.77%	4.60%	2.33%
Encounter Lines Rejected	84,666	83,271	107,188	43,219	91,280	38,279

Data as of: April 7, 2018

Report created: April 11, 2018

# EDS Report Card, Section 2 Encounter Data Submissions by Year

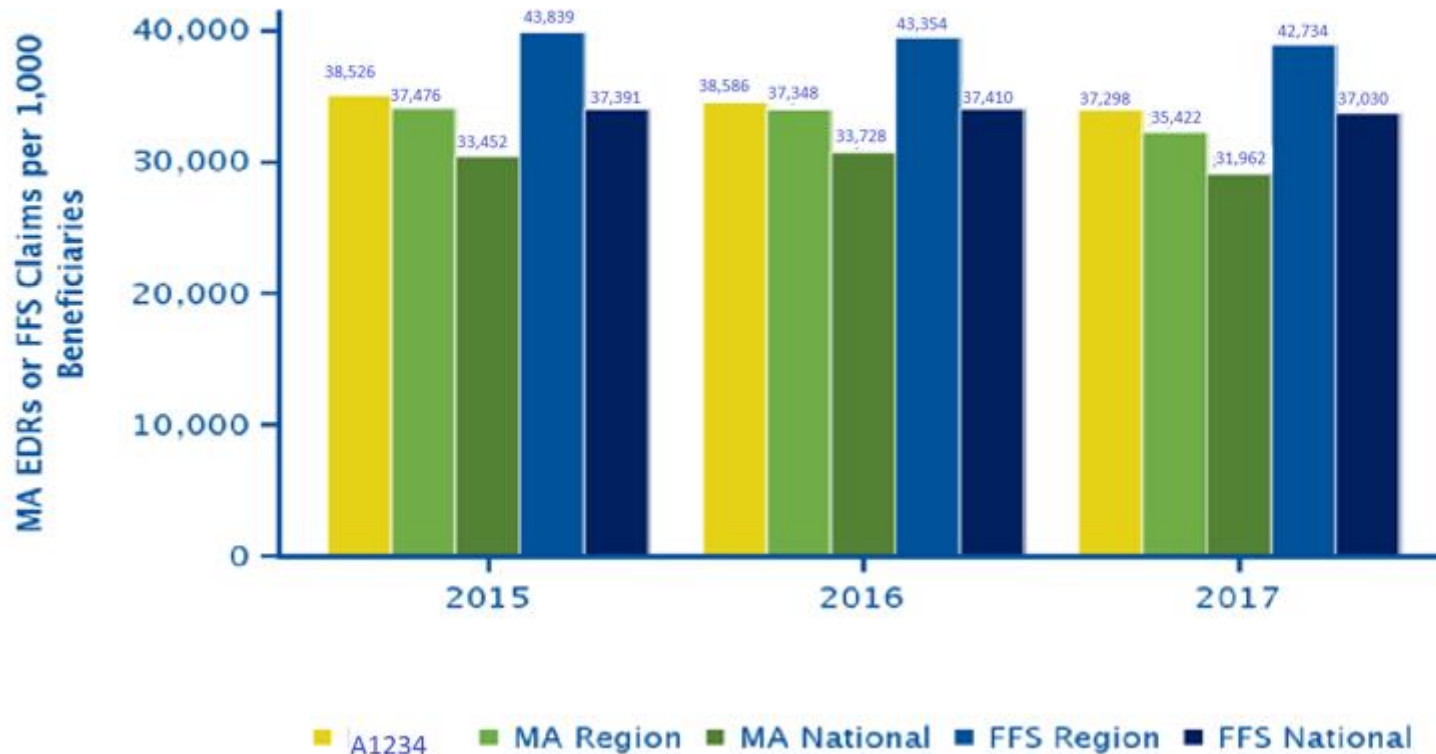
- Section 2 provides data on a contract's volume of submissions by service year and by service type.
- This section also provides comparable data for FFS claims volume nationally and MA encounters by MA region as well as nationally.
- This section currently includes the most recent 3 service years (2015, 2016, 2017).
- The service type categories are professional, inpatient, outpatient, and DME.



# EDS Report Card, Section 2: Volume Example

## Overall Submissions

### SECTION 2: OVERALL ENCOUNTER DATA SUBMISSIONS (CYs 2015 - 2016 - 2017)



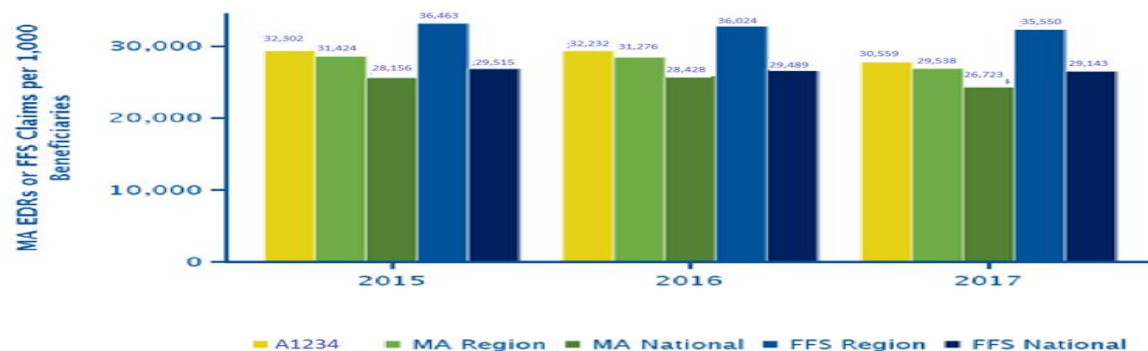
# EDS Report Card, Section 3: Service Type Example

