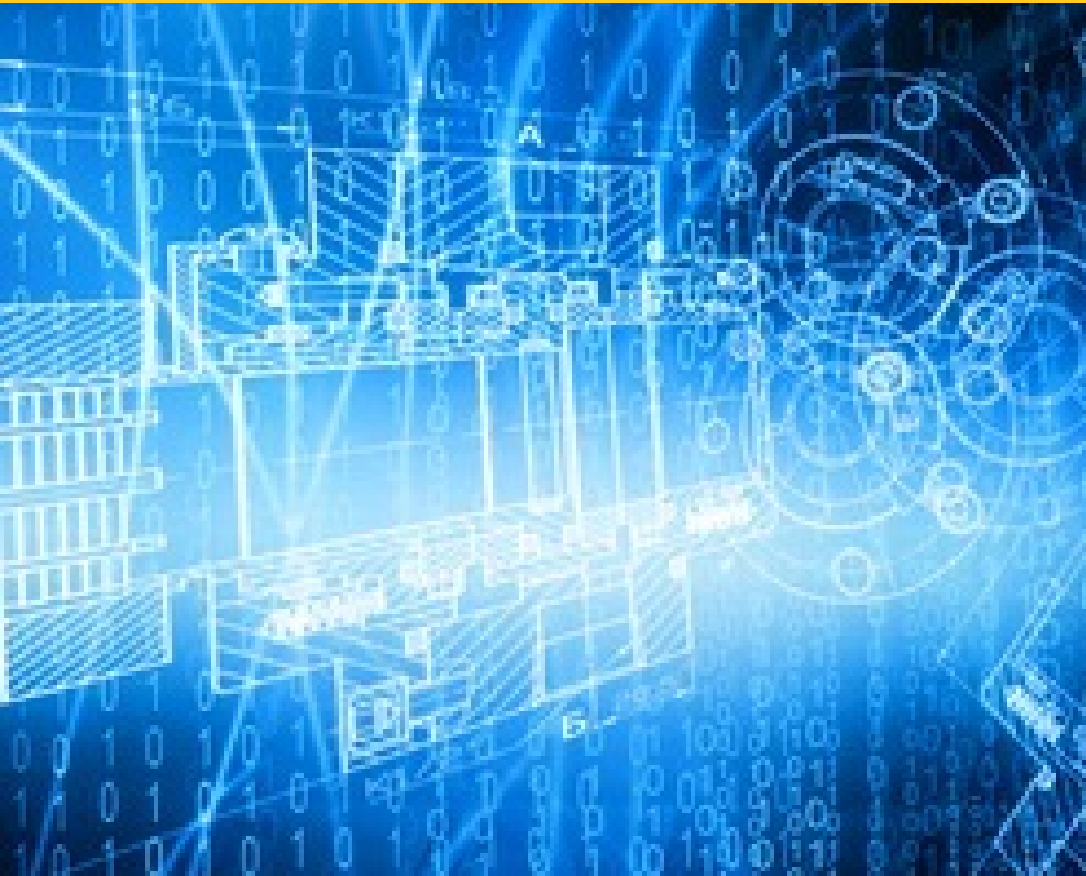




Risk Adjustment for EDS & RAPS User Group



June 20, 2019
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 end of each User Group call.
- Please be as specific as possible when suggesting topics. It helps us better tailor our trainings and webinar development.
- 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.

Technical Assistance



Registration Support Contact Information

For questions or issues regarding logistics, registration, or materials, please contact Registration Support.

Phone: 1-800-290-2910

Email: TARRegistrations@tarsc.info

When contacting Registration Support, please provide your name, phone number, and email address, along with a detailed description of your issue.

