2014 Risk Adjustment Webinar for Encounter Data System & Risk Adjustment Processing System

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

- Introduction
- RAPS Overview
- EDS Overview
- CMS Updates
- RAPS Enhancements
- EDS Enhancements
- Chart Review
- RAPS & EDS Inbox Q&As
CMS is excited to announce a combined Encounter Data (ED) and Risk Adjustment (RA) industry communication.

- The RA webinar session will provide a forum for CMS to provide guidance to MAOs and other entities by:
  - Communicating what you need to know...when you need to know it;
  - Using your input to share best practices for submitting data; and
  - Providing MAOs and other entities the opportunity to communicate directly with Subject Matter Experts (SMEs) through live Question and Answer Sessions.

- This webinar session will also equip organizations with policy and operational guidance to assist with the submission of risk adjustment data.
Session Guidelines

• This is a two (2) hour webinar session for MAOs and other entities submitting data to the EDS and RAPS
• There will be opportunities to ask questions via the webinar during question and answer period today
• Additional questions may also be submitted following the webinar to:
  
  **EncounterData@cms.hhs.gov** or **RiskAdjustment@cms.hhs.gov**
## Commonly Used Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWV</td>
<td>Annual Wellness Visit</td>
</tr>
<tr>
<td>CEM</td>
<td>Common Edits and Enhancements Module</td>
</tr>
<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>DOS</td>
<td>Date(s) of Service</td>
</tr>
<tr>
<td>EDDPPS</td>
<td>Encounter Data DME Processing and Pricing Sub-System</td>
</tr>
<tr>
<td>EDFES</td>
<td>Encounter Data Front-End System</td>
</tr>
<tr>
<td>EDIPPS</td>
<td>Encounter Data Institutional Processing and Pricing Sub-System</td>
</tr>
<tr>
<td>EDPPPS</td>
<td>Encounter Data Professional Processing and Pricing Sub-System</td>
</tr>
<tr>
<td>EDPS</td>
<td>Encounter Data Processing System</td>
</tr>
<tr>
<td>EDS</td>
<td>Encounter Data System</td>
</tr>
<tr>
<td>EODS</td>
<td>Encounter Operational Data Store</td>
</tr>
<tr>
<td>FERAS</td>
<td>Front-End Risk Adjustment System</td>
</tr>
<tr>
<td>FFS</td>
<td>Fee-for-Service</td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>HCC</td>
<td>Hierarchical Condition Category</td>
</tr>
<tr>
<td>HH</td>
<td>Home Health</td>
</tr>
<tr>
<td>HIPPS</td>
<td>Health Insurance Prospective Payment System</td>
</tr>
<tr>
<td>ICN</td>
<td>Internal Control Number</td>
</tr>
<tr>
<td>MAOs</td>
<td>Medicare Advantage Organizations</td>
</tr>
<tr>
<td>MARx</td>
<td>Medicare Advantage Prescription Drug System</td>
</tr>
<tr>
<td>MMR</td>
<td>Monthly Membership Report</td>
</tr>
<tr>
<td>MOR</td>
<td>Monthly Output Report</td>
</tr>
<tr>
<td>PY</td>
<td>Payment Year</td>
</tr>
<tr>
<td>RAPS</td>
<td>Risk Adjustment Processing System</td>
</tr>
<tr>
<td>RAS</td>
<td>Risk Adjustment System</td>
</tr>
<tr>
<td>SNF</td>
<td>Skilled Nursing Facility</td>
</tr>
<tr>
<td>TPS</td>
<td>Third Party Submitter</td>
</tr>
</tbody>
</table>
Risk Adjustment Processing System Overview
Risk Adjustment: Overview

Risk Adjustment:

– Method used to adjust bidding and payments
– Derived from enrollee’s health status and demographic characteristics

Balanced Budget Act (BBA) 1997

Medicare Prescription Drug, Improvement, and Modernization Act (MMA) 2003

2000
Benefits Improvement Act (BIPA)
Risk Adjustment: Process Flow

1. Physician or Hospital
   A physician documents a patient’s visit in patient’s medical record.

2. MAO
   The physician’s office or hospital codes claim and submits data to MAO.

3. RAPS Format
   MAO sends diagnosis clusters in RAPS format to Front-End Risk Adjustment System (FERAS) at least quarterly.

