January 19, 2017
Risk Adjustment for EDS & RAPS User Group
Q&A Documentation

2:00 p.m. – 3:00 p.m.

MAO-004 Report

Q1. **Has CMS corrected the Health Insurance Claim Number (HICN) issue previously identified on MAO-004 Reports?**

A1. Yes, for all encounters submitted after April 30, 2015 the MAO-004 report will have the HICN that was submitted on the encounter data record (EDR). However, encounters submitted prior to April 30, 2015 may still be mismatched. Plans should use the Interchange Control Number (ICN), along with the 'from' and 'through' dates, to verify encounters with mismatched HICNs.

Q2. **Are diagnosis codes submitted on chart review records included in MAO-004 Report data?**

A2. Yes, linked and unlinked chart review records used to report supplemental diagnosis codes are reported on the MAO-004 report. Chart review records that delete diagnosis codes will also be reported on the MAO-004 report

Note: Chart review deletes were incorrectly processed as replacements in the Phase II implementation of the encounter data risk adjustment filtering logic, but this will be remedied in Phase III).

Q3. **MAOs have identified examples of encounter data acceptable for risk filtering that is reported on the MAO-002 Report, but not on the MAO-004 Report. Is CMS reviewing MAO-004 Reports for additional enhancements?**

A3. Yes, CMS is doing our own review of the MAO-004 reports and working with plans to review their findings. As a result of this review, and in response to plan input, we will distribute revised MAO-004 reports with additional information in the layout. CMS is rerunning MAO-004 reports for EDRs with dates of services beginning January 1, 2014, submitted between January 1, 2014 and the month prior to redistribution. The revised reports will include technical fixes to better report risk eligible diagnoses, as well as the revised layout.

Q4. **How can MAOs submit questions regarding MAO-004 reports that they did not receive, but believe they should have?**

A4. MAOs can submit questions regarding missing MAO-004 Reports to encounterdata@cms.hhs.gov. Prior to submitting questions, please verify that reports are not in your established file transfer

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protocol (FTP) mailbox or are not available through the MARx UI. Also please check to make sure the EDR meets the criteria below.

- Is the data submitted in January 2014 or a later month?
- Does the data in question have a date of service January 2014 or later?
- Is the encounter data record accepted at the header level by Encounter Data System (EDS), as reported on the MAO-002 report?
- Does the encounter data record pass the CMS published filtering logic for each specific encounter type under consideration– Professional, Outpatient, Inpatient?
- Has the issue been described in the October, November, or January User Group Calls?
- If asking about specific records versus whole reports, please include the related ICNs of the encounter(s) in question.

Q5. **What is the process to request a copy of a previously generated MAO-004 Report?**

A5. To access the MAO-004 reports: In MARx UI > go to the 'Reports' menu > select 'Monthly' frequency > select 'Start Month/Year' > select 'End Month/Year' > on the 'Report/Data File' dropdown select 'Risk Adjustment Eligible Diagnosis Report' > add your 'Contract ID' > hit find > the reports will populate and become available for download. NOTE: Do not specify file type.

Q6. **Will the Phase III MAO-004 reports accurately reflect the second 2015 Final Sweep payment received in January 2017?**

A6. Due to the timing of changes in the implementation of the Phase III filtering logic, CMS will run the final 2015 risk scores another time. CMS will communicate any further details on the final Payment Year 2015 (PY2015) run at a future date.

Q7. **When will CMS release the Phase II MAO-004 Reports?**

A7. All Phase II MAO-004 reports were released by October 24, 2016. The revised Phase III MAO-004 with 2015 dates of service were released April 2nd through 5th, 2017. MAO-004 reports with dates of service 2014 to present will be released later in May 2017.

Q8. <u>**Scenario**</u>**: An original EDR is accepted, but does not contain a risk adjustment allowable procedure code. The MAO submits a replacement EDR to update the procedure code, which is now risk adjustment eligible. The diagnosis code was not changed.** <u>**Question**</u>**: Will Phase III MAO-004 reports include diagnosis codes from both the original and replacement EDRs that are risk eligible?**

A8. Yes, the Phase III MAO-004 reports will report both diagnoses that passed the filtering logic (allowable diagnoses) and diagnoses that did not pass the filtering logic (disallowable diagnoses). In the example above, the diagnoses from the original EDR would be marked as disallowed, with all diagnoses marked as 'add.' The diagnoses on the replacement EDR would be marked as allowed, with all diagnoses reported with a 'blank' value in the add/delete field since the diagnoses were previously reported on a disallowed encounter. For more information on the

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Phase III MAO-004 report, please reference the Health Plan Management System (HPMS) memo released March 22, 2017, or the March 2017 User Group slides.

