MODULE 3 – DATA COLLECTION

Exercise 1

Yellowstone Health Plan collected data from one of its providers. The information submitted by the physician includes four diagnoses, each with a different date of service. From the information provided, does the health plan have the minimum data required for risk adjustment?

Answer Key – Exercise 1

The data collected by Yellowstone Health Plan includes:

a. The service from dates
b. The service through dates
c. The four ICD-9-CM diagnoses codes
d. The provider type

The example does not indicate whether or not the physician included the HIC number.

MODULE 4 – DATA SUBMISSION

Exercise 1

Bill Doe received health care on several occasions during the second quarter of 2006. The Winfield Health Care Plan submitted the following diagnoses in one CCC record. The plan submits all diagnoses whether they are in the model or not, and filters by provider type.

1. Mr. Doe visited his primary physician on 4/5/06 for increased weakness and tremor. The physician diagnosed Parkinson's disease **332.0**, ordered a CAT scan and MRI of the brain to rule out any tumors or stroke, and referred him to a neurologist for further evaluation.

2. A diagnostic radiologist performed a CAT scan and MRI on on Mr. Doe on 4/07/06. The results reported by the radiologist was "small lacunar infarct, possibly old" **434.91**.

3. The neurologist saw Mr. Doe on 4/9/06, reviewed the MRI findings and concurred with the radiologist interpretation of cerebrovascular infarct **434.91** and referred Mr. Doe for admission to Community Hospital.

4. Community Hospital admitted Mr. Doe on 4/9/06 and discharged him to a rehabilitation facility on 4/15/06 with the following diagnoses: principal diagnosis: CVA **436;** other diagnoses: Parkinson's **332.0** and Emphysema **492.8**.

5. The community hospital readmitted Mr. Doe on 4/22/06, and he was discharged on 4/30/06. No diagnosis code was submitted.

6. On 4/30/06 through 5/28/06 Mr. Doe's primary care physician diagnosed Diabetes **250.00**.

Complete the following CCC record layout given the information above.

Answer Key – Exercise 1

1. Item 1 is from a physician office and it becomes the first cluster. Therefore, provider type 20 is entered in field 9.0. The date of service in both 9.1 and 9.2 is in the CCYYMMDD format. Field 9.3 should always contain 1 space, unless the cluster is being deleted. The diagnosis code in the scenario, 3320, is entered in field 9.4 with no decimal and one space following the code to complete the 5-character field. This is a relevant diagnosis in HCC 73. Fields 9.5, 9.6, and 9.7 are filled with spaces.

2. Item 2 is not an acceptable source of data because as of 2006 diagnostic radiology is no longer an acceptable physician source.

3. The third item is from a physician office and becomes cluster 2. Therefore, provider type 20 is entered in field 10.0. The date of service is entered in 10.1 and diagnosis code 434.91 is entered in 10.4. Code 434.91 is in HCC 96.

4. Item 4, cluster 3 is from a hospital inpatient so it is valid data. Provider type 01 is entered in field 11.0 for the principal diagnosis. The admission date is entered in 11.1 and the through date is entered in 11.2. Code 436 followed by two spaces, is entered in 11.4. Code 436 is also HCC 96.

   Item 4, cluster 4 is from a hospital inpatient, secondary diagnoses. Enter 02 in field 12.0 and the same admission and discharge dates as cluster 3. Diagnosis code 3320 plus space is entered in field 12.4, even though this is a repeat of a diagnosis, it is important that internally the plan has captured that the source of this diagnosis can also be found from an inpatient record.

   Item 4, cluster 5 repeats the data from cluster 4 with the exception of code 4928 plus a space, in field 13.4.

5. Not all of the five minimum data elements were collected from this provider. The provider information contained all of the minimum data elements except for the diagnosis code. Plans can not submit an incomplete diagnosis cluster. Therefore, this information can not be submitted.

6. Item 6 is from a primary care physician so it is valid data. Provider type 20 is entered in field 14.0 for physician. The admission date is entered in 14.1 and the through date is entered in 14.2. Code 250.00 is entered in 14.4. Code 250.00 is also HCC 19.

   Item 6 must follow item 4, cluster 5. Plans must not skip clusters when submitting active diagnosis codes.

   Since this is the final diagnosis for Mr. Doe, all other diagnosis clusters must be space filled.

CLUSTER 1		CLUSTER 2		CLUSTER 3		CLUSTER 4		CLUSTER 5		CLUSTER 6	
FIELD	DATA	FIELD	DATA	FIELD	DATA	FIELD	DATA	FIELD	DATA	FIELD	DATA
9.0	20	10.0	20	11.0	01	12.0	02	13.0	02	14.0	20
9.1	20060405	10.1	20060409	11.1	20060409	12.1	20060409	13.1	20060409	14.1	20060430
9.2	20060405	10.2	20060409	11.2	20060415	12.2	20060415	13.2	20060415	14.2	20060528
9.3	Space	10.3	Space	11.3	Space	12.3	Space	13.3	Space	14.3	Space
9.4	3320 *(space)*	10.4	43491	11.4	436 *(2 spaces)*	12.4	3320 *(space)*	13.4	4928 *(space)*	14.4	25000
9.5	Space	10.5	Space	11.5	Space	12.5	Space	13.5	Space	14.5	Space
9.6	Space	10.6	Space	11.6	Space	12.6	Space	13.6	Space	14.6	Space
9.7	Space	10.7	Space	11.7	Space	12.7	Space	13.7	Space	14.7	Space

MODULE 5 – EDITS

Exercise 1

Read the following scenario and determine if there is an error. If there is an error, determine if FERAS or RAPS would generate the error message. Identify the error code and explain the consequences of the error.