4. FERAS
   Data goes to FERAS for processing where file-level data, batch-level data, and first and last detail records are checked.

5. RAPS
   After passing FERAS checks, file goes to CMS Risk Adjustment Processing System (RAPS) for detail editing.

6. RAPS Database
   The RAPS database stores all finalized diagnosis clusters.

7. RAS
   Risk Adjustment System (RAS) executes risk adjustment models and calculates risk score.

8. MARx
   Medicare Advantage Prescription Drug System (MARx) processes beneficiary-level payments and issues reports documenting data used in payment (MMR and MOR).
Risk Adjustment Diagnosis Clusters and Risk Assessment

**Diagnosis Clusters**
- Contain core information regarding diagnoses and include:
  - Provider Type
  - From and Through Dates
  - Delete Indicator
  - Diagnosis Code
- RAPS return file denotes disposition of diagnosis clusters

**Risk Assessment Field**
- DOS Jan 1, 2014 must use:
  - ‘A’ – Diagnosis code from clinical setting
  - ‘B’ – Diagnosis code from non-clinical/meets AWV requirements
  - ‘C’ – Diagnosis code from non-clinical/does not meet AWV requirements
- Is not used for duplicate logic
Encounter Data System Overview
EDS Overview

• 42 CFR Section 422.310(d)(1):
  – MAOs must submit data, in accordance with CMS instructions, to characterize the context and purposes of items and services provided to their enrollees by a provider, supplier, physician, or other practitioner
  – This includes comprehensive data equivalent to Medicare FFS claims data (encounter data) or data in abbreviated format

• Final Regulation CMS-1607-P
  – CMS implemented a regulation, on October 1, 2014, to revise the regulation at 42 CFR Section 422.310 (f) to broaden the use of encounter data
• CMS may use risk adjustment data obtained from MA organizations:
  – To conduct evaluation and other analysis to support Medicare program, public health initiatives, and health care-related research,
  – For activities to support the administration of the Medicare program.
  – For activities conducted to support program integrity, and
  – For purposes permitted by other laws.
EDS Overview: Submissions
EDS Timely Filing Guidance

MAOs must submit encounters to the EDS according to the following timely filing guidance:

<table>
<thead>
<tr>
<th>Submission Type</th>
<th>Timely Filing Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full (Original) Encounters</td>
<td>Within 13 months of the original encounter’s “through” date of service (DOS)</td>
</tr>
<tr>
<td>Adjustment Encounters</td>
<td>Within 30 days of the adjustment encounter’s adjudication date</td>
</tr>
</tbody>
</table>
EDS Submission Frequency and Format

• MAOs should submit encounter data based on enrollment size

<table>
<thead>
<tr>
<th>Number of Medicare Enrollees</th>
<th>Minimum Submission Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than 100,000</td>
<td>Weekly</td>
</tr>
<tr>
<td>50,000 – 100,000</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Less than 50,000</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

• All encounter data must be submitted in the ANSI X12 837 format
EDS Submission Requirements

- Submit all applicable DOS beginning 1/1/2012
- TPS submitting on behalf of MAOs must complete:
  - Signed EDI Agreement
  - Encounter Data Online Submitter Agreement
  - Encounter Data Connect:Direct Application (if applicable)
CMS Updates
ICD-10 Code Transition

• Protecting Access to Medicare Act of 2014 (PAMA), Section 212, Final Rule 79 FR 45128 (August 4, 2014)
  – Transition to ICD-10 effective October 1, 2015.
  – HIPAA covered entities use ICD-9 through September 30, 2015