## Professional

Contract A1234

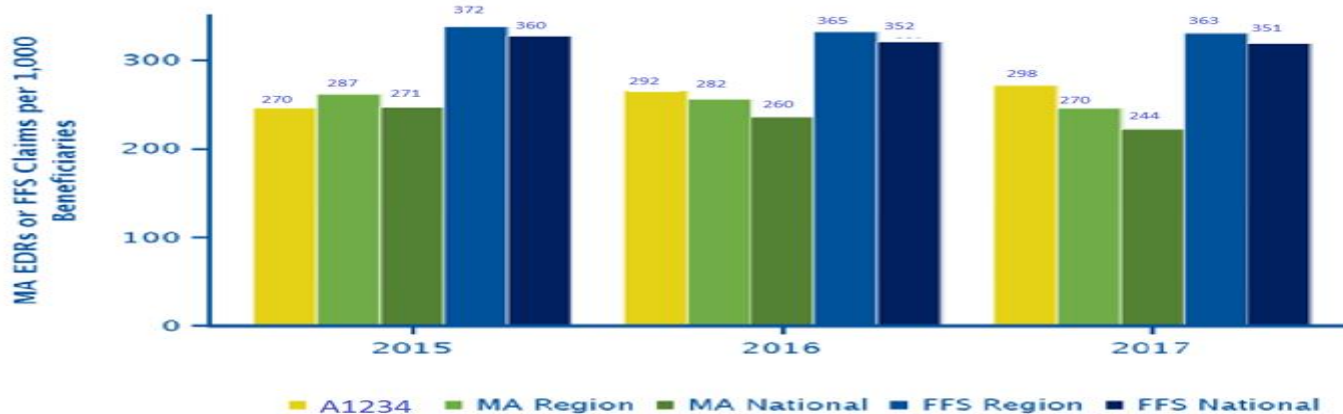
SECTION 3: ENCOUNTER DATA SUBMISSIONS BY SERVICE TYPE (CYs 2015 - 2016 - 2017)

### Professional



## Inpatient

### Inpatient

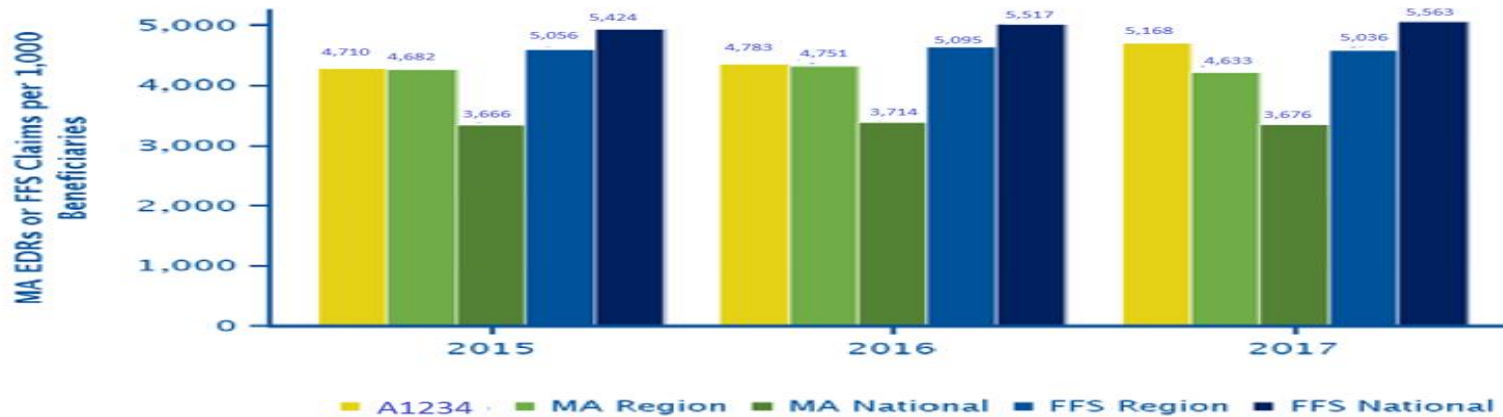




# EDS Report Card, Section 3: Volume Submissions

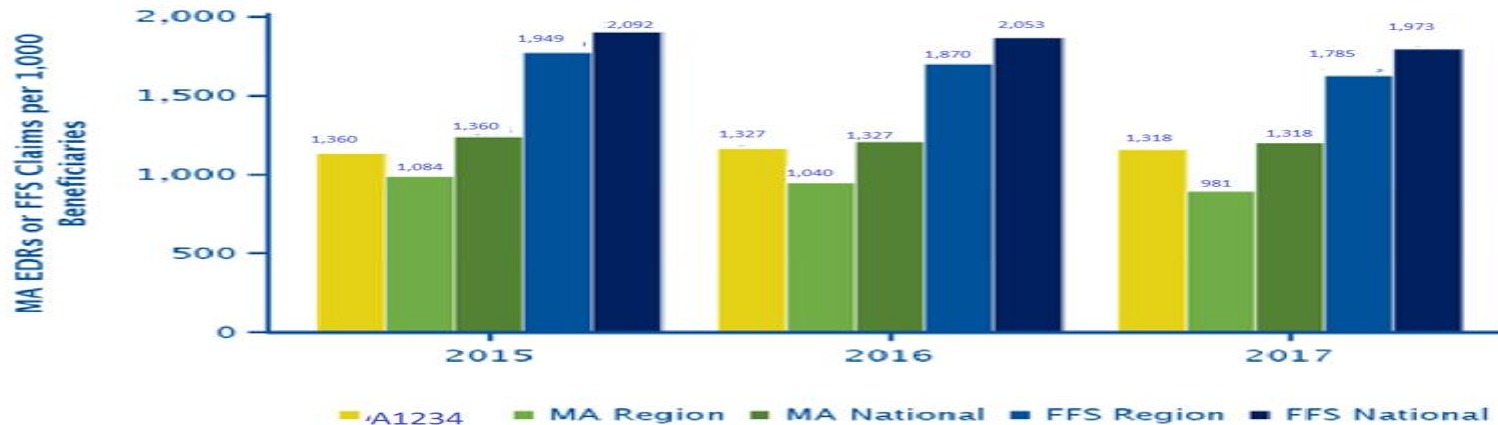
## Outpatient

### Outpatient



## Durable Medical Equipment (DME)

### Durable Medical Equipment (DME)



# EDS Report Card, Section 4: Data Tables

## Contract: A1234

		Professional		Inpatient		Outpatient		DME	
Year	Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries
2015	43,414	1,274,853	32,302	10,656	270	185,888	4,710	49,150	1,245
2016	64,459	1,888,758	32,232	17,086	292	280,270	4,783	74,949	1,279
2017	71,880	1,996,878	30,559	19,511	298	337,693	5,168	83,189	1,273

## MA National

		Professional		Inpatient		Outpatient		DME	
Year	Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries
2015	19,259,382	492,964,032	28,156	4,746,193	271	64,196,703	3,666	23,797,995	1,360
2016	20,238,231	523,027,633	28,428	4,771,304	260	68,331,156	3,714	24,408,589	1,327
2017	21,797,760	529,563,212	26,723	4,835,509	244	72,856,324	3,676	26,109,184	1,318

