

Risk Adjustment for EDS & RAPS User Group



March 23, 2017
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)
- There will be 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, session dates, and registration information

Agenda

- Introduction
- Updates
- Phase III MAO-004 Layout
- EDS and RAPS Parallel Processing
- FERAS and RAPS Reports Overview
- FERAS Reports
- RAPS Transaction Processing Reports
- MARx Reports
- MOR Updates for PY 2016 & PY 2017
- Q&A Session



Updates

Encounter Data Report Card Update

- Updated Report Cards will be distributed via HPMS in early April.
 - They can be viewed under the Risk Adjustment Module.
- The updated reports contain the same encounter data metrics included in the November 2016 release of the report cards.
- The April 2017 release contains data submitted through December 2016.
- The overall volume of encounter data continues to increase.
 - The 4th quarter of 2016 resulted in the highest volume of submissions to date.

Encounter Data Report Card Update (continued)

- CMS has a goal of releasing report cards on a quarterly basis in order to reflect all data submitted through the most recent quarter. We anticipate distributing the next round of report cards in June (to include submissions through Q1 of 2017).
- In response to MAO requests, CMS is considering moving to an Excel-based format. This will enable MAOs to ingest and analyze the report card data. We anticipate providing an Excel-based format beginning in September 2017.



Phase III MAO-004 Report Layout

Phase III MAO-004 Report Overview

- In response to suggestions provided by MAOs, CMS is making further revisions to the MAO-004 report, including both the layout and the data being provided on the report.
- More transparency into which diagnoses are identified as risk adjustment eligible
 - Improve MAOs' ability to reconcile MAO-002 reports to MAO-004 reports,
 - Provide increased level of detail into why diagnoses are or are not risk adjustment eligible, and
 - Minimize the processing needed for plans to track the risk adjustment eligibility of diagnosis codes across multiple encounter data record submissions.

Phase III MAO-004 Report Overview (continued)

- Key changes in the Phase III reports
 - Diagnoses on encounter data records that do not pass the CMS filtering logic are reported
 - Each reported encounter data record will have an indicator that the diagnoses on the record are allowed or disallowed for risk adjustment.
 - If applicable, a newly-provided reason code will indicate why diagnoses are not risk adjustment eligible.
 - A new field will provide information on the eligibility of diagnoses submitted on a prior record for risk adjustment.
- CMS will rerun all prior MAO-004 reports with the new layout, and with corrections to operational issues associated with the Phase II MAO-004 report.
 - We will send monthly reports with 2015 dates of service in the first week of April. Please look for an upcoming memo.
 - We will send all monthly reports with all dates of service, starting with January 2014, in late May.

Changes in Encounters Reported Between Phase II and Phase III

- Diagnoses submitted on inpatient and outpatient encounters and chart review records will be reported per the definitions below:
 - Inpatient – TOB 11x, 41x
 - Outpatient – TOB 12x, 13x, 14x, 43x, 71x, 72x, 73x, 74x, 75x, 76x, 77x, 79x, 83x, 84x, 85x
- Phase II processing errors have been corrected
 - Encounters or chart review records with non-1, 7, or 8 claim bill type codes will be reported as original records.
 - Diagnoses deleted as a result of replacement, chart review delete, and void encounter data records will be reported.

Changes Between Phase II and Phase III Layout

- **Encounter ICN field (Field #9) – *REVISED FIELD***: Decreased field length from 44 spaces to 20 spaces.
- **Encounter Type Switch (Field #11) – *REVISED FIELD***: Revised field values & descriptions, to allow for more encounter data record types. This field can take on 9 different values: "1" = Encounter, "2" = Void to an Encounter, "3" = Replacement to an Encounter, "4" = Chart Review Add, "5" = Void to a Chart Review Add, "6" = Replacement to a Chart Review Add, "7" = Chart Review Delete, "8" = Void to a chart review delete, "9" = Replacement to a chart review delete
- **ICN of Encounter Linked To (Field #13) – *REVISED FIELD***: Decreased field length from 44 spaces to 20 spaces.

Changes Between Phase II and Phase III Layout (continued)

- **Allowed/Disallowed Status of Encounter Linked To (Field #15) – NEW FIELD:** This is a new field to report whether or not the diagnoses on the encounter data record that the current encounter data record is linked to were allowed or disallowed for risk adjustment. This field will indicate the status of the previously submitted diagnoses at the time the record was submitted. Field #15 will be blank (1) if the current record is an original encounter data record, or (2) if the current record is an unlinked chart review record and no record is referenced in Field #13, or (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.
- **Allowed/Disallowed Flag (Field #25) – NEW FIELD:** This new field will designate if the diagnoses on the current accepted encounter data record are allowed or disallowed for risk adjustment. Field #25 will be blank if (1) the current record is voiding the previous record, or (2) the current record is a chart review that is deleting diagnoses from the previous record.

Changes between Phase II and Phase III Layout (continued)

- **Allowed/Disallowed Reason Codes (Field #27) – *NEW FIELD*:** If the diagnoses on the current encounter data record are marked as disallowed in Field #25, this new field will indicate why the diagnoses are disallowed. In addition, Field #27 will indicate if the status of diagnoses on outpatient or professional encounter data records has changed from disallowed to allowed due to a quarterly update to the acceptable CPT/HCPCS list. Field #27 will be blank if (1) the current record is voiding the previous record, or (2) the current record is a chart review that is deleting diagnoses from the previous record, or (3) the current encounter data record is an original record (not linked to another record) and the diagnoses on the record are allowed. The only exception to (3) is when a record is being reprocessed due to an update in the CPT/HCPCS list. In this instance, this field would identify that the diagnoses were allowed with Reason Code “Q.”
- **Additional Diagnosis Codes (Field #35) – *REVISED FIELD*:** This field reports up to 37 additional diagnoses, for a total of 38 diagnoses per transaction line. If there are more than 38 diagnosis codes on a record, the remaining diagnoses will wrap around to the next line of the report with all elements of the detail line repeated except for the diagnoses.
- **Processing Date (Field on Phase I & II Reports) – *DELETED FIELD*:** This field has been deleted from the Phase III version of the MAO-004 report.

