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CENTER FOR MEDICARE

DATE: July 21, 2020

TO: All Medicare Advantage Organizations, PACE Organizations, Medicare-Medicaid Plans, Section 1833 Cost Contractors and Section 1876 Cost Contractors, and Demonstrations

FROM: Jennifer Shapiro, Director, Medicare Plan Payment Group

SUBJECT: Updated Version of MAO-004 Reports (Phase IV Version 0) and Re-issuing of Historical MAO-004 Reports in the New Version

The purpose of this memo is to announce an update to the MAO-004 report. The MAO-004 report informs Medicare Advantage Organizations (MAOs) and other entities participating in the Medicare Advantage program¹ about the risk adjustment eligibility of diagnoses submitted on Encounter Data and Chart Review records. CMS is now providing information about the updated report, referred to as the Phase IV Version 0 (Phase 4.0) MAO-004 report, and announcing that CMS is re-issuing all previous monthly MAO-004 reports in accordance with this new version. The Phase 4.0 report uses the same file format as the current Phase III Version 3 (Phase 3.3) MAO-004 report, but contains corrections to issues detected in the Phase 3.3 report, as well as updates to content based on feedback from MAOs and other entities.

CMS has been distributing the most recent version of the MAO-004 report, the Phase 3.3 report, to MAOs and other entities since April 2018. CMS, MAOs and other entities have identified issues in this version of the report. Taken together, these issues affect less than 2% of all submissions from 2014 through the present. The Phase 4.0 report addresses these existing issues, an overview of which are provided in Appendix 1.

In addition, CMS solicited feedback on the MAO-004 report from stakeholders through a Request for Information memo in 2019 (See HPMS memo titled, “Request for Input - Risk Adjustment Reports - Model Output Report (MOR) and MAO-004 Report,” released on May 29, 2019). The new version of the report incorporates improvements suggested by MAOs and other entities by providing new content. Please see Appendix 2 for a list of the changes in content.

¹The phrase “MAOs and other entities” is used for the remainder of this memo to refer to Medicare Advantage Organizations, PACE Organizations, Medicare-Medicaid Plans, Section 1833 Cost Contractors and Section 1876 Cost Contractors, and Demonstrations.

Appendix 3 provides information on the file naming structure and the various avenues MAOs and other entities can access the MAO-004 report. The naming structure is unchanged; however, the Phase and Version in the naming structure changes from “3” “3” to “4” “0”. Once the transition to the Phase 4.0 report has occurred, the MAO-004 report will no longer be produced with the Phase 3.3 content.

When CMS releases the Phase 4.0 MAO-004 report for data submitted from 2014 through the present, the reports will remain in the MARx mailboxes for two weeks. Therefore, MAOs and other entities are advised to download the reports from their mailboxes before the two-week period expires; after the expiration date, the reports are archived in the MARx UI. Please note that only active contracts will be able to retrieve archived reports from the MARx UI.

In order to support the use of the updated MAO-004 report, CMS is providing a comprehensive set of resources and reference materials in Appendix 4 of this memo, including the file layout with updated content, and updated technical reference tables.

Although these issues affect a small number of submissions, in order to provide a complete set of updated data, and to support MAOs’ and other entities’ analysis of the data on the MAO-004 report, CMS is producing MAO-004 monthly reports for data submitted from 2014 through the present to reflect these changes. CMS anticipates it will transition to the Phase 4.0 MAO-004 report in October 2020, after the September Phase 3.3 MAO-004 report to support payment year 2021 initial model run. CMS will provide more details on this as the transitioning time approaches.

In addition, CMS will delete the obsolete Phase II and Phase III Version 2 MAO-004 reports on the MARx UI after the transition. MAOs and other entities needing these reports may download them from the MARx UI. The Phase 3.3 reports will continue to be available on the MARx UI as will all archived Phase 4.0 MAO-004 reports. CMS will communicate the timeline of deletion after the transition.

In the future, CMS will re-run prior year risk models to produce risk scores that reflect the resolution of outstanding issues where encounter data generated risk scores were a percentage of risk scores used for payments. CMS will provide information about these runs in subsequent HPMS memos.

Please email riskadjustmentoperations@cms.hhs.gov with the subject heading, “Updated Version of MAO-004 Reports (Phase IV Version 0) and re-issuing of historical MAO-004 reports in the new version” for questions related to this memo. Thank you.

Appendix 1: Issues Addressed in Phase IV Version 0 MAO-004 reports

As noted above, collectively, the issues affecting the Phase 3.3 MAO-004 report are less than 2% percent of all records, across all service and submissions years (2014-2020), and all MAOs and other entities. Many of these issues have been resolved in recent years as CMS improved the data editing and processing of the Encounter Data System (EDS). Therefore, the MAO-004 reports of more recent years have minimal issues.

MAOs and other entities should note that these issues may or may not affect the applicable beneficiary risk scores as the MAO-004 report contains information on the risk adjustment eligibility of diagnoses on all accepted records submitted in a given month (e.g., replacement records, Chart Review Record-Deletes, etc.). An issue may or may not have a risk score payment impact. Payment impact occurs when a diagnosis code, omitted in error, is the only instance of a diagnosis triggering a Hierarchical Condition Code (HCC) in a beneficiary's diagnosis profile or if the diagnosis code omitted maps to a higher HCC than an existing diagnosis code maps to in the beneficiary diagnoses profile, assuming all the records pass the CMS encounter data filtering criteria. Alternatively, a diagnosis code included in error may also impact risk payments.