## FFS National

		Professional		Inpatient		Outpatient		DME	
Year	Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries
2015	36,279,240	973,448,663	29,515	11,861,058	360	178,884,915	5,424	68,998,129	2,092
2016	36,721,153	984,407,609	29,489	11,767,702	352	184,146,647	5,517	68,504,761	2,053
2017	36,554,678	968,469,589	29,143	11,656,161	351	184,839,101	5,563	65,575,296	1,973

## MA Region

		Professional		Inpatient		Outpatient		DME	
Year	Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries
2015	1,337,864	38,218,753	31,424	349,476	287	5,694,004	4,682	1,318,178	1,084
2016	1,388,900	39,490,758	31,276	355,033	282	5,998,271	4,751	1,311,993	1,040
2017	1,489,664	40,001,491	29,538	365,362	270	6,273,997	4,633	1,328,245	981

## FFS Region

		Professional		Inpatient		Outpatient		DME	
Year	Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries
2015	1,923,114	63,746,530	36,463	649,237	372	8,839,222	5,056	3,407,371	1,949
2016	1,951,646	63,913,754	36,024	647,325	365	9,040,928	5,095	3,317,464	1,870
2017	1,941,478	62,744,482	35,550	641,604	363	8,889,044	5,036	3,150,351	1,785

(1) This is the underlying data used in calculating EDR volume submission rates.

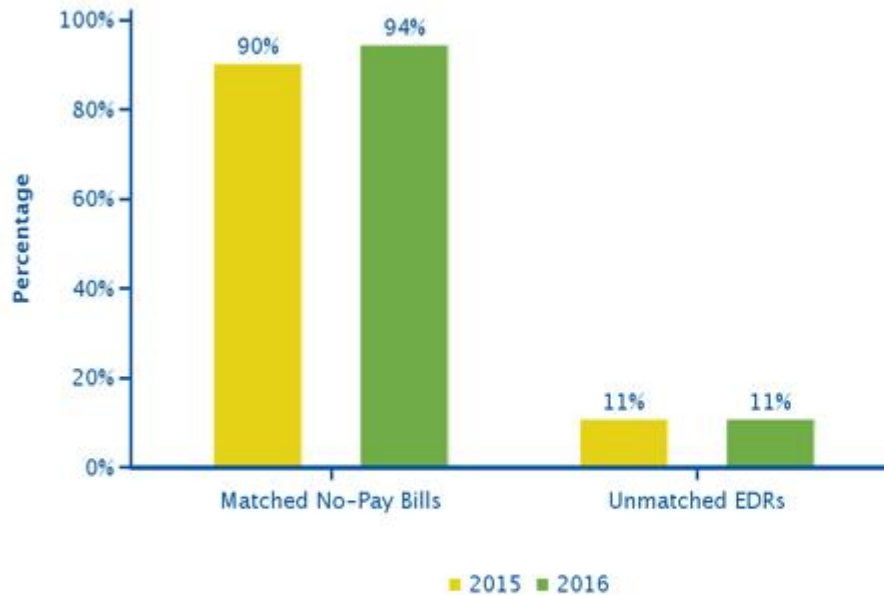
(2) See Technical Notes for information on the definition of services, definition of the beneficiary population, and additional detail on the data used to calculate submission rates.

# 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 for each contract

# EDS Report Card, Sections 5&6: No Pay Example

## SECTION 5: ANALYSIS OF INPATIENT HOSPITAL ENCOUNTER DATA AND FFS NO-PAY CLAIMS (CYs 2015 - 2016)



## SECTION 6: INPATIENT HOSPITAL ENCOUNTER DATA USED IN SECTION 5 (CYs 2015 - 2016)

Year	Total Encounters	Total Matched	Unmatched Encounters	Unmatched No-Pay
2015	10,254	9,162	1,092	997
2016	10,476	9,357	1,120	550

Report created: April 11, 2018

# The Future of the Encounter Data Report Card

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



# Upcoming Deadlines

# Upcoming Risk Adjustment Deadlines

<u>Payment Year</u>	<u>Encounter Data Deadline</u>	<u>RAPS Deadline</u>	<u>RAPS Delete Deadline for the respective risk score run</u>	<u>Are RAPS Deletes submitted by the “RAPS Delete Deadline” Considered Overpayments?</u>	<u>Anticipated Month of Payment</u>
PY2019- Initial	September 7, 2018	September 7, 2018	September 7, 2018	No	TBD
PY2016 – Final Reconciliation	September 14, 2018	January 31, 2017	September 14, 2018	No	TBD
PY 2017 – Final Reconciliation	September 14, 2018	May 4, 2018	September 14, 2018	No	April 2019
PY 2018- Final Reconciliation	January 31, 2019	January 31, 2019	January 31, 2019	No	TBD

*Note: Please be sure to always refer to the latest HPMS memo with deadlines*



# EDPS Edits – Issues Update



# EDPS Edit Issues Identified & Corrected

- June 2018 - Infrastructure transition of Encounter Data Processing System (EDPS) completed.
- July 2018 – CMS identifies a small number of edits rejecting records incorrectly and applies patches to correct issues (see next slide for list of edits affected)
- CMS analysis indicates 0.8% of records submitted between May 19 and July 30 were incorrectly rejected. This represents 0.03% of all 2018 submissions
- CMS analysis also found that the effect of these issues was limited to approximately 190,000 records with dates of service in 2015 or 2016
- Over 90% of incorrectly rejected records were related to edit 98325 – Service Line(s) Duplicated

# EDPS Edit Issues – Edits Affected

## Edit Code & Description

98325 – Service Line(s) Duplicated

98300 – Exact Inpatient Duplicate Encounter

03125 - Bilateral Procedure Units Exceed One

00780 – Adjustment Must Match Original

00699 – Void Must Match Original

00785 – Linked Encounter not in EODS

02110 – Beneficiary HICN Not on File

02240 – Beneficiary Not Enrolled in MAO for DOS

# CMS Actions

- Identified and corrected all issues with edits
- Identified all submitters and files affected
- Contacting all submitters affected and providing file IDs and records to facilitate resubmission of data
- Recommend submitters review their data and re-submit if MAO believes data submitted after May 19 were incorrectly rejected by edits listed in previous slide



