
Risk Adjustment for EDS & RAPS Webinar Q&A Documentation

December 18, 2014
2:00 p.m. – 4:00 p.m.

EDS Chart Review

Q1. Do the Encounter Data System (EDS) timely filing deadlines for chart review align with the Risk Adjustment Processing System (RAPS) timely filing deadlines?

A1. Yes, the submission deadline for chart review for both EDS and RAPS is the risk adjustment deadline for the payment year, i.e., within the 25 month data collection period.

Q2. Can MAOs and other entities submit an E-code as the primary diagnosis for unlinked chart review encounters?

A2. No. An E-code cannot be submitted as the primary diagnosis code for any encounter record. If an MAO wishes to submit an E-code through a chart review encounter, the chart review record must include the primary diagnoses that were on the original encounter.

For all encounter data submissions, including unlinked chart review, the data must be submitted in the appropriate 837 format for the type of service indicated on the encounter. Based on the Minimum Data Elements required for Professional and Institutional submissions, specific elements must be populated for specific services. If the services are not submitted accurately, the EDS will reject the encounter.

Q3. In the event an MAO submits a linked chart review encounter, then later submits an adjustment encounter, would the MAO be required to submit an adjustment to the already submitted linked chart review?

A3. An adjustment to any submitted chart review (linked or unlinked) should be made any time that data in the chart review is no longer accurate. In the situation where the adjustment to the original encounter results in the data on a submitted chart review encounter being inaccurate, the MAO must also submit an adjustment to the chart review encounter to correct that data.

Similar questions are not listed separately, but combined and published as one question with one answer.

EDS/RAPS Edits

Q4. Does CMS have a guide for correcting error codes?

A4. MAOs and other entities receiving errors on their acknowledgement and processing status reports may reference the following documents for assistance with reconciling these errors:

EDS – Error Code References	RAPS – Error Code References
<ul style="list-style-type: none"> • CMS 5010 Edits Spreadsheet • EDFES Error Code Look-up Tool • EDPS Error Code Look-up Tool • EDS Companion Guides 	<ul style="list-style-type: none"> • RAPS-FERAS Error Code Lookup • RAPS Error Code Listing
http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits?open&expand=1&navmenu=Medicare^Encounter^Data	http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&expand=1&navmenu=Risk^Adjustment^Processing^System

Q5. Slide 39 of the December 18, 2014 Risk Adjustment for EDS & RAPS webinar indicates error code X223.143.2300.CLM05-1.030 will post when Type of Bill (TOB) 33X is reported after a transaction date of 10/14/2014; however, the March 2014 EDS Newsletter states TOB 332 is not valid prior to 10/1/2014 dates of service (DOS). Which is correct?

A5. Per the March 2014 EDS Newsletter, Type of Bill (TOB) 33X must not be submitted for dates of service (DOS) on or after 10/1/2013. The December 18, 2014 Risk Adjustment for EDS & RAPS webinar further clarified that the EDFES will also post an error code when TOB 33X is used on encounter files submitted with a transaction date on or after 10/1/2013. If encounters containing TOB 33X are submitted on or after DOS 10/1/2013, the EDPS will post error code 17330 – RAP Not Allowed. If an encounter file containing TOB 33x is submitted with a transaction date of 10/1/2013 or later, the EDFES will post error code X223.143.2300.CLM05-1.030.

EDS Reports

Q6. When will the updated MAO-001 Encounter Data Duplicates Report be effective for MAOs and other entities to reference?

A6. The updated MAO-001 Encounter Data Duplicates Report was implemented in the EDS on January 1, 2015. Please reference the new format on the CSSC Operations website <http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Report%20and%20File%20Layouts?open&expand=1&navmenu=Medicare^Encounter^Data>.

Similar questions are not listed separately, but combined and published as one question with one answer.

Q7. When will CMS begin distributing the MAO-004 Risk Filtering Report?

A7. CMS is currently reviewing comments regarding the MAO-004 Report layout and will advise MAOs and other entities of the final MAO-004 Report format and implementation date when it becomes available.

ICD-9 / ICD-10

Q8. When does CMS anticipate that ICD-10 testing will begin?

A8. Organizations will be able to submit ICD-10 test data during the period of July 2015 – August 2015 if the ICD-10 implementation date remains 10/1/2015. CMS will communicate additional details to the industry as they become available.

Q9. Will CMS accept ICD-9 codes in RAPS and EDS submissions for DOS after October 1, 2015?

A9. No. MAOs must submit only ICD-9 diagnosis codes for services rendered on or prior to 9/30/15. Effective with October 1, 2015 DOS, MAOs and other entities must submit ICD-10 CM codes instead of ICD-9 CM codes.

RAPS Diagnosis Clusters

Q10. Is the Health Insurance Claim Number (HICN) considered one of the core components for diagnosis clusters?