• Testing for ICD-10 transition
  – July 2015 through August 2015
ICD-10 Code Transition
OPERATIONAL FOR RAPS ONLY

• As of October 2014, plans must:
  – Populate the RAPS file, Field 6 – FILE-DIAG-TYPE with ‘ICD9’ for files with ICD-9 diagnosis

• Post-ICD-10 transition (October 2015), plans can:
  – Populate Field 6 – FILE-DIAG-TYPE with ‘ICD10’ for ICD-10 diagnoses or ‘ICD9’ for ICD-9 diagnoses

*Note: Field-6 cannot be left blank, as this will create errors.
Non-Renewing Contracts
Close Out Letter

- Non-Renewal requirements for all organizations with contracts ending December 31, 2014
  - Submit Risk Adjustment data and attestations as follows:

<table>
<thead>
<tr>
<th>Dates of Service</th>
<th>Submission Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2014 – December 2014</td>
<td>March 6, 2015</td>
</tr>
</tbody>
</table>

- Data corrections for overpayment must be submitted to CMS by March 6, 2015
## RAPS HPMS Memo

### Applicable for PY 2014, 2015, and 2016

<table>
<thead>
<tr>
<th>Payment Year</th>
<th>Model Run</th>
<th>Dates of Service</th>
<th>Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Final Reconciliation</td>
<td>1/1/13 – 12/31/13</td>
<td>1/31/15</td>
</tr>
<tr>
<td>2015</td>
<td>Initial</td>
<td>7/1/2013 – 6/30/14</td>
<td>9/12/14</td>
</tr>
<tr>
<td>2015</td>
<td>Mid-year</td>
<td>1/1/14 – 12/31/14</td>
<td>3/6/15</td>
</tr>
<tr>
<td>2015</td>
<td>Final Reconciliation</td>
<td>1/1/14 – 12/31/14</td>
<td>1/31/16</td>
</tr>
<tr>
<td>2016</td>
<td>Initial</td>
<td>7/1/14 – 6/30/15</td>
<td>9/11/15</td>
</tr>
</tbody>
</table>
Improving Payment Accuracy

Overpayment Rules

August 12, 2014
Announcement of the November 2014 Software Release

HIPPS Codes for SNF and HH Encounters

**SNF**
- HIPPS codes must be submitted using Revenue Code 0022 for ‘from’ DOS on and after July 1, 2014
- TOB 18x, 21x, 23x, or 28x
- Based on initial Omnibus Budget Reconciliation Act (OBRA)-required Comprehensive Admission Assessment

**HH**
- HIPPS codes must be submitted for HH encounters using Revenue Code 0023 for ‘from’ DOS on and after July 1, 2014
- TOB 32x – 34x
- Based on Outcome and Assessment Information Set (OASIS) Start of Care Assessment

- MAOs may submit HIPPS codes from other completed assessments if this data is not available from the initial admission assessment.
I. Stays of more than 14 days - If the Admission assessment for a stay in the facility was completed prior to the MA-covered portion of the stay, MAOs must submit to CMS a HIPPS code by following the guidance in the order they are listed below.

A. Submit the HIPPS code from another assessment completed during the MA-covered portion of the stay

If the OBRA Admission assessment was completed for the current stay prior to the MA-covered portion of the stay, and another assessment (e.g., Quarterly Assessment or any PPS assessment required by the MAO) was completed during the MA-covered portion of the stay, the MAO shall submit the HIPPS code generated from that other assessment on their encounter submissions to CMS.

B. Submit the HIPPS code from the most recent assessment that was completed prior to the MA-covered portion of the stay

If no assessment was completed during the MA-covered portion of the stay from which a HIPPS code could be generated, the MAO shall submit to CMS the HIPPS code from the most recent OBRA or other assessment that was completed prior to the MA-covered portion of the stay (which may be the Admission assessment).
II. Stays of 14 days or less – If there was no Admission assessment completed before discharge for a stay of less than 14 days, MAOs must submit to CMS a HIPPS code by following the guidance in the order they are listed below.