# **Report of the Month: Edits/Errors**



# EDFES Most Frequent Edits

# EDFES 2017 & 2018 Edits Summary

## Encounters Received, Accepted, and Rejected, by Submission Period

Description	Jul – Dec 2017	Percent	Jan– Apr 2018	Percent
Total Encounters Received	445,335,334	N/A	322,493,593	N/A
Total Encounters Accepted	389,970,000	88%	286,006,452	89%
Total Encounters Rejected	55,365,334	12%	36,487,141	11%

999(R) – Fully rejected  
999(P) – Partially rejected

# EDFES 2017 & 2018 Edits Summary

## Rejected Encounters Detail

Description	Jul – Dec 2017	Percent	Jan – Apr 2018	Percent
Total Encounters Rejected	55,365,334	12%	36,487,141	11%
Total Encounters Rejected for 999(R)	22,387,092	5%	14,270,773	4%
Total Encounters Rejected for 999(P)	22,431,526	5%	9,791,120	3%
Total Encounters Rejected for 277	7,437,102	2%	7,918,013	2%

999(R) – Fully rejected  
999(P) – Partially rejected

# EDFES 2017 & 2018

## Edits Summary - Highlights

- At both the 999 level and the 277 level, the edit rate is different from the number of records affected by the edit.
- The rejection rates do not necessarily reflect the actual number of records that have issues.
- There is a wide range of variation in the edit rates across MAOs.



# EDFES Top 7 Most Frequent 999 Edits 2017 Submissions by Number of Edits

Edit Code	Loop	Segment	Edit Description	Number of Edits	Encounters Impacted	% of Edits
I5, 2	2330	DTP	Claim Adjudication Date present in both the claim and line levels	5,821,393	1,907,796	13%
I5, 8, 2	2300	CLM	Required Auto Accident Indicator missing	192,541	8,936,030	<1%
I5, 5	2400	PWK	Multiple PWK code values on a single service line	138,904	188,746	<1%
I5, 8, 7	2430	SVD	Invalid code value	78,855	207,929	<1%
I5, 19	2010	REF	Billing Provider NPI number is blank	72,778	736,053	<1%
I5, 8, 6	2010	PER	Billing Provider Contact Function Code field is blank	69,803	176,847	<1%
I5, 8, I12	2010	REF	The REF02 Not Equal to 9 Numeric Characters	66,589	594,910	<1%

# EDFES Top 7 Most Frequent 999 Edits 2018 Submissions by Number of Edits

Error Code	Loop	Segment	Error Description	Number of Edits	Encounters Impacted	% of Edits
I5, 8, 2	2300	CLM	Required Auto Accident Indicator missing	156,577	7,195,234	1%
I5, 5	2400	PWK	Multiple PWK code values on a single service line	62,514	75,473	<1%
I5, 3	2010	N3	Missing Billing Provider street address	60,048	351,784	<1%
I5, 3	2010	N4	Missing Billing Provider city, state and zip code	59,988	360,385	<1%
I5, 19	2310	NM1	Rendering Provider NPI number matches Billing Provider NPI number	53,925	1,375,614	<1%
I5, 8, 6	2310	NM1	Invalid NPI number	50,328	2,542,824	<1%
I5, 16	2010	N4	Missing the subscriber city, state and zip code	30,098	378,024	<1%

# EDFES Top 7 Most Frequent 999 Edits 2017 Submissions by Encounters Impacted

Edit Code	Loop	Segment	Edit Description	Encounters Impacted	Number of Edits	% of Encounters
15, 8, 2	2400	SV1	Modifier Error	11,610,486	24,709	3%
15, 8, 2	2300	CLM	Required Auto Accident Indicator missing	8,936,030	192,541	2%
15, 3	2300	DTP	Acute Manifestation Date missing	5,630,055	25,313	1%
15, 16	2310	NM1	Missing Referring Physician segment	5,045,689	954	1%
15, 8, 6	2310	NM1	Invalid NPI number	4,548,060	45,320	1%
15, 8, 5	2400	DTP	Future Date	3,882,083	2,762	<1%
15, 8, 6	2010	NM1	Missing Subscriber Last Name	2,589,678	8,858	<1%

# EDFES Top 7 Most Frequent 999 Edits 2018 Submissions by Encounters Impacted

Edit Code	Loop	Segment	Edit Description	Encounters Impacted	Number of Edits	% of Encounters
15, 8, 2	2300	CLM	Required Auto Accident Indicator missing	7,195,234	156,577	2%
15, 8, 2	2400	SV1	Modifier Error	6,150,522	7,637	2%
15, 8, 6	2310	NM1	Invalid NPI number	2,542,824	50,328	1%
15, 3	2300	DTP	Acute Manifestation Date missing	2,513,555	8,963	1%
15, 19	2310	NM1	Rendering Provider NPI number matches Billing Provider NPI number	1,375,614	53,925	<1%
15, 8, 1	2010	NM1	Missing Billing Provider Organization Name	1,329,365	1,476	<1%
15, 8, 2	2300	PWK	Missing Control Number	1,154,722	1,828	<1%

# EDFES Most Frequently Occurring 999 Edits, 2017 & 2018, Edit Triggers and Resolutions

Edit Code	Loop	Segment	Description	Edit Triggers	Resolution
15, 2	2330	DTP	Claim Adjudication Date present in both claim and line levels	Remittance Date was present in the Date, Time or Period (DTP) segment for both Other Payer Name and Line Adjudication Information loops	Remittance Date must be present in either the DTP segment of Other Payer Name loop, or the Line Adjudication Information loop, but not both
15, 3	2010	N3 or N4	Billing provider address missing	Billing provider's street address (N3), or city, state, and zip code (N4) is not present	Billing provider's (N3) street address, or (N4) city, state, and zip is required
15, 5	2400	PWK	Paperwork code (PWK) exceeds maximum use	Same PWK code value is sent multiple times on the same service line	Submit only one PWK segment on each service line
15, 8, 2	2300	CLM	Auto Accident Indicator element missing	Auto Accident Indicator is required, but missing	If Date of Accident (DTP01 = 439) is present, then Auto Accident Indicator (CLM11) is required
15, 8, 6	2010	PER	Billing Provider Contact contains invalid character	Billing Provider contact is received blank	Billing Provider contact information cannot be submitted blank
15, 8, 6	2310	NM1	Invalid character in NPI number	NPI number is invalid	Must be submitted with a valid NPI number
15, 8, 7	2430	SVD	Invalid Code Value	Code value within an element is invalid	Cannot submit invalid code value; i.e. a space
15, 8, 112	2010	REF	Invalid Provider ID	When Tax ID or SSN is populated with value other than a nine-digit number	Must submit a valid Tax ID or SSN for the Billing provider
15, 16	2010	N4	Subscriber address missing	When the Subscriber's city, state and zip code is missing	Subscriber's city, state and zip code is a required segment
15, 19	2010	REF	Billing Provider NPI Number missing	When the Billing Provider NPI number is blank	The Billing Provider NPI number must be present