Phase III Layout Examples

Scenario 1: Replacement

January 1st, 2016 Happy Health Plan submitted an original professional encounter ICN 1234 with ICD-10 diagnoses AAA, BBB, CCC for date of service 3/5/2015. Encounter 1234 was accepted into EDS, but **does not pass** the CMS filtering logic. On October 1, 2016 a replacement encounter data record reporting ICD-10 diagnoses AAA, BBB, GGG was submitted for the original encounter with ICN 1234. Encounter 4568 **passes** the CMS filtering logic with an acceptable HCPCs.

- Detail beginning with field 11 from January 2016 Report for Original ICN 1234:
1*(blank)*(blank)*20160101*20150305*20150305*P*D*H*0*AAA*A*BBB*A*CCC*A
- Detail beginning with field 11 from October 2016 Report for Replacement ICN 4568:
3*1234*D*20161001*20150305*20150305*P*A*(blank)*0*AAA*(blank)*BBB*(blank)*CCC*D*GGG*A
 - Only diagnoses that are added and allowed are eligible for risk adjustment

Phase III Layout Examples (continued)

Scenario 2: Linked Chart Review

December 31st, 2016 Happy Health Plan submitted a linked chart review with ICN 9931 for replacement encounter 4568 with ICD-10 diagnosis code EEE. Chart review 9931 was accepted into EDS and **passes** the CMS filtering logic.

- Detail beginning with field 11 from October 2016 Report for Replacement ICN 4568 (*Scenario from slide 10 before*):
3*1234*D*20161001*20150305*20150305*P*A*(blank)*0*AAA*
(blank)*BBB*(blank)*CCC*D*GGG*A
- Detail beginning with field 11 from December 2016 Report for Chart Review ICN 4568:
4*4568*A*20161231*20150305*20150305*P*A*(blank)*0*EEE*A

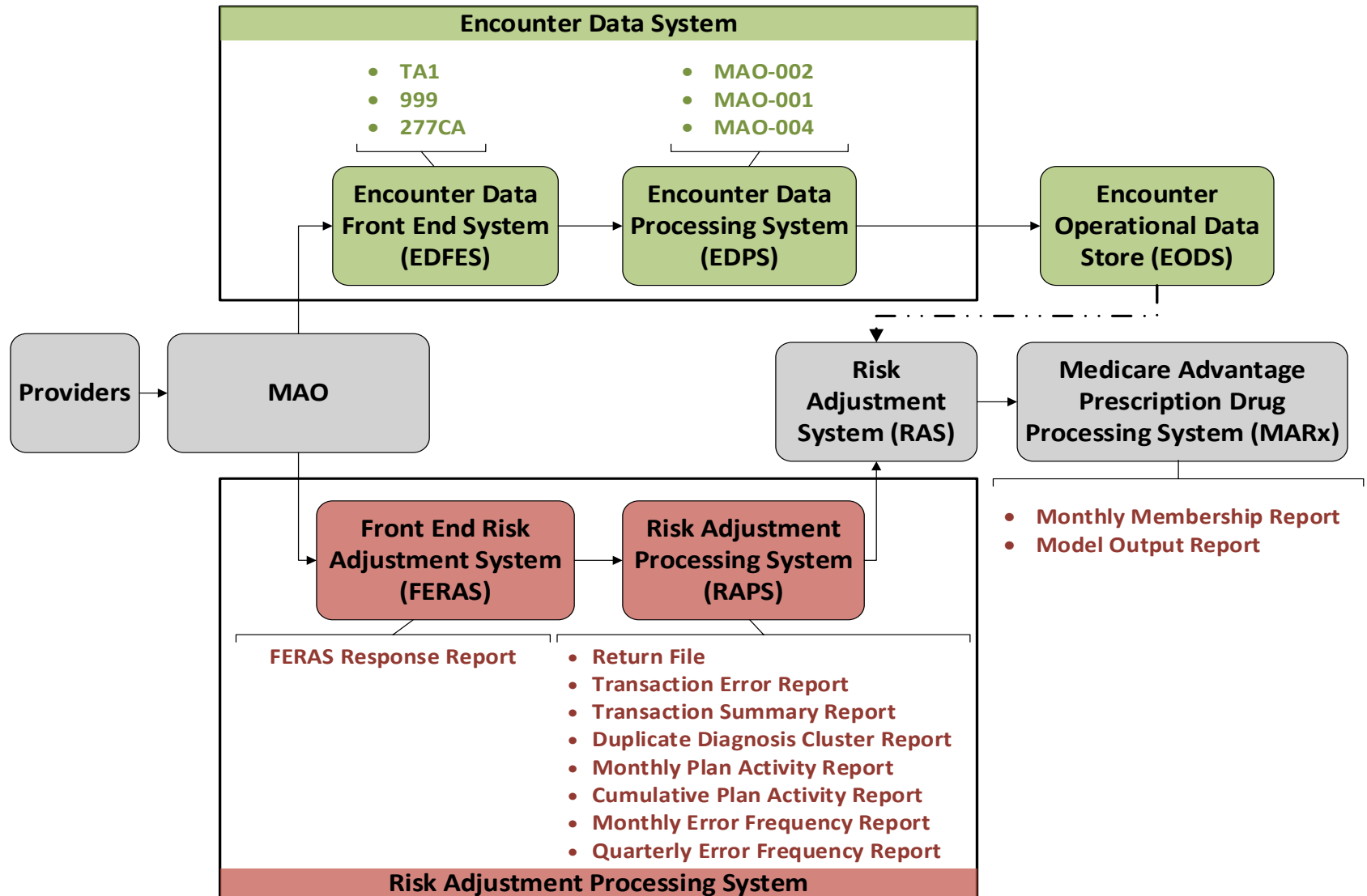
MAO-004 Related Questions

- Please submit any questions about the MAO-004 report to the Encounter Data mailbox at EncounterData@cms.hhs.gov.
 - Your questions are important to us.
- CMS will do a more detailed Phase III MAO-004 report training at a later date.

