CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Risk Adjustment for EDS & RAPS User Group

January 18, 2018

2:00 p.m. – 3:00 p.m. ET

Session Guidelines

- This is a one hour User Group for MAOs submitting data to the Encounter Data System (EDS) and the Risk Adjustment Processing System (RAPS).
- We will be conducting a live Q&A session after the presentations today.
- There remain opportunities to submit questions via the webinar Q&A feature.
- For follow up questions regarding content of this User Group, submit inquiries to CMS at RiskAdjustment@cms.hhs.gov or EncounterData@cms.hhs.gov.
- User Group slides and Q&A documents are posted on the CSSC Operations website under Medicare Encounter Data>User Group and Risk Adjustment Processing System>User Group.
- Please refer to http://tarsc.info for the most up-to-date details regarding training opportunities.
- User Group Evaluation.

Feedback on the Agenda

- We want to thank everyone who has been submitting specific topics for future User Group Calls. We continue to review these topics as we plan for future agendas.
- We remind you that you have an opportunity to suggest specific topics as part of the evaluation at the end of each User Group call.
- We recognize that we have a broad audience with a wide range of interests and levels of expertise.
- In order to meet these varied interests, we are splitting the agendas for these calls between Program Updates, which will include a variety of topics of varying levels of detail, and Trainings, with Trainings scheduled last.

Agenda

- **CMS Updates**
  - Anesthesia Units
  - Telehealth Clarification
  - 2017 Interim Final Deadline
  - Population of National Provider Identifier Fields
  - Encounter Data Submission of Data Collection Year Diagnosis Codes
  - The New Medicare Card Project
- **Q&A Session**
  - Frequently Asked Questions
  - Live Question and Answer Session
- **Closing**

CMS Updates

Anesthesia Units

Submission Clarification
Anesthesia Services – Units & Minutes

- We have received inquiries from submitters stating that CMS requires submitters to submit anesthesia units, but that many MAOs are billed in minutes.
- The encounter data system (EDS) does not require anesthesia services to be submitted in units.
- Submitters may submit anesthesia minutes, but must use the qualifier ‘MJ’ to indicate that the anesthesia service is being measured in minutes.

Submission Clarification Anesthesia Services – Units & Minutes (continued)

- As per ASC X12 TR3 guide (SV1-Professional Service segment), 2400.SV103 must be populated with "MJ" when SV101-3, SV101-4, SV101-5, or SV101-6 is an anesthesia modifier (AA, AD, QK, QS, QX, QY or QZ). Otherwise, 2400.SV103 must be populated with "UN".
  - If an anesthesia modifier (AA, AD, QK, QS, QX, QY or QZ) is present the Basis of Measurement qualifier must be “MJ”.
  - Example: SV1*HC:00537:AA*630.00*MJ*75*21**1**Y~
- If the anesthesia modifiers above are populated and the qualifier is not set to ‘MJ’, you will receive a rejected record on the 277CA with the associated edit codes: A7:732 – “Information submitted inconsistent with billing guidelines” and A7:659 – “Unit or Basis for Measurement Code.”

Telehealth Clarification

Submitting Telehealth Services to EDS

- In the November 30, 2017 Risk Adjustment for EDS and RAPS User Group, we provided information regarding how Medicare Advantage (MA) organizations should report encounters to the encounter data system (EDS) for telehealth services that are not considered Part A or Part B benefits under Original Medicare (i.e., FFS).
- In the next slide, we would like to clarify this information with examples of how MAOs should submit telehealth services to the EDS under different scenarios.