A. Submit the HIPPS code from another assessment from the stay
If no OBRA Admission assessment was completed for a SNF stay of less than 14 days, the MAO shall submit to CMS the HIPPS code from any other assessment that was completed during the stay that produces a HIPPS code.

B. Submit a default HIPPS code of ‘AAA00’
MAOs may submit a default HIPPS code for SNF encounter submissions to CMS only if (1) the SNF stay was less than 14 days within a spell of illness, (2) the beneficiary has been discharged prior to the completion of the initial OBRA Admission assessment, and (3) no other assessment was completed during the stay. To submit a default HIPPS code to the Encounter Data System, MAOs should use the default Resource Utilization Group (RUG) code of “AAA” and Assessment Indicator “00” on encounter data submissions starting with “from” dates of service July 1, 2014.

MAOs may not use this default code in other situations, such as to avoid collecting the proper HIPPS code, or when the MAO’s systems are not prepared to submit the HIPPS code to CMS.
MAO-001 Duplicates Report

• Effective January 1, 2015, MAOs will receive an enhanced MAO-001 Encounter Data Duplicates Report to convey duplicate encounter data errors
  – Includes chart review duplicate errors
  – Increased fixed length to include 72 additional bytes

MAO-004 Report: Encounter Data Diagnoses Eligible for Risk Adjustment

• CMS developed a draft layout of the MAO-004 Report to inform MAOs of risk adjustment eligible diagnoses submitted to the EDS.

• CMS is soliciting feedback regarding this draft layout.

Please provide any feedback by Friday, December 19, 2014 to encounterdata@cms.hhs.gov and specify “MAO-004 comments” in the subject line.
RAPS to EDS Transition

• Continue parallel submission through Payment Year 2015

• Risk score calculation for 2015 payment
  – All risk adjustment acceptable diagnoses from EDS, FFS, and RAPS will be used

• For more information refer to:
  – 2015 Advance Notice
  – 2015 Final Rate Announcement

https://www.cms.gov/Medicare/HealthPlans/MedicareAdvSpecRateStats/Announcements-and-Documents.html
RAPS Enhancements
# New RAPS Error Codes

## AAA

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>105</td>
<td>MISSING / INVALID PROD-TEST-OPMT-INDICATOR ON AAA RECORD</td>
<td>FERAS</td>
</tr>
</tbody>
</table>

## BBB

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>214</td>
<td>CONTRACT ENROLLMENT DATE NOT ON FILE</td>
<td>FERAS</td>
</tr>
<tr>
<td>215</td>
<td>OVERPAYMENT-ID IS NOT GREATER THAN SPACES FOR OPMT FILE</td>
<td>FERAS</td>
</tr>
<tr>
<td>216</td>
<td>PAYMENT-YEAR IS NOT GREATER THAN SPACES FOR OPMT FILE</td>
<td>FERAS</td>
</tr>
<tr>
<td>217</td>
<td>OVERPAYMENT-ID MUST BE SPACES FOR NON OPMT FILE</td>
<td>FERAS</td>
</tr>
<tr>
<td>218</td>
<td>PAYMENT-YEAR MUST BE SPACES FOR NON OPMT FILE</td>
<td>FERAS</td>
</tr>
<tr>
<td>317</td>
<td>INVALID OVERPAYMENT-ID ON BBB RECORD</td>
<td>RAPS</td>
</tr>
<tr>
<td>318</td>
<td>INVALID PAYMENT-YEAR ON BBB RECORD</td>
<td>RAPS</td>
</tr>
<tr>
<td>319</td>
<td>INPUT PLAN NO ON BBB RECORD DOES NOT MATCH PLAN NO ON REMEDY TICKET</td>
<td>RAPS</td>
</tr>
</tbody>
</table>
New RAPS Error Codes *(continued)*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>420</td>
<td>DIAGNOSIS CLUSTER SUBMITTED FOR RESTRICTED SERVICE YEAR</td>
<td>RAPS</td>
</tr>
<tr>
<td>421</td>
<td>DELETE-IND MUST BE EQUAL TO D FOR DELETE ON OPMT FILE</td>
<td>RAPS</td>
</tr>
<tr>
<td>422</td>
<td>SERVICE THRU-DATE IS NOT WITHIN THE REPORTED PAYMENT YEAR</td>
<td>RAPS</td>
</tr>
<tr>
<td>423</td>
<td>DELETE IS NOT ALLOWED WITHOUT AN OPMT FILE AFTER FINAL SWEEP DATE</td>
<td>RAPS</td>
</tr>
</tbody>
</table>
Monthly Membership Report (MMR)