The following is the list of issues with the Phase 3.3 MAO-004 reports, including a few issues where the MAO-004 report was correct, but diagnoses were not correctly reflected in the risk scores (and MORs). A number of these issues have already been resolved, and we note the timing of the resolution where applicable. Otherwise, all issues will be resolved with the Phase 4.0 MAO-004 reports. Please reference the December 20, 2017 HPMS Memo, "Phase III Version 3 MAO-004 Report Release Date and Announcement Regarding Final Encounter Data Deadlines for Payment Years 2016 and 2017" for more information to help in understanding these fields, field values, and descriptions.

Resolved Phase 3.3 MAO-004 Report Issues:²

- a. Replacement to an encounter (Encounter Type Switch=3):** There are instances where the MAO-004 report incorrectly displayed the Allow/ Disallow Status of the previously submitted linked record (Detail field #15) as *blank* instead of an 'A' or 'D'.
Status: Reports for submissions in March 2018 and all subsequent months are correct.

- b. CRR-Delete acting as voids:** There are instances where the MAO-004 report showed CRR-Delete records as deleting all diagnoses on the linked record instead of the specified diagnoses on the CRR-Delete record. The MAO-004 report reflected this error in the diagnoses Add/Delete fields (Detail fields #31-35).
Status: Reports for submissions in March 2018 and all subsequent months are correct.

² Please note that because some of the fields on the MAO-004 report are interdependent, an error in reporting one field can cause an error in reporting a dependent field(s). For example, if a replacement is reported in error as an original by the MAO, there will be a discrepancy in the encounter type field (replacement: 3, Original: 1), the add/delete of the diagnoses will be different as well (encounter type 1 will have all adds, replacements may have both adds, deletes, or blank).

- c. **Difference in claim diagnoses code indicator (Detail Field #29):** There are a few MAO-004 report records for July and August 2018 submissions that had diagnoses indicator of '9' (ICD-9) instead of '0' (ICD-10)
Status: Isolated to only reports for July & August 2018 submissions.
- d. **MBI/HICN reporting (Detail Field #7):** There are a few MAO-004 reports that had the HICN identifier instead of the MBI identifier sent in by the plan. The MAO-004 report sends back to submitters the identifier that was submitted to the EDS.
Status: Isolated to only the report for September 2018 submissions.
- e. **Allowed/Disallowed due to deadline (Detail Field #25 & #27):**
 - i. Records with 2014 dates of service submitted after the 02/01/2016 final risk adjustment deadline, were flagged as 'A' and *blank* in fields #25 and #27 respectively. These fields should have been 'D' and 'D' respectively. This was a reporting issue only and did not affect the risk scores.
Status: Reports for submissions in October 2018 and all subsequent months are correct.
 - ii. Similarly, records with 2015 and 2016 dates of service submitted in September 2018, after the 09/14/2018 final risk adjustment deadline, were flagged as 'A' and *blank* in fields #25 and #27 respectively. These fields should have been 'D' and 'D' respectively. This was a reporting issue only and did not affect the risk scores.
Status: Isolated only to the report for September 2018 submissions
 - iii. Finally, records with 2017 dates of service submitted after the January 31, 2019 risk adjustment deadline were flagged as 'A' and *blank* in fields #25 and #27 respectively. These fields should have been 'D' and 'D' respectively. This was a reporting issue only and did not affect the risk scores.
Status: Reports for submissions in August 2019 and all subsequent months are correct
- f. **Void to a CRR-Delete (Encounter Type Switch=8) marked as "Allowed":** There are instances where the report incorrectly displays the Allowed/Disallowed field (Detail field #25) for some void records as 'A' instead of a *blank*.
Status: Reports for submissions in June 2019 and all subsequent months are correct.

Existing MAO-004 issues (these affect all submissions across all service years and will be resolved with the Phase 4.0 MAO-004 report):

- g. **Missing records:** Some Encounter Data Records (EDRs) and Chart Review Records (CRRs) – linked, unlinked, adds or deletes – are not being captured on the MAO-004 report. These include originals, replacements, and voids.
- h. **CRR-Add linked to an original EDR:** There are instances where the parent Internal Control Number (ICN) (field #13) and the Allowed/Disallowed status of the parent ICN (Detail field #15) are reported as *blank*. These fields are supposed to be populated with the original ICN and its respective Allowed/Disallowed status.

- i. **Incorrect Encounter Type Assigned:** In some cases, an incorrect Encounter Type was assigned. For example, there are instances where multiple replacements cannot be reconciled with their respective record families. Therefore, those replacements are reported as originals. Due to this situation, these records also show discrepancies in other dependent fields in the report.
- j. **Deleted Diagnoses re-appearing:** In some cases, an already deleted diagnosis is reported again as deleted when a CRR-Delete record is reported. These re-appearing diagnoses deletes were not submitted on the CRR-Delete and therefore should not be reported again CRR-Delete is reported.
- k. **CRR-Delete Replacement (Encounter Type 9) acting as a Replacement to an CRR-Delete (Encounter Type 7):** ³ When a CRR-Delete replacement record is linked to a previously-submitted CRR-Delete, the diagnoses on the CRR-Delete replacement should be reconciled with only the diagnoses on the record it is linked to. Common diagnoses between the replacement and the CRR-Delete record it is linked to remain deleted and will be re-reported; diagnoses that are on the replacement but not on the CRR-Delete it is replacing are deleted; and diagnoses on the previous CRR-Delete but not on the replacement record are added. However, in some cases, all the diagnoses on the replacement record are added back to the encounter family.

Resolved discrepancies between MAO-004 reports and Model Output Reports (MORs). In these instances, the MAO-004 report is correct; however, the diagnoses effect did not reflect in the risk score.

