2016 Encounter Data Submissions: Duplicate Record & Demographic Data Fields Processing of Encounter Data Records

Thursday, June 23, 2016

Agenda

➢ Introduction

   ➢ Session Guidelines

   ➢ Upcoming User Group calls

➢ Duplicate Record & Demographic Fields Processing in CMS's Encounter Data System

➢ Frequently Asked Questions

➢ Q & A

Session Guidelines

➤ This is a one (1) hour webinar session for MAOs and other entities submitting data to the Encounter Data System.

➤ There will be opportunities to submit questions to the question and answer box available via the webinar.

➤ Slides and documented Q&As will be posted in coming weeks on the CSSC webpage under *Medicare Encounter Data>User Group.*

➤ For questions regarding content of this webinar, submit inquiries to the CMS Encounter Data mailbox at: EncounterData@cms.hhs.gov

➤ Please refer to http://www.tarsc.info for the most up to date details regarding Encounter Data training opportunities.

Upcoming Encounter Data and Risk Adjustment User Group Calls

➢ CMS plans to hold monthly user group calls to address topics related to risk adjustment data (encounter data and RAPS data submissions).

➢ The current plan is to hold calls on or around the 3rd Thursday of each month.

➢ Schedule

  ➢ Thursday, July 21 – 2017 Model Implementation

  ➢ Thursday, August 18 – TBD

➢ The topics and dates will be posted on http://www.tarsc.info

Key Topic: Duplicate Record and Demographic Data Field Processing

Terminology

- ➢ ***Encounter Data Record (EDR) =*** record of an item or service provided by the Medicare Advantage Organization (MAO) to a beneficiary enrolled in one (1) of its plans.

- ➢ ***Original EDR =*** an EDR with claim frequency code of '1' to denote the first instance of the EDR or the first instance of the EDR submitted after voiding a previously accepted EDR.

- ➢ ***Replacement EDR =*** an EDR with claim frequency code of '7' to denote that the EDR is meant to take the place of a previously accepted EDR.

- ➢ ***Void EDR =*** an EDR with claim frequency code of '8' to denote that the EDR is meant to void a previously accepted EDR.

Analysis of Error Codes

➢ Based on an analysis of the most frequently occurring reject codes and on feedback from the industry, CMS has been investigating duplicate record and demographic data field processing.

➢ To help reduce the number of rejected records, our goal is to describe how our system checks for duplicate records and processes the demographic data fields.

Top 3 Reject Codes, Header Level, 2014 & 2015

Table 2. Top 3 Header Level Reject Rates

Service Year	Reject Rank	Reject Code & Description	Reject Rates		
			DME	INST	PRF
2014	1	Blank – All Lines Rejected	1.6	2.8	2.4
	2 (DME)	02240 – Beneficiary not Enrolled in MAO for DOS	1.2		
	2 (INST)	17330 – RAP Not Allowed		0.5	
	2	98320 – Chart Review Duplicate			1.1
	3 (DME)	02125 – Beneficiary DOB Mismatch	0.2		
	3 (INST/PRF)	02240 – Beneficiary not Enrolled in MAO for DOS		0.4	0.5
2015	1	Blank – All Lines Rejected	1.9	1.5	1.8
	2	02240 – Beneficiary not Enrolled in MAO for DOS	1.4	1.0	1.2
	3 (DME)	00035 – ICD-9 Codes Not Allowed	0.4		
	3 (PRF)	02125 – Beneficiary DOB Mismatch			0.2
	3 (INST)	98300 – Exact Inpatient Duplicate Encounter		0.4	

Top 3 Reject Codes, Line Level, 2014 & 2015

Table 2. Top 3 Line Level Reject Rates

Service Year	Reject Rank	Reject Code & Description	Reject Rates		
			DME	INST	PRF
2014	1	98325 – Service Line(s) Duplicated	1.7	6.0	2.9
	2	Blank – Header Rejected	1.4	2.8	1.5
	3 (DME/PRF)	02256 – Beneficiary not Part C Eligible for DOS	0.5		0.2
	3 (INST)	22225 – Missing Provider Specific Record		0.5	
2015	1	98325 – Service Line(s) Duplicated	2.0	5.0	2.2
	2	Blank – Header Rejected	1.9	3.4	1.5
	3 (DME/PRF)	02256 – Beneficiary not Part C Eligible for DOS	0.4		0.1
	3 (INST)	22225 – Missing Provider Specific Record		0.2	