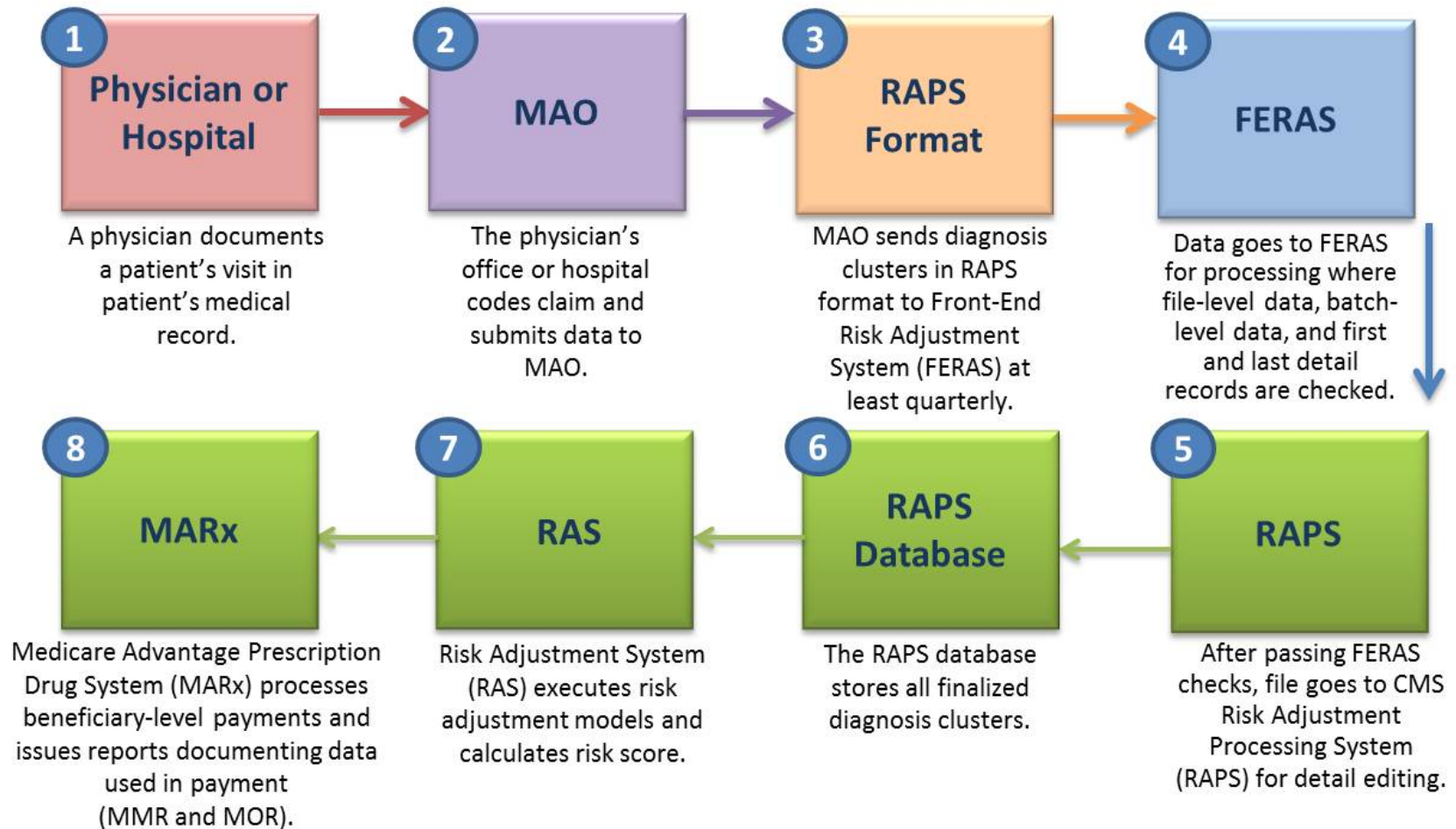


EDS & RAPS Parallel Processing

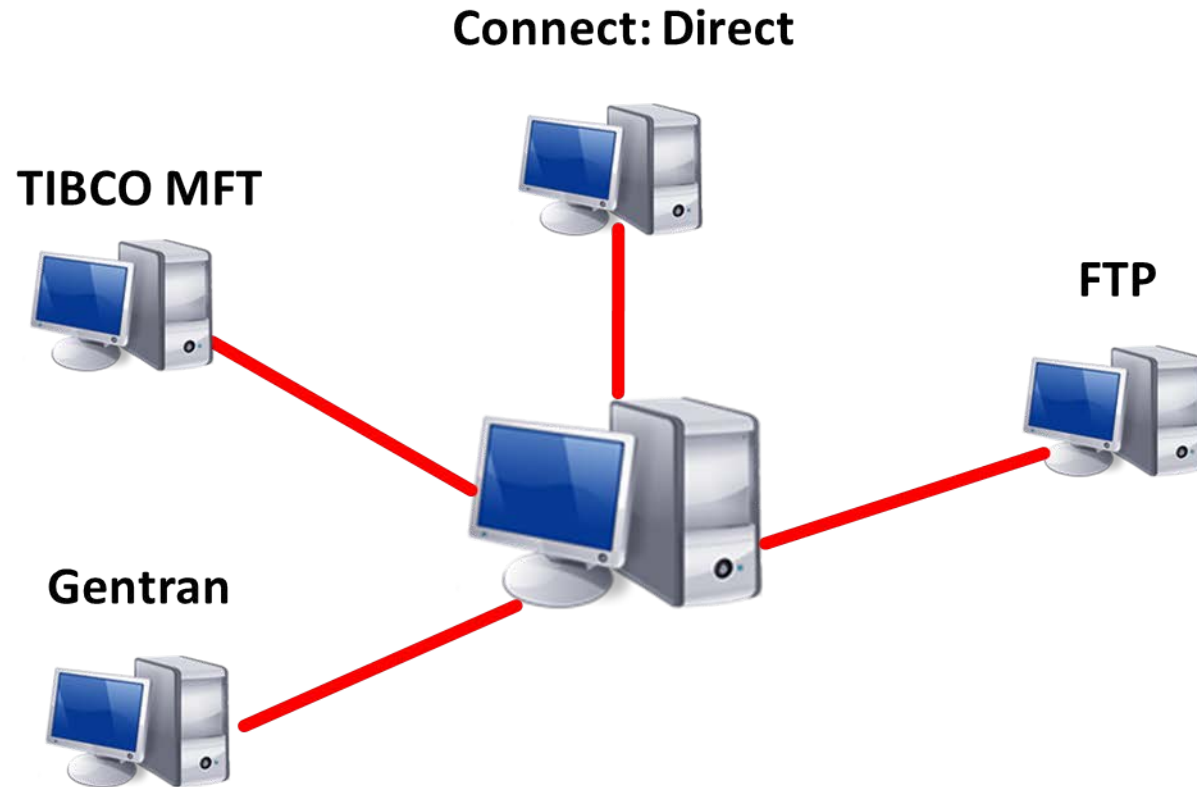
EDS & RAPS Processing Flow



RAPS Process Flow Overview



Accessing Reports



Translating RAPS Reports

- RAPS and FERAS reports are text reports
 - Notepad is the best way to view and print
- RAPS Return File Report is not a text report

