



# 2015 Risk Adjustment for Encounter Data System & Risk Adjustment Processing System Webinar



February 19, 2015

2:00 p.m. – 4:00 p.m. ET

# Agenda

- Introduction
- EDS & RAPS Parallel Processing
- Encounter Data System Reports Overview
- EDFES Acknowledgement Reports
- EDPS Processing Status Reports
- EDS Inbox Q&As
- Question and Answer (Q&A) Session
- FERAS and RAPS Reports Overview
- FERAS Reports
- RAPS Transaction Processing Reports
- MARx Reports
- RAPS Inbox Q&As
- Q&A Session

# Purpose

- This webinar session will provide guidance related to Reconciliation Reports and Processing Status Reports for both EDS and RAPS
- This webinar will also present additional information and reminders related to EDS and RAPS submissions

# Session Guidelines

- This is a two (2) hour webinar session for MAOs and other entities submitting data to EDS and RAPS
- There will be opportunities to ask questions via the webinar during question and answer period
- Additional questions may also be submitted following the webinar to:

[EncounterData@cms.hhs.gov](mailto:EncounterData@cms.hhs.gov) *(related to EDS only)*

or

[RiskAdjustment@cms.hhs.gov](mailto:RiskAdjustment@cms.hhs.gov) *(related to RAPS only)*

# 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

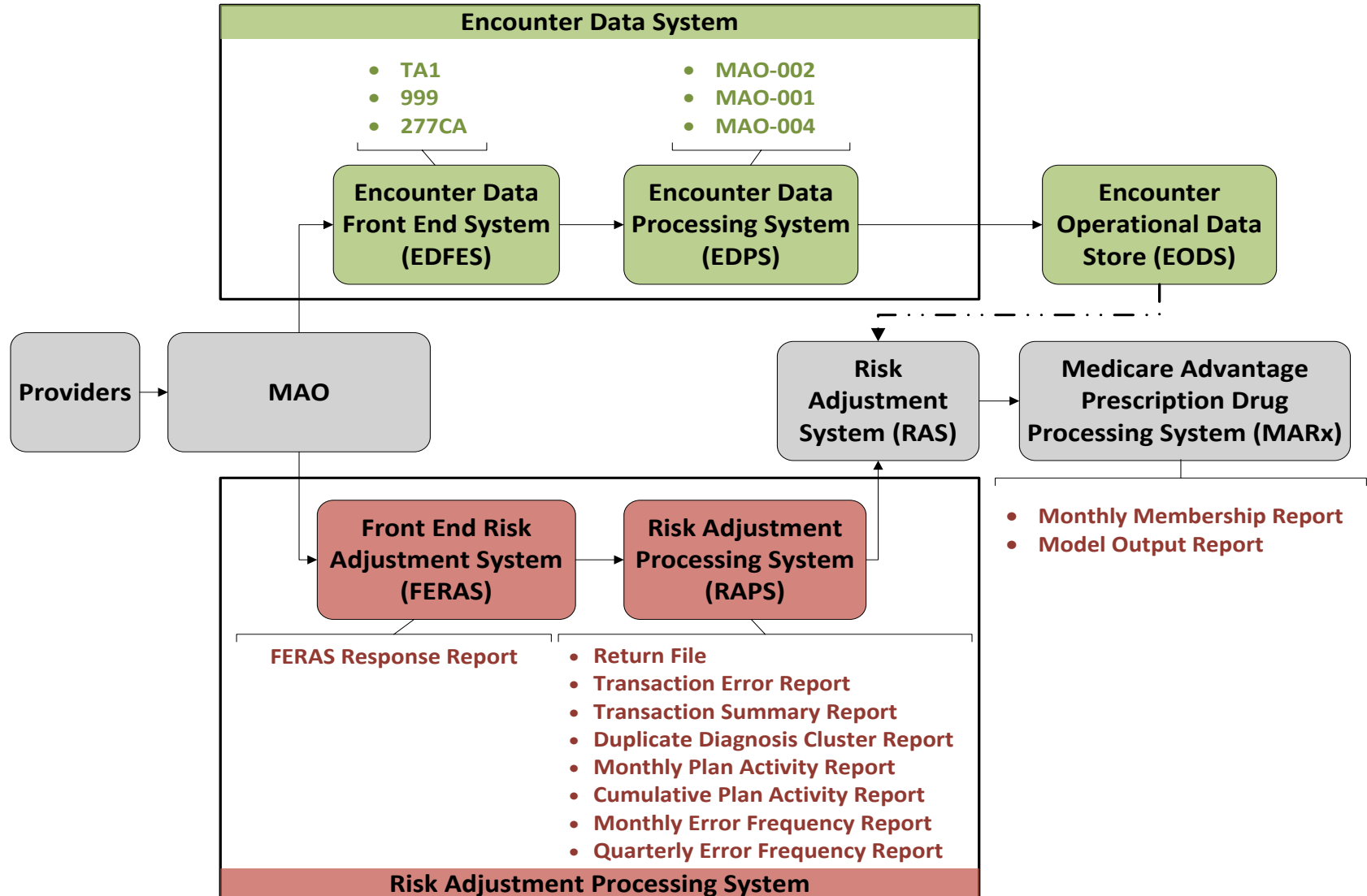
# Commonly Used Acronyms *(continued)*

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



# EDS & RAPS Parallel Processing

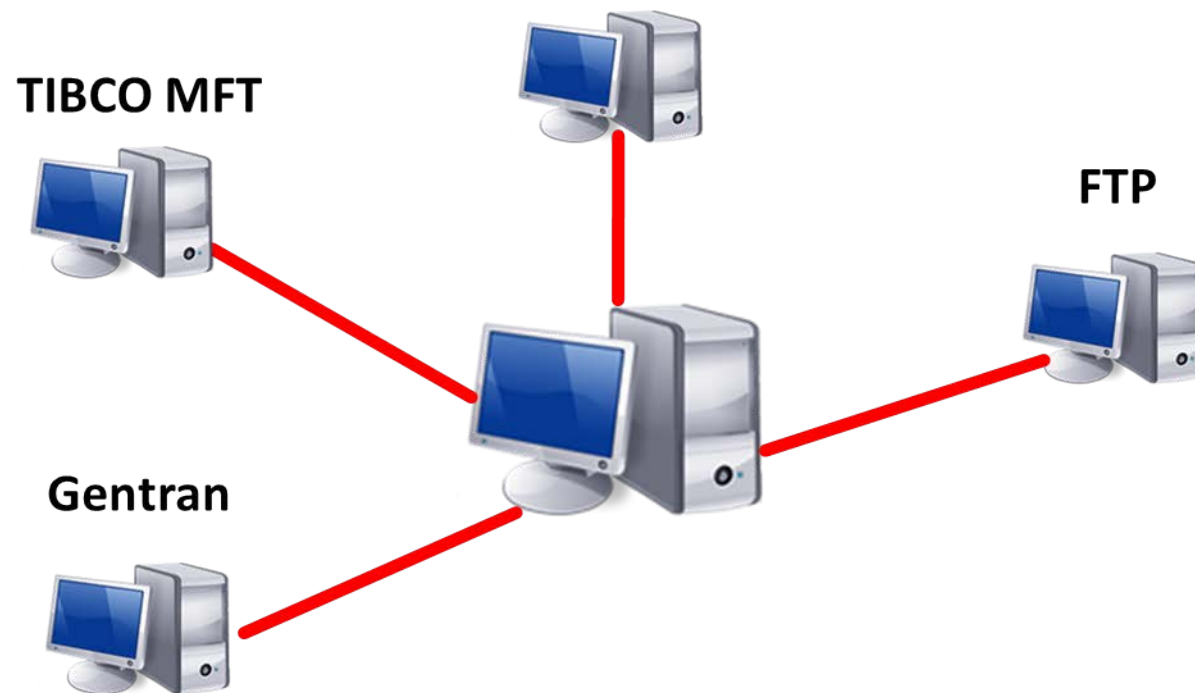
# EDS & RAPS Processing Flow





# Accessing Reports

## Connect: Direct



# Translating EDS & RAPS Reports

- EDFES and EDPS reports are in raw data format
  - MAOs may purchase software to translate EDS Reports
    - PC-ACE Pro32 translates reports into modifiable Notepad file
- MAO reports are flat file or formatted
- RAPS and FERAS reports are text reports
  - Notepad is best way to view and print
- RAPS Return File Report is not a text report

# EDS & RAPS Reports Restoration

- MAOs are encouraged to save reports
- CMS sets limits on retrieval of EDS reports
  - 999 and 277CA cannot be older than 20 days
  - MAO reports cannot be older than 60 days
  - Requests for more than 200 files will not be accepted
- RAPS reports are retained by the CSSC
  - Limitations are being established and will be published in an upcoming plan communication
- MMR and MOR reports requests are submitted through mainframe or MAPD helpdesk