Technical Assistance

- **Browser Requirements**

- JavaScript and cookies enabled
- Java 6 and Java 7 (for web browsers that support Java) enabled
- Cisco WebEx plug-ins enabled for Chrome 32 and later and Firefox 27 and later
- Plug-ins enabled in Safari
- Active X enabled and unblocked for Microsoft Internet Explorer

- **Recommended Browsers**

- Internet Explorer: 8 - 10 (32-bit/64-bit)
- Mozilla Firefox: Version 10 through the latest release
- Google Chrome: Version 23 through the latest release

Agenda

- **CMS Updates**
 - Medicare Advantage Encounter Data
 - Diagnoses Missing from Encounter Data-Based Risk Scores
 - HPMS memos:
 - Off-Cycle ED Software Release – May 2019 (Edit 00699)
 - ED Software Release Update to Billing Provider Editing
 - 2019, 2020, 2021 Annual Payment Run Memo
 - Request for Input – Risk Adjustment Reports - Model Output Report (MOR) and MAO-004 Report
 - Medicare Beneficiary Identifier and the Transition Period
 - Frequently Asked Questions
 - Live Question and Answer Session
- **Closing**



CMS Updates



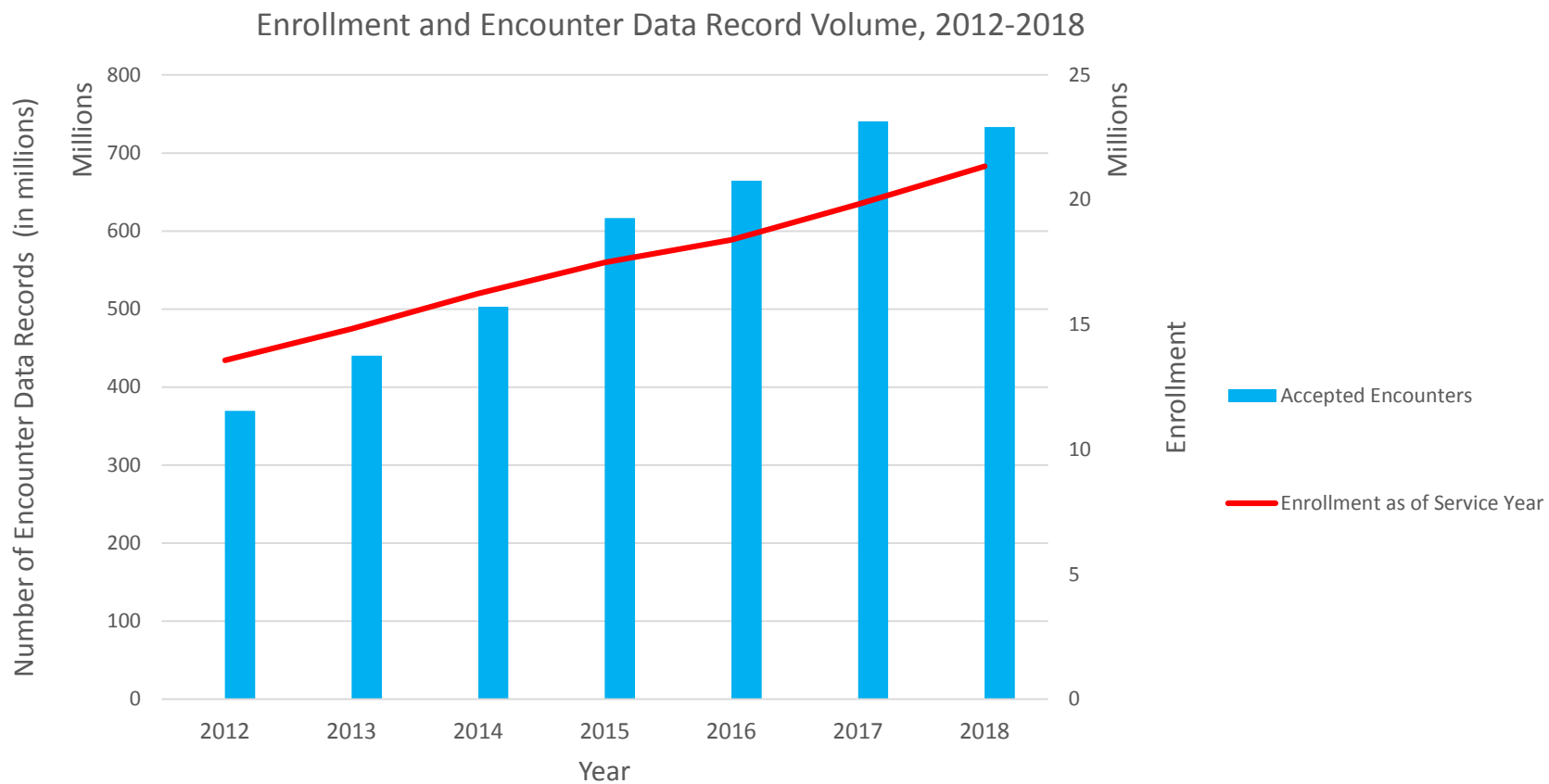
Medicare Advantage Encounter Data

Current Submission Requirements

Number of Enrolled Medicare Beneficiaries	EDR Minimum Submission Frequency
Greater than 100,000 (Large plans)	Weekly
50,000 – 100,000 (Medium plans)	Bi-weekly (every 2 weeks)
Less than 50,000 (Small plans)	Monthly

Current: Enrollment and Submissions

2012-2018



Data as of 06/01/2019

Current: Submissions Forecast 2020

Time Period	Forecast (in Millions of EDRs)
June 2019	79
CY 2019	1,000
CY 2017-2019	2,700



Diagnoses Missing from Encounter Data-Based Risk Scores

Diagnoses Missing from Encounter Data-Based Risk Scores

PY 2018 final reconciliation is reflected in the May 2019 payment and the mid-year PY 2019 risk scores are reflected in June 2019 payments.

Identified Issues:

- Diagnoses missing from chart review records:
 - Several plans have noted that diagnoses submitted on a subset of chart reviews and reported as allowed 'A' and add 'A' (or blank and 'D' for deletes) on the MAO-004 report were excluded from the final 2018 and mid-year 2019 risk score.
 - CMS has researched the issue and identified that chart review adds submitted between March 2018 and March 2019 (records were from service years 2014-2019) were affected.
- Diagnoses missing from records for beneficiaries with Railroad Board (RRB) identifiers:
 - In some instances diagnoses on encounter data and chart review records for some beneficiaries with non-standard HIC numbers (e.g. RRBs) reported on the MAO-004 were excluded from the mid-year 2019 risk scores.

Diagnoses Missing from Encounter Data-Based Risk Scores

Resolution:

Missing diagnosis data for the issues identified on slide 13 will be addressed in future risk score runs:

- PY2019: Risk scores will be updated with the missing diagnoses in the PY 2019 final reconciliation run.
- PY 2018: Risk scores and payments will be updated later in 2019.
 - The updated PY 2018 final reconciliation run will be based on data submitted by the reconciliation deadline, January 31, 2019.
- CMS will resolve the issues for the other payment years at a later date and will announce these runs through HPMS.



Released HPMS Memos



Off-Cycle ED Software Release – May 2019 (Edit 00699)

Off-Cycle ED Software Release – May 2019 (Edit 00699)

- CMS has updated the edit to bypass the submitted charges validation only for original and replacement EDRs and CRRs submitted prior to June 11, 2018 with a subsequent void submitted after June 11, 2018
- The system changes went into effect on May 5, 2019
- If you received a rejected void EDR/CRR that posted with edit 00699, and the original or replacement record was submitted prior to June 11, 2018, it is recommended that you resubmit the rejected
- Refer to the May 3, 2019 HPMS memo titled, “Off-Cycle Encounter Data Software Release - May 2019 - Edit 00699 - Void Must Match Original”



ED Software Release Update to Billing Provider Editing

ED Software Release Update to Billing Provider Editing

- Per the HPMS Memo released on May 3, 2019 titled, “Encounter Data Software Release Update to Billing Provider Editing” CMS is enhancing the validation of Billing Provide Editing effective 6/28/19
- EDPS will validate the Billing Provider National Provider Identifier (NPI) as reported by National Plan and Provider Enumeration System (NPPES) database
 - EDPS will utilize the weekly incremental NPI file and monthly refresh to capture NPPES changes
- Edit 01410 Invalid Billing Provider NPI will post to the encounter data record if the Billing Provider NPI is not found or inactive for the “from date of service”



2019, 2020, 2021 Annual Payment Run Memo

Deadlines for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2019, 2020, and 2021

The HPMS memo titled “Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2019, 2020, and 2021” was released on May 22, 2019.