Duplicate Record & Demographic Data Field Processing in the CMS Encounter Data System

Specific Reject Codes Addressed in this Presentation

Reject Code	Header or Line Level (I=Institutional, P=Professional, D=DME)	Description of Reject Code
98325	Line (I, P, D)	Service Line(s) Duplicated
98300	Header (I)	Exact Inpatient Duplicate Encounter
02240	Header (I, P, D)	Beneficiary Not Enrolled in MAO for DOS
02256	Header (I); Line (P, D)	Beneficiary Not Part C Eligible for DOS
02110	Header (I, P, D)	Beneficiary HICN Not on File
02120	Header (I, P, D)	Beneficiary Gender Mismatch
02125	Header (I, P, D)	Beneficiary DOB Mismatch

Duplicate Record & Demographic Data Field Processing in the CMS Encounter Data System

➢ Header level rejects cause the encounter, including all service lines, to be rejected.

➢ If all lines in a record are rejected, the header will also be rejected, even if it passed all checks independently. The header will not receive a reject code in this instance.

➢ On the MAO-002 report, you would see the following for a record with two (2) lines, both rejected. In this case, the Header passed independently, but has been reset to be rejected, because all lines in the record were rejected.

Encounter ICN	Line Number	Status	Reject Code	Error Description
111111111111TEST	000	Rejected	-	-
	001	Rejected	98325	Service Line(s) Duplicated
	002	Rejected	98325	Service Line(s) Duplicated

Duplicate Submission

- ➢ EDS identifies a duplicate if all of the following data elements are submitted on more than one (1) EDR.

- ➢ For Professional, DME and Institutional - Outpatient EDRs, the duplicate check is at the line level.

- ➢ Reject code 98325 will post if all of these fields match another line within the record being processed OR a line from a previously accepted EDR.

- ➢ The most recently processed line will be rejected.

- ➢ The service line dates are optional for Institutional EDRs. Therefore, if the service line dates are null, the system will use the Header 'From' and 'Through' date for comparison.

Professional/DME	Institutional - Outpatient
Health Insurance Claim Number (HICN)	Health Insurance Claim Number (HICN)
Date of Service (DOS)	Date of Service (DOS)
Procedure Code and up to four (4) modifiers	Procedure Code and up to four (4) modifiers
Paid Amount (2320 AMT02/2430 SVD02)	Paid Amount (2320 AMT02/2430 SVD02)
Billed Amount	Billed Amount
Place of Service (POS)	Type of Bill (TOB)
Rendering Provider NPI	Billing Provider NPI
	Revenue Code

Bypass Logic for Duplicate Checking

EDPS bypasses posting reject code 98325 "Service Line(s) Duplicated" for professional and institutional outpatient encounters based on certain modifiers as well as bypass edit on ASC encounters due to the submission of bilateral surgical services.

More detailed information will be included in the next update of the Companion Guide.

Duplicate Submission Institutional Inpatient EDRs

EDS identifies a duplicate if all of the following data elements are submitted on more than one (1) Institutional Inpatient EDR (bill types 11X, 18X, 21X, and 41X).

➤ For Institutional Inpatient EDRs, the duplicate check is at the header level.
➤ Reject code 98300 will post if all of these fields match a previously accepted EDR.
➤ The most recent submission will be rejected.

Institutional - Inpatient
Health Insurance Claim Number (HICN)
Date of Service (DOS) (from and thru dates)
Type of Bill
Billing Provider NPI

Duplicate Submission & Claim Frequency Code Indicator

The interaction between the type of claim as indicated by the *claim frequency code* field and the duplicate logic is a key relationship to understand in order to avoid duplicate submission error.

The table below shows the frequency of the reject code 98325 (line level duplications) by the claim frequency code field for 2014 for the five (5) largest Parent Organizations.

Module	Claim Frequency Code	Distribution by Code of Lines Rejected as Duplicates
DME	1 (Original)	97%
	7 (Replacement)	3%
INST	1, 2, 3, 4, 5, 9 (Original or Interim)	97%
	7 (Replacement)	3%
PRF	1 (Original)	98%
	7 (Replacement)	2%

Duplicate Submission & Claim Frequency Code Indicator

If an EDR is flagged as an Original EDR (claim frequency code = 1 (or Interim in the case of Institutional records) AND the key matching fields listed on slides 12 and 13 are found to match a previously accepted EDR, the most recently submitted data will be determined to be a duplicate and be rejected. (See Red rows below).