• Overpayment adjustments for the RAPS delete submissions will process through MARx
• MMR will contain two new Adjustment Reason Codes (ARCs):

<table>
<thead>
<tr>
<th>ARC</th>
<th>Description and Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>Part C Payment Adjustments created as a result of the RAS overpayment file processing</td>
</tr>
<tr>
<td>61</td>
<td>Part D Payment Adjustments created as a result of the RAS overpayment file processing</td>
</tr>
</tbody>
</table>
MMR (continued)

- MMR includes a Cleanup ID that:
  - Identifies all MARx Part C and D overpayment adjustments in the Risk Adjustment System (RAS) overpayment file

- CMS discloses Cleanup IDs in monthly payment letters

- MAOs not reporting overpayments may:
  - See adjustments, as a RAPS delete causes changes to a beneficiary’s Risk Adjustment Factor
## Monthly Membership Detail Report (MMDR) Data File

<table>
<thead>
<tr>
<th>Field #</th>
<th>Field Name</th>
<th>Len</th>
<th>Pos</th>
<th>Description</th>
</tr>
</thead>
</table>
| 92      | Cleanup ID   | 10  | 486-495 | If adjustment is the result of a cleanup = ID assigned to the cleanup  
(For an overpayment run, this will be the RT # associated with the overpayment run) 
If payment or non-cleanup adjustment = Blank  
For all payments and adjustments prior to August 2011 = Blank  
ARC 94 will be used to identify cleanups |
EDS Enhancements
Attention FTP Users

The December 2014 Sybase to TIBCO Translator implementation has been postponed; however, ABILITY, the Network Service Vendor (NSV) is in the process of contacting FTP users regarding changes to their connectivity with Palmetto GBA.

Contact ABILITY Network Support at 1-888-886-2096 with questions as you make your update.
EDS ZIP Code +4 Default Value

MAOs should use ‘9998’ as the default for all ZIP +4 extensions when the true +4 extension is not available.

Loop 2010BA – Subscriber Name

NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA*235099998~

Valid 9-digit ZIP code and +4 digit extension
New EDFES Error Code
Type of Bill (TOB) for UB Claim

The EDFES will generate reject edit X223.143.2300.CLM05-1.030 when:

- **BHT – Beginning Hierarchal Transaction**
  
  BHT*0019*00*3920394930203*20141014*1615*CH~

- **Loop 2300 – Claim Information**
  
  CLM*299767784A*100.50***33:A:1*Y*A*Y*Y~

- **BHT04 – Transaction Creation date**
New EDPS Error Codes (continued)

- **ICD-10 Transition Error Codes:**
  - 00030 ICD-10 Dx Not Allowed
    - Encounters with DOS prior to 10/01/2015 submitted with ICD-10 codes will be rejected by the EDS
  - 00025 ICD-9 Dx Not Allowed
    - Encounters with DOS on or after 10/01/2015 submitted with ICD-9 codes will be rejected by the EDS

- **Timely Filing Error Codes (Informational):**
  - 00190 Encounter Beyond Timely Filing Req
    - The EDS must receive original full encounters within 13 months of the encounter service line “through” DOS
  - 00770 Adjustment Beyond Timely Filing Req
    - The EDS must receive adjustment encounters within 30 days of adjustment encounter adjudication date
New EDPS Error Codes

20495 – Revenue Code is Non-Billable for TOB

The EDPS will generate reject edit 20495, when:

Note: This is an example of an incorrect submission.