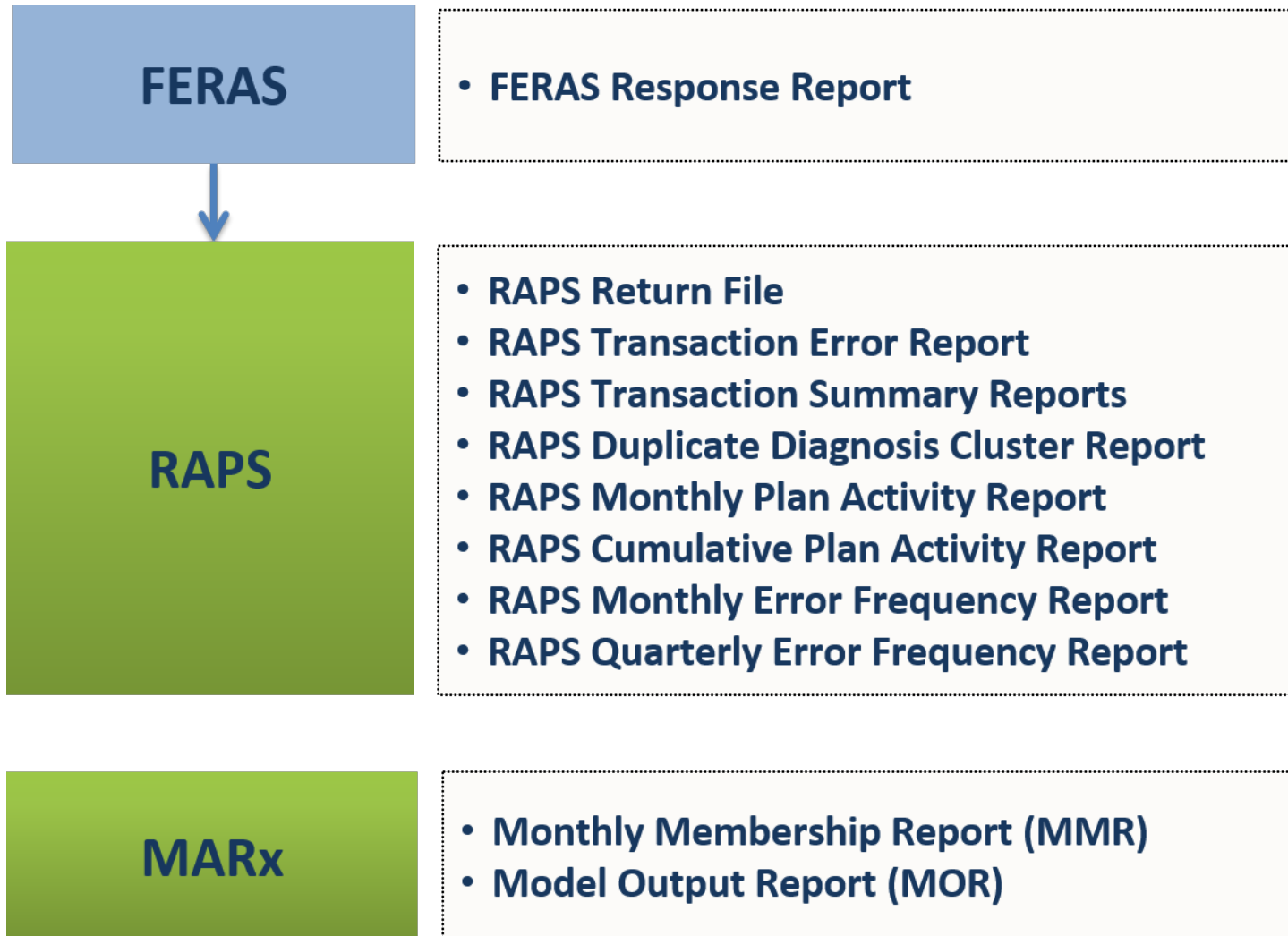
RAPS Reports Restoration

- MAOs are encouraged to save reports
- Copies of reports can be requested under exceptional circumstances
- Requests for copies of RAPS reports will be granted on a limited basis
 - Requests can be made to CSSC
 - CMS will provide details on these limitations in an upcoming plan communication
- Requests for copies of MMR and MOR reports can be made through the MARx User Interface or the MAPD helpdesk



FERAS and RAPS Reports Overview

Risk Adjustment Reports



Report Naming Conventions

Report Name	Mailbox Identification
FERAS Response Report	RSP#9999.RSP.FERAS_RESP_
RAPS Return File	RPT#9999.RPT.RAPS_RETURN_FLAT_
RAPS Transaction Error Report	RPT#9999.RPT.RAPS_ERRORRPT_
RAPS Transaction Summary Report	RPT#9999.RPT.RAPS_SUMMARY_
RAPS Duplicate Diagnosis Cluster Report	RPT#9999.RPT.RAPS_DUPDX_RPT_
RAPS Monthly Plan Activity Report	RPT#9999.RPT.RAPS_MONTHLY_
RAPS Cumulative Plan Activity Report	RPT#9999.RPT.RAPS_CUMULATIVE_
RAPS Monthly Error Frequency Report	RPT#9999.RAPS_ERRFREQ_MNTH_
RAPS Quarterly Error Frequency Report	RPT#9999.RAPS_ERRFREQ_QTR_

Report Naming Conventions (continued)

Report Name	Mailbox Identification
Monthly Membership Report Detail Report (Non-Drug)	...MONMEMR.Dyymm01.Thhmsst
Monthly Membership Report (Drug)	...MONMEMDR.Dyymm01.Thhmsst
Monthly Membership Report Detail Date File	...MONMEMD.Dyymm01.Thhmsst
Monthly Membership Summary Report	...MONMEMSR.Dyymm01.Thhmsst
Monthly Membership Summary Report Data File	...MONMEMSD.Dyymm01.Thhmsst
RAS RxHCC Model Output Report	...PTDMODR.Dyymm01.Thhmsst
Part C Risk Adjustment Model Output Report	...HCCMODR.Dyymm01.Thhmsst