Example:

Submission Date	Claim ID	Line #	Claim Frequency Code	Field Changed
4/23/2013	12345	0	1	
4/23/2013	12345	1	1	
4/23/2013	12345	2	1	
4/23/2013	12345	3	1	
5/05/2013	67890	0	1	Provider Specialty Code, Payment Field
5/05/2013	67890	1	1	Provider Specialty Code, Payment Field
5/05/2013	67890	2	1	Provider Specialty Code, Payment Field
5/05/2013	67890	3	1	Provider Specialty Code, Payment Field

Duplicate Submission & Claim Frequency Code Indicator

In order for the new record to be accepted and pass the duplicate logic in this example, the claim frequency code should be changed to seven (7), which indicates that this is a replacement EDR. The *ICN* for original EDR should also be included in the appropriate field.

Submission Date	Claim ID	Line #	Claim Frequency Code	Field Changed	Linking Claim ID
4/23/2013	12345	0	1		
4/23/2013	12345	1	1		
4/23/2013	12345	2	1		
4/23/2013	12345	3	1		
6/15/2013	99999	0	7	Provider Specialty Code, Payment Field	12345
6/15/2013	99999	1	7	Provider Specialty Code, Payment Field	12345
6/15/2013	99999	2	7	Provider Specialty Code, Payment Field	12345
6/15/2013	99999	3	7	Provider Specialty Code, Payment Field	12345

Suggestions for Successful Submission – Original EDRs

➢ When submitting an EDR for the first time, CLM05-3 should be set to '1', '2', '3', '4', '5', or '9', which indicates that the EDR is an "Original" or "Interim".

➢ ***All Lines Rejected.*** If all of the lines are rejected (either as duplicates or for some other reason), the Header will be set to Reject, even if it was accepted independently. In these cases, the submitter should resubmit the corrected EDR with all lines and CLM05-3 should be set to '1', '2', '3', '4', '5', or '9'.

➢ ***Some Lines Rejected.*** If some of the lines are rejected, the record will be accepted with an accepted Header and some lines accepted. The rejected lines will be reported on the MAO-002 report.

  ➢ **<u>Submit Void EDR.</u>** In these cases, if the submitter wishes to correct the rejected lines and resubmit the encounter record, the submitter should submit a **Void record** (CLM05-3 = '8') for the accepted encounter record and include the accepted Header and <u>all</u> originally submitted lines (accepted and rejected). For example, if the original record contained three (3) lines and one (1) was accepted and two (2) rejected, all three (3) lines and the header should be included on the **Void record**.

  ➢ Once the Void record has been submitted and accepted, the submitter should submit a new **Original record** (CLM05-3 should set to '1', '2', '3', '4', '5', or '9') with all three lines.

Suggestions for Successful Submission – Replacement EDRs

➢ In order to change data elements on a previously submitted encounter EDR, CLM05-3 should be set to '7', which indicates that the EDR is meant to replace a previously accepted EDR.

➢ <u>Match EDR to be replaced</u>. When a replacement EDR is submitted, the system will check seven (7) key fields (see next slide) to ensure that the replacement EDR is for the same encounter as the previously accepted EDR that it is meant to replace. If there is a *mismatch* in any of the seven (7) key fields then the replacement EDR will be rejected. The reject code will be "00780 - Adjustment Must Match Original".

➢ <u>Duplicate check against other EDRs</u>. In addition, the replacement EDR will be subjected to the key matching fields listed on slides 12 and 13 to ensure that it is not a copy of another EDR *other than the one it is meant to replace.* If it is found to be a duplicate of another EDR which was previously accepted, then the replacement EDR will be rejected. Otherwise, the replacement EDR will be accepted and the previously accepted EDR that it is linked to will be set to adjusted/off (i.e. Inactive).

Key Fields for Matching Replacement EDR to Previously Accepted EDR

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

Suggestions for Successful Submission – Void EDRs

➢ In order to void a previously accepted EDR, CLM05-3 should be populated with an '8' and **all lines** originally submitted should be included on the void EDR.

➢ When a void EDR is submitted, the system will check 10 key fields (see next slide) to make sure that the void EDR is for the same encounter as the previously accepted EDR that it will be voiding.