- l. **Diagnoses on CRR-Adds not showing up in risk scores:** Diagnoses on some CRRs (linked and unlinked) that were correctly reported on the MAO-004 report as Allowed/Add ('A'/'A') were not reflected in the risk scores of the applicable beneficiaries. This issue affected about 6% of total unique diagnoses across 2014 – 2018 service years.
Status: Resolved in April 2019
Impacted payment runs: 2015 3rd Final, 2016 2nd Final, 2016 3rd Final, 2017 2nd Final, 2018 Midyear, 2019 Initial, 2018 Final, 2019 Midyear
Payment runs not impacted: 2018 2nd Final, 2019 Final, 2020 Initial, 2020 Midyear
- m. **Non-standard HICNs:** Some ICNs submitted with beneficiaries with a non-standard HICN (e.g. RRBs) were not reflected in the risk scores of the applicable beneficiaries. This affected about 0.2% of total unique diagnoses across 2014 – 2019 service years.
Status: Resolved in May 2019
Impacted payment runs: 2015 3rd Final & Overpayment, 2016 2nd Final, 2016 3rd Final, 2017 2nd Final, 2018 Midyear, 2019 Initial, 2018 Final, 2019 Midyear
Payment runs not impacted: 2018 2nd Final, 2019 Final, 2020 Initial

³ CMS currently rejects Chart Review Delete Replacement in EDS. These apply to older accepted data that still need to be processed through the retroactive run.

- n. **CRR-Deletes:** Diagnoses on some CRR-Deletes are reported accurately on MAO-004 but not excluded from the risk score calculations of the applicable beneficiaries.

Status: Resolved in July 2019

Impacted payment runs: 2015 3rd Final & Overpayment, 2016 2nd Final, 2016 3rd Final, 2017 2nd Final, 2018 Midyear, 2019 Initial, 2018 Final, 2019 Midyear

Payment runs not impacted: 2018 2nd Final, 2019 Final, 2020 Initial

- o. **Diagnoses on EDRs not showing up in risk scores:** Diagnoses on some EDRs that were correctly reported on the MAO-004 report as Allowed/Add ('A' / 'A') were not included in the risk score calculations of the applicable beneficiaries.

Status: Resolved in November 2019

Impacted payment runs: PY2015 3rd Final & Overpayment, 2016 2nd Final, 2016 3rd Final, 2017 2nd Final, 2018 Midyear, 2018 Final, 2019 Initial, 2019 Midyear, 2020 Initial

Payment runs not impacted: 2018 2nd Final, 2019 Final

Appendix 2: Summary of Phase IV Version 0 (Phase 4.0) MAO-004 Report Content Changes

The file layout and file size (500 bytes) of the Phase 4.0 MAO-004 report will be unchanged from the current layout and file size. A summary of changes to the content of the MAO-004 reports is provided below. Please use the hyperlinks to reference tables including more detailed information provided in the Appendix.

Data Field Name	Phase 3.3	Phase 4.0
Phase and Version (Table 4, Header Fields #15 and #17)	“3” and “3”	“4” and “0”
Service Type Field (Table 1 & Table 4, Details Field #23)	“N” (All Others (Not Applicable)) for Type of Bill Code 79x	“O” (Outpatient) for Type of Bill Code 79x
Allowed/Disallowed Flag Field (Table 4, Details Field #25 & #27):	“Blank” for all voids and chart review deletes regardless of submission date	For all records except Service Type = “N”: “Blank” for all void and chart review deletes submitted prior to the risk adjustment deadline; otherwise, the Allowed/Disallowed Flag Field (#25) is set to <i>Disallowed</i> (D) and the Allowed/Disallowed Reason Code Field (#27) is set to “Deadline” (D)
Allowed/Disallowed Flag Field (Table 4, Details Field #25 & #27):	“D” for all non-void and non-chart review delete Service Type = “N” records regardless of submission date	“N” for all Service Type = “N” records regardless of submission date
Diagnoses Add/Delete Flag (Table 4 Details, Field #33)	“Blank”: when the Add/Delete status of a repeated diagnosis stayed unchanged between a replacement ICN and its original ICN, the repeated diagnoses was reported as “Blank”	<i>Removing Blanks</i> : Repeated diagnoses will be reported as either still in its Add (A) status, or Delete (D) status. There will be no blanks.

Data Field Name	Phase 3.3	Phase 4.0
Diagnoses Add/Delete Flag (Table 4 Details, Field #33)		<i>Not Applicable (“N”) field value:</i> This is a new field value introduced in Phase 4.0. This field value is used when a submission and/or diagnosis cannot be interpreted (for example: when a chart review delete is submitted and the diagnosis code on the record does not exist on the Original ICN referenced). The diagnosis will be reported as Not applicable (N) and the not be taken into account for risk adjustment.
Diagnosis Codes & Delimiters & Add/Delete flags for 37 diagnoses (Table 4D, Field #35)	Chart review delete is reported with only the specified deleted diagnoses	<i>Report remaining diagnoses in “Add” status in record family:</i> Chart review deletes (Encounter Types “7”- “9”) will also report the status of diagnoses in the family that are still in Add status.