- Plan Communications User Guide Appendices -

[CMS.gov](#) > [Research, Statistics, Data and Systems](#) > [CMS Information Technology](#) > [MAPD Helpdesk](#) > [Medicare Advantage and Prescription Drug Plans Communications User Guide](#) > [PCUG Appendices](#)



FERAS Report

FERAS Response Report

- Indicates file is accepted or rejected into the system
- Identifies reasons for rejection
- Provided in a report layout
- Secured website and FTP users receive reports the same business day
- Connect:Direct users receive reports the next business day
- Gentrans users receive reports the next business day
- TIBCO users receive reports the next business day

Rejected FERAS Response Report

REPORT: FERAS-RESP

RUN DATE: 20140304

SUBMITTER ID: SH9999

FILE-ID: 0000000001

FRONT END RISK ADJUSTMENT SYSTEM

FERAS RESPONSE REPORT

REJECTED PROD



RECORD TYPE	SEQ NO	ERROR CODE	ERROR CODE DESCRIPTION
AAA		113	FILE NAME DUPLICATES ANOTHER FILE ACCEPTED WITHIN LAST 12 MONTHS
BBB	0000002	203	MISSING/INVALID PLAN NUMBER ON BBB RECORD
CCC	0000001	310	MISSING/INVALID HIC NUMBER ON CCC RECORD
YYY	0000004	263	PLAN NUMBER DOES NOT MATCH PLAN NUMBER IN BBB RECORD

FERAS Edits Logic

Error Series	Explanation
100	File level errors on the AAA or ZZZ records
200	Batch level errors on the BBB or YYY records
300 & 400	Check performed on first and last CCC records

If FERAS finds any errors, the entire file will be rejected and returned to the submitter.

RAPS Error Code Listing and RAPS-FERAS Error Code Lookup found on the CSSC website > Risk Adjustment Processing System > Edits.



RAPS Transaction Processing Reports

RAPS Transaction Processing Reports

Report	Description
RAPS Return File	<ul style="list-style-type: none">• Contains the entire submitted transaction• Identifies 300, 400, and 500-level errors• Provided in a flat file layout• Received by the end of the next processing day following submission
RAPS Transaction Error Report	<ul style="list-style-type: none">• Communicates errors found in CCC records during processing• Displays only 300, 400, and 500-level error codes• Provided in a report layout• Received by the end of the next processing day following submission
RAPS Transaction Summary Report	<ul style="list-style-type: none">• Summarizes the disposition of diagnosis clusters• Provided in a report layout• Received by the end of the next processing day following submission
RAPS Duplicate Diagnosis Cluster Report	<ul style="list-style-type: none">• Identifies diagnosis clusters with 502-error message• Clusters accepted into the system, but not stored in the RAPS database• Provided in a report layout• Received by the end of the next processing day following submission

RAPS Return File Example

AAASH7777000000000120030411PROD
BBB0000001H9999
CCC0000001 7321430
YYY0000001H99990000003
ZZZSH777700000000010000001

**Patient Control
Number**

123456789A

19350305354012014031420140318 4359

DOB

**Provider
Type**

**Diagnosis
Code**

From & Through

Error Code

DOS

Uses for RAPS Return File Format

Identify steps in the process where there may be data processing issues

Help physicians and providers submit clean data in a timely manner

Confirm that the right data and the right amount of data is being submitted



**Improve Data Submission
QUALITY and QUANTITY!**

RAPS Transaction Error Report

- Displays detail-level (CCC) record errors that occur in RAPS
- Available in report layout
- Received the next business day after submission

RAPS Transaction Error Report Example

REPORT: RAPS002 **ICD9**
 RUN DATE: 20040523

**RISK ADJUSTMENT PROCESSING SYSTEM
 TRANSACTION ERROR REPORT**

PAGE: 22
 TRANS DATE: 20040521

Identifier Information

SUBMITTER ID: SH9999 FILE ID: 0000000001 PLAN ID: H9999 BATCH NUMBER: 0000001

SEQ NO	SEQ ERR	PATIENT CONTROL NUMBER	HIC NUMBER	HIC ERR	DOB	DOB ERR	PRVD TYPE	FROM DATE	THRU DATE	DEL IND	DGNS CODE	DGNS ERR1	DGNS ERR2	MAEA CD	MAEA ERR	CORRECTED HIC
0000003			999999999A	353	19301206		01	20040101	20040105		4823			A		
		00000000000000000000	12345678901234567890													
0000005			888888888A		19260217		01	20040212	20040225		486	408		A		
		00000000000000000000	12345675675675675675													
							02	20040212	20040225		2508	408				
							02	20040312	20040325		496					
0000007			666666666D		19301206		20	20040101	20040105	D	25004	491				
							20	20040411	20040422		25004	408	409			

END OF FILE

Sequence No. Identifying CCC Record No.

RAPS Transaction Summary Report

RISK ADJUSTMENT PROCESSING SYSTEM TRANSACTION SUMMARY REPORT

REPORT: RAPS001 **ICD9**
RUN DATE: 20040503

TRANS DATE:20040430

Total Clusters Submitted

Plan Number(H number)

SUBMITTER ID SH7777

PLAN ID: H9999

FILE ID: 0000000001

Unidentified Clusters

Four Provider Types

PROVIDER TYPE	Principal		Other		Unidentified	Total
	Inpatient	Outpatient	Inpatient	Physician		
TOTAL SUBMITTED	870	629	3480	348	2	5329
TOTAL REJECTED	26	18	104	13	2	163
TOTAL ACCEPTED	842	606	3367	333	0	5148
TOTAL STORED	840	581	3335	320	0	5076
TOTAL MODEL STORED	295	203	1167	112	0	1777
TOTAL DELETE ACPTD	2	0	2	2	0	6
TOTAL DELETE RJCTD	0	5	7	0	0	12

RAPS Duplicate Diagnosis Cluster Report

- Lists diagnosis clusters with 502-error information message
- Reflects clusters previously submitted and stored in the RAPS database with the same:
 - ✓ HIC number
 - ✓ Provider type
 - ✓ From and through dates
 - ✓ Diagnosis
- Received the next business day after submission