Medicare Claim Processing Manual (Chapter 7, Section 10.1.1)
New EDPS Error Codes
22430 – Procedure-HCPCS Codes w/Invalid TOB

The EDPS will generate reject edit 22430 when:

**Note**: This is an example of an incorrect submission.

Medicare Claim Processing Manual (Chapter 18)
The EDPS will generate informational edit 00195 when:

**Professional**
- POS = 11, 22, and 49
- DOS is **on or after** 08/02/2012
- HCPCS Code G0460

**Institutional**
- TOB = 12X, 13X, 22X, 23X, 71X, 75X, 77X, or 85X
- DOS is **on or after** 08/02/2012
- HCPCS Code G0460

**Loop 2300 – Claim Information**
- CLM*123456789*150.00***11:B:1*Y*A*Y*I~
- CLM*123456789*150.00***85:A:1*Y*A*Y*I~

**Loop 2400 – Service Line Information**
- SV1*HC:G0460*150.00*UN*1***1~
- SV2*0960*HC:G0460*150.00*UN*1***1~
- DTP*472*D8*20140815~
- DTP*472*D8*20140815~

*Note:* This is an example of a correct submission.
New EDPS Error Codes

00200 – Clinical Trial Billing Error

The EDPS will generate informational edit 00200 when:

**Professional**
- Clinical Trial # (for DOS on or after 1/1/14)
- ICD-9 Diagnosis Code V70.7
- Modifier “Q0”

**Institutional**
- Clinical Trial # (for DOS on or after 1/1/14)
- ICD-9 Diagnosis Code V70.7
- Condition Code 30
- Modifier “Q0”

**Loop 2300 – Claim Information**

CLM*123456789*150.00***11:B:1*Y*A*Y*I~
REF*P4*12345678~
HI*BK:V707~

**OR**

CLM*123456789*150.00***85:A:1*Y*A*Y*I~
REF*P4*12345678~
HI*BK:V707~
HI*BG:30~

**Loop 2400 – Service Line Information**

SV1*HC:G0460:Q0*150.00*UN*1***1~
DTP*472*D8*20140815~

**OR**

SV2*0960*HC:G0460:Q0*150.00*UN*1***1~
DTP*472*D8*20140815~

**Note:** This is an example of a correct submission.
Linked and Unlinked Chart Review

• Linked Chart Review – defines an encounter that is linked or referenced by the ICN assigned to a previously submitted and accepted encounter.

• Unlinked Chart Review – defines an encounter that is not linked to a previously submitted and accepted encounter.

• Chart review encounters must be submitted using at least the Minimum Data Elements

• Chart review encounters containing E-codes or Manifestation codes – must include the primary diagnosis code identified on the original linked encounter or the EDS will reject the encounter.
Chart Review Submission

- Chart review encounters may be submitted for the following reasons:
The EDS recognizes that an MAO has submitted a chart review encounter when the Loop 2300, PWK segment is populated with the following values:

- PWK01 = ‘09’
- PWK02 = ‘AA’
Linked Chart Review Indicators

• Data elements to identify a linked chart review:

**Loop 2300 – Claim Information**

- CLM*2997677856479709654A*100.50***11:B:1*Y*A*Y*Y~
- PWK*09*AA~
- REF*F8*1212278567098~
- HI*BK:78901~
- SBR*P*18*XYZ1234567******16~

- **Report Type Code**
  - PWK01 = ‘09’

- **Attachment Transmission Code**
  - PWK02 = ‘AA’