Plan-Submitted Telehealth Service Scenarios for EDPS

Using CPT code 9WXYZ as an example, below are three scenarios under which a MAO may submit the code to EDS for a beneficiary:

Scenario	Submission
1. **Non telehealth service**: A provider provides a service to a beneficiary in *an office setting (i.e., in person).*	MAO should submit CPT code 9WXYZ with the applicable professional service submission guideline.
2. **Telehealth service that meets FFS requirements**: A distant site physician provides a service to a beneficiary *who is located in an originating site in a rural HPSA.*	MAO should submit CPT code 9WXYZ along with the GT modifier (and POS 02 code, if the service was provided after 1/1/2017). Also, since this service meets the FFS originating site requirement. The MAO would also submit HCPCS code Q3014 for the originating site provider.
3. **Telehealth service that does not meet FFS requirements (prior to and post 2017 dates of service)**: A distant site physician provides a service to a beneficiary *who is located in a large city* (e.g., outside of what FFS defines as an originating site).	MAO should submit CPT code 9WXYZ along with the POS code '02' (regardless of date of service), but ***not*** the GT/GQ modifier, since this service does not meet the FFS originating site requirement.

2017 Interim Final Deadline

Payment Year (PY) 2017 Interim Final Deadline

On December 20, 2017, CMS issued an HPMS memo entitled, *Phase III Version 3 MAO-004 Report Release Date and Announcement Regarding Final Encounter Data Deadlines for Payment Years 2016 and 2017.* This memo announced that CMS will:

- Provide additional time to submit encounter data to be used in the final reconciliation of PY2017, in part to allow plans ample time to review and respond to the updated MAO-004 reports that CMS will send out in April 2018.
- Conduct an interim final run using RAPS and encounter data submitted by the existing deadline of January 31, 2018.
- Conduct a final PY2017 reconciliation run at a later date, using diagnoses submitted to RAPS as of January 31, 2018 and diagnoses from encounter data submitted through this later date.

Payment Year (PY) 2017 Interim Final Deadline (Continued)

- More information regarding the date of the later encounter data submission deadline for the final PY2017 reconciliation, along with the anticipated payment month, will be provided by February 2018.
- The final reconciliation of PY2017 that we run at this later date will include any diagnoses deletions with 2016 dates of service (DOS) that have been submitted to RAPS between January 31, 2018 and the later deadline.
- As the final risk adjustment data submission deadline will now be later than January 31, 2018, these deletes are not overpayments as defined in 42 CFR §422.326.

Population of National Provider Identifier Fields

Submission Guidance – Encounter Data Population of NPI Fields

On December 21, 2017, CMS issued an HPMS memo entitled, *Encounter Data Record Submissions – NPI Submission Guidance – Frequently Asked Questions.*

- This memo provided clarification on how submitters may populate data fields requiring NPIs under various circumstances.

- The guidance was presented in a question and answer format and we summarize the information in the following slides.

Submission Guidance – Encounter Data Population of NPI Fields (continued)

Question: Should a plan report encounters to CMS for which it reimbursed an enrollee for medical services received that the enrollee has paid for out of pocket? If these encounters should be reported, what should we enter for the NPI since enrollee reimbursement claims do not have the provider NPI?

Response: MAOs and other entities are required to submit an encounter data record (EDR) for all items and services received by a beneficiary under the contract, even when the beneficiary paid for the service directly.

In creating the EDR

- MAOs should attempt to look up NPIs on the National Plan and Provider Enumeration System (NPPES).
  - https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/DataDissemination.html.
  - Otherwise, the MAO may use the ***default NPI*** applicable to the record type in question (institutional, professional, or DME).

Submission Guidance – Encounter Data Population of NPI Fields (continued)

Default NPI Values by Service Type		
System	**Payer ID**	**Default NPI Value**
Institutional	80881	1999999976
Professional	80882	1999999984
DME	80887	1999999992

Submission Guidance – Encounter Data Population of NPI Fields (continued)

Question: Is there a special process plans should follow for services or items provided to an enrollee while the enrollee is out of the country since there is not a TIN or NPI in this situation?

Response: For an EDR reporting a service or item an enrollee received while the enrollee was outside of the U.S., the MAO should use the default NPI applicable to the record type in question.

Submission Guidance – Encounter Data Population of NPI Fields (continued)

Question: If the Referring Physician NPI is not available for a DME encounter, can a plan substitute the default NPI or the enrollee's PCP NPI, if available, to resolve these errors?

Response: In the specific instance when the Referring Physician NPI is not available for populating the DME encounter, the MAO cannot use the default NPI on the EDR reporting this encounter. The MAO should use another NPI related to the DME encounter.