➢ If there is a mismatch in any of the 10 key fields, the void EDR will be rejected and the previously accepted EDR will remain in active status. The reject code will be "00699 - Void Must Match Original".

➢ Otherwise, the void EDR will be accepted and result in the disposition of the previously accepted EDR (header and lines) being set to void/off (i.e., Inactive).

➢ Void EDRs are **not** subject to the duplicate logic checks.

Key Fields for Matching Void EDR to Previously Accepted EDR

➢ Linked Internal Control Number (ICN) – header level

➢ Beneficiary HIC Number – header level

➢ Beneficiary Last Name (first five (5) characters) – header level

➢ Beneficiary First Name (first character) – header level

➢ Place of Service for Professional and DME and Type of Bill for Institutional – header level

➢ Submitted Charges – header level

➢ Date of Service – header level

➢ Number of encounter lines (both accepted and rejected)– derived from line level

➢ Billing Provider NPI – header level

➢ Rendering Provider NPI, if applicable – header level

➢ Payer ID – header level

Chart Review Records - Duplicates

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

- Duplicate logic for Chart Review Records will be addressed in a future user group call.

Demographic Data Fields - 02240

02240 (Not Enrolled in MAO for DOS)

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

➢ If a person has an episode of care that spans their enrollment in two (2) different contracts, the record will fail, because dates of services need to align with enrollment dates ***by contract***.

Example:

➢ Dates of service are 12/10/2014 through 02/07/2015 (home health service).

➢ Enrolled in Contract H1234 from 01/01/2014 through 12/31/2014

➢ Enrolled in Contract H2345 from 01/01/2015

➢ Eligible for Part C since 01/01/2011.

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

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

Demographic Data Fields - 02240
Bypass Logic

INSTITUTIONAL RECORDS
The system shall bypass this edit when:
- the "From Date of Service" is equal to or prior to the Contract ID termination date **AND**
- the "Through Date of Service" is after the Contract ID termination date **AND**
- the Bill Type is 11X,12X,18X,21X,22X,41X, OR 85X.

PROFESSIONAL RECORDS
The system shall bypass this edit when:
- the "From Date of Service" is equal to or prior to the Contract ID termination date **AND**
- the "To Date of Service" is after the Contract ID termination date **AND**
- the Place of Service is equal to 21, 31, 32, 51, 55, 56, OR 61 on the Header level.

DME RECORDS
This edit shall bypass this edit when:
- the 'From' date is equal to or prior to the Contract ID termination date **AND**
- the 'To' date is after the Contract ID termination date **AND**
- the 'From' date is not equal to the claim 'Through' date (Statement DOS spans more than one (1) day).

Demographic Data Fields - 02256

02256 (Not Part C Eligible for DOS)

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

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

    Example 1:
- ➢ Dates of service are 01/14/2016 through 01/14/2016
- ➢ MBD Part C Enrollment Dates: 05/01/2015 – 06/30/2015
- ➢ Date MBD Part C Enrollment Dates Fields Last Updated: 06/11/2015

    Example 2:
- ➢ Dates of service are 01/01/2016 through 01/31/2016
- ➢ MBD Part C Enrollment Dates: 12/01/2013 – 12/31/2015
- ➢ Date MBD Part C Enrollment Dates Fields Last Updated: 11/03/2015

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

Demographic Data Fields – 02256 Bypass Logic

INSTITUTIONAL RECORDS

The system shall bypass this edit when:

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

PROFESSIONAL RECORDS

The system shall bypass this edit when:

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

DME RECORDS

This edit shall bypass this edit when:

- the 'From' date is equal to or prior to the Part C enrollment termination date **AND**
- the 'Through' date is after the Part C enrollment termination date **AND**
- the claim line 'From' date is not equal to the claim line 'Through' date (Service line DOS spans more than one (1) day).

Demographic Data Fields - 02110

02110 (HICN Not on File)
This is a check to ensure that the submitted HICN is found in the MBD file.

➢ CMS analysis of a sample of records failing this check indicates that the HICNs submitted cannot be found in the master beneficiary data (MBD) files used by the encounter data processing system. It should be noted that master beneficiary data files correspond to the MMRs sent to plans).

➢ CMS cannot verify the HICN, so these are valid rejects and the MAO should research the HICN using the MMRs.