Appendix 3: Accessing the Phase 4.0 Reports

CMS will distribute the Phase 4.0 MAO-004 reports with the file naming convention as follows:

System	Type	Frequency	Dataset Naming Conventions
MARx / EFT	Data File	Monthly	<p>Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxxx.MAO004PV.Dyymmdd.Thhmsst</p> <p>Connect:Direct (Mainframe): zzzzzzzz.Rxxxxxx.MAO004PV.Dyymmdd.Thhmsst</p> <p>Connect:Direct (Non-Mainframe): [directory]Rxxxxxx.MAO004PV.Dyymmdd.Thhmsst</p>
MARx UI	Data File	Monthly	P#MMA.@BGD5050.PLNxxxxxx.Ryyyymm.Ddd.MAO004PV

Where:

- zzzzzzzz is the plan sponsor-provided high level qualifier
- xxxxxx is the contract number, representing the contract that the MAO-004 report is for
- P = Phase: The Phase can be 0 to 9 or A to Z (**'4' for this Phase**)
- V= Version: The version can be 0 to 9 or A to Z (**'0' for this Version**)
- yy is the two-digit year when the file was sent
- mm is the two-digit month when the file was sent
- dd is the two-digit day when the file was sent
- Thhmsst is the timestamp, representing the time the file was sent

Active contracts may also access and download archived MAO-004 Reports through MARx UI:

1. Go to the "Reports" menu
2. Select "Monthly" frequency
3. Select "Start Month/Year"
4. Select "End Month/Year"
5. On the "Report/Data File" dropdown select "Risk Adjustment Eligible Diagnosis Report"
6. Add your "Contract ID"
7. Press "Find." The archived reports will populate and become available for download after 10-15mins after the user has logged out and has logged back into the UI.

Appendix 4: References

Table 1: Type of Bill Code to Service Type Field Mapping

MAOs and other entities submit encounter records with Type of Bill Codes. During the encounter data risk adjustment processing, these Type of Bill Codes are transformed into the Service Type Codes and reported on the MAO-004 Report (Table 4 Details, Field #23). This table provides the mapping of the Type of Bill Codes and Service Type field designations on the MAO-004 Report. **There is only one change from Phase 3.3 to Phase 4.0, in red below.**

Table 1

TYPE OF BILL	Service Type Field
000X Medicare Part C ENC Other Type of Bill Groups	N
011X Medicare Part C ENC Hospital Inpatient (Including Medicare Part A)	I
012X Medicare Part C ENC Hospital Inpatient (Medicare Part B only)	O
013X Medicare Part C ENC Hospital Outpatient	O
014X Medicare Part C ENC Hospital Laboratory Services Provided to Non-patients	O
018X Medicare Part C ENC Hospital Swing Beds	N
021X Medicare Part C ENC SNF Skilled Nursing Inpatient (Including Medicare Part A)	N
022X Medicare Part C ENC SNF Skilled Nursing Inpatient (Medicare Part B only)	O
023X Medicare Part C ENC SNF Skilled Nursing Outpatient	O
024X Medicare Part C ENC SNF Skilled Nursing Other + Laboratory Services Provided to Non-patients (Type of Bill discontinued in 2005)	N
028X Medicare Part C ENC SNF Skilled Nursing Swing Beds	N
032X Medicare Part C ENC Home Health + Inpatient (Medicare Part B only)	N
033X Medicare Part C ENC Home Health + Outpatient	N
034X Medicare Part C ENC Home Health + Laboratory Services Provided to Non-patients	O
041X Medicare Part C ENC Religious Nonmedical Health Care Institutions - Hospital Inpatient	I
043X Medicare Part C ENC Religious Nonmedical Health Care Institutions - Outpatient	O
065X Medicare Part C ENC Intermediate Care Intermediate Care Level I	O
066X Medicare Part C ENC Intermediate Care Intermediate Care Level II	O
071X Medicare Part C ENC Clinic RHC Rural Health	O
072X Medicare Part C ENC Clinic ESRD Renal Dialysis Hospital Based or Independent	O

TYPE OF BILL	Service Type Field
073X Medicare Part C ENC Clinic Freestanding	O
074X Medicare Part C ENC Clinic ORF Outpatient Rehab Facility	O
075X Medicare Part C ENC Clinic CORF Comprehensive Outpatient Rehab Facility	O
076X Medicare Part C ENC Clinic CMHC Community Mental Health Centers	O
077X Medicare Part C ENC Clinic FQHC Federal Qualified Health Center	O
079X Medicare Part C ENC Clinic - Other	O
081X Medicare Part C ENC Special Facility Hospice Nonhospital-based	N
082X Medicare Part C ENC Special Facility Hospice Hospital-based	N
083X Medicare Part C ENC Special Facility ASC Ambulatory Surgery Center	O
084X Medicare Part C ENC Special Facility Freestanding Birthing Center	O
085X Medicare Part C ENC Special Facility CAH Critical Access Hospital	O
086X Medicare Part C ENC Special Facility Residential Facility	O
089X Medicare Part C ENC Special Facility - Other	O
PROF Medicare Part C ENC Professional	P
DME Medicare Part C ENC DME	D

Tables 2A: Encounter Type Switch Field Designations ([Table 4, Details Field #11](#))

In Phase III, CMS implemented the Encounter Type Switch field on the MAO-004 report to indicate how each record reported on the MAO-004 report was classified. We added this field because, in the past, some records that MAOs and other entities submitted to the EDS contained inconsistent or ambiguous information and CMS needed to make determinations about what type of record each of these was in order to know how to treat the diagnoses on these “unexpected” records for risk adjustment. CMS uses the following fields to make these determinations: Submitted Bill Frequency Code, Chart Review Switch, Original ICN, and Patient Medical Record Number. CMS has implemented edits to prevent EDS from accepting these “unexpected” records. However, because historical data submitted prior to implementing the EDS edits were accepted, these data will still be processed through Phase IV. Table 2A below identifies the submission scenario, whether or not the submission is “expected” based on Encounter Data submission guidance, and which encounter type switch value these submissions are mapped to for risk adjustment processing. **Please note that these encounter type switch values do not change between Phase 3.3 and Phase 4.0.**