Risk Score Run	Dates of Service	Deadline for Submission of Risk Adjustment Data (8pm ET)
2020 Initial Run (RAPS & EDS)	07/01/2018 - 06/30/2019	Friday, 09/06/2019
2019 Final Run (RAPS & EDS)	01/01/2018 – 12/31/2018	Friday, 01/31/2020
2020 Mid-Year Run (RAPS & EDS)	01/01/2019 – 12/31/2019	Friday, 03/06/2020
2021 Initial Run (RAPS & EDS)	07/01/2019 – 06/30/2020	Friday, 09/04/2020

For Payment Year 2019, we will apply the blended risk score – 25% of the risk score calculated with diagnoses from encounter data, FFS claims, and RAPS inpatient records summed with 75% of the risk score calculated with diagnoses from RAPS and FFS – when we calculate the initial PY 2019 risk scores, and will continue to do so for mid-year and final risk scores.

For Payment Year 2020, we will apply the blended risk score – 50% of the risk score calculated with diagnoses from encounter data, FFS claims, and RAPS inpatient records summed with 50% of the risk score calculated with diagnoses from RAPS and FFS – when we calculate the initial PY 2020 risk scores, and will continue to do so for mid-year and final risk scores.



Request for Input – Risk Adjustment Reports – Model Output Report (MOR) and MAO-004 Report

Request for Input – Risk Adjustment Reports - Model Output Report (MOR) and MAO-004 Report

- The HPMS memo titled “Request for Input – Risk Adjustment Reports - Model Output Report (MOR) and MAO-004 Report” was released on May 29, 2019.
- CMS is seeking feedback on various aspects of both the MOR and the MAO-004 including content, frequency and timing, format and layout, mode of assessment and dissemination, and lead time.
- Stakeholder input will be used to develop proposed layout, which will be released for additional feedback
- Please send feedback to encounterdata@cms.hhs.gov by June 26, 2019.



Medicare Beneficiary Identifier and the Transition Period

Medicare Beneficiary Identifier and the Transition Period

- The transition period for MBIs will go through December 31, 2019. However, during and after the transition, CMS will continue to accept the HICN and the MBI for both RAPS and Encounter data.
- We encourage MAOs and other plan sponsors to use the Medicare Beneficiary Identifier (MBI) when it is available for submitting both Risk Adjustment Processing System (RAPS) data and Encounter Data.



Frequently Asked Questions

Frequently Asked Questions

Question:

I have a clarifying question regarding MAO-002 error 00825 which states that the HICN/MBI on Chart Review records must match the HICN/MBI on the linked encounter. In this scenario, as long as the member is the same member, will the validation pass if the linked encounter was submitted with HICN and the new supplemental is submitted with MBI of the same member?

Answer:

Yes, as long as the member is the same member, you can submit either the HICN or the MBI. For example, if the encounter is submitted with the HICN and the linked Chart Review Record is submitted with the MBI, the linked Chart Review Record will be accepted.

Frequently Asked Questions

Question:

Can you provide guidance on how anesthesia claims with procedure code 01996 should be submitted?

Answer:

This edit is triggered if an anesthesia modifier (AA, AD, QK, QS, QX, QY or QZ) is submitted. If you are submitting 01996 with one of these modifiers, the edit is saying the units or basis of measurement code must be 'MJ'. In order to avoid this edit, you should not submit anesthesia modifiers with procedure code 01996.

Frequently Asked Questions

Question:

Where can I find the model software and diagnosis to HCC mappings for each payment year, and when will the updated mappings for the 2020 CMS-HCC model be posted on the CMS website?

Answer:

The ICD-9 and ICD-10 mappings of diagnoses to model HCCs along with model software are available on the CMS Risk Adjustment website (<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html>). CMS posted the PY2020 initial model software and mappings file at this link.