# Encounter Data System Reports Overview

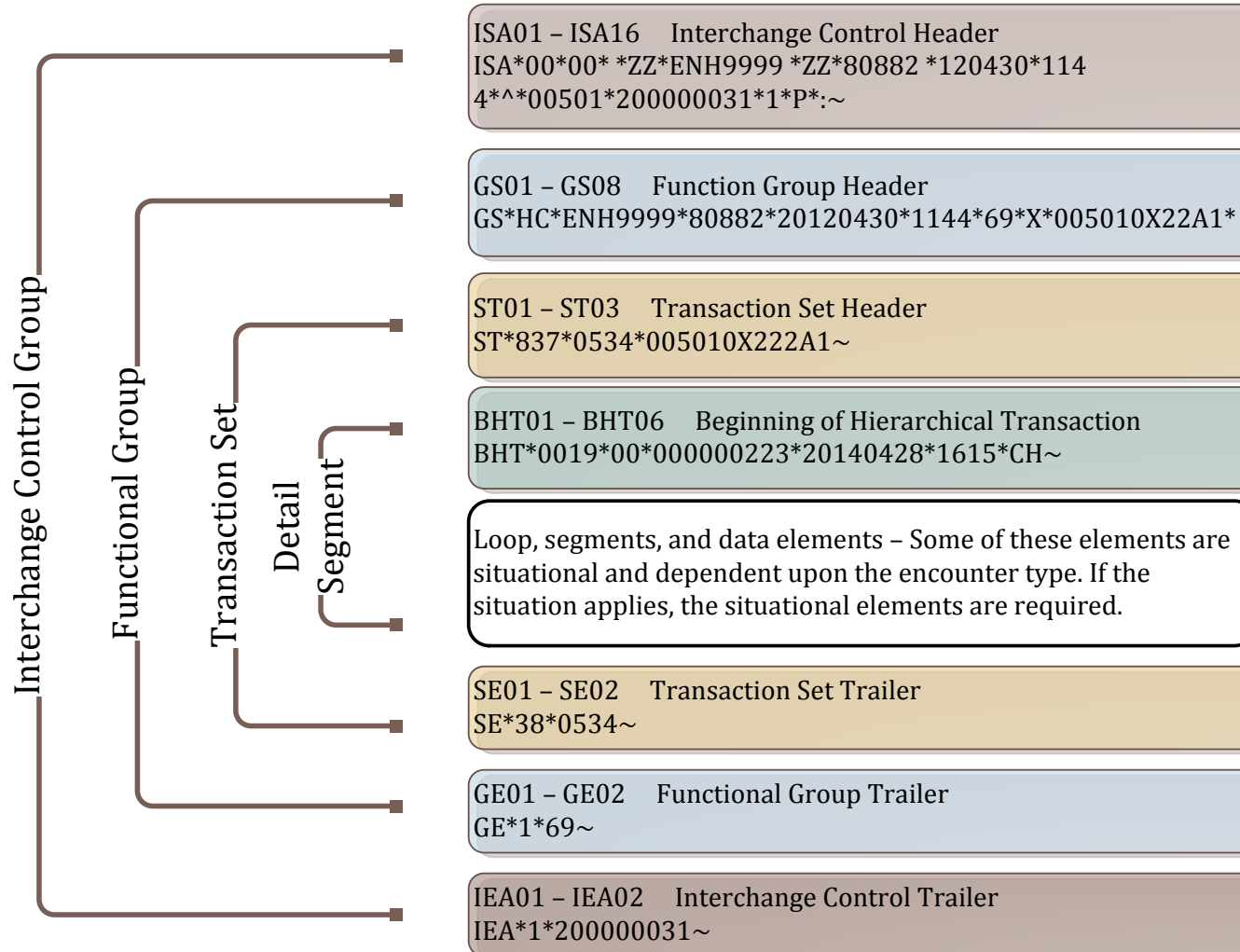
# EDS Submissions

- Encounter data must be submitted in the ANSI X12 5010 837 Format
  - 837I: Institutional data
  - 837P: Professional and Durable Medical Equipment (DME) data
- All encounters must contain minimum data elements
  - The EDS Minimum Data Elements Document is located at: <http://www.csscooperations.com> > Medicare Encounter Data > Resources

# Submission Format

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

# X12 Submission Envelope



Note: The file structure overview populated on this slide is an example and does not provide full details for submission of all situational loops, segments, and data elements in the 837-P or 837-I.

# EDS Management Reports

## EDFES Acknowledgement Reports

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

## EDPS Processing Status Reports

EDPS Report Type	Description
<b>MAO-001 Encounter Data Duplicates</b>	Lists all encounters that received duplicate errors (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
<b>MAO-002 Encounter Data Processing Status</b>	Lists the accepted and rejected status of all encounters for claim and line levels
<b>MAO-004 Encounter Data Diagnoses Eligible for Risk Adjustment</b> <i>(currently under development)</i>	Will list all diagnoses from accepted encounters that are eligible for risk adjustment



# EDS Reports

## File Naming Conventions

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

### EDFES Acknowledgement Reports File Naming Conventions

Report Type	Gentrans/TIBCO Mailbox	FTP Mailbox – Text
TA1	P.xxxxx.EDS_REJT_IC_ISAIEA.pn	X12xxxxx.X12.TMMDDCCYYHHMMS
999A	P.xxxxx.EDS_AACPT_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

# EDS Reports

## File Naming Conventions *(continued)*

### EDPS Processing Status Reports File Naming Conventions

CONNECTIVITY	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_004_RiskFilter_Rpt	P.xxxxx.EDPS_001_DataDuplicate_File P.xxxxx.EDPS_002_DataProcessingStatus_File P.xxxxx.EDPS_004_RiskFilter_File
FTP	RPTxxxxx.RPT.PROD_001_DATDUP_RPT RPTxxxxx.RPT.PROD_002_DATPRS_RPT RPTxxxxx.RPT.PROD_004_RSKFLT_RPT	RPTxxxxx.RPT.PROD_001_DATDUP_File RPTxxxxx.RPT.PROD_002_DATPRS_File RPTxxxxx.RPT.PROD_004_RSKFLT_File

# EDS Reports

## File Naming Conventions *(continued)*

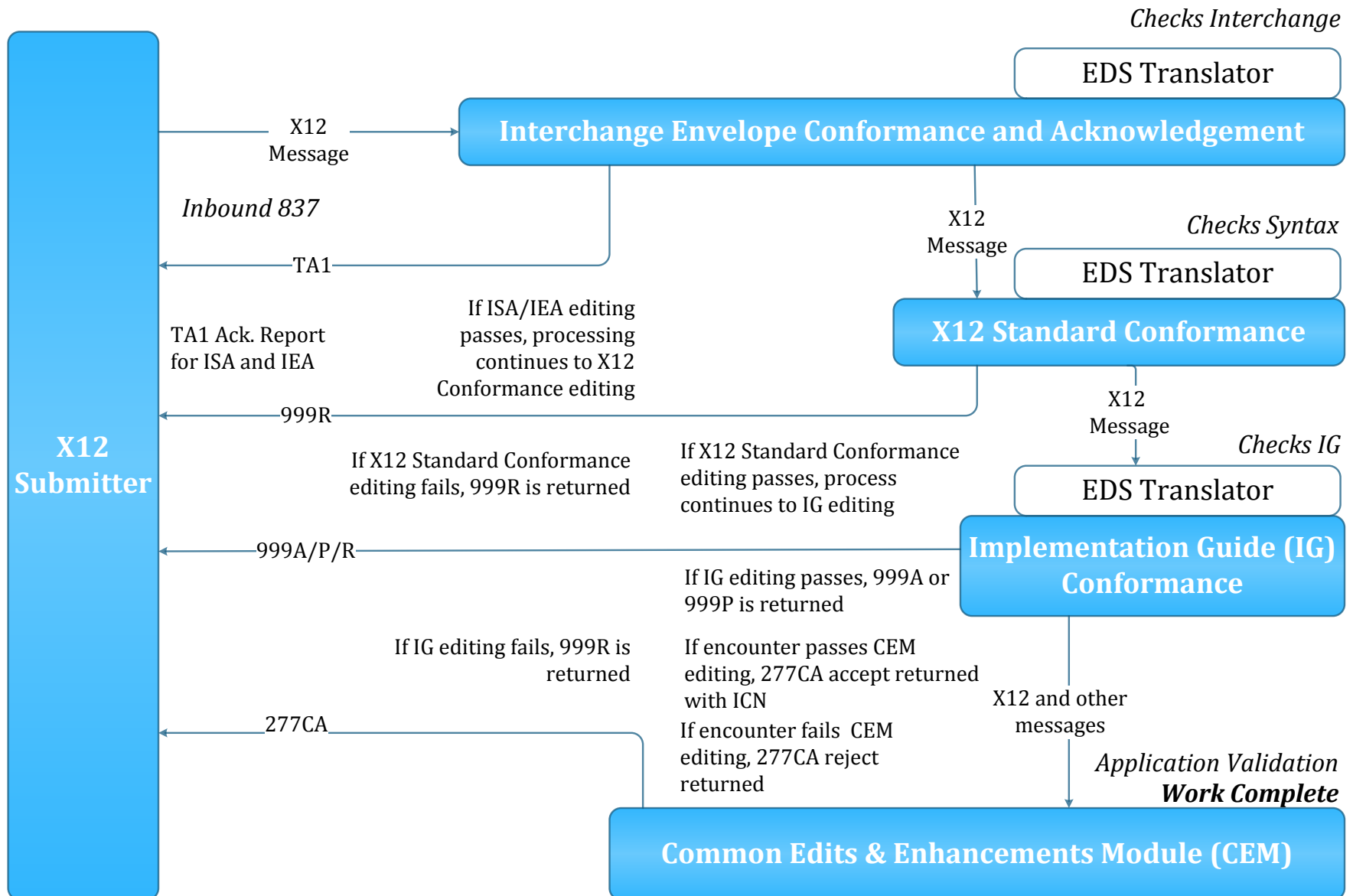
- File name components will assist MAOs and other entities in identifying the report types