# EDFES Most Frequently Occurring 999 Edits, 2017 & 2018, Edit Triggers and Resolutions (Continued)

Edit Code	Loop	Segment	Description	Edit Triggers	Resolution
15, 19	2310	NM1	Identical NPI for Rendering and Billing providers	Rendering Provider NPI same as the Billing Provider NPI number	Rendering Provider segment is only required when NPI number different than the NPI number for the Billing Provider
15, 3	2300	DTP	Date for Acute Manifestation is missing	Date of Acute Manifestation is required when Spinal Manipulation Condition Code is present	Must submit the Date of Acute Manifestation when Spinal Manipulation Condition Code is submitted
15, 8, 1	2010	NM1	Missing Billing Provider Organization Name	Billing Provider Organization Name is missing	Billing Provider Organization Name required when the billing provider is a Non-Person Entity
15, 8, 2	2300	PWK	Missing Control Number	An attachment control number missing when the attachment transmission code is present in the Claim supplemental Information segment	Attachment control number must be submitted when attachment transmission code = BM, EL, EM, FX, or FT
15, 8, 2	2400	SV1	Modifier Error	A modifier was submitted in the second modifier field in error	Modifier must be submitted in the first available modifier field
15, 8, 5	2400	DTP	Future Date	From Date of Service cannot be greater than the Through Date of Service	From Date of Service must be equal to or less than the Through Date of Service
15, 8, 6	2010	NM1	Missing Subscriber Last Name	Subscriber Last Name field was received blank	Subscriber Last Name is a required field
15, 16	2310	NM1	Missing Referring Physician segment	Referring Physician segment was missing when Referral Number was present	Referring Physician segment is required when a Referral Authorization is present

# EDFES Top 7 Most Frequent 277 Edits 2017 Submissions by Number of Edits

Edit Code	Edit Description	Number of Edits	Encounters Impacted	Percent of Edits
255	Invalid Diagnosis Code	2,998,119	1,235,436	40%
254	Invalid Principal Diagnosis Code	1,785,642	1,786,607	24%
507	Invalid HCPCS	456,674	222,621	6%
507/710	Invalid HCPCS and Line Adjudication Information	448,966	211,097	6%
189	Invalid Facility Admission Date	292,780	292,778	4%
510/187	Invalid Future Date or Date(s) of Service	267,245	221,858	4%
514:IL	Invalid Entity Middle Name or Initial	217,396	221,022	3%

# EDFES Top 7 Most Frequent 277 Edits 2018 Submissions by Number of Edits

Edit Code	Edit Description	Number of Edits	Encounters Impacted	Percent of Edits
254	Invalid Principal Diagnosis Code	969,016	968,589	12%
507	Invalid HCPCS	888,643	249,210	11%
507/710	Invalid HCPCS and Line Adjudication Information	879,576	238,842	11%
477	Missing, Invalid or Duplicate Diagnosis Code Pointer	774,134	461,960	10%
746:40	Control Number Previous used in Last 12 Months	537,281	3,301,589	7%
521:GB/516:GB	Invalid Claim Adjustment Reason Code	491,952	315,580	6%
255	Invalid Diagnosis Code	427,767	292,849	5%



# EDFES Top 7 Most Frequent 277 Edits 2017 Submissions by Encounters Impacted

Edit Code	Edit Description	Encounters Impacted	Number of Edits	Percent of Encounters
254	Invalid Principal Diagnosis Code	1,786,607	1,785,642	<1%
746:40	Control Number Previous used in Last 12 Months	1,770,870	36,743	<1%
255	Invalid Diagnosis Code	1,235,436	2,998,119	<1%
500:85	Invalid Zip Code	393,935	104,749	<1%
189	Invalid Facility Admission Date	292,778	292,780	<1%
507	Invalid HCPCS	222,621	456,674	<1%
510/187	Invalid Future Date or Date(s) of Service	221,858	267,245	<1%

# EDFES Top 7 Most Frequent 277 Edits 2018 Submissions by Encounters Impacted

Edit Code	Edit Description	Encounters Impacted	Number of Edits	Percent of Encounters
746:40	Control Number Previous used in Last 12 Months	3,301,589	537,281	1%
254	Invalid Principal Diagnosis Code	968,589	969,016	<1%
477	Missing, Invalid or Duplicate Diagnosis Code Pointer	461,960	774,134	<1%
521:GB/516:GB	Invalid Claim Adjustment Reason Code	315,580	491,952	<1%
255	Invalid Diagnosis Code	292,849	427,767	<1%
254/509	An external cause of injury related diagnosis code submitted as a principal diagnosis code	270,466	270,451	<1%
507	Invalid HCPCS	249,210	888,643	<1%

# EDFES Most Frequently Occurring 277 Edits, 2017 & 2018, Edit Triggers and Resolutions

Edit Code	Description	Edit Triggers	Resolution
189	Invalid Facility Admission Date	When the facility admission date is invalid	When the Place of Service or Facility Code Value = "21", "51" or "61" then the Date of Admission with DTP01 = "435" must be present
254	Invalid Principal Diagnosis Code	When the Principal diagnosis code is not valid	The Principal diagnosis code must be valid on the date of service and coded to the highest level of specificity
255	Invalid Diagnosis Code	When a diagnosis code is not valid	Diagnosis code must be valid on date of service and coded to the highest level of specificity
477	Diagnosis code pointer is missing or invalid	When the diagnosis code pointer is missing , invalid, or duplicated	Duplicate diagnosis code pointers are not permissible on the same service line
507	Invalid HCPCS	When the HCPCS code is invalid	HCPCS code must be valid on date of service
746:40	Duplicate Submission	ISA13 control number used in prior file within last 12 months	Resubmit file with a new ISA13 control number
507 710	Invalid HCPCS Invalid Line Adjudication Information	HCPCS code is invalid	When the Line Adjudication Information (2430 SVD03-1) = HC, the Product Service ID (2430 SVD03-2) must be valid on the date provided in the Service Date (2400 DTP03) when the Date/Time Qualifier (DTP01) = 472