A10. Yes, the HICN is required for data submission and is a core component for a diagnosis cluster.

Q11. Will the diagnoses to hierarchical condition categories (HCC) mappings from Payment Year (PY) 2014 apply to PY 2015?

A11. Yes, the ICD-9 to HCC mappings have remained the same from PY 2104 to PY 2015.

RAPS Overpayment

Q12. Will the Front End Risk Adjustment System (FERAS) file format change due to the overpayment processing updates?

A12. CMS has posted the new FERAS file format on the CSSC Operations website. Please check there for guidance.

Similar questions are not listed separately, but combined and published as one question with one answer.

Q13. Will the RAPS Return files for overpayment be sent separately from the normal RAPS Return files?

A13. No, the RAPS Return files for overpayment will not be distributed separately from the normal RAPS Return files.

Q14. If an MAO or other entity receives errors on a BBB RAPS layout line, will all records in the contract/payment year fail; or do such errors apply to the entire file?

A14. If there is a 200-level error on the BBB line, then FERAS will reject the file. If it is an error on the BBB line in the 300 level, then it is a record-level error in RAPS. A record-level error indicates the record was bypassed and all editing was discontinued. No diagnosis clusters from this record are stored.

Risk Adjustment/Risk Filtering

Q15. When will the transition from RAPS to EDS occur; and have payment dates been established?

A15. CMS will continue to run both the EDS and RAPS for 2015, and will inform the plan community prior to transitioning exclusively to the EDS. Please refer to the 2015 and 2016 Advance Notices and Final Rate Announcements for additional information.

Q16. Are diagnosis codes received after the timely filing deadline stored and included in the risk score for beneficiaries?

A16. CMS will use acceptable diagnoses that are submitted via RAPS or EDS through the risk adjustment deadline to calculate risk scores. The 13 month edit will remain informational for encounter data submissions, but the risk adjustment deadline applies to encounter data for payment purposes.

Q17. Will CMS provide the 2015 diagnosis “Master File” to MAOs and other entities once data is compiled from the EDS, RAPS, and Fee-for-Service (FFS)?

A17. CMS will send MAOs, PACE organizations, and demonstrations an MAO-004 report on a regular basis, which will identify the risk adjustment allowable diagnoses extracted from the submitted and accepted encounter data records. Please see the Health Plan Management System (HPMS) memo entitled “MAO-004 Report – Encounter Data Diagnoses Eligible for Risk Adjustment”, dated November 20, 2014, for a draft layout of the MAO-004 report and our proposed plans for how to use it.

Similar questions are not listed separately, but combined and published as one question with one answer.

Q18. If an MAO submits additional data in January 2015 for DOS in 2014, but the beneficiary is no longer enrolled with the MAO in 2015, will the MAO receive additional payments for Calendar Year (CY) 2014 due to higher risk scores that are based on the data submitted in January 2015?

A18. A beneficiary must be enrolled in an MAO for at least one month in 2015 in order to receive a payment for 2015 (2014 DOS). MAOs and other entities are required to submit all RAPS and encounter data for the months in which a beneficiary is enrolled in one of their plans. Please reference Risk Adjustment training material on the CSSC Operations website for more information <http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Training?open&expand=1&navmenu=Risk^Adjustment^Processing^System>.

Q19. Will MAOs and other entities receive an MAO-004 Report for every encounter submitted?

A19. The November 20, 2014 HPMS memo entitled "MAO-004 Report – Encounter Data Diagnoses Eligible for Risk Adjustment" proposes that we distribute the MAO-004 report on a quarterly basis and provide information on acceptable diagnoses only.

EDS/RAPS Submission

Q20. What are the requirements for Programs of All-Inclusive Care for the Elderly (PACE) organizations to submit data to the EDS?

A20. PACE organizations are required to submit encounter data for Professional, Institutional, and Durable Medical Equipment (DME) services for which claims are generated or for which encounter data is otherwise available. At this time, PACE organizations are not required to submit encounters for services provided to PACE participants by PACE staff.

Q21. If a beneficiary has 20 to 30 active diagnoses, how should MAOs and other entities submit encounters to identify these diagnoses?

A21. MAOs and other entities may submit up to 12 diagnosis codes for a Professional encounter and up to 25 diagnosis codes for an Institutional encounter. Additional diagnosis codes resulting from a chart review may be submitted on a chart review encounter. Please reference the 2014 Encounter Data National Technical Assistance Slides - August 14, 2014 located at [http://www.csscoperations.com/internet/cssc3.nsf/files/081414_ED_National_TA_Webinar_5CR_081414.pdf/\\$File/081414_ED_National_TA_Webinar_5CR_081414.pdf](http://www.csscoperations.com/internet/cssc3.nsf/files/081414_ED_National_TA_Webinar_5CR_081414.pdf/$File/081414_ED_National_TA_Webinar_5CR_081414.pdf).