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



# EDFES Acknowledgement Reports

# EDS Submissions Flow

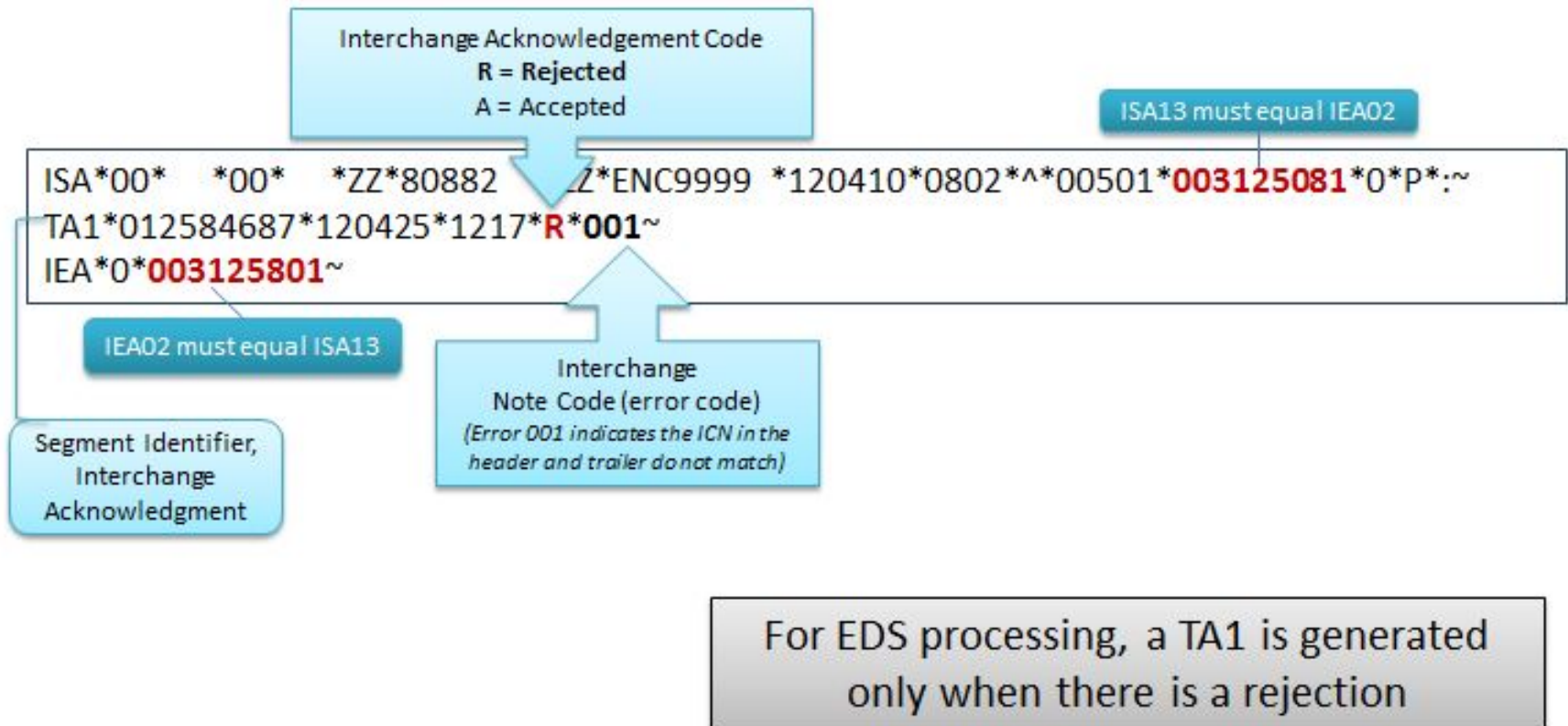


# Interchange Envelope Conformance and Acknowledgement

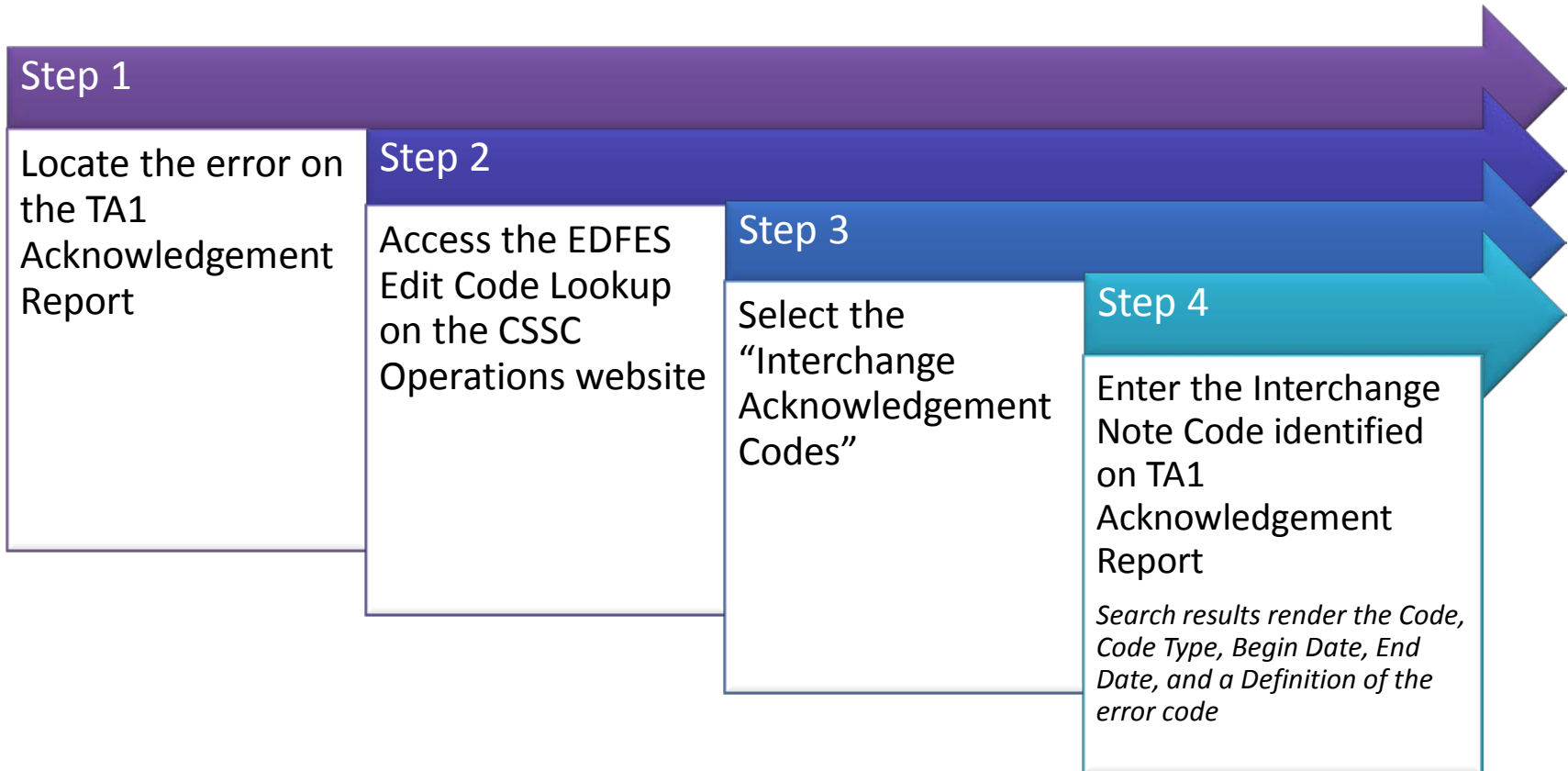
- Upon receipt of the inbound 837, the EDS Translator performs syntax editing
- Issues detected in the ISA/IEA interchange will cause the 837 file to reject
  - MAOs must correct and resubmit the entire file
- A TA1 Acknowledgement report is generated if the transaction is rejected

# Interpreting the TA1 Acknowledgement Report - Rejected

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



# TA1 Acknowledgement Report – Error Resolution





# TA1 Acknowledgement Report – Error Resolution (continued)

**CSSC > Medicare Encounter Data > Edits**

Palmetto GBA  
A CELEBRAN GROUP COMPANY

HOME ARCHIVES CONTACT US E-MAIL UPDATES

Electronic Data Interchange (EDI)  
Medicare Encounter Data  
Companion Guides  
ED Testing  
Edits  
EDPS Bulletins  
Enroll to Submit Encounter Data  
HPMS Memos  
ListServ  
Newsletters

CSSC Operations / Medicare Encounter Data / Edits

## Medicare Encounter Data Edits

EDPS Error Code Look-up Tool  
CMS 5010 Edit Spreadsheet  
EDFES Edit Code Lookup

05/17/2013

**Instructions:** To look up an Encounter Data code description, enter the code, choose a code type then click the <Search> button.

