April 27, 2017
Risk Adjustment for EDS & RAPS User Group
Q&A Documentation

2:00 p.m. – 3:00 p.m.

PY 2016 Final Reconciliation

Q1. Will the payment impact for the PY 2016 final reconciliation occur in October instead of July 2017?

A1. CMS extended the deadline for encounter data for the final PY2016 risk scores, to allow plans more time to review their MAO-004 reports and work on their data submissions. Because we extended the deadline, we have revised our payment schedule and are planning to put the final PY2016 risk scores into payment in October 2017, instead of July 2017. This final PY2016 payment will use diagnoses submitted to RAPS as of January 31, 2017 and diagnoses submitted to EDS as of May 1st 2017.

CMS has also announced that we will run final PY2016 a second time, and will include diagnoses data diagnoses submitted on encounter data after the May 1, 2017 deadline.

Q2. What is the EDS submission deadline for the second Payment Year (PY) 2016 final reconciliation?

A2. CMS will conduct a final run of the 2016 risk scores using encounter data submitted through the May 1st, 2017 deadline. In order to provide more time for plans to review the revised MAO-004 reports and assess their data submissions, CMS will later conduct a second run of the final 2016 risk scores, incorporating encounter data diagnoses data submitted after May 1, 2017. We will provide additional information in the future regarding the deadline for the second run. The RAPS deadline of 1/31/17 remains unchanged. CMS will conduct the PY2016 payment reconciliation with the risk scores reflecting the 5/1/17 encounter data deadline in October 2017.

Q3. Will diagnoses from encounter data submissions for 2015 dates of service, submitted after May 1, 2017, be reflected in the October 2017 payment?

A3. Diagnoses from encounter data submissions of 2015 dates of service submitted after 5/1/17 will not be reflected in the October 2017 payment. Diagnoses submitted on encounter data submission after May 1, 2017, but before the second deadline, will be reflected in the second run of the PY2016 risk scores.

Similar questions are not listed separately, but combined and published as one question with one answer.

Submissions

Q4. **What is the cutoff time for RAPS and EDS submission deadlines?**

A4. RAPS data submitted via the Front End Risk Adjustment System (FERAS) and Encounter Data submitted via the Encounter Data Front End System (EDFES) must be completely transmitted and accepted by the respective front end prior to 8:00 PM ET Monday thru Friday in order to be included in processing for that day. This applies for both transactional reports and deadlines for risk score runs.

Q5. **Where can MAOs find information on deleting diagnosis codes from the Encounter Data System (EDS)?**

A5. MAOs can delete diagnoses from encounter data records by submitting void, replacement, or chart review delete records.

A void record will delete all diagnoses on the encounter or chart review record that it is linked to, a replacement record will delete any diagnosis code on the original record, but not on the replacement record, and a chart review delete will delete diagnosis codes which are listed on the chart review delete record from the record that the chart review delete is linked to.

When submitting voids and replacements they must be submitted as the same type of record that they are trying to replace or void. For example, if a chart review records is being replaced, the replacement record must also be indicated as a chart review. However, a chart review delete may be linked to either an encounter or chart review record.

In all cases a record that is deleting diagnoses must be linked. Unlinked chart review records that attempt to delete diagnoses will be rejected. Furthermore, a diagnosis delete record only deletes the diagnoses from the record it is linked to, and not from other records. In other words, the plan must separately delete each instance of a diagnosis that it needs to delete from the encounter data system.

Additional information is available in the Medicare Encounter Data Companion Guides for the respective encounter type (Institutional, Professional, DME) on deleting diagnoses in the Encounter Data System.
(http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicar e%20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encount er^Data||)

Q6. **Will the risk scores used in the January 2018 payment incorporate diagnoses from both RAPS and encounter data?**

A6. The PY 2018 Initial run will use risk scores that incorporate RAPS and FFS diagnoses. CMS will blend encounter data- and RAPS-based risk scores for the PY 2018 Mid-year run. Please refer to

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the 4/25/17 HPMS Memo, "Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2017, 2018, and 2019" for more information.

Q7.   Where can MAOs find information on submission deadlines and payment dates?

A7.   Please refer to the 4/25/17 HPMS Memo, "Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2017, 2018, and 2019" for more information. Payment dates are announced monthly in the MARx Plan Payment Letter through HPMS.

Risk Adjustment Overpayment Reporting Module

Q8.   Does the Risk Adjustment Overpayment Reporting (RAOR) module in the Health Plan Management System (HPMS) allow encounter data delete submissions?

A8.   The new HPMS RAOR is only for reporting overpayment information. MAOs must return overpayments by submitting data to EDS or RAPS.

Q9.   Since the new RAOR module is located on the Health Plan Management System (HPMS), how do MAOs obtain access to HPMS in order to access RAOR?

A9.   For Information on accessing HPMS, go to the CMS website, https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/UserIDProcess.html.

MAO-004 Reports

Q10.   When will CMS issue March and April MAO-004 reports containing 2015 dates of service?

A10.   CMS will issue the March and April 2017 MAO-004 reports containing 2015 dates of service in late May and early June, 2017 with the release of the Phase III, Version 2, and MAO-004 reports. These reports will contain diagnoses from 2014, 2015, 2016, and 2017 dates of service submitted from 1/1/14 to 4/30/17.