Submission Guidance – Encounter Data Population of NPI Fields (continued)

Question: When an encounter data record is being built from an Electronic Medical Record (EMR), can the MAO substitute the Servicing Provider ID in place of the Billing Provider ID to complete the requirements around Billing Provider ID for the 837 record? If we cannot substitute, what is the recommended approach for us to use to be able to submit EMR/EHR data on an 837?

Response: When there is no billing provider NPI available for a service or item being reported, such as when the data for an encounter is derived from an EMR, the MAO may use the NPI of another provider associated with the encounter in place of the Billing Provider NPI.

Submission Guidance – Encounter Data Population of NPI Fields (continued)

Question: When mapping an internal provider identification number from a claim to the NPI reference data in the MAO's system in order to populate the Billing Provider NPI data field for an encounter data record, we many times find that an internal provider identification number maps to more than one NPI. Which NPI should we use to populate the Billing Provider NPI data field on an encounter data record?

Response: CMS guidelines related to NPIs do not specify which NPI must be used to populate NPI fields for providers having multiple NPIs. In cases in which an MAO's internal provider identification number maps to multiple valid and current NPIs, the MAO may populate the Billing Provider NPI field with any valid and current NPI that is associated with the internal provider identification number for the billing provider.

Submission Guidance – Encounter Data Population of NPI Fields (continued)

NPI Scenario	NPI Solution
No NPI on Member Reimbursement Claim	• Look up the NPI in NPPES • Otherwise, use the Default NPI for the applicable record type
Member Received Medical Services Out of the Country	• Use Default NPI for the applicable record type ○ Expect low volume
No Referring Physician on DME Encounter	• Do Not Use Default NPI • Use another NPI related to the DME encounter
No Billing Provider	• Do Not Use Default NPI • Use NPI of another provider associated with the encounter
Internal Billing Provider ID# Maps to Multiple NPIs	• Do Not Use Default NPI • Use any valid and current NPI associated with the internal provider ID# for the billing provider

Encounter Data Submission of Data Collection Year Diagnosis Codes

Encounter Data Submission of Data Collection Year Diagnosis Codes (continued)

On December 15, 2017, CMS issued an HPMS memo entitled, *Encounter Data Software Release.* This memo announced that:

- Organizations will be able to submit diagnoses on chart review records from a date of service when the beneficiary was in the contract of another parent organization, but not if they were in FFS.
- CMS is modifying the logic for edit 02240 for chart review records to accommodate this policy (see the table on the next slide).

Encounter Data Submission of Data Collection Year Diagnosis Codes (continued)

Edit Code	Description	Effective Date	Modification Type	Modules Edit Applies to	Edit Disposition
02240	CMS will update the logic for reject edit 02240 – "Beneficiary not Enrolled in MAO for DOS." Consistent with the policy description in the HPMS memo, edit 02240 will no longer post for unlinked or linked chart review records with dates of service outside of contract enrollment periods. Edit 02240 will still apply to EDRs; EDRs submitted with dates of service outside of contract enrollment dates will be rejected.	12/29/2017	2=change in disposition status	INST, PRF, DME	R (Reject), only for EDRs. Edit will not post for unlinked or linked chart review records.

Encounter Data Submission of Data Collection Year Diagnosis Codes (continued)

- This guidance in no way creates an obligation for any organization to provide diagnoses data to another organization.
- Organizations should take into account any operational, burden, or legal considerations when determining how to proceed.
- In addition, we remind Medicare Advantage and other organizations that all risk adjustment and other applicable regulations and laws apply to the submission of these diagnoses, including requirements to report and return overpayments, just as they do when submitting diagnoses for beneficiaries who were enrolled in their own contract in the prior year.