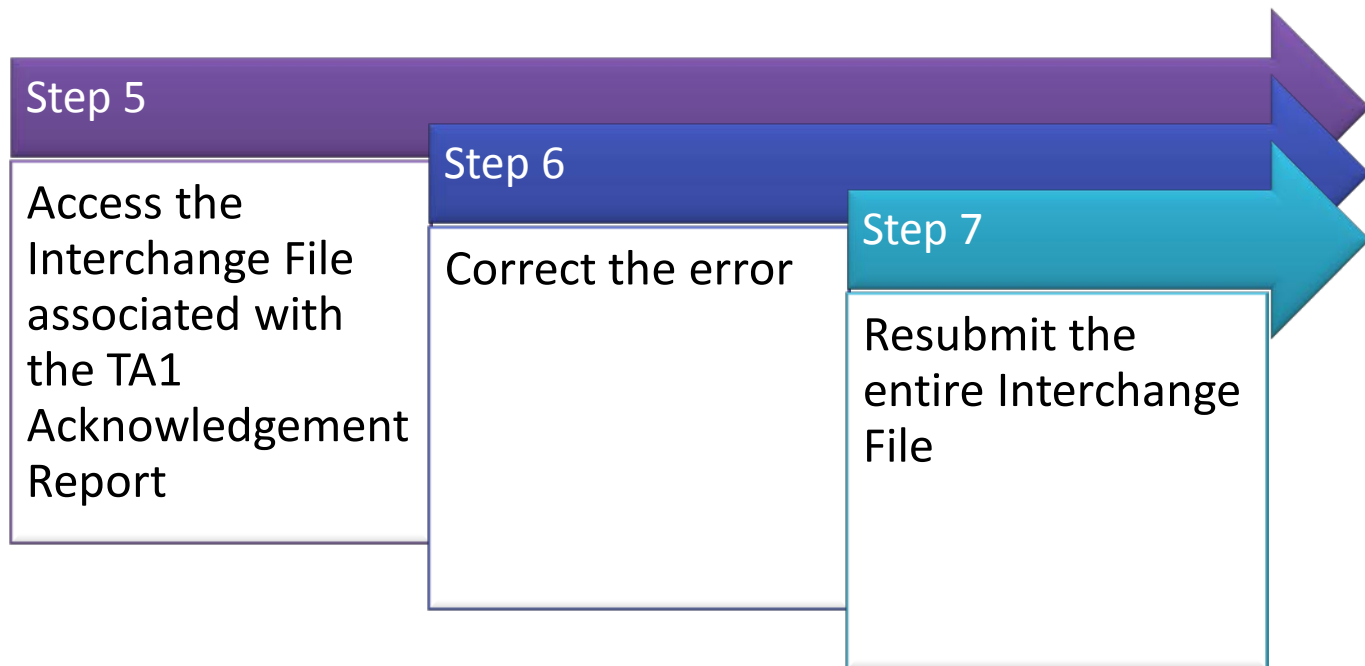
Enter Error Code

- CLAIM ADJUSTMENT REASON CODES
- HEALTH CARE SERVICES DECISION REASON CODES
- PROVIDER TAXONOMY
- REMITTANCE ADVICE REMARK CODES
- CLAIM STATUS CATEGORY CODES
- CLAIM STATUS CODES
- INTERCHANGE ACKNOWLEDGEMENT CODES

**Search Results**

Code	001
Code Type	INTERCHANGE ACKNOWLEDGEMENT CODES
Begin Date	19950101
End Date	
Definition	The Interchange Control Number in the Header and Trailer Do Not Match. The Value from the Header is Used in the Acknowledgment.

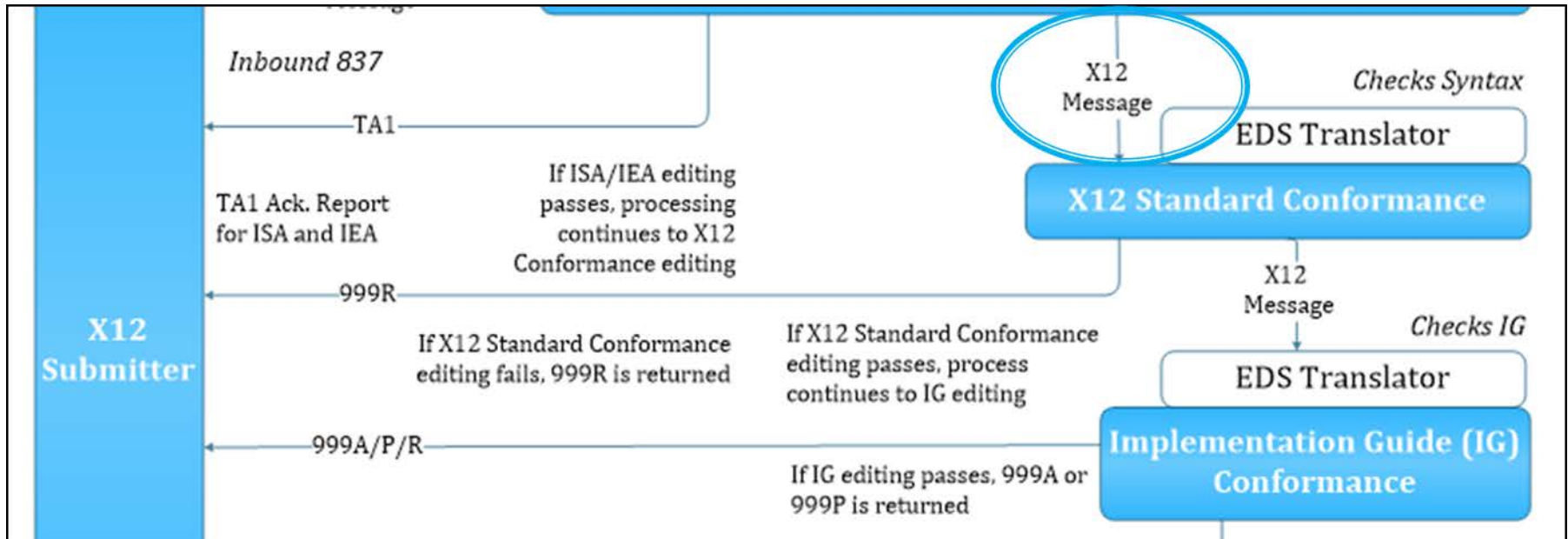
# TA1 Acknowledgement Report – Error Resolution (*continued*)



```
ISA*00*  *00*  *ZZ*80882  *ZZ*ENC9999  *120410*0802*^*00501*003125081*0*P*:~  
IEA*0*003125081~
```

# Interchange Envelope Conformance and Acknowledgement - Complete

If no errors are found, the EDFES begins validation of encounter files for Implementation Guide (IG) conformance editing



# 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
<u>IK3</u> error identification	Reports a segment error
<u>IK4</u> 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
<u>IK5</u> and <u>AK9</u> segments are always present	Notes the transaction set and/or the functional group's accept or reject status

# 999 Acknowledgement Report – Segments (*continued*)

Segment	Description
<u>AK1</u> – Functional Group Response Header Segment ID	Responds to the functional group information received on the 837 file <ul style="list-style-type: none"><li>• AK101 – Functional Identifier Code<ul style="list-style-type: none"><li>• HC – Health Care Claim (837)</li></ul></li><li>• AK102 – Group Control Number (GS06 Value)</li><li>• AK103 – Version/Release/Industry Identifier Code</li></ul>
<u>AK2</u> – Transaction Set Response Header Segment ID	Starts the acknowledgement of a transaction set <ul style="list-style-type: none"><li>• AK201 – Transaction Set Identifier Code<ul style="list-style-type: none"><li>• 837 – Health Care Claim</li></ul></li><li>• AK202 – Transaction Set Control Number (ST02 Value)</li><li>• AK203 – Implementation Convention Reference</li></ul>

# 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\*R\*5~  
AK9\*R\*1\*1\*0~

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 in 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.DT P02.020	DTP02	Date Time Period Format Qualifier	DR, RD8	999	R	IK403 = 7 “Invalid Code Value”	2400.DTP02 must be valid values
X223.433.2400.DT P03.020	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.*

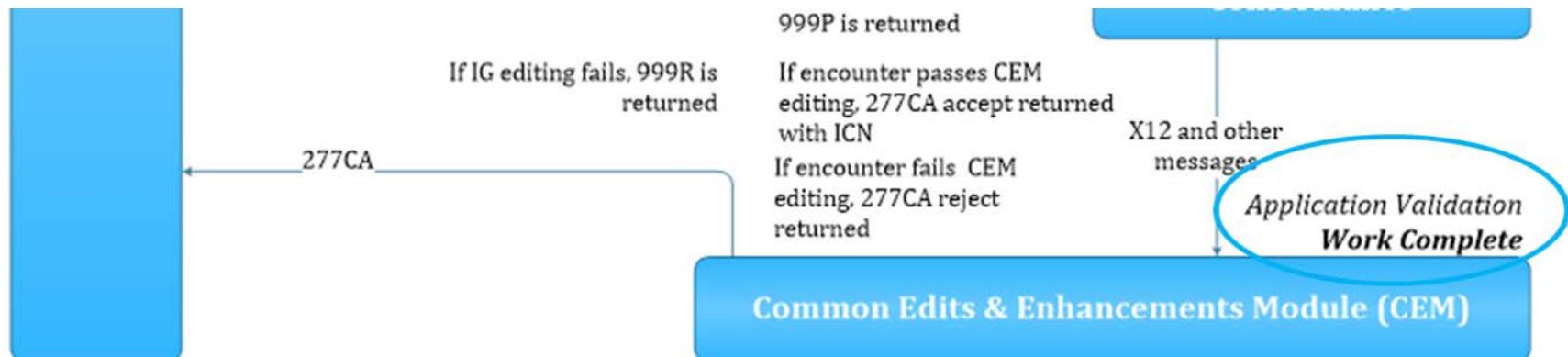
# CMS 5010 Edit Spreadsheet

1	Version EA20144V01			page, from which these documents were downloaded.												
2				<a href="http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp">http://www.cms.gov/MFFS5010D0/20_TechnicalDocumentation.asp</a>												
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, <a href="http://store.x12.org/">http://store.x12.org/</a>												
4	<b>837I Edit Reference</b>	Implementation Date to Activate Edit	Implementation Date to De-activate Edit	<b>Segment or Element</b>	<b>Description</b>	<b>ID</b>	<b>Min. Max.</b>	<b>Usage Req.</b>	<b>Loop</b>	<b>Loop Repeat</b>	<b>5010 Values</b>	<b>TA1/ 999/ 277C A</b>	<b>Accept/Reject</b>	<b>Disposition / Error Code</b>	<b>Proposed 5010 Edits</b>	<b>Misc. No</b>
3398	X223.429.2400.PwK08.010	7/1/2011		PwK08	ACTIONS INDICATED			NU				999	E	IK403 = I0: "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	NU				999	E	IK403 = I0: "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		CCYYMMDD, 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														
					<b>LINE ITEM</b>									IK304 = 5: "Segment Exceeds	Only one iteration of 2400.DTP with	