Table 2A: Encounter Type Switch Values

Encounter Type Switch Label	Encounter Type Switch Value	Expected Submission	Submitted Bill Frequency Code (Loop 2300 CLM 05-3)	Chart Review Switch (Loop 2300 PWK01/02; “09”/ “AA” = Y)	Original ICN (Loop 2300 REF 01/02 = ‘F8’/ICN)	Patient Medical Record Number (Loop 2300 REF 01/02 = ‘EA’ / ‘8’)
Encounter Data Record	1	Y	Not Equal to '7' or '8'	Blank	Blank	Blank
		N	Not Equal to '7' or '8'	Blank	Populated with a value that is not found in EDS	Blank or populated with any value
		N	Not Equal to '7' or '8'	Blank	Populated with the ICN of an EDR with Encounter Type Switch 2, 5, or 8	Blank or populated with any value
		N	Equal to '7'	Blank	Blank or populated with a value that is not found in EDS	Blank or populated with any value
		N	Equal to '7'	Blank	Populated with the ICN of an EDR with Encounter Type Switch of 2, 5, or 8	Blank or populated with any value

Encounter Type Switch Label	Encounter Type Switch Value	Expected Submission	Submitted Bill Frequency Code (Loop 2300 CLM 05-3)	Chart Review Switch (Loop 2300 PWK01/02; “09”/ “AA” = Y)	Original ICN (Loop 2300 REF 01/02 = ‘F8’/ICN)	Patient Medical Record Number (Loop 2300 REF 01/02 = ‘EA’ / ‘8’)
Void to an Encounter Data Record	2	Y	Equal to '8'	Blank	Links to Encounter Type Switch of 1 or 3	Blank
		N	Equal to '8'	Blank	Links to Encounter Type Switch of 1 or 3	Populated with any value
		N	Equal to '8'	Y	Links to Encounter Type Switch of 1 or 3	Blank or populated with any value
Replacement to an Encounter Data Record	3	Y	Equal to '7'	Blank	Links to Encounter Type Switch of 1 or 3	Blank
		N	Equal to '1'	Blank	Links to Encounter Type Switch of 1 or 3	Blank or populated with any value
		N	Equal to '7'	Blank	Links to Encounter Type Switch of 1 or 3	Populated with any value
		N	Equal to '7'	Y	Links to Encounter Type Switch of 1 or 3	Blank or populated with any value
Chart Review Record Add	4	Y	Not Equal to '7' or '8'	Y	Blank (unlinked) or Links to any accepted and reported ICN	Blank
		N	Not equal to '7' or '8'	Y	Links to any accepted and reported ICN	Does not = '8'
		N	Not equal to '7' or '8'	Y	Populated with a value that is not found in EDS	Does not = '8'
		N	Not equal to '7' or '8'	Blank	Links to Encounter Type Switch of 4, 6, 7, or 9	Blank or populated with any value
		N	Equal to '7'	Y	Links to Encounter Type Switch of 2, 5, or 8	Does not = '8'
		N	Equal to '7'	Y	Blank (unlinked) or not found ICN	Blank or populated with any value
Void to a Chart Review Record	5	Y	Equal to '8'	Y	Links to an existing ICN of Encounter Type Switch of 4 or 6	Blank
		N	Equal to '8'	Blank	Links to Encounter Type Switch of 4 or 6	Blank or populated with any value

Encounter Type Switch Label	Encounter Type Switch Value	Expected Submission	Submitted Bill Frequency Code (Loop 2300 CLM 05-3)	Chart Review Switch (Loop 2300 PWK01/02; “09”/ “AA” = Y)	Original ICN (Loop 2300 REF 01/02 = ‘F8’/ICN)	Patient Medical Record Number (Loop 2300 REF 01/02 = ‘EA’ / ‘8’)
		N	Equal to '8'	Y	Links to Encounter Type Switch of 4 or 6	Populated with any value
Replacement to a Chart Review Record	6	Y	Equal to '7'	Y	Links to an existing ICN of Encounter Type Switch of 4 or 6	Blank
		N	Equal to '7'	Blank	Links to Encounter Type Switch of 4 or 6	Blank or populated with any value
		N	Equal to '7'	Y	Links to Encounter Type Switch of 4 or 6	Populated with any value
Chart Review Record Delete	7	Y	Equal to '1'	Y	Links to Encounter Type Switch of 1, 3, 4, or 6	= '8'
		N	Not equal to '1','7', or '8'	Y	Links to Encounter Type Switch of 1, 3, 4, or 6	= '8'
Void to Chart Review Record Delete	8	Y	Equal to '8'	Y	Links to Encounter Type Switch of 7 or 9	= '8'
		N	Equal to '8'	Blank	Links to Encounter Type Switch of 7 or 9	Blank or populated with any value
		N	Equal to '8'	Y	Links to Encounter Type Switch of 7 or 9	Blank or populated with any value
Replacement to Chart Review Record Delete ⁴	9	Y	Equal to '7'	Y	Links to Encounter Type Switch of 7 or 9	= '8'
		N	Equal to '7'	Blank	Links to Encounter Type Switch of 7 or 9	Blank or populated with any value
		N	Equal to '7'	Y	Links to Encounter Type Switch of 7 or 9	Blank or populated with any value

⁴Replacement to CRR Deletes are no longer accepted by the EDS. These will be applicable to older accepted data in the EDS.