# EDFES Most Frequently Occurring 277 Edits, 2017 & 2018, Edit Triggers and Resolutions (Continued)

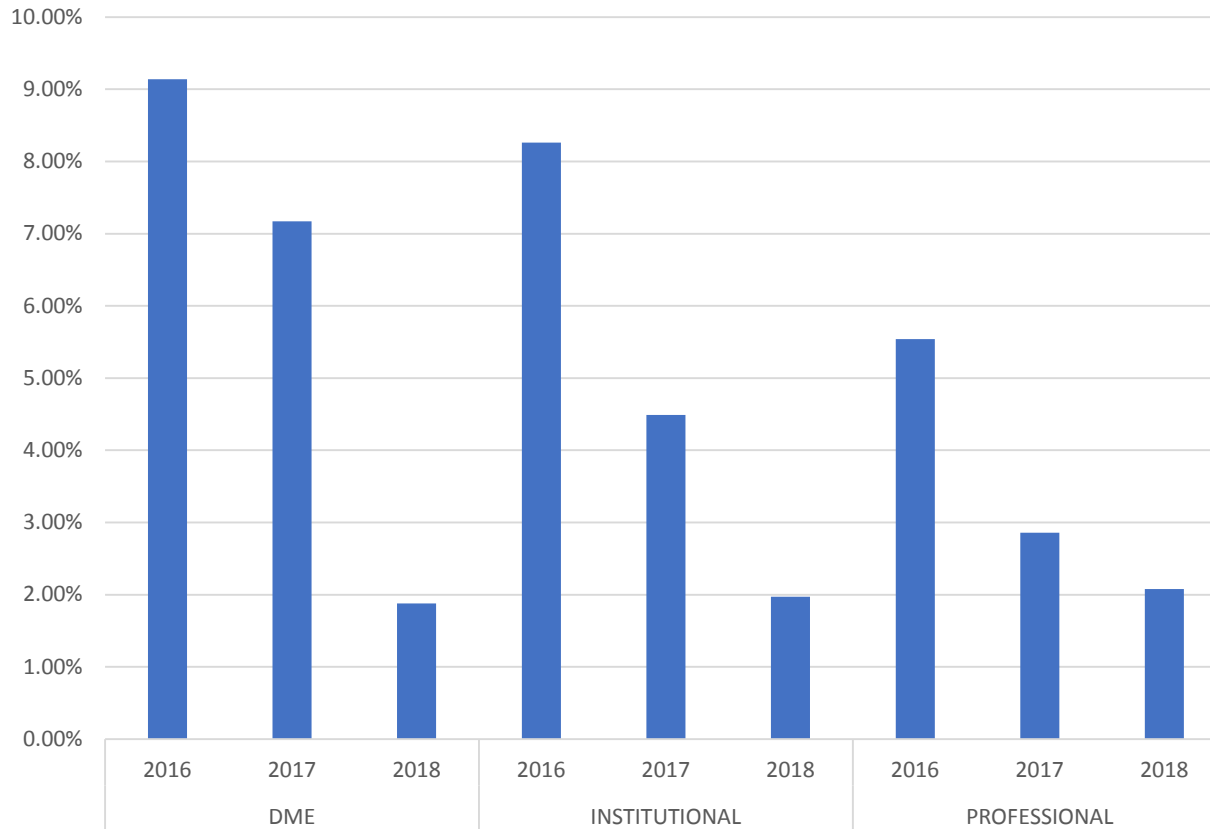
Edit Code	Description	Edit Triggers	Resolution
510 187	Invalid Future Date and Date(s) of Service	Future date or Date(s) of Service invalid	The Service Date(s) may not be a future date
514:IL	Invalid Subscriber or Other Insured Middle Name	Subscriber's middle name or initial is invalid	The first position of Subscriber's middle name must be alphabetic (A...Z)
521:GB 516:GB	Adjustment Reason Code/Entity's Adjudication or Payment-Remittance Date	Claim Adjustment Reason Code is invalid on the payment/remittance date	The Claim Adjustment Reason Code (2320 CAS02) must be valid on the date provided in the Claim Adjustment Date field (2330B DTP03) with a Date/Time Qualifier = 573 (DTP01)
500:85	Invalid Zip Code	When an invalid zip code is present	A valid 9-digit zip code must be used
254 509	Invalid Principal Diagnosis Code/External Cause of Injury	Principal Diagnosis submitted with industry code that begins with "V", "W", "X" or "Y".	When the Code List Qualifier (2300.HI01-1) = "ABK", the industry code (2300.HI01-2) must not begin with a "V", "W", "X" or "Y".



# EDPS Most Frequent Edits

# Overall Edit Rates – EDPS 2016, 2017, 2018

EDPS Edit Rates (percent), by Service Type, by Year



## Major Take-aways

- Significant decrease in edit rates
- 2018 data submitted to date show an edit rate of approximately 2%

# Edit Rates & Resolution Strategies

- Overall data quality is improving.
- Subsequent slides show the most frequent issues that submitters are still having with submissions.
- In the Appendix we have included slides from the June 2017 User Group call that provides information on edit prevention strategies for some of these frequently occurring edits.

# Top 3 Most Frequent Header-level Edits Institutional 2016, 2017, & 2018 DOS

Year	Edit Rank	Edit Code	Edit Description	Edit Rate (percent)
2016	1	00800	Parent ICN Not Allowed for Original	2.5%
	2	Blank	Header rejected because all lines rejected	2.2%
	3	02240	Beneficiary Not Enrolled In MAO For DOS	1.7%
2017	1	00800	Parent ICN Not Allowed for Original	1.4%
	2	Blank	Header rejected because all lines rejected	1.2%
	3	02240	Beneficiary Not Enrolled In MAO For DOS	1.1%
2018	1	02240	Beneficiary Not Enrolled In MAO For DOS	0.7%
	2	Blank	Header rejected because all lines rejected	0.5%
	3	02256	Beneficiary Not Part C Eligible For DOS	0.4%