<http://www.csscooperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20operations~Medicare%20Encounter%20Data~Edits~8YHNEV8472?open&navmenu=Medicare^Encounter^Data||||>

# Common Edits & Enhancements Module (CEM) Processing

- If a 999A or 999P Acknowledgement Report is generated, the EDFES will begin validation of encounter files for accuracy of data application



# Common Edits & Enhancements Module (CEM) Processing *(continued)*

- CEM processing addresses:
  - Business Rules
    - Medicare specific edits
    - CMS-selected TR3 edits
  - Individual encounter level reporting

If the interchange file is accepted in the CEM, with or without errors, a 277CA Acknowledgement Report is generated

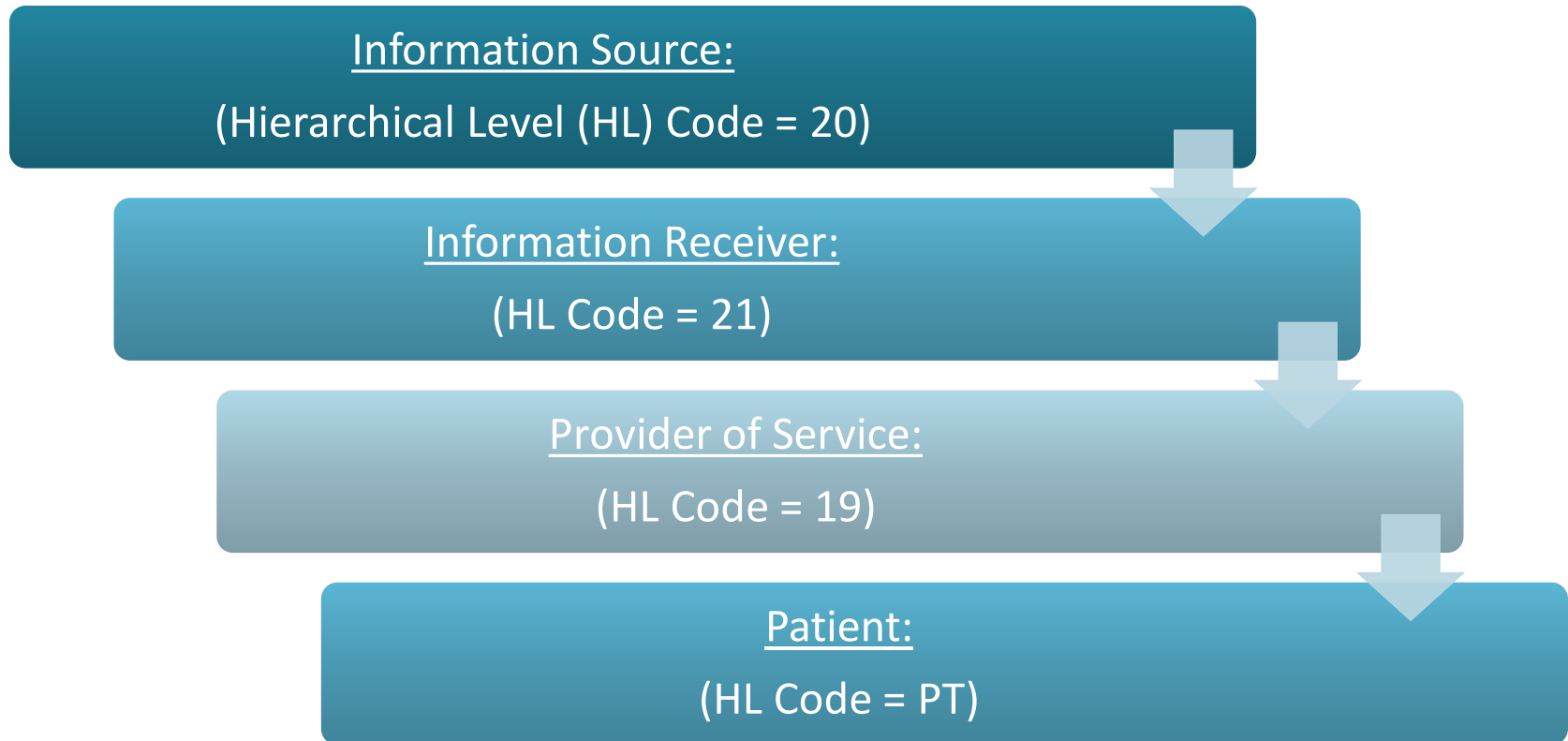
# 277CA Acknowledgement Report

- 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



# 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\*11111333111113335555555001~  
 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\*Y J\*5803.00~  
 AMT\*Y/\*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)

HL\*4\*3\*PT~  
NM1\*QC\*1\*SUMMER\*BREEZE\*\*\*\*MI\*ABC123456789~  
TRN\*2\*AR100839~  
STC\*A1:1:QC\*20140914\*WQ\*7433~  
REF\*D9\***1911290153580**~  
DTP\*472\*D8\*20140816~

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

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

# Interpreting the 277CA Acknowledgement Report – Rejected

STC Segment Action Code  
**U = Rejected**

NM1\*41\*2\*ABCMAO 0 ENC9999  
TRN\*2\*6F7E5A388D59474 040C014AC~  
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

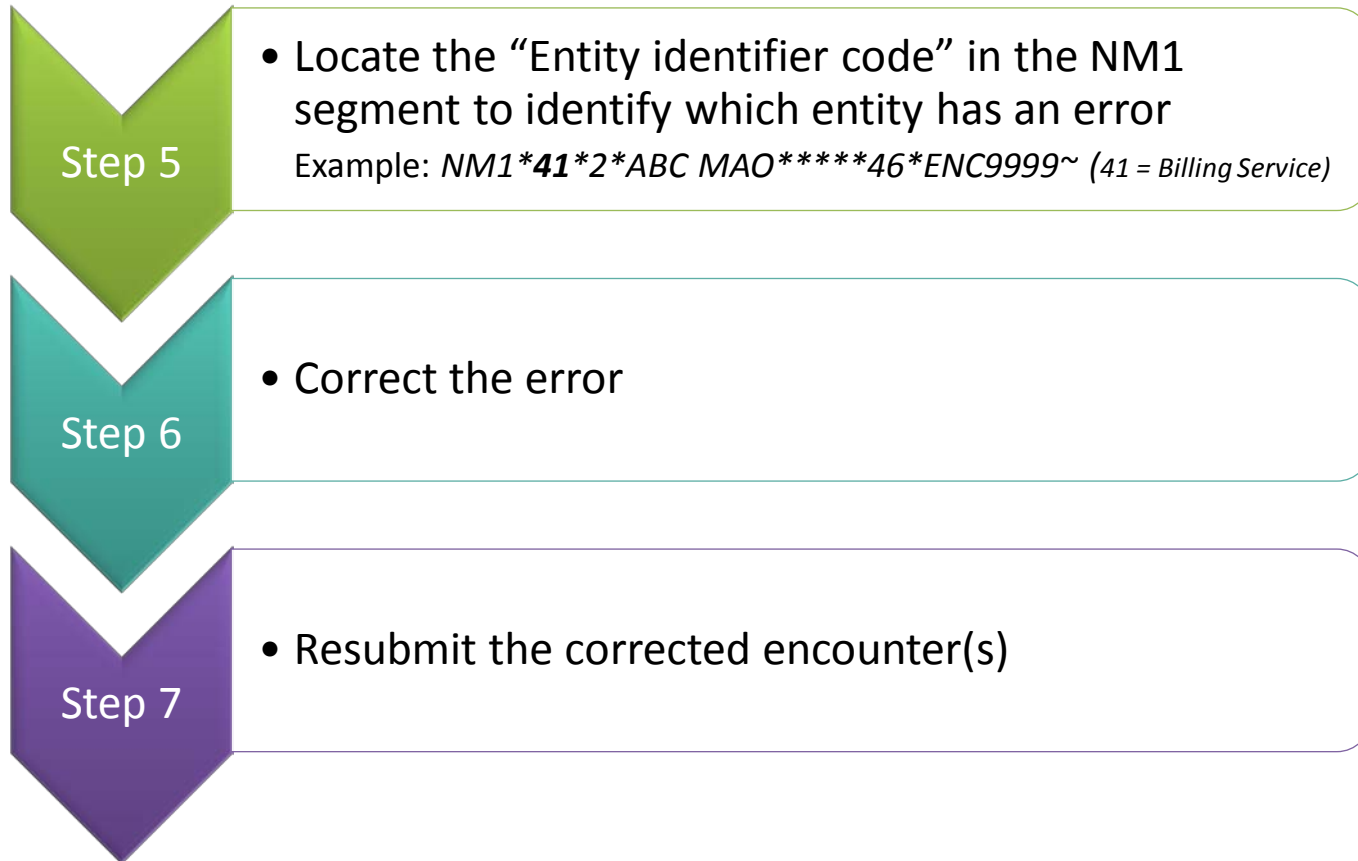
- Select the “Claim Status Codes” option in the Lookup tool listing

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*)



**Note:** MAOs are encouraged to coordinate with their vendors to assist with translating the 277CA.



# EDPS Processing Status Reports

# Report Layout

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

# MAO-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

# MAO-001 Duplicates Report – Flat File Layout (continued)

Detail Record				
<i>There may be multiple detail records per file.</i>				
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	<b>Delimiter</b>		<b>1</b>	<b>Uses the * character value</b>
135-200	<b>Filler</b>		<b>66</b>	<b>Spaces</b>



# MAO-001 Duplicates Report – Flat File Layout *(continued)*

## 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
<b>38-200</b>	Filler		<b>163</b>	Numeric, no commas and/or decimals