Table 2B: Accepted Records with Ambiguous information, not reported on the MAO-004

Table 2B identifies ambiguous EDS accepted submissions that are not processed for risk adjustment and not reported on the MAO-004 report. This will remain the case with Phase 4.0, when we reprocess older records, CMS has implemented reject edits to prevent these ambiguous submissions. The ambiguous submissions are not assigned an encounter type. **Please note that this table does not change between Phase 3.3 and Phase 4.0.**

	Submitted Bill Frequency Code (Loop 2300 CLM 05-3)	Chart Review Switch (Loop 2300 PWK01/02; “09”/ “AA” = Y)	Original ICN (Loop 2300 REF 01/02 = ‘F8’/ICN)	Patient Medical Record Number (Loop 2300 REF 01/02 = ‘EA’ / ‘8’)
Exceptions not reported on the MAO-004 report	Not equal to '7' or '8'	Y	Links to Encounter Type Switch other than 1, 3, 4 or 6	= '8'
	Not equal to '7' or '8'	Y	Blank (unlinked) or not found	= '8'
	Equal to '7'	Y	Not found or links to Encounter Type Switch of 2, 5, or 8	= '8'
	Equal to '8'	Blank	Not found or links to Encounter Type Switch of 2, 5, or 8	Blank or populated with any value
	Equal to '8'	Blank	Blank	Blank or populated with any value
	Equal to '8'	Y	Not found or links to Encounter Type Switch of 2, 5, or 8	Blank or populated with any value
	Equal to '8'	Y	Blank	Blank or populated with any value
All EDRs and CRRs submitted and accepted to EDS without diagnoses codes regardless of the submission attributes above				

Table 3: Encounter Type Switch to Encounter Record Family Mapping

CMS’ EDS also allows submitters to link new record submissions to previously submitted and accepted EDRs and/or CRRs. These records include replacements and voids. In encounter data risk adjustment processing, these records are grouped together as an “encounter record family” in order to reconcile the diagnoses among the records as added, deleted, or not applicable and create a diagnosis profile for each beneficiary. Table 3 shows how these families are constructed for risk adjustment. **There is no change in how these families are grouped between Phase 3.3 and Phase 4.0. However, note the changes in the Add/Delete designations in red.**

Table 3

Encounter Type Switch Value (Table 2A)	Family Designations	Add/Delete Reporting (Table 4, Details Fields #31-35)
1: Encounter Data Record	Starts a new family	All unique diagnoses on the record are reported as “Add” (A)
2: Void to Encounter Data Record	Part of the family of the ICN it is linked to	All diagnoses on the Original ICN (Details Field #13) are reported as “Delete” (D) ***If there is a CRR delete (Encounter Types=’7’-’9’) attached to an EDR that is being voided, the CRR delete is treated as part of the Original ICN (Details Field #13) being voided. The void record voids both the Original ICN (Details Field #13) record and the CRR delete record attached to the Original ICN (Details Field #13) record
3: Replacement to Encounter Data Record	Part of the family of the ICN it is linked to	Common diagnoses between the replacement and the Original ICN (Details Field #13) are reported as “Add” (A) New unique diagnoses on the replacement record are reported also as an "Add" (A) Diagnoses on Original ICN (Details Field #13) but not on the new replacement are reported as "Delete" (D) ***If there is a CRR delete (Encounter Types=’7’-’9’) attached to the record that is being replaced, the CRR delete is treated as part of the Original ICN (Details Field #13) being replaced. The replacement replaces the Original ICN record (Details Field #13) and the CRR delete record Note: The beneficiary identifier on the replacement takes precedence, if different.

Encounter Type Switch Value (Table 2A)	Family Designations	Add/Delete Reporting (Table 4, Details Fields #31-35)
4: Chart Review Record Add	Starts a new family	All unique diagnoses on the record are reported as “Add” (A)
5: Void to a Chart Review Record	Part of the family of the ICN it is linked to	<p>All diagnoses on the Original ICN (Details Field #13) voided are reported as “Delete” (D)</p> <p>***If there is a CRR delete (Encounter Types=”7”-“9”) attached to a chart review record that is being voided, the CRR delete is treated as part of the Original ICN (Details Field #13) being voided. The void record voids both the Original ICN (Details Field #13) record and the CRR delete record attached to the Original ICN (Details Field #13) record</p>
6: Replacement to a Chart Review Record	Part of the family of the ICN it is linked to	<p>Common diagnoses between the replacement and the Original ICN (Details Field #13) are reported as “Add” (A)</p> <p>New unique diagnoses on the replacement record are also reported as "Add" (A)</p> <p>Diagnoses on Original ICN (Details Field #13) but not on the new replacement are reported as "Delete"(D)</p> <p>***If there is a CRR delete (Encounter Types=”7”-“9”) attached to the record that is being replaced, the CRR delete is treated as part of the Original ICN (Details Field #13) being replaced. The replacement replaces the Original ICN (Details Field #13) record and the CRR delete record</p> <p>Note: The beneficiary identifier on the replacement takes precedence, if different.</p>
7: Chart Review Record Delete	Part of the family of the ICN it is linked to	<p>All instances of the <i>specified</i> diagnoses on the chart review delete record are deleted from the Original ICN (Details Field #13) it is linked to; these specified diagnoses are reported as “Delete” (D)</p> <p>If a specified diagnosis on the CRR delete is not on the Original ICN (Details Field #13), the diagnosis is reported as “Not Applicable” (N)</p> <p>Also, all the diagnoses in the encounter family that remain in add status will be re-reported as “Add” (A)</p>

Encounter Type Switch Value (Table 2A)	Family Designations	Add/Delete Reporting (Table 4, Details Fields #31-35)
8: Void to Chart Review Record Delete	Part of the family of the ICN it is linked to	<p>Add (“A”) back diagnoses to the Original ICN (Details Field #13), which the voided chart review delete record had deleted previously</p> <p>Also, all the diagnoses in the encounter family that remain in add status will be re-reported as “Add” (A)</p>
9: Replacement to Chart Review Record Delete	Part of the family of the ICN it is linked to	<p>Common diagnoses on the replacement chart review delete and the Original ICN (Details Field #13) are reported as "Delete" (D)</p> <p>Diagnoses on the chart review delete replacement but not on the Original ICN (Details Field #13) are reported as a "Delete" (D)</p> <p>Diagnoses not on the chart review delete replacement but on the Original ICN (Details Field #13) are reported as "Add" (A)</p> <p>If a specified diagnosis on the CRR delete is not on the Original ICN (Details Field #13) of the Original CRR delete, report the diagnoses as Not applicable (N)</p> <p>Also, all the diagnoses in the encounter family that remain in “Add” status will be re-reported as “Add” (A)</p> <p>Please note that currently, chart review delete replacement records are being rejected by EDPS. These scenarios are applicable to old data.</p>