Frequently Asked Questions

Question:

Where would I be able to find a comprehensive list of the HCC descriptions and relative factors?

Answer:

The CMS-HCC model HCCs, HCC descriptions, and relative factors are listed in the Advance Notices and Announcements for the relevant payment year at <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html>.

Frequently Asked Questions

Question:

Do you know when the yearly MOR files for payment year 2018 will be available?

Answer:

The 2018 final reconciliation MORs were released with the May 2019 payment on May 2, 2019.

Frequently Asked Questions

Question:

In reading the new updates for the 2020 payment model, I wanted to inquire as to what is included in the payment count model? Do all individual conditions count, or is it still counted by hierarchy?

Answer:

The count variables in the payment count model make an adjustment for the count of payment conditions, or those HCCs included in the model for payment. The count of payment conditions is applied after the hierarchies. If a beneficiary has multiple payment HCCs in a hierarchy, then only most severe of those HCCs (the highest in the hierarchy) would be included in the count of conditions. Please see the Announcement of Calendar Year (CY) 2020 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter, Table VI-4 Disease Hierarchies for the 2020 Alternative Payment Condition Count Model for more information on which hierarchies are applied in this model.

Frequently Asked Questions

Question:

How does CMS define a “RAPS Inpatient Record” that will be used to supplement the 2019 EDS Risk Score. Is there a specific set of Provider types that are being used?

Answer:

We will identify RAPS inpatient diagnoses for the 2019 EDS risk score with the Provider Type field on the RAPS record. All diagnoses on RAPS records with a provider type of 01 or 02 will be included in the 2019 EDS risk score. Please note that diagnoses with provider type 01 or 02 must come from an inpatient setting.

Frequently Asked Questions

Question:

If a procedure code on a line level encounter rejection is pointing to a diagnosis code at an accepted record-level encounter, does this affect the diagnosis code for risk scoring? Example: Diagnosis code with pointer of A is accepted at the record level. Line 1, with a procedure code pointing to diagnosis A (accepted diagnosis code at claim level) has been rejected. Will this diagnosis code still be considered for risk adjustment?

Answer:

For professional and outpatient encounter data or chart review records, at least one accepted line must contain a CPT/HCPCS code on the list of allowable CPT/HCPCS codes. From your example, if the procedure code on line 1 is the ONLY acceptable risk adjustment allowable procedure code on the encounter data record, then diagnosis A will not be considered for risk adjustment. However, if there is any other risk adjustment allowable procedure code on the encounter data record that is on an accepted line, all diagnoses codes on the record, including diagnosis A, will be accepted for risk adjustment. Please reference the December 22, 2015 HPMS memo, “Final Encounter Data Diagnosis Filtering Logic” for more information: <https://csscooperations.com/internet/cssc4.nsf/DocsCat/A5GM3J2456>.

Frequently Asked Questions

Question:

Is it true that the risk adjustment filtering rules for PT and OT do not vary by PACE vs typical Medicare Advantage plans?

Answer:

Yes, that is correct. The risk adjustment filtering rules do not vary between PACE and Medicare Advantage organizations.

Frequently Asked Questions

Question:

CMS has requested the submission of additional details and specific examples to further research my question. How do I securely submit personally identifiable information (PII) or personal health information (PHI) so that CMS may research my issue?

Answer:

1. Contact the MAPD Help Desk at 1-800-927-8069 and request a SNOW Case number be generated for the purpose of submitting a password protected file.
2. Email the password protected file containing the sample data to the MAPD Help Desk (MAPDHelp@cms.hhs.gov).

IMPORTANT: Include the SNOW Case number in the 'Subject' line to enable the Help Desk to pair your email with the SNOW Case.

NOTE: In accordance with CMS' Security Policy, the password for encrypted PII/PHI data cannot be emailed to the MAPD Help Desk. Please Call the MAPD Help Desk with the password.

3. Email the Risk Adjustment or Encounter data mailbox with the SNOW Case number **and** question without the PII/PHI.

Please do not submit PII/PHI unless CMS requests you provide specific examples



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	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/
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	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	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/
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

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