Demographic Data Fields - 02120 & 02125

02120 (Gender Mismatch) & 02125 (DOB Mismatch)
These checks make sure that the Gender and DOB submitted on the record match the MBD data in CMS's encounter data system.

CMS analysis of a sample of records failing these checks show that the DOB and Sex information submitted do not match the data in the MBD. We also checked to see if the MBD data had changed recently and found that the data in the MBD matches the data in the MMR and have not been changed for several years in most cases. MAOs have access to the correct data in their MMRs.

DOB Submitted on Encounter	MBD DOB Data	Date MBD DOB Field Last Updated
04/01/1934	04/19/1934	2004-01-17
04/09/1935	04/19/1930	2010-06-28
05/23/1936	05/22/1936	2010-05-21

Sex Submitted on Encounter	MBD Sex Data	Date MBD DOB Field Last Updated
F	M	2006-10-19
F	M	2010-06-25
M	F	2010-08-19

Frequently Asked Questions

#1: Could you please clarify the guidelines regarding timeliness of encounter data submissions?

As noted in the May 13, 2015 HPMS memo, Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2015, 2016, 2017, all risk adjustment data (RAPS and EDS) that will be included in the various risk score runs need to be submitted by the "Deadline for Submission."

Risk adjustment data includes Encounter Data and RAPS data.

Frequently Asked Questions

#2: For Institutional EDRs, the indicator of whether a record is capitated occurs at the header level. How should a submitter handle an institutional EDR in which the MAO has a contractual arrangement with a provider under which certain services are paid on a FFS basis and other services are paid on capitated basis?

When an institutional EDR contains both FFS and capitated lines, submit as a single EDR with the CN101(Contract Type Code) at the header level in LOOP 2300 left blank and populate the CAS segment at the line level within LOOP 2430 with a Group Reason Code of 24 to indicate a capitated service line. For FFS lines, the Group Reason Code should be populated using the codes submitted by the provider on the 835.

If all lines in an institutional EDR are capitated, then the EDR should be submitted with the CN101(Contract Type Code) at the header level in LOOP 2300 set to '05'.

Frequently Asked Questions

#3: We submitted our deletes to the RAPS system before the final risk adjustment deadline, but missed the deadline to submit the deletes in the encounter data.

a. Will our deletes in RAPS automatically be carried over to the encounter data system?

No, they will not. The RAPS and EDS are two (2) separate data systems. The deletes need to be submitted separately to each system.

b. If our deletes to the encounter data system were not submitted by the final risk adjustment deadline, will they be included in the final risk score run?

It is each organizations' responsibility to delete each instance of unsupported diagnoses from both RAPS and encounter data. Any deletions submitted to either system after the risk adjustment deadline will be incorporated into risk score future reruns and subsequent overpayment recovery.

Frequently Asked Questions

#4: We have had data issues on the reconciliation of MAO-004 file to our encounters and have reported these to CMS. What plans does CMS have to address these issues?

As plans are aware, there are some errors in the filtering and the format of the MAO-004 reports themselves. CMS plans to send corrected reports in the fall. Around the same time, CMS will focus on the MAO-004 reports as a topic on a user group call.

Questions & Answers

Closing Remarks

Resources

Resource	Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
Customer Support and Service Center (CSSC) Operations	http://www.csscoperations.com csscoperations@palmettogba.com
EDS Inbox	encounterdata@cms.hhs.gov
Risk Adjustment Mailbox	riskadjustment@cms.hhs.gov
Technical Assistance Registration Service Center (TARSC)	http://www.tarsc.info/
Washington Publishing Company	http://www.wpc-edi.com/content/view/817/1

Resources *(continued)*

Resource	Link
Medicare Advantage and Prescription Drug Plans Communications User Guide	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html
RAPS Error Code Listing and RAPS-FERAS Error Code Lookup	http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&expand=1&navmenu=Risk^Adjustment^Processing^System||
CMS 5010 Edit Spreadsheet	http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits?open&expand=1&navmenu=Medicare^Encounter^Data||
EDPS Error Code Look-up Tool	http://www.csscoperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&navmenu=Medicare^Encounter^Data||||

Contact Us

- Additional questions may also be submitted following the webinar to:

  EncounterData@cms.hhs.gov

  or

  RiskAdjustment@cms.hhs.gov

- Questions submitted to other CMS mailboxes will be forwarded to the risk adjustment or encounter data mailboxes as appropriate.

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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