RAPS Duplicate Diagnosis Cluster Report Example

REPORT: RAPS003 **ICD9**
RUN DATE: 20030523

RISK ADJUSTMENT PROCESSING SYSTEM DUPLICATE DIAGNOSIS CLUSTER REPORT

PAGE: 22
TRANS DATE: 20030521

SUBMITTER ID: SH9999 FILE ID: 0000000001 PLAN ID: H9999 BATCH NUMBER: 0000001

SEQ NUMBER	PATIENT CONTROL NUMBER	HIC NUMBER	DOB	PVDR TYPE	FROM DATE	THRU DATE	DEL IND	DGNS CODE	DGNS ERR	CORRECTED HIC
0000003		999999999A	19301206	01	20040101	20040105		4823	502	



RAPS Resolution Steps

1. Determine the error level of the code to identify the nature of the problem
2. Look up the error code and related suggested resolution
3. Based on the error message, determine the next step
4. Take steps to resolve the error



The RAPS Error Code Listing and RAPS-FERAS Error Code Lookup tool, found on the CSSC website > Risk Adjustment Processing System > Edits, can help you with this step.

RAPS Management Reports

REPORT	DESCRIPTION
RAPS Monthly Plan Activity Report	<ul style="list-style-type: none"> • Provides monthly summary of the status of submissions by Submitter ID and Contract Number • Provided in a report layout • Available for download the second business day of the month • Generated only when contract has activity for the month of the report
RAPS Cumulative Plan Activity Report	<ul style="list-style-type: none"> • Provides cumulative summary of the status of submissions by Submitter ID and Contract Number • Provided in a report layout • Available for download the second business day of the month • Generated only when contract has activity for the month of the report
RAPS Monthly Error Frequency Report	<ul style="list-style-type: none"> • Provides a monthly summary of all errors associated with files submitted in test and production • Provided in a report layout • Generated if data is received monthly • Available for download the second business day of the month
RAPS Quarterly Error Frequency Report	<ul style="list-style-type: none"> • Provides a quarterly summary of all errors on all file submissions within the 3-month quarter • Provided in a report layout • Generated if data is received quarterly • Available for download the second business day of the month following each quarter

Analysis of RAPS Management Reports

RAPS MONTHLY PLAN ACTIVITY REPORT



RAPS Monthly Plan Activity Report

- Provides a summary of the status of submissions for a 1-month period
- Arrayed by provider type and month based on through date of service
- Reported by submitter ID and H number
- Allows tracking on a month-by-month basis for all diagnosis clusters submitted
- Available for download the second business day of the month



RAPS Monthly Plan Activity Report Example

RAPS Monthly Plan Activity Report

REPORT: RAPM0019 **ICD9**
 RUN DATE: 20040402

CMS RAPS ADMINISTRATION
 RAPS MONTHLY PLAN ACTIVITY REPORT

PAGE: 1
 SERVICE YEAR: 2004

PLAN NO: H7777
 SUBMITTER ID: SH7777

FOR THE MONTH OF MARCH, 2004

PROVIDER TYPE/TOTALS	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
PRINCIPAL INPATIENT							
TOTAL SUBMITTED	1297	1301	293	0	0	0	2891
TOTAL REJECTED	26	26	0	0	0	0	52
TOTAL ACCEPTED	1261	1275	288	0	0	0	2824
TOTAL STORED	1235	1269	283	0	0	0	2787
TOTAL MODEL STORED	432	444	99	0	0	0	975
TOTAL DELE ACPTD	10	0	5	0	0	0	15
TOTAL DELE RJCTD	0	0	0	0	0	0	0
OTHER INPATIENT							
TOTAL SUBMITTED	8431	13489	411	0	0	0	22331
TOTAL REJECTED	169	270	3	0	0	0	442
TOTAL ACCEPTED	8262	13219	405	0	0	0	21886
TOTAL STORED	8261	13216	404	0	0	0	21881
TOTAL MODEL STORED	2891	4625	141	0	0	0	7657
TOTAL DELE ACPTD	0	0	1	0	0	0	1
TOTAL DELE RJCTD	0	0	2	0	0	0	2
OUTPATIENT							
TOTAL SUBMITTED	23415	17342	84	0	0	0	40841
TOTAL REJECTED	351	260	3	0	0	0	614
TOTAL ACCEPTED	23064	17081	81	0	0	0	40226
TOTAL STORED	20989	15199	77	0	0	0	36265
TOTAL MODEL STORED	7346	5320	27	0	0	0	12693
TOTAL DELE ACPTD	0	0	0	0	0	0	0
TOTAL DELE RJCTD	0	1	0	0	0	0	1

RAPS Cumulative Plan Activity Report

- Provides a cumulative summary of the status of submissions
- Report format similar to Monthly Plan Activity Report
- Service year “9999” indicates data have been rejected (not stored)
- Available for download the second business day of the month

RAPS Cumulative Plan Activity Report Example

1REPORT: RAPM0020 **ICD10**		CMS RAPS ADMINISTRATION						
PAGE: 1		RAPS CUMULATIVE PLAN ACTIVITY REPORT						
RUN DATE: 20100818								
SERVICE YEAR: 2009								
PLAN NO:	H0000	FOR PERIOD ENDING JULY 31, 2010						TOTAL
PROVIDER TYPE/TOTALS	JANUARY	FEBUARY	MARCH	APRIL	MAY	JUNE	TOTAL	
PRINCIPAL INPATIENT								
TOTAL SUBMITTED	2	8	18	196	0	0	224	
TOTAL REJECTED	2	8	18	196	0	0	224	
TOTAL ACCEPTED	0	0	0	0	0	0	0	
TOTAL STORED	0	0	0	0	0	0	0	
TOTAL MODEL STORED	0	0	0	0	0	0	0	
TOTAL DELE ACPTD	0	0	0	0	0	0	0	
TOTAL DELE RJCTD	0	0	0	0	0	0	0	
OTHER INPATIENT								
TOTAL SUBMITTED	18	66	98	1284	0	0	1466	
TOTAL REJECTED	18	66	98	1284	0	0	1466	
TOTAL ACCEPTED	0	0	0	0	0	0	0	
TOTAL STORED	0	0	0	0	0	0	0	
TOTAL MODEL STORED	0	0	0	0	0	0	0	
TOTAL DELE ACPTD	0	0	0	0	0	0	0	
TOTAL DELE RJCTD	0	0	0	0	0	0	0	
OUTPATIENT								
TOTAL SUBMITTED	40	44	246	876	0	0	1206	
TOTAL REJECTED	40	44	246	876	0	0	1206	
TOTAL ACCEPTED	0	0	0	0	0	0	0	
TOTAL STORED	0	0	0	0	0	0	0	
TOTAL MODEL STORED	0	0	0	0	0	0	0	
TOTAL DELE ACPTD	0	0	0	0	0	0	0	
TOTAL DELE RJCTD	0	0	0	0	0	0	0	
PHYSICIAN								
TOTAL SUBMITTED	70	110	284	714	2	0	1180	
TOTAL REJECTED	70	110	284	714	2	0	1180	
TOTAL ACCEPTED	0	0	0	0	0	0	0	
TOTAL STORED	0	0	0	0	0	0	0	
TOTAL MODEL STORED	0	0	0	0	0	0	0	
TOTAL DELE ACPTD	0	0	0	0	0	0	0	
TOTAL DELE RJCTD	0	0	0	0	0	0	0	