The New Medicare Card Project:

Encounter and RAPS Submissions

The New Medicare Card Project

- The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, requires that CMS remove Social Security Numbers (SSNs) from all Medicare cards by April 2019.
- This project, previously known as the Social Security Number Removal Initiative (SSNRI), has been renamed as the New Medicare Card Project.
- A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on replacement and new Medicare cards which will be issued to all beneficiaries starting in April 2018.
- For most systems, CMS will transition to the MBI from April 1, 2018 through December 31, 2019.
- On December 22, 2017 CMS released an HPMS memo entitled “Updates to the Encounter Data System (EDS) and Risk Adjustment Suite of Systems (RASS) to Accommodate the New Medicare Card Project” that provides details on how the EDS and RASS will transition to MBI.

The Impact to Encounter Data and RAPS Submissions

- CMS is committed to ensuring maximum flexibility and ease of continued data submissions for plans & third party submitters.
- There will be no change to incoming file formats. The Medicare Beneficiary Identifier will be submitted in the same field currently used for the HICN.
- EDPS and RAPS will allow for an extended transition period and will accept either HICNs or MBIs past the end of the agency transition period on December 31, 2019. We will determine the end of the EDPS and RAPS transition period at a later date.
- For RAPS submissions, for the time being, MAOs must submit deletes using the beneficiary identifier that came in on the original 'add' submission. This includes instances in which MAOs submit 'deletes' for adds that were submitted using a HICN or RRB.

Impact of MBI Implementation – FES

- Changes related to the MBI in the Front End System (FES) of the encounter data system will be minimal.
- As is currently for the Subscriber is the case with the HICN, if an MBI is not submitted in the valid format, it will reject with the 277CA edit: A7:164: IL - Member Identification Number Not Valid

Impact of MBI Implementation - EDPS

- Changes related to the MBI in the Encounter Data Processing System (EDPS) will be minimal.
- The “Beneficiary Identifier” field may contain either the HICN or the MBI during the extended transition period.
- The format of the “Beneficiary Identifier” field, which will now accept the MBI, will remain the same as what is currently used for the HICN.
- More information on how we will edit on the MBI in EDPS is discussed in the 12/22/2017 HPMS Memo.
- All of the edits that are used to check the HICN will also be used to check the MBI.
- The MBI should be submitted in the Beneficiary Identifier field on the encounter data record or chart review record (2010BA NM109)

  Example: NM1*IL*1*DOE*JOHN*T**JR*MI*1EG4TE5MK73~

Impact of MBI Implementation on EDPS Duplicate Edits

- EDPS does not differentiate MBI vs HICN for the same Beneficiary when validating the Beneficiary data submission on an EDR or CRR
- No new edits will be added as part of the MBI implementation
- Duplicate Edits (98325, 98300, 98315, and 98320) will NOT treat an MBI and HICN associated with the same beneficiary as different Beneficiary Identifiers
  - When the only difference between two Encounter Data Records (EDR) is MBI in one and the corresponding Beneficiary's HICN in another, then the second EDR will be considered a duplicate and the duplicate edit will post
  - The same logic applies to Chart Review duplicate edits (98315 and 98320)

Impact of MBI Implementation on EDPS Beneficiary Edits

- Beneficiary Edit 02110 – 'Beneficiary Member ID Not on File'
  - The description of this edit has been updated for the MBI Initiative to address the scenarios associated to this edit
  - **Scenario 1**: When an MBI is submitted on a EDR or CRR and the MBI is not found in the EDPS, then it will be rejected with Edit 02110
  - **Scenario 2**: When a HICN is submitted on a EDR or CRR and the HICN is not found in the EDPS, then it will be rejected with Edit 02110
- Beneficiary Edits 02106, 02112, 02120, 02125, 02240, 02256 will continue the current logic irrespective of the type of Beneficiary Identifier (HICN or MBI) submitted on the EDR or CRR

Edit	Error Code	Disposition
02106	Invalid Beneficiary Last Name	Informational
02112	DOS After Beneficiary DOD	Reject
02120	Beneficiary Gender Mismatch	Reject
02125	Beneficiary DOB Mismatch	Reject
02240	Beneficiary Not Enrolled in MAO for DOS	Reject
02256	Beneficiary Not Part C Eligible for DOS	Reject