# Top 3 Most Frequent Header-level Edits Professional 2016, 2017, & 2018 DOS

Year	Edit Rank	Edit Code	Edit Description	Edit Rate (percent)
2016	1	98320	Chart Review Duplicate	4.5%
	2	Blank	Header rejected because all lines rejected	2.0%
	3	02240	Beneficiary Not Enrolled In MAO For DOS	1.8%
2017	1	Blank	Header rejected because all lines rejected	1.5%
	2	98320	Chart Review Duplicate	1.4%
	3	02240	Beneficiary Not Enrolled In MAO For DOS	1.0%
2018	1	Blank	Header rejected because all lines rejected	1.4%
	2	02240	Beneficiary Not Enrolled In MAO For DOS	0.7%
	3	98320	Chart Review Duplicate	0.4%

# Top 3 Most Frequent Header-level Edits DME 2016, 2017, & 2018 DOS

Year	Edit Rank	Edit Code	Edit Description	Edit Rate (percent)
2016	1	00780	Adjustment Must Match Original	11.5%
	2	02240	Beneficiary Not Enrolled In MAO For DOS	4.0%
	3	XXXXX	Header rejected because all lines rejected	2.2%
2017	1	00780	Adjustment Must Match Original	9.2%
	2	02240	Beneficiary Not Enrolled In MAO For DOS	2.3%
	3	XXXXX	Header rejected because all lines rejected	2.2%
2018	1	02240	Beneficiary Not Enrolled In MAO For DOS	2.1%
	2	XXXXX	Header rejected because all lines rejected	0.8%
	3	00780	Adjustment Must Match Original	0.4%

# Duplicate Chart Review Edit 98320

- The Edit 98320 is posted when a duplicate chart review record (linked or unlinked with claim frequency other than '7' or '8') is received on the Professional, Institutional or DME.
- A chart review record is identified as a duplicate if it has the same values as an existing, accepted chart review record for the fields in the table below.
- The edit logic for Edit 98320 is being updated to include the Reference ICN in the matching criteria to identify duplicate chart review records.

Current 98320 Logic	98320 Logic as of 10/1/2017
<ul style="list-style-type: none"><li>• HICN</li><li>• Header Date of Service</li><li>• Diagnosis code</li><li>• TOB (INSTITUTIONAL ONLY)</li></ul>	<ul style="list-style-type: none"><li>• HICN</li><li>• Header Date of Service</li><li>• Diagnosis code</li><li>• TOB (INSTITUTIONAL ONLY)</li><li>• Reference ICN</li></ul>

# Top 3 Most Frequent Line-Level Edits Institutional 2016, 2017, & 2018 DOS

Year	Edit Rank	Edit Code	Edit Description	Edit Rate (percent)
2016	1	98325	Service Line(s) Duplicated	18.8%
	2	Blank	All Lines rejected because header rejected	6.6%
	3	20500	Invalid DOS for Rev Code Billed	0.2%
2017	1	98325	Service Line(s) Duplicated	11.8%
	2	Blank	All Lines rejected because header rejected	4.4%
	3	21950	Line Level DOS Required	0.2%
2018	1	98325	Service Line(s) Duplicated	6.0%
	2	Blank	All Lines rejected because header rejected	1.9%
	3	21950	Line Level DOS Required	0.1%

# Top 3 Most Frequent Line-Level Edits Professional 2016, 2017, & 2018 DOS

Year	Edit Rank	Edit Code	Edit Description	Edit Rate (percent)
2016	1	98325	Service Line(s) Duplicated	7.6%
	2	XXXXX	All Lines rejected because header rejected	2.8%
	3	02256	Beneficiary Not Part C Eligible for DOS	0.9%
2017	1	98325	Service Line(s) Duplicated	5.9%
	2	XXXXX	All Lines rejected because header rejected	1.1%
	3	02256	Beneficiary Not Part C Eligible for DOS	0.4%
2018	1	98325	Service Line(s) Duplicated	5.3%
	2	XXXXX	All Lines rejected because header rejected	0.5%
	3	02256	Beneficiary Not Part C Eligible for DOS	0.3%

# Top 3 Most Frequent Line-Level Edits DME 2016, 2017, & 2018 DOS

Year	Edit Rank	Edit Code	Edit Description	Edit Rate (percent)
2016	1	98325	Service Line(s) Duplicated	6.6%
	2	XXXXX	All Lines rejected because header rejected	5.8%
	3	02256	Beneficiary Not Part C Eligible for DOS	2.0%
2017	1	98325	Service Line(s) Duplicated	6.1%
	2	XXXXX	All Lines rejected because header rejected	4.4%
	3	02112	DOS After Beneficiary DOD	1.3%
2018	1	98325	Service Line(s) Duplicated	2.5%
	2	02256	Beneficiary Not Part C Eligible for DOS	1.1%
	3	02112	DOS After Beneficiary DOD	0.9%



# **July User Group Frequently Asked Questions**

# Frequently Asked Questions

## **Question:**

Can the CMS clarify when plans can expect MAO-004 reports for inactive contracts?

## **Answer:**

CMS anticipates the distribution of MAO-004 for inactive contracts in late summer following the release of the remaining Phase III version 3 MAO-004 reports.



# Frequently Asked Questions

## **Question:**

Does type of bill (TOB) 77x replace TOB 73x, and if so, is it acceptable for RAPS submission?

## **Answer:**

The National Uniform Billing Committee (NUBC) voted to change the TOB that is used to identify FQHCs from 73x to 77x effective April 1, 2010. An entity that qualifies as a FQHC is assigned a CCN (CMS Certification Number; formerly known as provider number) in the range of XX1000-XX1199 or XX1800-XX1989. Since FQHCs fall into the provider number range, they are acceptable for risk adjustment.

# Frequently Asked Questions

## **Question:**

When deleting EDPS data, should plans use the same beneficiary identifiers (i.e. HICN or MBI) used to submit the original data?

## **Answer:**

Plans may submit either the Medicare Beneficiary Identifier (MBI) or the HICN on any adjustment, regardless of what identifier was used on the original submission.

# Frequently Asked Questions

## Question:

Do the new record types only apply to the Annual MORs or will plans receive new record types for the Monthly MOR reports as well?

## Answer:

For PY2017, RAPS-based and encounter data-based record types will be used for interim final and final reconciliation. For PY 2018, RAPS-based and encounter data-based record types will be used for mid-year and final reconciliation. The July 19, 2018 Risk Adjustment for EDS & RAPS User Group slides (slides 34 – 45) provide quick reference information for the MOR record types used for the various model runs. You can access these slides using this link:

<https://www.csscooperations.com/internet/cssc4.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Advantage%20Encounter%20Data%20and%20RAPS%20Data~User%20Group?open&expand=1&navmenu=Medicare^Advantage^Encounter^Data^and^RAPS^Data||>

# Frequently Asked Questions

## **Question:**

Can CMS provide guidance on how Health Insurance Control Numbers (HICNs) will be handled during the conversion to MBI in the MOR?