# MAO-001 Duplicates Report – Formatted Layout

D:\CSSC\MAO-001 Duplicate Report - Formatted Layout.txt										Friday, August 31, 2012 11:13 AM	
Encounter Data Duplicates Report Report Run Date 08/20/2012 02:29PM Medicare Advantage Contract ID: H9999 TEST											
Page 1				Submission Interchange Number: ENH99991240000020120819							
Report ID: MAO-001				Report Date: 08/20/2012				Transaction Date: 08/19/2012			
Duplicate Plan						Duplicate Encounter					
Record Type	Plan ID (CCN)	Encounter ICN	Encounter Line Number	Encounter ID (CCN)	Duplicate Encounter ICN	Line Number	Beneficiary HICN	Date of Service			
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----		
INS	12345678901	21211234567890	001	12345677770	21215100188607	001	123456789W	01/02/2012			
TOTALS:											
Total Number of Duplicate Encounter Lines Rejected:				1							
Total Number of Encounter Lines Submitted:				291		Total Number of Encounter Records Submitted:		24			

# 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

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

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 (OCN)	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)

<b>TRAILER (TOTALS) RECORD</b>				
<b>Position(s)</b>	<b>Item</b>	<b>Notes</b>	<b>Length</b>	<b>Format</b>
1	Record Type	9=Trailer	1	Numeric, no commas and/or decimals.
2	Delimiter		1	Uses the *character value
3-9	ReportID	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 Formatted Layout

## MAO-002 Report – Accepted

D:\CSC\MAO-002 Encounter Processing Report (enhanced) - Formatted Report Layout.txt

Friday, August 31, 2012 11:14 AM

Encounter Data Processing Status Report  
Report Run Date 08/23/2012 11:58AM  
Medicare Advantage Contract ID: H9997

TEST

Page 1

Submission Interchange Number: ENH99991240000020120822

Report ID: MAO-002

Report Date: 08/23/2012

Transaction Date: 08/22/2012

Record Type	Plan	Encounter ID (CCN)	Encounter ICN	Encounter Line Number	Encounter Status	Error	Error Description
PRO	07520534	E212031011480	TEST	000	Accepted	-	-
				001	Accepted	-	-
				002	Accepted	-	-
				003	Accepted	-	-
				004	Accepted	-	-
				005	Accepted	-	-

TOTALS:

Total Processing Errors: 0

Total Number of Encounter Lines Accepted : 6

Total Number of Encounter Lines Rejected : 0

Total Number of Encounter Lines Submitted: 6

Total Number of Encounter Records Accepted : 1

Total Number of Encounter Records Rejected : 0

Total Number of Encounter Records Submitted: 1

# MAO-002 Formatted Layout (continued)

## MAO-002 Report - Rejected

D:\CSCC\MAO-002 Encounter Processing Report (enhanced) - Formatted Report Layout.txt

Friday, August 31, 2012 11:14 AM

Encounter Data Processing Status Report  
Report Run Date 08/23/2012 11:58AM  
Medicare Advantage Contract ID: H9997

TEST

Page 1

Submission Interchange Number: ENH999912400000020120822

Report ID: MAO-002

Report Date: 08/23/2012

Transaction Date: 08/22/2012

Record Type	Plan	Encounter ID (CCN)	Encounter ICN	Encounter Line Number	Encounter Status	Error	Error Description
PRO		07520534	E212031011480TEST	000	Rejected	-	-
				001	Rejected	98325	Service Line(s) Duplicated

TOTALS:

Total Processing Errors: 0

Total Number of Encounter Lines Accepted : 0

Total Number of Encounter Lines Rejected : 2

Total Number of Encounter Lines Submitted: 2

Total Number of Encounter Records Accepted : 0

Total Number of Encounter Records Rejected : 1

Total Number of Encounter Records Submitted: 1



# EDS Inbox Question



# EDS Question

What loops and segments does the EDPS compare to validate encounters for error code 20835?

For Error Code 20835 – Service Line DOS Not Within Header DOS; for Institutional Encounters the EDPS compares the DTP Statement Date segment (434) in Loop 2300 – Claim Information and the DTP Service Date segment (472) in Loop 2400 – Service Line Information.

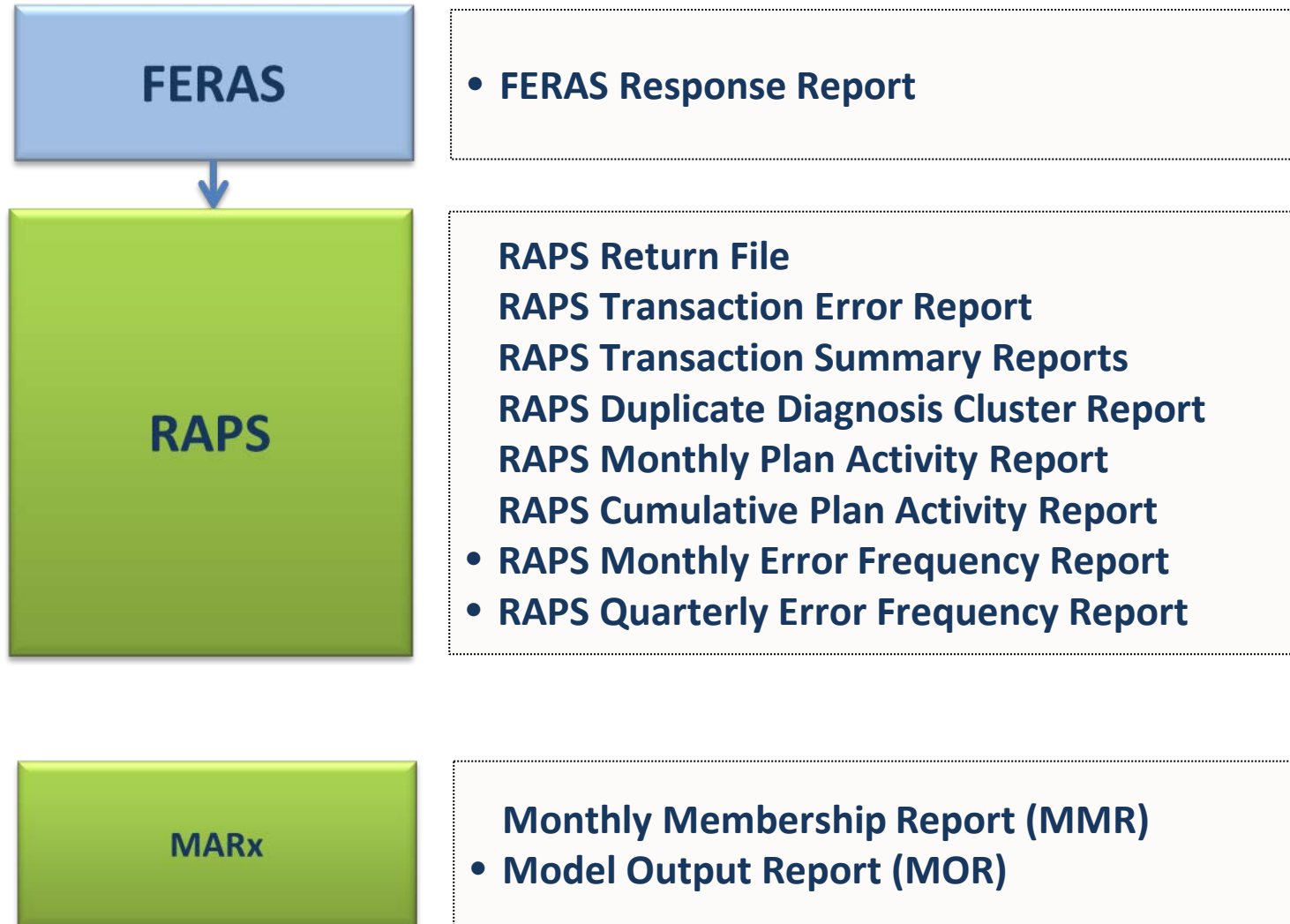
# Questions & Answers





# FERAS and RAPS Reports Overview

# Risk Adjustment Reports



# Report Naming Conventions

Report Name	Mailbox Identification
FERAS Response Report	RSP#9999.RSP.FERAS_RESP_
RAPS Return File	RPT#9999.RPT.RAPS_RETURN_FLAT_
RAPS Transaction Error Report	RPT#9999.RPT.RAPS_ERRORRPT_
RAPS Transaction Summary Report	RPT#9999.RPT.RAPS_SUMMARY_
RAPS Duplicate Diagnosis Cluster Report	RPT#9999.RPT.RAPS_DUPDX_RPT_
RAPS Monthly Plan Activity Report	RPT#9999.RPT.RAPS_MONTHLY_
RAPS Cumulative Plan Activity Report	RPT#9999.RPT.RAPS_CUMULATIVE_
RAPS Monthly Error Frequency Report	RPT#9999.RAPS_ERRFREQ_MNTH_
RAPS Quarterly Error Frequency Report	RPT#9999.RAPS_ERRFREQ_QTR_

# Report Naming Conventions *(continued)*

Report Name	Mailbox Identification
Monthly Membership Report Detail Report (Non-Drug)	...MONMEMR.Dyymm01.Thhmsst
Monthly Membership Report (Drug)	...MONMEMDR.Dyymm01.Thhmsst
Monthly Membership Report Detail Date File	...MONMEMD.Dyymm01.Thhmsst
Monthly Membership Summary Report	...MONMEMSR.Dyymm01.Thhmsst
Monthly Membership Summary Report Data File	...MONMEMSD.Dyymm01.Thhmsst
RAS RxHCC Model Output Report	...PTDMODR.Dyymm01.Thhmsst
Part C Risk Adjustment Model Output Report	...HCCMODR.Dyymm01.Thhmsst