Q9. **Will the MAO-004 Report reflect diagnosis codes that are not risk adjustment eligible with a 'disallowed' flag?**

A9. Yes, the Phase III MAO-004 report will report diagnoses that do not pass the CMS filtering logic with a 'D' to indicate the diagnoses were reported, but are disallowed for risk adjustment.

Model Output Report (MOR)

Q10. **How can MAOs obtain information regarding Record Types 'C' and 'D' for the January 2017 MOR?**

A10. The Plan Communication User's Guide (PCUG) will be updated in the near future to reflect the most updated layouts. For the most updated Part C MOR Record Type 'D' and the Part D MOR Record Type '2' layouts, please reference the February 22, 2017 HPMS memo titled "CORRECTION – Changes to Payment Year (PY) 2017 Initial Model Output Report (MOR)."

Q11. **When will CMS release the 2016 MOR file layouts that show both the encounter data and the RAPS-based Hierarchical Condition Categories (HCCs)?**

A11. The 2016 layout for the MOR file that includes record type layouts for both the RAPS-based HCCs and the encounter data-based HCCs is forthcoming and will be communicated in a future HPMS memo.

Q12. **Will the MOR contain three (3) separate file layouts (RxHCC, PACE/ESRD, non-PACE)?**

A12. For the 2016 Final risk score run, there will be three layouts for each of the RAPS-based HCCs and the encounter data-based HCCs. The three layouts will accommodate HCCs in the ESRD/Post Graft, Age/Disabled, and RxHCC models.

Q13. **Will the 2016 MOR layout report EDS and RAPS data in a single report or separate reports?**

A13. The Part C Record Types will be in one file, including layouts with RAPS- and encounter data-based HCCs. Similarly, the Part D Record Types will be in one file. Please watch for the forthcoming HPMS memo with the updated MOR layouts.

Q14. **Does the initial PY2017 MOR include D record types?**

A14. Yes. The HPMS memo titled "CORRECTION – Changes to Payment Year (PY) 2017 Initial Model Output Report (MOR)" was distributed on February 22, 2017 and includes the Record Type 'D' layout for the 2017 initial MOR.

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Q15. **Can CMS please clarify the expected outcome for data in fields 158-160 for the 2017 MOR Report type 'D' records? The MOR layout sent out in December 2016 indicates these fields as fillers; however, the January 2017 MOR Report contains data in these fields.**

A15. The filler fields 115 through 117 (positions 158 through 160, respectively) are duplicating information that is provided in other fields. Please disregard the indicators displayed in these fields. As indicated in the updated MOR layout in the February 22, 2017 HPMS memo titled "CORRECTION – Changes to Payment Year (PY) 2017 Initial Model Output Report (MOR)," these fields are intended to be filler, and the file will be revised at mid-year to reflect this.

Submission

Q16. **Will the submission of duplicate diagnosis codes in the same EDR generate EDFES edit 255 - Diagnosis Code?**

A16. For Institutional records, edit 255 will not generate a rejection when the Principal Diagnosis code (qualifier ABK or BK) is duplicated in an Other Diagnosis code (qualifier ABF or BF) on the record. For Professional records, if the Principal Diagnosis code is duplicated on an Other Diagnosis code field, edit 255 <u>does</u> apply and will result in a rejection. Edit 255 <u>does apply</u> to both Institutional and Professional records when diagnosis codes are duplicated in the Other Diagnosis (ABF or BF) fields within a record.

Q17. **How does CMS determine a diagnosis code's highest level of specificity for a specific beneficiary when generating edit 255 'Diagnosis Code'?**

A17. To pass EDFES edits, diagnoses codes must be valid codes for the respective date of service, and should be coded to the highest level of specificity, meaning to the maximum number of digits available for the codes, in the valid code set. The edits used are similar to those used in Original Medicare, so you may refer to the CMS Medical Learning Network (MLN) Publications *Medicare Billing: 837P and Form CMS-1500 (October 2016)* and *Medicare Billing: 837I and CMS Form 1450 (April 2016),* which provide references to the relevant guidance in the "Medicare Claims Processing Manual" for guidance on coding specificity requirements.

Q18. **MAOs are receiving EDFES edit 178 'Submitted Charges' when the charges exceed $99,999.00. Can CMS provide a prevention or resolution strategy for this edit?**

A18. This edit applies to the header level on Professional records in the EDFES. Given the current edit, CMS recommends splitting the EDR into two separate records. It is important to note that, in order to avoid a duplicate record rejection in the EDPS, the submitter should also split the services (e.g., procedure code, modifier, etc.) along with the billed amount across multiple encounters. Assuming the services as well as the amounts are allocated across multiple EDRs, the duplicate edit will not be triggered since the data elements that are checked in the EDPS duplicate logic will

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differ across the EDRs. CMS will evaluate this issue and assess whether there are potential changes we can make to the edit.