Answer Key – Exercise 1

1. The MA organization submitted a diagnosis cluster with provider type 40. This occurred in the fourth of seven records in the batch.
   Answer: Since this occurred in the fourth record in the batch, the error is identified in RAPS. The submitter receives error code 400 "MISSING/INVALID PROVIDER-TYPE CODE ON CCC RECORD." This diagnosis cluster with the incorrect provider type is not stored. RAPS continues editing.

2. The MA organization submitted a diagnosis cluster with information populated in the diagnosis cluster error code fields. This occurred in the second of four records in the batch.
   Answer: The submitter receives error code 307 "DIAGNOSIS CLUSTER-ERROR 1 NOT EQUAL TO SPACES" and 308 "DIAGNOSIS CLUSTER-ERROR 2 NOT EQUAL TO SPACES" from RAPS, not FERAS, because this error did not occur in the first or last CCC record in the batch. This is a record level error and causes all editing to discontinue on this record. No clusters in this record are stored. Remember, error code fields must be populated with spaces, not zeros, when submitting data.

3. The MA organization submitted a valid diagnosis that is not included on the list of model diagnoses. This was in the second of eight records in the batch.
   Answer: RAPS processes the diagnosis as valid and, assuming there are no other errors in the cluster, it is stored. However, the cluster does not count towards risk adjustment, as indicated by the informational message, error code 501 "VALID DIAGNOSIS BUT NOT A RELEVANT DIAGNOSIS FOR RISK ADJUSTMENT DURING THIS SERVICE PERIOD."

4. The MA organization submitted a record with a from date of 20040113 and the through date of 20040115 for a hospital inpatient provider. This occurred in the fourth of nine records in the batch.
   Answer: FERAS accepts the cluster and sends it to RAPS. Assuming there are no other errors, no edit messages are received because the from and through dates are valid.

5. The MA organization submitted a record with a sequence number 0000002. This was the first of six records in the batch.
   Answer: Because the first record in the batch should be sequence number 0000001, not 0000002, error code 302 "MISSING/INVALID SEQUENCE NUMBER ON CCC RECORD" would be issued by FERAS. FERAS would completely reject the file.

6. The MA organization submitted a record with nine diagnosis clusters, but the fifth diagnosis cluster was left blank. This was the third of ten records in the batch.
   Answer: Since this occurred in the third record in the batch, the error is identified in RAPS. The submitter receives error code 455 "DIAGNOSIS CLUSTER NOT EDITED DUE TO RECORD FORMAT ERROR." Since there was a blank diagnosis cluster followed by a populated cluster, the diagnosis clusters with this error code are not stored.

MODULE 8 - REPORTS

Exercise 1

In Figure 8E in your Participant Guide on page 8-10 an MA organization submitted a batch with eight records.

Review the report and respond to the following:

Answer Key – Exercise 1

1. Which records had errors?

The Transaction Error Report indicated errors in records three, five, and seven. Records one, two, four, six, and eight received no error code messages.

2. For each of the errors, identify the code, description, and steps for resolution using the form below.

Record #	Associated Error Code	Error Code Description	Resolution Steps
3	353	HIC NUMBER DOES NOT EXIST ON MBD.	See A below.
5 (3 clusters)	408	SERVICE FROM DATE IS NOT WITHIN MEDICARE ENTITLEMENT PERIOD.	See B below.
7 (cluster 1)	491	DELETE ERROR, DIAGNOSIS CLUSTER PREVIOUSLY DELETED.	See C below.
7 (clusters 2,3)	408	SERVICE FROM DATE IS NOT WITHIN MA ORG ENTITLEMENT PERIOD.	See C below.
7 (clusters 2,3)	409	SERVICE THROUGH DATE IS NOT WITHIN MA ORG ENROLLMENT PERIOD	See C below.

A. Record three received a HIC error code (353) indicating that the "HIC NUMBER DOES NOT EXIST ON MBD." This error code occurred during the third stage of editing. The MA organization should check the accuracy of the HIC number, and see if new information was updated in MBD overnight that would resolve the error.

B. Record five received the 408-error code on three of its clusters because the beneficiary was not enrolled in a MA organization at the time of the hospital inpatient admission. The MA organization should double-check the dates of service to ensure they are correct. If they are not correct, the clusters should be corrected and resubmitted. If they are correct, then the organization should verify that the enrollment data found in MBD is accurate. If the enrollment information in MBD is different from the information found in MCCOY, the organization can contact CSSC for assistance.

C. Record seven received errors on two of its clusters. The first cluster received a 491-error code because the MA organization attempted to delete a diagnosis cluster with the same attributes that was already deleted from the RAPS database on the same date. No further action is required. The second cluster received both 408- and 409-error codes for the physician visit because the beneficiary was not enrolled in a MA organization on both the from and through dates of service.