- **REF01 = ‘F8’**

- **REF02 = ICN of previously accepted encounter**

- **CLM05-3 = ‘1’**

**Loop 2300 REF Segment is not required for submission of unlinked chart review encounters**
Unlinked Chart Review Indicators

- Data elements to identify an unlinked chart review:

  Report Type Code PWK01 = ‘09’
  Attachment Transmission Code PWK02 = ‘AA’
  CLM*2997677856479709654A*100.50***11:B:1*Y*A*Y*Y~
  PWK*09*AA~
  HI*BK:78901~
  SBR*P*18*XYZ1234567*****16~

Loop 2300 – Claim Information

CLM05-3 = ‘1’

Loop 2300 REF Segment is not required for submission of unlinked chart review encounters
Add Specific Diagnosis

- Data elements to add a diagnosis code(s):

  **Loop 2300 – Claim Information**
  - CLM*2997677856479709654A*100.50***11:B:1*Y*A*Y*Y~
  - PWK*09*AA~
  - REF*F8*1212278567098~
  - HI*BK:78901~

  **Report Type Code**
  - PWK01 = ‘09’
  - Attachment
  - Transmission Code
  - PWK02 = ‘AA’

  **HI01-1** = ‘BK’
  - (Code List Qualifier)
  - HI01-2 = Added diagnosis code(s)

  **CLM05-3** = ‘1’

  **Loop 2400 – Service Line Information**
  - LX*1~SV1*HC:01234*75*UN1***1

  **SV107** = Diagnosis Pointer
Delete Specific Diagnosis

• Data elements to delete a diagnosis code:

- **Report Type Code**
  - PWK01 = ‘09’
  - Attachment Transmission Code
  - PWK02 = ‘AA’

- **REF01** = ‘F8’

- **REF02** = ICN of previously accepted encounter

- **Loop 2300 – Claim Information**
  - **CLM**
    - 2997677856479709654A*100.50***11:B:1*Y*A*Y*Y~
    - PWK*09*AA~
    - REF*F8*1212278567098~
    - **HI**
      - BK:78901~
      - REF*EA*8~
      - SBR*P*18*XYZ1234567******16~

- **CLM05-3** = ‘1’

- **REF01** = ‘EA’

- **REF02** = ‘8’
  - (Indicates the deletion of diagnosis code listed HI01-2)

- **HI01-1** = ‘BK’
  - (Code List Qualifier)

- **HI01-2** = delete diagnosis code
Add/Delete Specific Diagnosis

- Data elements to add and delete diagnosis codes in a single chart review encounter:

  - **Report Type Code**
    - PWK01 = ‘09’
  - **Attachment Transmission Code**
    - PWK02 = ‘AA’
  - **REF01** = ‘F8’
  - **REF02** = ICN of previously accepted encounter
  - **Loop 2300 – Claim Information**
    - CLM*2997677856479709654A*100.50***11:B:1*Y*A*Y*Y~
    - PWK*09*AA~
    - REF*F8*1212278567098~
    - HI*BK:78901~
  - **REF*EA*40390~**
  - **REF01** = ‘EA’
  - **REF02** = ‘8’
  - Deleted diagnosis code
  - **HI01-1** = ‘BK’
    - (Code List Qualifier)
  - **HI02-2** = Added diagnosis code
  - **CLM05-3** = ‘1’
Correct/Replace Chart Review

- Correct/replace chart review encounters may only correct or replace previously submitted and accepted chart review encounters.
- Correct/replace chart review encounters must not be submitted to correct or replace full encounters.
- All correct data from the previous chart review submission, and any revised data must be submitted to ensure the final encounter stored in the EODS is valid and accurate.
- Once the correct/replace chart review is processed through the EDFES and EDPS, the original chart review encounter will be flagged as “inactive” and the correct/replace chart review encounter will be stored as the active record.
Correct/Replace Chart Review

Data elements to correct/replace chart review:

**Loop 2300 – Claim Information**

- CLM*2997677856479709654A*100.50***11:E*7*Y*A*Y*Y~
- PWK*09*AA~
- REF*F8*1212278567098~
- HI*BK:78901~

- **Report Type Code** PWK01 = ‘09’
- **Attachment Transmission Code** PWK02 = ‘AA’
- **REF01** = ‘F8’
- **REF02** = ICN of previously accepted and stored chart review encounter
- **CLM05-3** = ‘7’ for correct/replace
Void/Delete Chart Review

- Data elements to void/delete chart review:

  **Loop 2300 – Claim Information**

  CLM*2997677856479709654A100.50***11:B:8*Y*A*Y*Y~
  PWK*09*AA~
  REF*F8*1212278567098~
  HI*BK:78901~

  - **Report Type Code**
    - PWK01 = ‘09’
    - Attachment
    - Transmission Code
    - PWK02 = ‘AA’

  - **REF01** = ‘F8’

  - **REF02** = ICN of previously accepted and stored chart review encounter

  - CLM05-3 = ‘8’ for void/delete
EDS and RAPS Inbox Questions
What resources are available for MAOs that have specific questions about diagnostic coding?

MAOs may reference the Center for Disease Control and Prevention (CDC):
- ICD-9 Guidelines:  
- ICD-10 Guidelines:  

CMS coding resources:
http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html?redirect=/ICD9ProviderDiagnosticCodes/01_overview.asp
What is the point of contact for MAOs to obtain risk adjustment reports related to RAPS from a prior month that are no longer in their mailbox?

MAOs may contact CSSC Operations at csscoperations@palmettobga.com to request a report be restored. When requesting a restored report, the MAO must provide the File ID and file submission date.
Will all RAPS submissions require that the BBB fields be populated after 2015, even if the submission is not for an overpayment?

The BBB fields are conditional. If the PROD-TEST-IND field in the AAA record is populated with “OPMT” for Overpayment, then the OVERPAYMENT-ID field in the BBB record must be populated with the assigned Remedy ticket number, the payment year, and the date assigned.
Can an MAO submit diagnoses for a currently enrolled beneficiary for DOS prior to the beneficiary’s enrollment in that MAO?

No, MAOs must not submit diagnoses for DOS prior to a beneficiary’s enrollment in their organization.
RAPS Question #5 – Sweep Data

Does the final risk adjustment data submission deadline in regulation apply to encounter data submissions of risk adjustment eligible diagnoses?

Risk adjustment data includes diagnosis data submitted into both the RAPS and the EDS. Therefore, the final risk adjustment data submission deadline established in regulation applies to both the diagnosis data plans submit to RAPS and EDS.
Is it required for MAOs to populate encounters with the Treatment Authorization Code for Home Health billing?

Yes, the Treatment Authorization Code is required to report Plan of Treatment information for Home Health services and is used to link the encounter record to the assessment used to derive the HIPPS code.

EDS Question #2 – Acceptable Data

What types of claims, providers, diagnosis codes, etc. are acceptable for risk adjustment via the EDS?

All rules for risk adjustment that apply to RAPS submissions also apply to EDS submission (face-to-face, supported by a medical record, types of institutions and provider specialties, etc.)

CMS will provide further information regarding risk adjustment filtering for encounter data at a later time.
Does the EDS require that encounters be populated with an ordering/referring provider name and National Provider Identifier (NPI) for diagnostic services?

The submission of the ordering/referring provider name and NPI is situational. If the MAO populates this data, then EDS will edit encounters to verify ordering/referring provider name and NPI are valid.
Are SNFs required to submit HIPPS codes?

All SNF encounter data submissions populated with Revenue Code 0022 and DOS on and after July 1, 2014 must include HIPPS codes.

Please reference the May 23, 2014 and December 4, 2014 HPMS Memos regarding HIPPS Codes.
Questions & Answers

Your Questions are Important!
Thank You!
Closing Remarks
## Resources

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<thead>
<tr>
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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!