Q19. **Should MAOs submit subsequent replacement encounters using the ICN of the original encounter or the ICN of the previous replacement encounter?**

A19. MAOs should submit a replacement EDR using the ICN from the most recently accepted submission for the record. In the example provided in the question, the subsequent replacement EDR should reference the ICN of the previously accepted replacement EDR.

Q20. **Will MAOs need to resubmit encounters to account for code set updates, or will CMS reprocess those encounters impacted by these updates?**

A20. The EDFES does not store records; therefore, EDS cannot reprocess EDRs that were rejected by the EDFES. If EDRs were rejected because of the inclusion of codes that are not yet valid, then the MAO would need to resubmit these records. If CMS rejects EDRs from the EDPS, we do not typically reprocess records. If we do, the MAO will receive notification on the MAO-002 report.

Q21. **How should submitters identify names containing special characters; for example, a name with the tilde character over the 'n'?**

A21. Special characters should be excluded when submitting data to EDS.

Q22. **Are there restrictions on the number of delete chart review records submitted to the EDPS?**

A22. The EDPS has no restrictions related the number of delete chart review records submitted to the EDS. Please note that delete chart review records *must* include the ICN of the record from which the delete chart review is deleting diagnoses, or it will be rejected.

Q23. **If an MAO voids an accepted encounter containing rejected lines, and then submits a new, original encounter containing only the previously rejected (now corrected) lines, will the data submitted on the voided encounter be lost?**

A23. Yes. Data from a voided encounter will be considered inactive. If an original, accepted encounter containing rejected lines is voided, the submitter should submit a new original encounter to include both previously accepted lines and corrected data for rejected lines.

Q24. **Will the EDS accept service lines with 'S' procedure codes?**

A24. Yes. CMS has updated the procedure codes reference tables in the EDS to accept nationally accepted coding practices, including 'S' type procedure codes.

Q25. **Was the PY2016 mid-year update payment calculated using RAPS and EDS, and what was the submission deadline?**

A25. For PY2016, the blended risk score using RAPS and EDS will be implemented when the final PY2016 risk scores are calculated. For additional information, please review the HPMS memo published on April 27, 2016 titled "CORRECTION: Deadline for Submitting Risk Adjustment Data

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for Use in Risk Score Calculation Runs for Payment Years 2016, 2017, and 2018." The deadline for submission of 2016 mid-year risk adjustment data was March 4, 2016 (please review the May 13, 2015 CMS memo for additional information).

Q26. When will CMS release the 2018 Advance Notice for Medicare Advantage Organizations (MAOs)?

A26. The "Advance Notice of Methodological Changes for Calendar Year (CY) 2018 for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies and 2018 Draft Call Letter" was published on February 1, 2017.

Q27. Is CMS using Prescription Drug Event (PDE) data for risk adjustment for RxHCC?

A27. Yes, for the RxHCC model calibration we use drug costs from PDE data to predict the plan liability for prescription drugs under the Medicare drug benefit. For more information about RxHCC model calibration, please refer to the following resources:

- Section 70.4 (Prescription Drug Hierarchical Condition Categories) in the Medicare Managed Care Manual Chapter 7 Risk Adjustment (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c07.pdf)
- 2017 Advance Notice and Announcement (https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html)

Q28. Where can I view the January 19, 2017 RA for EDS & RAPS User Group slides?

A28. All User Group slides can be found on the CSSC Operations website at: http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~User%20Group?open&expand=1&navmenu=Medicare^Encounter^Data||

Q29. Where can MAOs locate a complete list of CMS-acceptable modifiers (e.g., A1-A9)?

A29. MAOs can access a full list of modifiers in the 2016 Alpha-Numeric HCPCS File at https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2016-Alpha-Numeric-HCPCS-File.html.

Q30. Where can MAOs locate a complete list of CMS-acceptable procedure codes?

A30. The current list of CMS acceptable procedure codes can be found at the following link: https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html.

The service year specific lists of CPT/HCPC codes approved for Medicare risk adjustment can be found on the CMS Risk Adjustment website at the link below. https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/CPT-HCPCS.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending

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Q31. **For easier encounter error reconciliation, will CMS consider creating a header level error code when all lines are rejected instead of leaving this field blank?**

A31. CMS appreciates this suggestion and will take it into consideration.

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