Table 4: Phase IV Version 0 (Phase 4.0) MAO-004 Report File Layout

Table 4 provides the Phase 4.0 MAO-004 report file layout. Report items with content changes as described above in the Summary of Phase 4.0 MAO-004 Report Content Changes section are highlighted below. **The Phase 4.0 report layout structure is unchanged from the Phase 3.3 layout.**

Table 4 Header

#	Item	Notes	Length	Starting Position	Ending Position	Format
1	Record Type	0: Header	1	1	1	Numeric, no commas and/or decimals
2	Delimiter		1	2	2	Uses the * character
3	Report ID	Value is “MAO-004”	7	3	9	Alpha Numeric
4	Delimiter		1	10	10	Uses the * character
5	Medicare Advantage Contract ID	Medicare Contract ID assigned to the submitting contract	5	11	15	Alpha Numeric
6	Delimiter		1	16	16	Uses the * character
7	Report Date	The last date of the submission month the report is created for	8	17	24	Numeric, format CCYYMMDD
8	Delimiter		1	25	25	Uses the * character
9	Report Description	Value is “Encounter Data Diagnosis Eligible for Risk Adjustment”	53	26	78	Alpha Numeric, left justify, blank fill
10	Delimiter		1	79	79	Uses the * character
11	Filler		30	80	109	Spaces
12	Delimiter		1	110	110	Uses the * character
13	Submission File Type	Value of “PROD,” for production and “TEST” for test files	4	111	114	Alpha Numeric
14	Delimiter		1	115	115	Uses the * character
15	Phase	This field designates the Phase layout of the MAO-004 report (In this case “4”)	1	116	116	Alpha Numeric
16	Delimiter		1	117	117	Uses the * character

#	Item	Notes	Length	Starting Position	Ending Position	Format
17	Version	This field designates the Version within the phase of the MAO-004 report (In this case “0”)	1	118	118	Alpha Numeric
18	Delimiter		1	119	119	Uses the * character
19	Filler		381	120	500	Spaces

Table 4 Details

#	Item	Notes	Length	Starting Position	Ending Position	Format
1	Record Type	1: Detail	1	1	1	Numeric, no commas and/or decimals
2	Delimiter		1	2	2	Uses the * character
3	Report ID	Value is “MAO-004”	7	3	9	Alpha Numeric
4	Delimiter		1	10	10	Uses the * character
5	Medicare Advantage Contract ID	Medicare Contract ID assigned to the submitting contract	5	11	15	Alpha Numeric
6	Delimiter		1	16	16	Uses the * character
7	Beneficiary Identifier	Beneficiary Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)	12	17	28	Alpha Numeric
8	Delimiter		1	29	29	Uses the * character
9	Encounter ICN	EDS ICN. In encounter data, only 13 spaces represent the ICN; however, there are 20 spaces on the records to allow for enhancements to the ICN.	20	30	49	Alpha Numeric
10	Delimiter		1	50	50	Uses the * character
11	Encounter Type (Table 2A)	This field can take on 9 different values: “1”: Encounter Data Record	1	51	51	Alpha Numeric

<u>#</u>	<u>Item</u>	<u>Notes</u>	<u>Length</u>	<u>Starting Position</u>	<u>Ending Position</u>	<u>Format</u>
		<p>“2”: Void to an Encounter Data Record</p> <p>“3”: Replacement to an Encounter Data Record</p> <p>“4”: Chart Review Record Add</p> <p>“5”: Void to a Chart Review</p> <p>“6”: Replacement to a Chart Review Record</p> <p>“7”: Chart Review Record Delete</p> <p>“8”: Void to a Chart Review Record Delete</p> <p>“9”: Replacement to a Chart Review Record Delete</p>				
12	Delimiter		1	52	52	Uses the * character
13	ICN of Encounter Linked To	EDS ICN. This field reports the ICN submitted and referenced on replacement, void, and linked CRRs. It will be blank for original encounters data records and unlinked CRRs.	20	53	72	Alpha Numeric
14	Delimiter		1	73	73	Uses the * character
15	Allowed/ Disallowed Status of Encounter Linked To	<p>This field reports the risk adjustment status of the referenced ICN (field #13)</p> <p>“A”: The referenced record and its associated diagnoses were allowed.</p> <p>“D”: The referenced record and its associated diagnoses were disallowed.</p> <p>Blank: (1) if the current record is an original EDR, or (2) if the current record is an unlinked chart review record or</p>	1	74	74	