RAPS Error Frequency Reports

- Are sent to MAOs monthly and quarterly
 - ✓ Monthly summary
 - ✓ Three-month summary
- Summarize errors received in test and production
- Display frequencies for all errors received by provider type
- Provided in report layout
- Available for download the second business day of the month/quarter

RAPS Error Frequency Reports Example

REPORT: RAPS004M
 RUN TIME: 13.31.06

PALMETO GBA
 RISK ADJUSTMENT PROCESSING
 ERROR FREQUENCY SUMMARY

1 PAGE: 1
 RUN DATE: 20050219

SUBMITTER ID: SH9999
 PLAN NO: H9999

FOR THE MONTH OF APRIL, 2005

TOTAL CCC RECORDS: 4,647 TOTAL DIAGNOSIS: 17,660 TOTAL ACCEPTED: 15,403 TOTAL REJECTED: 2,257

Error Codes

ERROR CODE	<==PROVIDER TYPE XX==>	<==PROVIDER TYPE 01==>	<==PROVIDER TYPE 02==>	<==PROVIDER TYPE 10==>	<==PROVIDER TYPE 20==>
	<==UNKNOWN PROV TYPE==>	<PRINCIPAL INPATIENT>	<==OTHER INPATIENT==>	<=====OUTPATIENT=====>	<=====PHYSICIAN =====>
353	75	0	0	0	0
354	0	7	38	108	618
403	0	1	0	0	0
408	0	14	79	132	859
409	0	0	0	116	782
410	0	12	67	110	980
460	0	0	0	5	12
500	6	0	0	0	0
501	0	18	148	578	2,297
502	0	5	63	97	1,741

Correcting Rejected Data

- When plans correct data that originally received an error, the originally rejected data are reflected in cumulative totals for the appropriate month and in number of total rejections
- When a cluster is counted as stored, it remains part of the stored count on the Cumulative Plan Activity Report, even if it is deleted
- Deleted clusters are included in total stored and total deleted
- Reports can help identify internal processes affecting data collection and submission, as well as external issues affecting data collection



MARx Reports

MMR Example

IRUN DATE:20120610 MONTHLY MEMBERSHIP REPORT - NON DRUG PAGE: 1
 PAYMENT MONTH:201207 PLAN(H9999) PBP(001) SEGMENT(000) SAMPLE REPORT

----- REBATES -----																	
BASIC PREMIUM		COST SHR REDUC		MAND SUPP BENEFIT			PART D SUPP BENEFIT		PART B BAS PRM REDUC		PART D BAS PRM REDUC						
PART A	\$0.00	\$00.00		\$0.00			\$0.00		\$0.00		\$0.00						
PART B	\$0.00	\$00.00		\$0.00			\$0.00		\$0.00		\$0.00						
----- PAYMENTS/ADJUSTMENTS -----																	
CLAIM NUMBER	E AGE	STATE	P P	M F	A D	S C	M THS	PAYMENT DATE		LAG	FTYPE	FACTORS		AMOUNT			
	X GRP	CNTY	A A	H E	I C	R O	D E	E O	M A	B	START	END	FRAILTY-SCORE	MSP	MSP		

SURNAME	F	DMG	BIRTH	O T	T S	R S	H I	I E	O A	H R	S A	PIP	ADJ				
I	RA	DATE	A A	B P	D T	C D	L C	N U	P C	P I	DCG	REA	FCTR-A	FCTR-B	PART A	PART B	TOTAL PAYMENT

111111111A	M	8085	12345						1	1	201207	201207					\$0.00
	C	8085	19281008	Y	Y	1	N	O	2	D	N		1.7230	1.7230	\$8		62.73
222222222A	F	6064							1	1	201207	201207			C	0.073	\$0.00
	L	6064	19481027	Y	Y		Y	Y	O	B	N		2.4600	2.4600	\$873.30	\$787.20	\$1660.50

Amount Here Should Match Plan Payment Report

MOR Example

1RUN DATE: 20161214
PAYMENT MONTH: 201701

RISK ADJUSTMENT MODEL OUTPUT REPORT
PLAN: H9999 SAMPLE MOR REPORT

PAGE: 1

RAPMOSEA

0 HIC	LAST NAME	FIRST NAME	I	DATE OF BIRTH	SEX & AGE GROUP	ESRD
----------	--------------	---------------	---	------------------	-----------------	------

AXXXXXXXXXX	NAME	FIRST		19101000	Female75-79	N
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V22 HCC DISEASE GROUPS: HCC108 Vascular Disease

AXXXXXXXXXX	NAME	FIRST		19101000	Female85-89	N
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V22 HCC DISEASE GROUPS: HCC087 Unstable Angina and Other Acute Ischemic Heart Disease
HCC096 Specified Heart Arrhythmias
HCC100 Ischemic or Unspecified Stroke
HCC108 Vascular Disease

MARx Reports - MMR and MOR

- The following factors from the Monthly Membership Report (MMR) and Model Output Report (MOR) may apply when calculating beneficiary risk scores:

Demographic/ Diagnostic Information	Description	MMR	MOR
Sex	Male or Female	✓	✓
Age/RA Age Group	Age as of February 1 st of payment year, with the exception of beneficiaries recently aged into Medicare and may have been 64 on February 1 st . These beneficiaries are treated as 65.	✓	✓
Medicaid	Beneficiary Medicaid status is reflected in the risk score.	✓	✓
Disabled	Beneficiary disabled status is reflected in the risk score.		✓

MARx Reports - MMR and MOR (continued)

Demographic/ Diagnostic Information	Description	MMR	MOR
Originally Disabled	Beneficiary's original Medicare entitlement was due to disability.		✓
Hospice	MAOs are not paid risk payments for the months when their enrollees are in hospice. Risk score on the MMR will be zero (0.000).	✓	
Default Risk Factor Code	Assigned for new enrollment in Medicare after the model run, change in status (i.e., new to ESRD), a change in HIC number, or in rare cases when there is a lapse in Part B coverage. Generally, used when a calculated risk score is unavailable.	✓	
Risk Adjustment Factor Type (RAFT) Code or Part D RA Factor Type Code	Communicates which risk adjustment model was used to calculate the risk score for a beneficiary for a month.	✓	
Frailty Indicator (if applicable)	Flag indicates if beneficiary receives additional factor because of enrollment in PACE or qualifying FIDE SNP and qualifies for frailty.	✓	

MARx Reports - MMR and MOR (continued)

Demographic/ Diagnostic Information	Description	MMR	MOR
Frailty Factor (if applicable)	Factor added to risk score.	✓	
Original Reason for Entitlement Code (OREC)	A number that represents the beneficiary's reason for entitlement to Medicare. 0 = due to age, 1 = disability, 2 = ESRD, 3 = disability and current ESRD, and 9 = none of the above.	✓	
Part C Long Term Institutional (LTI)	The LTI status is based on 90 day or longer stays in an institutional setting; determines which risk score to use for the month.	✓	
HCC/RxHCC Groupings	HCCs or RxHCCs applicable to a beneficiary and used in calculating the risk score for initial, mid-year, or final reconciliation payments. Only the HCCs used to calculate a risk score are reports; RAS applies the hierarchies prior to generating the MOR, so that only the most severe condition of a disease is used.		✓
Interactions	Applicable disease or disabled interactions reported on the MOR.		✓

MOR Updates

- Updated MORs are run after each RAS Model Run.
- Changes were made to the Part C and Part D MORs for 2017 Initial & Mid-year Risk Score runs due to recent updates to these risk adjustment models.
- Changes will be made to the 2016 final MORs to reflect the risk score blend of both Risk Adjustment Processing System (RAPS)-based risk scores and Encounter Data-based risk scores.
- Additional Record Types will be added to reflect separate sets of HCCs.

2017 Initial & Mid-Year Model Run MORs

- For both the 2017 initial and 2017 mid-year model runs, CMS has created a new Part C MOR Record Type “D” to account for changes made to the CMS-HCC Part C (non-PACE and non-ESRD) aged/disabled model.
 - Updates have been made to account for revised disease interactions in the 2017 CMS-HCC model:
 - Revised interaction terms for all six aged/disabled segments
 - One new interaction term for the three disabled segments
 - The HCCs in the 2017 CMS-HCC model remain the same.

CORRECTION - Changes to PY 2017 MOR Report

- The updated HPMS memo “CORRECTION – Changes to Payment Year (PY) 2017 Initial Model Output Report (MOR)” was distributed to plans on February 22, 2017. The memo provided updated layouts for the 2017 Type “D” and Type “2” MORs.
- No changes were made to the data file itself, but the layout contained the following changes:
 - Part C MOR Record Type “D” layout
 - Corrected/updated field names, and/or the format/comments column for several fields, including some of the interaction terms
 - Clarified that plans should disregard the indicators displayed in the “filler” fields 115, 116, and 117. These fields are duplicative of other fields and will be blank in future runs
 - Part D MOR Record Type “2” layout
 - Updated the format/comments column for field #1

CORRECTION - Changes to PY 2017 MOR Report (continued)

- The current Plan Communication User Guide (PCUG) Appendices Version 11.0 (dated February 28, 2017) does not include the Part C Record Type “D” and Part D Record Type “2” MOR layouts published in the February 22, 2017 HPMS memo “CORRECTION – Changes to Payment Year (PY) 2017 Initial Model Output Report (MOR).”
- The PCUG Appendices will be updated to include the new Part C MOR Record Type “D” and the new Part D MOR Record Type “2”. The new PCUG Appendices will be posted to the CMS website (https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html) in the near future.

2016 Final Model Run MOR

- The MOR that will be produced for the 2016 final model run will include two separate MOR layouts for each model type (C, ESRD/PACE, D).
 - This will allow separate reporting of the HCCs for the RAPS-based risk scores and the encounter data-based risk scores.
- HCCs for PACE risk scores will still be reflected in a single MOR layout, since their risk scores will continue to have a combination of all three data sources (FFS, RAPS, encounter data).

Questions & Answers





Closing Remarks

Resources

Resource	Resource Link
CEM/CEDI Technical Reporting Formats	http://www.cms.gov/MFFS5010D0/20_Technical_Documentation.asp
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
Customer Support and Service Center (CSSC) Operations	http://www.csscooperations.com csscooperations@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/
X12 Version 5010 Standards	https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/Version_5010.html
Washington Publishing Company	http://www.wpc-edi.com/content/view/817/1
Plan Communications User Guide Appendices	https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/PCUG-Appendices-v103-November-30-2016.pdf

Resources (continued)

Resource	Link
Medicare Advantage and Prescription Drug Plans Plan Communications User Guide	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html
RAPS Error Code Listing and RAPS-FERAS Error Code Lookup	http://www.csscooperations.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	http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits?open&expand=1&navmenu=Medicare^Encounter^Data
EDFES Edit Code Lookup	https://apps.csscooperations.com/errorcode/EDFS_ErrorCodeLookup
EDPS Error Code Look-up Tool	http://www.csscooperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&navmenu=Medicare^Encounter^Data
RAPS Error Code Listing	http://csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&expand=1&navmenu=Risk^Adjustment^Processing^System
RAPS-FERAS Error Code	

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 be sent at the conclusion of this session.

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

Your Feedback is Important.



Thank You!

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