## **Answer:**

The MOR files will continue to be populated with the HICNs through December 31, 2019. For additional information, please reference the HPMS memo dated December 22, 2017 and titled, “Updates to the Encounter Data System and Risk Adjustment Suite of Systems to Accommodate the New Medicare Card Project.”

# Frequently Asked Questions

## **Question:**

Will plans receive Monthly and Final MORs through Gentran and/or the TIBCO MFT Internet server?

## **Answer:**

Plans will be able to access both the Monthly and Final MORs through Gentran and/or the TIBCO MFT Internet Server.

# Frequently Asked Questions

## Question:

When will CMS provide additional information regarding the closure of the File Transfer Protocol (FTP) site and its replacement? When will CMS update the Communications Handbook with these instructions?

## Answer:

Please reference the August 3<sup>rd</sup> CSSC list serve for information on the SFTP update. The Communications Handbook has been updated accordingly. You can access the handbook at <https://www.csscooperations.com> under “Onboarding to Submit and Transfer Files with CMS Systems” has been updated accordingly.



# 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](mailto:TARegistrations@tarsc.info)





# Closing

# Resources

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

# Resources *(continued)*

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

# Commonly Used Acronyms

Acronym	Definition
BHT	Beginning Hierarchical Transaction
CEM	Common Edits and Enhancements Module
CFR	Code of Federal Regulations
DOS	Date(s) of Service
EDDPPS	Encounter Data DME Processing and Pricing Sub-System
EDFES	Encounter Data Front-End System
EDIPPS	Encounter Data Institutional Processing and Pricing Sub-System
EDPPPS	Encounter Data Professional Processing and Pricing Sub-System
EDPS	Encounter Data Processing System
EDS	Encounter Data System
EODS	Encounter Operational Data Store
FERAS	Front-End Risk Adjustment System
FFS	Fee-for-Service

# Commonly Used Acronyms (continued)

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

# Evaluation

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

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

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

**Your Feedback is important.**



**Thank You!**

Stay Connected with CMS





# Appendix – Edit Prevention Tips

# Edit 00780 – “Adjustment Must Match Original” Overview

- Header level edit
- Applicable to both encounter data and chart review replacement records only (Claim frequency code = 7)
- Applicable to professional, DME, and institutional records
- Applicable to replacement records only



# Edit 00780 - “Adjustment Must Match Original” Details

- The 7 key header-level data elements listed below from a replacement record must match the previously submitted and accepted record that the newly submitted record is intended to replace
  - Linked Internal Control Number (ICN)
  - Beneficiary HIC Number
  - Beneficiary Last Name (first 5 characters)
  - Beneficiary First Name (first character)
  - Place of Service (professional and DME records)/Type of Bill (institutional records)
  - Billing Provider NPI
  - Payer ID

**NOTE:** *This edit will not post if any of the beneficiary demographic data elements are changed since the processing of the original encounter (i.e. HIC Number, Last Name and/or First Name)*

# Edit 00780 - “Adjustment Must Match Original” Analysis

- Encounter data files for all modules (INST, PROF, DME)
- All encounter data files with EDRs posting edit 00780 processed between June 18 and June 24
- For each encounter file, determined the percentage of encounters that were rejected with edit 00780
- Performed an in-depth analysis of an encounter file with the highest percentage of encounters rejected with edit 00780
- For encounters posting edit 00780, reviewed the details of the replacement and original/parent encounter data records

# Edit 00780 - “Adjustment Must Match Original” Analysis

## Results

- Edit 00780 posted accurately on the replacement encounters
- Encounters rejected with edit 00780 were submitted with one of the key data elements not matching the information on the previously submitted and accepted EDR that the record is intended to replace

## Observations

- In most instances, there was a mismatch of the billing NPI submitted on the replacement record and in some instances there were mismatches with beneficiary last name or first name

# Edit 00800 – Parent ICN Not Allowed for Original

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

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

# Demographic Data Fields - 02240

## 02240 (Not Enrolled in MAO for DOS)

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

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

Example:

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

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

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

# Demographic Data Fields - 02240

## Bypass Logic

### **INSTITUTIONAL RECORDS**

The system shall bypass this edit when:

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

### **PROFESSIONAL RECORDS**

The system shall bypass this edit when:

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

### **DME RECORDS**

This edit shall bypass this edit when:

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

# Demographic Data Fields - 02256

## 02256 (Not Part C Eligible for DOS)

This is a check for alignment between dates of service and enrollment in the MA program.

- CMS analysis indicates that the dates of service on the record are clearly outside of dates of enrollment in MA. In addition, the Medicare Beneficiary Database (MBD) update timestamp (date of most recent update to MBD fields in question) for Part C enrollment are well *before* the dates of service on the encounter data record.

### Example 1:

- Dates of service are 01/14/2016 through 01/14/2016
- MBD Part C Enrollment Dates: 05/01/2015 – 06/30/2015
- Date MBD Part C Enrollment Dates Fields Last Updated: 06/11/2015

### Example 2:

- Dates of service are 01/01/2016 through 01/31/2016
- MBD Part C Enrollment Dates: 12/01/2013 – 12/31/2015
- Date MBD Part C Enrollment Dates Fields Last Updated: 11/03/2015

- Submitters should make sure that the begin and end dates of the service fall within the Part C eligibility begin and end dates.

# Demographic Data Fields – 02256

## Bypass Logic

### INSTITUTIONAL RECORDS

The system shall bypass this edit when:

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

### PROFESSIONAL RECORDS

The system shall bypass this edit when:

- the service line “From Date” is equal to or prior to Part C enrollment termination date **AND**
- the service line “Through Date” is after the Part C enrollment termination date **AND**
- the Place of Service is equal to 21, 31, 32, 51, 55, 56,OR 61 on the service line.

### DME RECORDS

This edit shall bypass this edit when:

- the ‘From’ date is equal to or prior to the Part C enrollment termination date **AND**
- the ‘Through’ date is after the Part C enrollment termination date **AND**
- the claim line ‘From’ date is not equal to the claim line ‘Through’ date (Service line DOS spans more than one day).