Q22. For EDS Submission Frequency, does the "Number of Medicare Enrollees" refer to the parent organization's overall membership, or membership size of the individual contract?

A22. The "Number of Medicare Enrollees" for EDS Submission Frequency refers to the membership size of an individual contract.

Similar questions are not listed separately, but combined and published as one question with one answer.

Q23. When MAOs and other entities submit void/delete (CLM05-3='8") or subsequent correct/replace (CLM05-3=7) transactions to the EDPS using a previously accepted Internal Control Number (ICN), is that same ICN assigned to the corrected transaction?

A23. No, the same ICN will not be assigned to the new transaction. Each submission (e.g., original, void/delete, correct/replace) will result in a newly assigned ICN. When submitting a correct/replace encounter for an encounter that was previously corrected/replaced, MAOs and other entities must use the ICN of the corrected/replaced encounter and not the ICN of the original encounter.

Q24. If CMS is only using provider specialties provided by RAPS to look at EDS data, do MAOs and other entities need to submit other EDS data as well?

A24. MAOs and other entities are required to submit all encounter data based on the EDS submission requirements outlined in the EDS Minimum Data Set and the EDS Companion Guides. Please reference these documents and additional requirements on the CSSC Operations website under the Medicare Encounter Data tab at <http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Report%20and%20File%20Layouts?open&expand=1&navmenu=Medicare^Encounter^Data>.

Q25. If diagnosis codes from Medicaid-paid claims meet provider specialty guidelines, are they submittable to the EDS, as well?

A25. MAOs and other entities must extract the Medicaid service lines from their EDS submissions and include the justification for the extraction in Loop 2300 NTE01=ADD, NTE02='040' (which will indicate "MEDICAID CLAIM CHANGE DUE TO MEDICAID SERVICE LINE EXTRACTION").

When the cost of an item or service can be shared by both Medicare and Medicaid, MAOs should only include the Medicare portion of the service on the encounter data record, and only the Medicare paid amount. Diagnosis codes from these encounters will be accepted and stored in the EDS.

For detailed requirements regarding provider specialty guidelines please reference the Companion Guides on the CSSC Operations website <http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encounter^Data>.

Q26. Are Skilled Nursing Facilities (SNFs) required to submit claims data using the Uniform Billing form CMS-1450 (UB-04)?

A26. CMS issues requirements to MAOs for encounter data submissions. MAOs should work with their provider community regarding MAO's billing requirements.

Similar questions are not listed separately, but combined and published as one question with one answer.

Timely Filing

Q27. Are encounters that receive informational timely filing edits stored in the EODS and used for analysis?

A27. All data submitted to the EDS is stored and used for analysis.

Q28. Will CMS accept and store diagnosis codes obtained from encounters received after the 13 months timely filing deadline?

A28. Yes, the EDS will store diagnosis codes obtained from accepted encounters in the Encounter Operational Data Store (EODS). Please note that CMS will only use acceptable diagnoses in calculating risk scores when they are submitted by the risk adjustment deadline.

Q29. Please clarify the timely filing guidance regarding the 13 month rule for original encounters and the 30 day rule for adjustments.

A29. The EDS timely filing guidance states that full (original) encounters must be submitted no later than 13 months from the encounter's "through" DOS.

Adjustment encounters must be submitted no later than 30 days from the adjustment encounter's adjudication date. The 30 day timely filing guidance is applicable to adjustment encounters, whether submitted within the 13 months or beyond. Regardless of the DOS, the encounter should be submitted to the EDS within 30 days of the date the adjustment encounter was adjudicated by the MAO.

Note that CMS provides informational edits when an encounter is submitted after the timely filing guideline, but does not reject the encounter.

Q30. Has CMS determined a date for changing the disposition of error code 00190 "Encounter Beyond Timely Filing Req" and error code 00770 "Adjustment Beyond Timely Filing Req" from Informational to Reject for EDS timely filing?

A30. CMS does not anticipate changing error codes 00190 or 00770 from Informational to Reject.

Similar questions are not listed separately, but combined and published as one question with one answer.

General Questions

Q31. Where can MAOs and other entities locate information regarding the Home Health (HH) Treatment Authorization Code (TAC)?

A31. Information regarding the TAC, used to generate Health Insurance Prospective Payment System (HIPPS) codes, is published in the Medicare Claims Processing Manual Chapter 10 - Home Health Agency Billing located on the CMS website at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c10.pdf>

Q32. What is the correct date for the RAPS PY 2015 mid-year model run?

A32. The RAPS PY 2015 mid-year model run is scheduled for March 6, 2015.

Similar questions are not listed separately, but combined and published as one question with one answer.