Impact of MBI implementation on MAO-001 Duplicates Report

- The Beneficiary Identifier received on the EDR or CRR (MBI or HICN) will be sent on the MAO-001 report for the record when the record is rejected with a duplicate edit
- The field in positions 107-118, which is currently named 'Beneficiary HICN' will be renamed as 'Beneficiary ID'
- Example Scenarios and their reporting on the MAO-001 Report

Scenario	Beneficiary ID submission on Encounter	Beneficiary ID on MAO 001
1	Original with HICN and Duplicate with MBI for the same beneficiary	MBI
2	Original with MBI and Duplicate with MBI (Same as Original)	MBI
3	Original with HICN and Duplicate with HICN (Same as Original)	HICN

001 Report Samples

MAO-001 Text File Sample:

```
0*MAO-001*20170407*20170406*Encounter Data Duplicates Report       *     *XXXXXXXXXXXXXXXX20170404       *PRO*PROD*
1*MAO-001*XXXXX*111111111101        *1111111111111      *001*222222222201        *2222222222211      *001*XXXXXXXXXXX *YYYYMMDD*98325*
1*MAO-001*XXXXX*111111111102        *1111111111112      *001*222222222202        *2222222222212      *001*XXXXXXXXXXX *YYYYMMDD*98325*
1*MAO-001*XXXXX*111111111103        *1111111111113      *001*222222222203        *2222222222213      *001*XXXXXXXXXXX *YYYYMMDD*98325*
1*MAO-001*XXXXX*111111111104        *1111111111114      *001*222222222204        *2222222222214      *001*XXXXXXXXXXX *YYYYMMDD*98325*
1*MAO-001*XXXXX*111111111104        *1111111111114      *002*222222222204        *2222222222214      *002*XXXXXXXXXXX *YYYYMMDD*98325*
1*MAO-001*XXXXX*111111111105        *1111111111115      *001*222222222205        *2222222222215      *001*XXXXXXXXXXX *YYYYMMDD*98325*
1*MAO-001*XXXXX*111111111106        *1111111111116      *001*222222222206        *2222222222216      *001*XXXXXXXXXXX *YYYYMMDD*98325*
9*MAO-001*00000007*00006769*00004998*
```

HICN or MBI Submitted on the EDR

MAO-001 Formatted Report Sample:

Renamed Column Header

Encounter Data Duplicates Report
Report Run Date 04/07/2017 06:31AM
Medicare Advantage Contract ID: XXXXX
PROD

Page 1 Submission Interchange Number: XXXXX XXXXXXXXX20170404
Report Date: 04/07/2017
Report ID: MAO-001 Transaction Date: 04/06/2017

Record Type	Plan Encounter ID (CCN)	Encounter ICN	Encounter Line Number	Duplicate Plan Encounter ID (CCN)	Duplicate Encounter ICN	Duplicate Encounter Line Number	Beneficiary ID	Date of Service	Error Code
PRO	111111111101	1111111111111	001	222222222221	2222222222211	001	XXXXXXXXXX	DD/MM/YYYY	98325
PRO	111111111102	1111111111112	001	222222222222	2222222222212	001	XXXXXXXXXX	DD/MM/YYYY	98325
PRO	111111111103	1111111111113	001	222222222223	2222222222213	001	XXXXXXXXXX	DD/MM/YYYY	98325
PRO	111111111104	1111111111114	001	222222222224	2222222222214	001	XXXXXXXXXX	DD/MM/YYYY	98325
			002	222222222224	2222222222214	002	XXXXXXXXXX	DD/MM/YYYY	98325
PRO	111111111105	1111111111115	001	222222222225	2222222222215	001	XXXXXXXXXX	DD/MM/YYYY	98325
PRO	111111111106	1111111111116	001	222222222226	2222222222216	001	XXXXXXXXXX	DD/MM/YYYY	98325

HICN or MBI Submitted on the EDR

001 Scenario: Original Encounter with HICN, duplicate submitted with MBI

- EDR (TCN – 1800112345678) was submitted with HICN 1234567890A on 12/1/2017 and was accepted
- Medicare Beneficiary with HICN 1234567890A is assigned MBI 1AC2-DE3-FG45 for use starting 4/1/2018
- EDR (TCN – 1818112345678) is submitted with MBI 1AC2-DE3-FG45 on 6/1/2018 with the same exact details as TCN – 1800112345678
- EDR (TCN – 1818112345678) will be rejected as duplicate encounter and the MAO-001 report will be as follows:

Encounter Data Duplicates Report
Report Run Date 06/02/2018 11:08AM
Medicare Advantage Contract ID: H5928
TEST

Page 1 Submission Interchange Number: ENTEST123384719420171129
Report Date: 06/02/2018
Report ID: MAO-001 Transaction Date: 06/01/2018

Record Type	Plan Encounter ID (CCN)	Encounter ICN	Encounter Line Number	Duplicate Plan Encounter ID (CCN)	Duplicate Encounter ICN	Duplicate Encounter Line Number	Beneficiary ID	Date of Service	Error Code
PRO	777777777	1818112345678	001	777777777	1800112345678	001	1AC2DE3FG45	01/01/2017	98325

TOTALS:

Total Number of Duplicate Encounter Lines Rejected: 1
Total Number of Encounter Lines Submitted: 40 Total Number of Encounter Records Submitted: 12

TCN of the Duplicate EDR

TCN of the Original EDR

MBI submitted on the Duplicate EDR

Summary of Impact of MBI Implementation on EDPS Submissions

Before MBI Transition	During RAPS/EDPS MBI Transition
MAOs can submit HICN or RRBs.	MAOs can submit records containing HICN, RRB, and MBI
Encounters submitted with an MBI are rejected with MAO-002 Edit Code 02110 - Medicare Beneficiary Identifier Not on File. HICNs and RRBs are accepted.	Encounters submitted with an invalid HICN or MBI will have MAO-002 edit code 02110 post. All other beneficiary edits will continue to post
MAO-001 Reports will contain the identifier was submitted by the plan	

Impact of MBI Implementation on RAPS Submissions

- RAPS will use the same extended transition period that is used for EDPS.
- RAPS 'add' submissions can utilize either the HICN or MBI
- As is currently the case, for the time being, 'delete' submissions must contain the same beneficiary identifier that was originally provided by the MAO.
- There will be a number of new RAPS edits related to the submission of the MBI that are aligned with the current HICN-related edits.
- Please reference the 12/22/2017 distributed HPMS memo for a full listing of these RAPS Edits.

RAPS Edits for the New Medicare Card

- The following codes are new error codes for the MBI implementation:

CODE	DESCRIPTION
310	MISSING OR INVALID BENEFICIARY ID ON DETAIL RECORD *(This is an existing code, however, the description has changed.)*
355	BENEFICIARY MBI NUMBER IS NOT FORMATTED CORRECTLY
356	BENEFICIARY MBI NUMBER DOES NOT EXIST
357	BENEFICIARY MBI NUMBER IS CHANGED AND DOES NOT HAVE A REPLACEMENT MBI
358	BENEFICIARY MBI NUMBER IS CROSS_REFERENCED TO A NON-EXISTING MBI
503	BENEFICIARY MBI NUMBER HAS CHANGED ACCORDING TO CMS RECORDS; USE CORRECT MBI NUMBER FOR FUTURE SUBMISSIONS

RAPS Processing Scenarios During the RAPS MBI Transition Period

- The “Beneficiary Identifier” field may contain either the HICN or the MBI during the extended transition period.
- This period allows the plan/submitter to submit either HICNs/RRBs or MBIs in the ADD and DELETE transactions.
- For the time being, the Bene ID used in the DELETE **must match** the Bene ID used in the ADD.
- After the extended transition period ends, only the MBI will be accepted on ADD and certain DELETE transactions by RAPS

Bene ID	RAPS Transaction Type	RAPS Errors Codes Produced?
HICN/RRB	ADD	No
	DELETE	No
MBI	ADD	No
	DELETE	No

Impact of MBI Implementation on Risk Adjustment Reports

- Updates to Risk-Adjustment-based reports will ensure flexibility on behalf of submitters

RAPS Daily Reports

- Beginning April 1, 2018, the RAPS Transaction Error Report (ICD-9 and ICD-10) and RAPS Duplicate Diagnosis Cluster Report will have their headers updated from “HIC Number” to “Beneficiary ID,” and from “Corrected HIC” to “Corrected Beneficiary ID”.
- The RAPS Transaction Error Report (ICD-9 and ICD-10), RAPS Duplicate Diagnosis Cluster Report, and RAPS 502 Error File – Detail Record will all use the Member ID that was submitted in the CCC record. Transactions submitted using the HICN or RRB will include HICNs or RRBs, those using MBIs will receive MBIs.