Q11.   Are the Phase III Version 2 MAO-004 reports replacements for previously distributed MAO-004 Reports?

A11.   Yes, the Phase III Version 2 MAO-004 reports will be a complete replacement of the previously distributed MAO-004 Reports.

Q12.   Will the MAO-004 report contain DME encounter services?

A12.   No, the Phase III version 2 MAO-004 reports will not contain encounter data records indicated as DME with payer code 80887. Please note that diagnoses from DME encounters are not risk adjustment eligible, although some encounter submitted with the DME payer code do contain HCPCS codes that are risk adjustment eligible. CMS will process these diagnoses at a later date.

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Q13. What will display in field #25 of the MAO-004 report when field #27 contains value of "Q"?

A13. Field #25 will be 'A' if field #27 is 'Q'. Please refer to the March 22, 2017 HPMS memo titled, "Phase III MAO-004 Report Layout" for more details.

Q14. What is the timeline for CMS to respond to inquiries submitted regarding issues where accepted data displays on the MAO-002 report but does not appear on the MAO-004 report?

A14. CMS receives numerous inquiries regarding the data on the MAO-002 report and how it relates to what appears on the MAO-004 reports. We welcome your inquiries and work to provide technical assistance and to research these inquiries, as needed. We respond to inquiries as soon as we are able.

Q15. Why is CMS reissuing the MAO-004 Reports for 2015 dates of service?

A15. CMS is reissuing all MAO-004 reports so MAOs will have a complete set of reports reflecting the Phase III version of the reports. The first reports only contained 2015 dates of service, so plan could better understand their PY2016 risk scores in preparation for PY2018 bid submission. The full set of reissued reports will contain 2014, 2015, 2016, and 2017 dates of service submitted from 1/1/14 to 4/30/17.

Medicaid Status

Q16. Is the Medicaid risk factor for institutional and end-stage renal disease (ESRD), non-community, based on the beneficiary's Medicaid status during the anchor month?

A16. Starting in PY2017, the institutional risk scores in the Part C, non-ESRD model, include a Medicaid risk factor that is based on the beneficiary's Medicaid status for one or more months during the payment year. Under the ESRD model, a beneficiary's Medicaid risk factor is based on the beneficiary's Medicaid status during one or more months during the data collection period.

Q17. What is the difference between the Monthly Medicaid Status Report and the Medicaid flag on Monthly Membership Report (MMR)?

A17. The Monthly Membership Report (MMR) contains payment information for a specific month; therefore, the Medicaid data fields on the MMR represent the beneficiary's Medicaid status used to determine dual status for the reported month. The data on the Monthly Medicaid Status Report provides information on dual statuses that may be more up to date than the anchor months utilized for payment in the MMR. The Medicaid Status Report gives plans a more complete picture of the Medicaid statuses of their beneficiaries which can assist with predicting revenue.

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General

Q18. **Can CMS clarify the logic for EDPS error 01405 - Sanctioned Providers?**

A18. This edit will be posted on the Institutional encounters when the header 'from' date of service is within the billing provider or rendering provider's (header only) sanction effective date and the sanction termination date received from PECOS. This edit will be posted on the Professional encounters when the header 'from' date of service is within the billing provider or rendering provider's (header and line) sanction effective date and the sanction termination date received from PECOS.

If you feel this edit is posting incorrectly for your provider please email encounterdata@cms.hhs.gov and provide details about the impacted file/record.

Q19. **Where can MAOs access the Risk Adjustment for EDS & RAPS User Group materials?**

A19. The Risk Adjustment for EDS & RAPS User Group materials are available at: http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20 Adjustment%20Processing%20System~User%20Group?open&expand=1&navmenu=Risk^Adjustm ent^Processing^System||

Q20. **What is the percentage for the PY 2017 risk score blend using RAPS and EDS data?**

A20. For PY 2017, CMS is weighting the risk scores calculated with diagnoses from RAPS and FFS by 75% and risk scores calculated with diagnoses from EDS and FFS by 25%.

Q21. **How can MAOs become certified to submit encounter data?**

A21. For instructions on how to become certified to submit encounter data please visit the CSSC Operations website at this link: https://csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20 Encounter%20Data~Enroll%20to%20Submit%20Medicare%20Encounter%20Data?open&expand= 1&navmenu=Medicare^Encounter^Data||

Q22. **What is the purpose of the Long-Term Institutionalized (LTI) Resident Report?**

A22. As indicated in section F.32 of the Plan Communication Use Guide Appendices, Version 11.0 located at https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan_Communications_User_Guide.html, the Long-Term Institutionalized (LTI) Resident Report is released twice yearly and provides Part D sponsors with a list of their enrolled beneficiaries who are LTI residents for longer than 90 days. This report provides information to Part D Sponsors on institutionalized enrollees, as well as the names and addresses of the particular long-term care (LTC) facilities in which those beneficiaries reside. Since the information in this report is obtained by linking Medicare enrollment information with data from the Minimum Data Set (MDS) of nursing home assessments, there may be a differences between the report and a plan's current enrollment.

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