# FERAS Report

# FERAS Response Report

- Indicates file is accepted or rejected into the system
- Identifies reasons for rejection
- Provided in a report layout
- Secured website and FTP users receive reports the same business day
- Connect:Direct users receive reports the next business day
- Gentran users receive reports the next business day
- TIBCO users receive reports the next business day



# Rejected FERAS Response Report

REPORT: FERAS-RESP

RUN DATE: 20140304

SUBMITTER ID: SH9999

FILE-ID: 0000000001

## FRONT END RISK ADJUSTMENT SYSTEM

### FERAS RESPONSE REPORT

**REJECTED** PROD



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

# FERAS Edits Logic

Error Series	Explanation
100	File level errors on the AAA or ZZZ records
200	Batch level errors on the BBB or YYY records
300 & 400	Check performed on first and last CCC records

**If FERAS finds any errors,  
the entire file will be rejected and returned to the  
submitter.**



# RAPS Transaction Processing Reports

# RAPS Transaction Processing Reports

Report	Description
RAPS Return File	<ul style="list-style-type: none"><li>• Contains the entire submitted transaction</li><li>• Identifies 300, 400, and 500-level errors</li><li>• Provided in a flat file layout</li><li>• Received by the end of the next processing day following submission</li></ul>
RAPS Transaction Error Report	<ul style="list-style-type: none"><li>• Communicates errors found in CCC records during processing</li><li>• Displays only 300, 400, and 500-level error codes</li><li>• Provided in a report layout</li><li>• Received by the end of the next processing day following submission</li></ul>
RAPS Transaction Summary Report	<ul style="list-style-type: none"><li>• Summarizes the disposition of diagnosis clusters</li><li>• Provided in a report layout</li><li>• Received by the end of the next processing day following submission</li></ul>
RAPS Duplicate Diagnosis Cluster Report	<ul style="list-style-type: none"><li>• Identifies diagnosis clusters with 502-error message</li><li>• Clusters accepted into the system, but not stored in the RAPS database</li><li>• Provided in a report layout</li><li>• Received by the end of the next processing day following submission</li></ul>

# RAPS Return File Example

AAASH7777000000000120030411PROD  
BBB0000001H9999  
CCC0000001 7321430  
YYY0000001H99990000003  
ZZZSH777700000000010000001

Patient Control  
Number

123456789A

19350305354012014031420140318 4359

DOB

Provider  
Type

Diagnosis  
Code

From & Through

Error Code

DOS

4359

# Uses for RAPS Return File Format

Identify steps in the process where there may be data processing issues

Help physicians and providers submit clean data in a timely manner

Confirm that the right data and the right amount of data is being submitted



**Improve Data Submission  
QUALITY and QUANTITY!**

# RAPS Transaction Error Report

- Displays detail-level (CCC) record errors that occur in RAPS
- Available in report layout
- Received the next business day after submission

# RAPS Transaction Error Report Example

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

**RISK ADJUSTMENT PROCESSING SYSTEM  
 TRANSACTION ERROR REPORT**

PAGE: 22  
 TRANS DATE: 20040521

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

SEQ NO	SEQ ERR	PATIENT CONTROL NUMBER	HIC NUMBER	HIC ERR	DOB	DOB ERR	PRVD TYPE	FROM DATE	THRU DATE	DEL IND	DGNS CODE	DGNS ERR 1	DGNS ERR 2	MAEA CD	MAEA ERR	CORRECTED HIC
0000003			999999999A	353	19301206		01	20040101	20040105		4823			A		
		00000000000000000000	12345678901234567890		1234567890											
0000005			888888888A		19260217		01	20040212	20040225		486	408		A		
		00000000000000000000	12345675675675675675													
							02	20040212	20040225		2508	408				
							02	20040312	20040325		496					
0000007			666666666D		19301206		20	20040101	20040105	D	25004	491				
							20	20040411	20040422		25004	408	409			

END OF FILE



# RAPS Transaction Summary Report

## RISK ADJUSTMENT PROCESSING SYSTEM TRANSACTION SUMMARY REPORT

REPORT: RAPS001 \*\*ICD9\*\*

RUN DATE: 20040503

TRANS DATE:20040430

SUBMITTER ID SH7777

PLAN ID: H9999

FILE ID: 0000000001

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

# RAPS Duplicate Diagnosis Cluster Report

- Lists diagnosis clusters with 502-error information message
- Reflects clusters previously submitted and stored in the RAPS database with the same:
  - ✓ HIC number
  - ✓ Provider type
  - ✓ From and through dates
  - ✓ Diagnosis
- Received the next business day after submission

# RAPS Duplicate Diagnosis Cluster Report Example

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

## RISK ADJUSTMENT PROCESSING SYSTEM DUPLICATE DIAGNOSIS CLUSTER REPORT

PAGE: 22  
TRANS DATE: 20030521

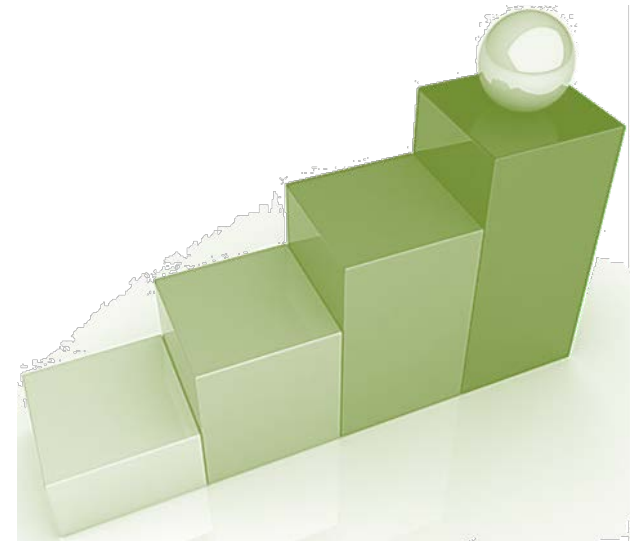
SUBMITTER ID: SH9999 FILE ID: 0000000001 PLAN ID: H9999 BATCH NUMBER: 0000001

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



# RAPS Resolution Steps

1. Determine the error level of the code to identify the nature of the problem
2. Look up the error code and related suggested resolution
3. Based on the error message, determine the next step
4. Take steps to resolve the error



# RAPS Management Reports

REPORT	DESCRIPTION
<b>RAPS Monthly Plan Activity Report</b>	<ul style="list-style-type: none"><li>• Provides monthly summary of the status of submissions by Submitter ID and Plan Number</li><li>• Provided in a report layout</li><li>• Available for download the second business day of the month</li><li>• Generated only when plan has activity in current month</li></ul>
<b>RAPS Cumulative Plan Activity Report</b>	<ul style="list-style-type: none"><li>• Provides cumulative summary of the status of submissions by Submitter ID and Plan Number</li><li>• Provided in a report layout</li><li>• Available for download the second business day of the month</li><li>• Generated only when plan has activity for the month of the report</li></ul>
<b>RAPS Monthly Error Frequency Report</b>	<ul style="list-style-type: none"><li>• Provides a monthly summary of all errors associated with files submitted in test and production</li><li>• Provided in a report layout</li><li>• Available for download the second business day of the month</li></ul>
<b>RAPS Quarterly Error Frequency Report</b>	<ul style="list-style-type: none"><li>• Provides a quarterly summary of all errors on all file submissions within the 3-month quarter</li><li>• Provided in a report layout</li><li>• Available for download the second business day of the month following each quarter</li></ul>

# Analysis of RAPS Management Reports

## RAPS MONTHLY PLAN ACTIVITY REPORT



# RAPS Monthly Plan Activity Report

- Provides a summary of the status of submissions for a 1-month period
- Arrayed by provider type and month based on through date of service
- Reported by submitter ID and H number
- Allows tracking on a month-by-month basis for all diagnosis clusters submitted
- Available for download the second business day of the month



# RAPS Monthly Plan Activity Report Example

## RAPS Monthly Plan Activity Report

REPORT: RAPM0019 \*\*ICD9\*\*  
 RUN DATE: 20040402

CMS RAPS ADMINISTRATION  
 RAPS MONTHLY PLAN ACTIVITY REPORT

PAGE: 1  
 SERVICE YEAR: 2004

PLAN NO: H7777  
 SUBMITTER ID: SH7777

FOR THE MONTH OF MARCH, 2004

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



# RAPS Cumulative Plan Activity Report

- Provides a cumulative summary of the status of submissions
- Report format similar to Monthly Plan Activity Report
- Service year “9999” indicates data have been rejected (not stored)
- Available for download the second business day of the month