Impact of MBI Implementation on Risk Adjustment Reports (continued)

MAO-004 Report:

- Beginning April 1, 2018, the field currently labeled "Beneficiary HICN field" (position 17-28) will be renamed to "Beneficiary Identifier".
- The MAO-004 report will include whichever Beneficiary Identifier was submitted -- the HICN, RRB, or MBI as appropriate.

Model Output Report:

- Prior to 1/1/2020, the MOR Detail records will include the beneficiary's HICN or RRB and not the MBI.
- Starting 1/1/2020, the Detail records will include only the MBI and the MOR Report File headers will be relabeled from "HIC" to "Beneficiary Identifier"

Model Output Reports (MORs) and the MBI

- MOR Detail Record Layout:

Item	Field	Format	Size	Position	Comment
1	Record Type Code	Char(1)	1	1	
2	Beneficiary Identifier	Char(12)	12	2-13	Only the MBI will post starting 1/1/2020
3	Beneficiary Last Name	Char(12)	12	14-25	First 12 bytes of the Bene Last Name

MAO-004 Reports and the MBI

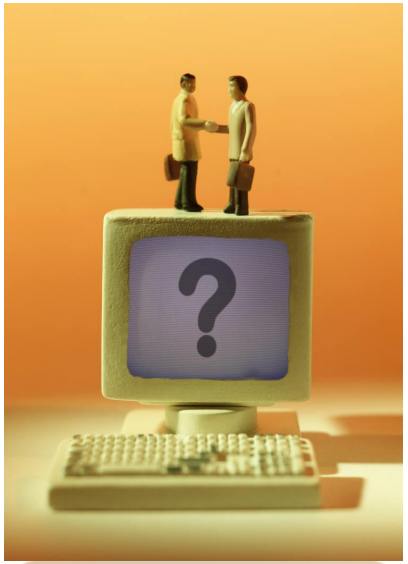
- The MAO-004 report will include whichever Beneficiary Identifier was submitted -- the HICN, RRB, or MBI as appropriate.
- The submitted identifier will be reported in the detail field where the HICN is currently populated

#	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		`	10	10	Uses the * character
5	Medicare Advantage Contract #	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 HICN or MBI	12	17	28	Alpha Numeric

Summary of Impact of MBI Implementation on RAPS Submissions

Before MBI Transition	During Extended MBI Transition
Clusters containing the MBI will be rejected by RAPS with error code 360 (Beneficiary MBI number may not be used before the MBI transition date).	RAPS Daily and MAO-004 Reports will include the Member Identifier which was submitted. MOR reports will contain HICN or RRB only until 1/1/2020.
'Add' submissions will continue to be submitted with the HICN or RRB.	'Add' submissions can contain HICN, RRB, or MBI.
For 'delete' submissions, for the time being, the Member Identifier used must be the same Member Identifier that came in on the original 'add' submission.	

Questions & Answers



Frequently Asked Questions

Frequently Asked Question:

Question:

Where can plans access the HPMS memos referenced during this training?

Answer:

Health Plan Management System (HPMS) memos are available at https://hpms.cms.gov/.

Important note: Currently, HPMS access is needed to obtain HPMS memos at this site. To obtain the access form, and additional details regarding HPMS, please visit the HPMS page on the cms.gov website at https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/UserIDProcess.html

Frequently Asked Question:

Question:

Where can plans access the HPMS memos referenced during this training (continued)?

Answer (continued)**:**

CMS is starting to post HPMS memos on the following cms.gov webpage: https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/Overview.html. To access the memos, click the "HPMS Memo Archive Annual" link on the left navigation.

