

Encounter Data Submission and Processing Report Resource Guides



Risk Adjustment Processing System (RAPS) – Duplicate Diagnosis Cluster Report

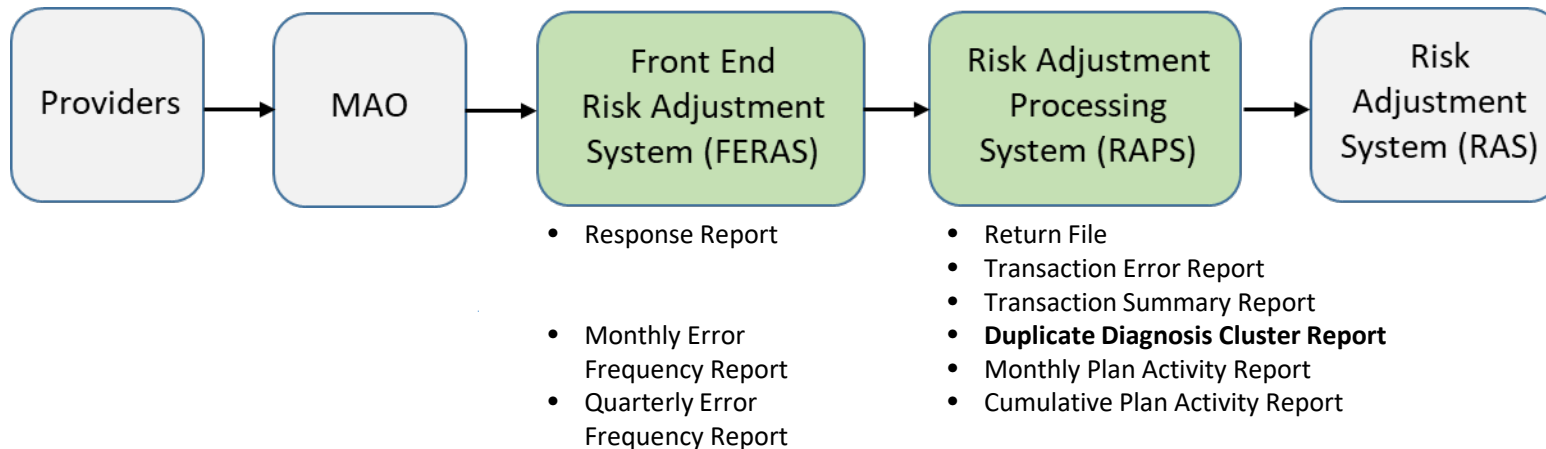
Report Description

The Duplicate Diagnosis Cluster report lists diagnosis clusters with a 502 **informational edit** message. Code 502 means that the diagnosis cluster was accepted but not stored because a diagnosis cluster with the same attributes is already stored in the RAPS database. Clusters appearing on this report were previously submitted to CMS; that is, a cluster with the same Medicare Beneficiary Identifier, provider type, from and through dates of service, and diagnosis code are already stored in the RAPS database.

Note: CMS sends monitoring emails when error code 502 exceeds 5% of submissions, however there is no compliance action in these situations.

This report is best viewed with a text editor.

Report Generation





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File Layout

Field No.	Field Name	Field Description
1	Report Name	Name of the report as it appears in the submitter’s mailbox
2	Report Full Name	Full name of the report.
3	Page Number	Page number of the report.
4	Report Run Date	Date CMS generated the report (CCYYMMDD).
5	MAO Transmit Date	Date the submitter created the transaction.
6	Submitter ID	Report is grouped by submitter identification number. A submitter may submit for more than one organization (H-number).
7	File ID	The 10-character alphanumeric field identifying the specific file submitted.
8	Plan Number	H-number assigned by CMS; a different report is generated for each MA organization (H-number).
9	Batch ID	The 7-digit batch identification number.
10	Sequence Number	Detail-level record where the error occurred.
11	MAO Patient Control Number	Patient control number assigned by the MA organization, if any.
12	Beneficiary Identifier	The identifier of the beneficiary (BENE ID); it can be the HIC, RRB or MBI. Up to 12-digit (alpha-numeric)
13	Date of Birth	Patient’s date of birth (CCYYMMDD format).



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File Layout (continued)

Field No.	Field Name	Field Description
14	Provider Type	The 2-digit code identifying the provider type (01, 02, 10, or 20).
15	Service From Date	Date of admission (inpatient) or date of treatment (outpatient facility or physician).
16	Service Through Date	Date of discharge (inpatient) or date of treatment (outpatient facility or physician).
17	Delete Indicator	The 1-character place holder identifies diagnosis clusters that will be or are deleted. This field is populated with a “D” if the cluster was deleted. If no deletion has occurred, the space will be blank.
18	Diagnosis Code	The 7-character ICD-10-CM diagnosis code.
19	Diagnosis Code Error	Error code associated with submitted diagnosis code, if any.
20	Corrected MBI	If an error code indicates there is a corrected MBI number, it is listed here.



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Accessing the Report

Data Transfer Protocol	Mailbox Processing File Names of Reports
Connecting directly with CMS (Supported by the MAPD Help Desk: (mapdhelp@cms.hhs.gov))*	RPT.RAPS_DUPDX_RPT_#####
Secure File Transfer Protocol (SFTP) (Supported by Customer Service Support Center (CSSC): (cssoperations@palmettogba.com))	<Submitter ID>. CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_DUPDX_RPT.RPT
Connect:Direct (Supported by Customer Service Support Center (CSSC): (cssoperations@palmettogba.com))	Submitter defined

* MAOs and other entities with fewer than 100,000 enrollees can use this option to connect directly to CMS

Report Resources

[January 2019 User Group Webinar- Error Code 502](#)

[March 2017 User Group Webinar – Report description](#)

[2013 Risk Adjustment 101 Participant Guide - 2013 National Technical Assistance](#)

[2008 Technical Assistance Manual](#)