<u>#</u>	<u>Item</u>	<u>Notes</u>	<u>Length</u>	<u>Starting Position</u>	<u>Ending Position</u>	<u>Format</u>
		(3) if the record is a linked chart review with an invalid ICN in Field #13, or (4) if the diagnoses on the record whose ICN is in Field 13 did not pass the filtering logic and were not previously reported on a MAO-004 report. (5) if the record points to another record which the allowed/disallowed was not set and reported before				
16	Delimiter		1	75	75	Uses the * character
17	Encounter Submission Date	Identifies the date the MAO submitted the encounter record	8	76	83	Numeric, format CCYYMMDD
18	Delimiter		1	84	84	Uses the * character
19	"From" Date of Service	The beginning of a provided service	8	85	92	Numeric, format CCYYMMDD
20	Delimiter		1	93	93	Uses the * character
21	"Through" Date of Service	The end date for a provided service.	8	94	101	Numeric, format CCYYMMDD
22	Delimiter		1	102	102	Uses the * character
23	Service Type (Table 1)	Type of Claim: “P”: Professional; “I”: Inpatient; “O”: Outpatient; “D”: DME; “N”: All Others (Not Applicable)	1	103	103	Alpha Numeric
24	Delimiter		1	104	104	Uses the * character
25	Allowed/ Disallowed flag (Figure 1)	This field indicates if the current record (field #9) together with its associated diagnoses are Allowed or Disallowed for risk adjustment. “A”: The record together with its associated	1	105	105	Alpha Numeric

#	Item	Notes	Length	Starting Position	Ending Position	Format
		<p>diagnoses are Allowed for risk adjustment.</p> <p>“D”: The record together with associated diagnoses are Disallowed for risk adjustment.</p> <p>Blank: Voids and Chart Review Deletes that have an EDS submission dates <i>prior</i> to the risk adjustment deadline.</p> <p>“N”: Designated for all Service Types “N”. The record together with associated diagnoses are not applicable for risk adjustment</p>				
26	Delimiter		1	106	106	Uses the * character
27	Allowed/ Disallowed Reason Code (Figure 1)	<p>If applicable, this field will indicate why the current record and its associated diagnoses are Disallowed for risk adjustment; or will indicate that diagnoses which previously was Disallowed for risk adjustment are now Allowed for risk adjustment based on an updated quarterly CPT/HCPCS list.</p> <p>“H”: The current record and its associated diagnoses are Disallowed for risk adjustment due to CPT/HCPCS. This value is applicable to only Service Types “O”, “P” and “D”.</p> <p>“T”: The current record and its associated diagnoses are Disallowed for risk adjustment due to Type of Bill. This value is</p>	1	107	107	Alpha Numeric

<u>#</u>	<u>Item</u>	<u>Notes</u>	<u>Length</u>	<u>Starting Position</u>	<u>Ending Position</u>	<u>Format</u>
		<p>applicable to only Service Types “O”.</p> <p>“D”: The current record and its associated diagnoses are Disallowed due to the final year-specific risk-adjustment payment deadline</p> <p>If the current record and its associated diagnoses are Disallowed for both Type of Bill and CPT/HCPCS code, reason code “T” will be reported. This is only applicable to Service Types “O”.</p> <p>“Q”: The current record and its associated diagnoses are now Allowed due to CPT/HCPCS quarterly update. This value is only applicable to reprocessed Service Types “O”, “P” and “D”.</p> <p>Blank: The current record and its associated diagnoses are Allowed for risk adjustment.</p> <p>“N”: The current record and its associated diagnoses are not applicable for risk adjustment. This is applicable records with Service Types “N”.</p> <p>Order of hierarchy: N> D>T>H</p>				
28	Delimiter		1	108	108	Uses the * character
29	Diagnoses ICD	<p>ICD code for All the diagnoses (9 or 0). “9”: ICD-9 or “0”: ICD-10</p>	1	109	109	Alpha Numeric

<u>#</u>	<u>Item</u>	<u>Notes</u>	<u>Length</u>	<u>Starting Position</u>	<u>Ending Position</u>	<u>Format</u>
30	Delimiter		1	110	110	Uses the * character
31	Diagnosis Code	ICD-9 codes will be accepted prior to the ICD-10 implementation date. Only ICD-10 codes will be accepted starting with ICD-10 implementation date.	7	111	117	Alpha Numeric
32	Delimiter		1	118	118	Uses the * character
33	Add or Delete flag (Table 3)	This will flag a diagnosis code as: “A”: Diagnoses are added "A"; “D”: Diagnoses are deleted. “N”: Diagnoses that are not applicable for adding and/or deleting.	1	119	119	Alpha Numeric
34	Delimiter		1	120	120	Uses the * character
35	Diagnosis Codes & Delimiters & Add/Delete flags for 37 diagnoses	This field represents up to 37 subsequent diagnoses, for a total of 38 diagnoses and add/delete flags per ICN. Any diagnoses beyond 38 will wrap around in the next line of the report with repeated detail lines except the diagnoses.	370	121	490	Alpha Numeric

Table 4 Trailer

#	<u>Item</u>	<u>Notes</u>	<u>Length</u>	<u>Starting Position</u>	<u>Ending Position</u>	<u>Format</u>
1	Record Type	9: Trailer	1	1	1	Numeric, no commas and/or decimals
2	Delimiter		1	2	2	Uses the * character
3	Report ID	Value is “MAO-004”	7	3	9	Alpha Numeric
4	Delimiter		1	10	10	Uses the * character
5	Medicare Advantage Contract ID	Medicare Contract ID assigned to the submitting contract	5	11	15	Alpha Numeric
6	Delimiter		1	16	16	Uses the * character
7	Total Number of Records	Count of detail records on this report	18	17	34	Numeric, no commas and/or decimals
8	Delimiter		1	35	35	Uses the * character
9	Filler		465	36	500	Spaces

Figure 1: ED Filtering Process to Designate Diagnoses as Allowed/Disallowed for Risk Adjustment, as reported on the MAO-004
 This flow chart is a graphical representation of the processes to designate and report the risk adjustment eligibility of a record and its associated diagnoses (Table 4, Details #25 & 27), based on the CMS published filtering logic. It brings together the designations on Table 1 and Table 2A through the risk adjustment processing. **There is no change in how records are filtered between Phase 3.3 and Phase 4.0.**