CMS will post the HPMS memos in batches on a quarterly basis, beginning with memos issued in 2015, and anticipates posting the 2016 and 2017 HPMS memos in early 2018. Starting in the spring of 2018, CMS will post the 2018 HPMS memos in weekly batches.

Frequently Asked Questions

Question:

What are the Payment Year (PY) 2016 submission deadlines?

Answer:

The second (interim) final PY 2016 payment will use diagnoses submitted to:

- Risk Adjustment Processing System (RAPS) through January 31, 2017.
- Encounter Data Systems (EDS) through April 2, 2018.

The second final reconciliation of PY 2016 will also include any diagnosis deletions submitted to RAPS with 2015 dates of service (DOS) that have been submitted between January 31, 2017 and April 2, 2018.

CMS is planning to run the final PY2016 risk scores after MAOs have had several months to look at their updated MAO-004 reports and will announce another, later encounter data submission deadline by February 2018, along with the anticipated payment month.

Frequently Asked Question:

Question:

Where can MAOs find information regarding the New Medicare Cards?

Answer:

Information related to the New Medicare Card Project, previously known as the Social Security Number Removal Initiative (SSNRI), is available through the resources below:

Health Plan Management System (HPMS) Memos:

Search HPMS using key words: SSNRI, MBI, and Software Releases

New Medicare Cards Home:

https://www.cms.gov/medicare/new-medicare-card/nmc-home.html

Live Question and Answer Session

Logistics

Audio Features

- Dial “* #” (star-pound) to enter the question queue at any time
- If selected, your name will be announced and the operator will unmute your telephone line.
- Dial “* #” (star-pound) to withdraw from the queue
- Dial “0” on your phone to reach the operator
- For questions regarding logistics or registration, please contact the TARSC Registration Support Team

Phone: 800-290-2910

Email: TARegistrations@tarsc.info

Closing

Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
Customer Support and Service Center (CSSC) Operations	https://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
Medicare Advantage and Prescription Drug Plans Plan Communications User Guide (PCUG)	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html

Resources *(continued)*

Resource	Link
RAPS Error Code Listing and RAPS-FERAS Error Code Lookup	https://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	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/
EDFES Edit Code Lookup	https://apps.csscoperations.com/errorcode/EDFS_ErrorCodeLookup
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|||

Commonly Used Acronyms

Acronym	Definition
BHT	Beginning Hierarchical Transaction
CEM	Common Edits and Enhancements Module
CFR	Code of Federal Regulations
DOS	Date(s) of Service
EDDPPS	Encounter Data DME Processing and Pricing Sub-System
EDFES	Encounter Data Front-End System
EDIPPS	Encounter Data Institutional Processing and Pricing Sub-System
EDPPPS	Encounter Data Professional Processing and Pricing Sub-System
EDPS	Encounter Data Processing System
EDS	Encounter Data System
EODS	Encounter Operational Data Store
FERAS	Front-End Risk Adjustment System
FFS	Fee-for-Service

Commonly Used Acronyms (continued)

Acronym	Definition
FTP	File Transfer Protocol
HCC	Hierarchical Condition Category
HH	Home Health
HIPPS	Health Insurance Prospective Payment System
ICN	Internal Control Number
MAOs	Medicare Advantage Organizations
MARx	Medicare Advantage Prescription Drug System
MMR	Monthly Membership Report
MOR	Monthly Output Report
PY	Payment Year
RAPS	Risk Adjustment Processing System
RAS	Risk Adjustment System
SNF	Skilled Nursing Facility
TPS	Third Party Submitter

Evaluation

A formal request for evaluation feedback will display at the conclusion of this session.

We are interested in learning how we can make the User Groups better for you. As part of this evaluation, we solicit Risk Adjustment topic(s) of interest for future User Groups. Topics can be technical or policy-related, related to the models or data submission, updates on various topics or trainings.

Please take a moment to note any feedback you wish to give concerning this session.

Your Feedback is important.

Thank You!

Stay Connected with CMS