# RAPS Cumulative Plan Activity Report Example

1REPORT: RAPM0020 \*\*ICD10\*\*

CMS RAPS ADMINISTRATION

PAGE: 1

RUN DATE: 20100818

RAPS CUMULATIVE PLAN ACTIVITY REPORT

SERVICE YEAR: 2009

PLAN NO:	H0000	FOR PERIOD ENDING JULY 31, 2010						TOTAL
PROVIDER TYPE/TOTALS	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE		
<b>PRINCIPAL INPATIENT</b>								
TOTAL SUBMITTED	2	8	18	196	0	0	224	
TOTAL REJECTED	2	8	18	196	0	0	224	
TOTAL ACCEPTED	0	0	0	0	0	0	0	
TOTAL STORED	0	0	0	0	0	0	0	
TOTAL MODEL STORED	0	0	0	0	0	0	0	
TOTAL DELE ACPTD	0	0	0	0	0	0	0	
TOTAL DELE RJCTD	0	0	0	0	0	0	0	
<b>OTHER INPATIENT</b>								
TOTAL SUBMITTED	18	66	98	1284	0	0	1466	
TOTAL REJECTED	18	66	98	1284	0	0	1466	
TOTAL ACCEPTED	0	0	0	0	0	0	0	
TOTAL STORED	0	0	0	0	0	0	0	
TOTAL MODEL STORED	0	0	0	0	0	0	0	
TOTAL DELE ACPTD	0	0	0	0	0	0	0	
TOTAL DELE RJCTD	0	0	0	0	0	0	0	
<b>OUTPATIENT</b>								
TOTAL SUBMITTED	40	44	246	876	0	0	1206	
TOTAL REJECTED	40	44	246	876	0	0	1206	
TOTAL ACCEPTED	0	0	0	0	0	0	0	
TOTAL STORED	0	0	0	0	0	0	0	
TOTAL MODEL STORED	0	0	0	0	0	0	0	
TOTAL DELE ACPTD	0	0	0	0	0	0	0	
TOTAL DELE RJCTD	0	0	0	0	0	0	0	
<b>PHYSICIAN</b>								
TOTAL SUBMITTED	70	110	284	714	2	0	1180	
TOTAL REJECTED	70	110	284	714	2	0	1180	
TOTAL ACCEPTED	0	0	0	0	0	0	0	
TOTAL STORED	0	0	0	0	0	0	0	
TOTAL MODEL STORED	0	0	0	0	0	0	0	
TOTAL DELE ACPTD	0	0	0	0	0	0	0	
TOTAL DELE RJCTD	0	0	0	0	0	0	0	

# RAPS Error Frequency Reports

- Are received monthly and quarterly
  - ✓ Monthly summary
  - ✓ Three-month summary
- Summarize errors received in test and production
- Display frequencies for all errors received by provider type
- Provided in report layout
- Available for download the second business day of the month/quarter

# RAPS Error Frequency Reports Example

REPORT: RAPS004M  
RUN TIME: 13.31.06

PALMETO GBA  
RISK ADJUSTMENT PROCESSING  
ERROR FREQUENCY SUMMARY

1 PAGE: 1  
RUN DATE: 20050219

SUBMITTER ID: SH9999  
PLAN NO: H9999

FOR THE MONTH OF APRIL, 2005

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

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

# Correcting Rejected Data

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

# Plan Considerations

- Is my organization collecting enough data from physicians and providers?
- Is my organization collecting the correct data from physicians and providers?
- Are external issues affecting data collection?
- Are internal processes supporting data submissions?

# Reminders

- Plans are responsible for downloading and maintaining reports
- Plans should correct errors and resubmit as soon as possible
- The cut-off time for data submission and completion of file transfer is 5:00 PM ET, Monday through Friday





# MARx Reports



# MMR Example

1RUN DATE:20120610		MONTHLY MEMBERSHIP REPORT - NON DRUG										PAGE: 1	
PAYMENT MONTH:201207		PLAN(H9999) PBP(001) SEGMENT(000) SAMPLE REPORT											
0		----- REBATES -----											
BASIC PREMIUM		COST SHR REDUC	MAND SUPP BENEFIT			PART D SUPP BENEFIT		PART B BAS PRM REDUC		PART D BAS PRM REDUC			
PART A	\$0.00	\$00.00	\$0.00			\$0.00		\$0.00		\$0.00			
PART B	\$0.00	\$00.00	\$0.00			\$0.00		\$0.00		\$0.00			
0		----- PAYMENTS/ADJUSTMENTS -----											
CLAIM	E AGE STATE	P P	M F	A D	S	C MTHS	PAYMENT DATE		LAG	FTYPE----FACTORS-----		AMOUNT	
NUMBER	X GRP CNTY	A A H E I	C R O D E E O	M A B	START END		FRAILTY-SCORE		MSP	MSP			
-----		O R R O S N N A A R D F G U M C											
SURNAME	F DMG BIRTH	O T T S R S H I I E O A H R S A P I P	ADJ										
I	RA DATE	A A B P D T C D L C N U P C P I DCG	REA	FCTR-A	FCTR-B	PART A	PART B	TOTAL PAYMENT					
-----		-----											
111111111A	M 8085 12345						1 1	201207	201207				\$0.00
	C 8085 19281008	Y Y	1		N O	2	D N	1.7230	1.7230	\$611.37	\$551.36		\$1162.73
22222222A	F 6064						1 1	201207	201207		C 0.073		\$0.00
	L 6064 19481027	Y Y			Y Y O		B N	2.4600	2.4600	\$873.30	\$787.20		\$1660.50

# MOR Example

```

1RUN DATE: 20120610                                RISK ADJUSTMENT MODEL OUTPUT REPORT                                PAGE: 1
PAYMENT MONTH: 201207                              PLAN: H9999 SAMPLE MOR Report                                RAPMORP1
0          LAST          FIRST          I          DATE OF
HIC        NAME          NAME          I          BIRTH  SEX & AGE GROUP  ESRD
-----
XXXXXXXXXXB  NAME          FIRST          I          19000000 Female70-74      y
HCC DISEASE GROUPS: HCC017 Diabetes with Acute Complications
                   HCC134 Dialysis Status

XXXXXXXXXXB  NAME          FIRST          I          19000000 Male80-84      N
Medicaid Female Aged (Age<65)
HCC DISEASE GROUPS: HCC045 Disorders of Immunity
                   HCC054 Schizophrenia
                   HCC074 Seizure Disorders and Convulsions
    
```

# MARx Reports - MMR and MOR

- The following factors from the Monthly Membership Report (MMR) and Model Output Report (MOR) may apply when calculating beneficiary risk scores:

Demographic/ Diagnostic Information	Description	MMR	MOR
Sex	Male or Female	√	√
Age/RA Age Group	Age as of February 1 <sup>st</sup> of payment year, with the exception of beneficiaries who recently aged into Medicare and may have been 64 on February 1 <sup>st</sup> . These beneficiaries are treated as 65.	√	√
Medicaid and Disabled	Beneficiary is disabled and also entitled to Medicaid.	NA	√

Demographic/ Diagnostic Information	Description	MMR	MOR
Medicaid	The Medicaid factor is applied to full risk beneficiaries if they have one or more months of Medicaid status in the data collection year and for new enrollees when they have one or more months of Medicaid in the payment year.	√	N/A
Originally Disabled	Beneficiary's original Medicare entitlement was due to disability.		√
Hospice	MAOs are not paid risk payments for the months when their enrollees are in hospice. Risk score on the MMR will be zero (0.000).	√	N/A
Default Risk Factor Code	Assigned for new enrollment in Medicare after the model run, change in status (i.e., new to ESRD), a change in HIC number, or in rare cases when there is a lapse in Part B coverage). Used when RAFT code unavailable.	√	
Risk Adjustment Factor Type (RAFT) Code or Part D RA Factor Type Code	Communicates which risk adjustment model was used to calculate the risk score for a beneficiary.	√	N/A
Frailty Indicator (if applicable)	Flag indicates if beneficiary receives additional factor because of enrollment in PACE or other qualifying FIDE SNP and qualifies for frailty.	√	

Demographic/ Diagnostic Information	Description	MMR	MOR
Frailty Factor (if applicable)	Factor added to risk score.	√	N/A
Original Reason for Entitlement Code (OREC)	A number that represents the beneficiary's reason for entitlement to Medicare. 0 = due to age, 1 = disability, 2 = ESRD, 3 = disability and current ESRD, and 9 = none of the above.	√	
Part C Long Term Institutional (LTI)	The LTI status is based upon 90 day or longer stays in an institutional setting and determines which risk score to use for the month.	√	N/A
HCC/RxHCC Groupings	HCCs or RxHCCs applicable to a beneficiary and used in calculating the risk score for initial, mid-year, or final reconciliation payments. RAS applies the hierarchies prior to generating the MOR, so that only the most severe condition of a disease appears on the report.		√
Interactions	Applicable disease or disabled interactions reported on the MOR.	N/A	√



# RAPS Inbox Questions

# RAPS Question #1

If a plan received a 502 error code (duplicate diagnosis) for a member who cannot be located on the return file, who should the plan contact?

Plans should contact the Customer Service and Support Center (CSSC) to assist with locating the files that trigger the duplicate diagnosis cluster.

# RAPS Question #2

Why would a beneficiary have records in the Monthly Membership Reports (MMR) but not in the Model Output Report (MOR) for the same year?

If a beneficiary is either not included in a RAS model run, is a New Enrollee, or does not have a valid enrollment, then they are not included on the MOR. However, the beneficiary would still show up on the MMR as payment would be received based on the demographic portion of the beneficiary's risk score.



# RAPS Question #3

If a diagnosis has been “accepted” by the Risk Adjustment Processing System (RAPS), why would it not be reflected in the risk scores that we see on the Monthly Membership Report?

Not all diagnoses are mapped to the Risk Adjustment model; however, diagnosis data that has been accepted into RAPS may be used to calculate a risk score.

# Questions & Answers





# Closing Remarks

# Resources

Resource	Resource Link
CEM/CEDI Technical Reporting Formats	<a href="http://www.cms.gov/MFFS5010D0/20_Technical_Documentation.asp">http://www.cms.gov/MFFS5010D0/20_Technical_Documentation.asp</a>
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>
X12 Version 5010 Standards	<a href="https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html?redirect=/Versions5010andD0/">https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html?redirect=/Versions5010andD0/</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>

# Resources (continued)

Resource	Link
Medicare Advantage and Prescription Drug Plans Plan Communications User Guide	<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_Communications_User_Guide.html</a>
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="http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits?open&amp;expand=1&amp;navmenu=Medicare^Encounter^Data">http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits?open&amp;expand=1&amp;navmenu=Medicare^Encounter^Data</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>

# Evaluation

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

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

## Your Feedback is Important.



## Thank You!

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