CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Risk Adjustment for EDS & RAPS User Group

July 19, 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 Advantage Encounter Data and RAPS Data > 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

TARSC
TECHNICAL ASSISTANCE REGISTRATION SERVICE CENTER

Registration Support Contact Information

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

Phone: 1-800-290-2910

Email: TARegistrations@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**
  - Identification of Medicaid Status for Risk Adjustment
  - HPMS Memos
    - Phase III Version 3 MAO-004 Report Updates
    - *Encounter Data (ED) Submission and Processing Guide*
    - *Encounter Data Processing System (EDPS) Infrastructure Transition*
  - Upcoming Deadlines
  - Report of the Month - MOR
- **Q&A Session**
  - May User Group Frequently Asked Questions
  - Live Question and Answer Session
- **Closing**

CMS Updates

Identification of Medicaid Status for Risk Adjustment

How Medicaid Status is Determined by MARx for Risk Adjustment

- The status is identified from three sources of Medicaid data :
  - Medicare Modernization Act (MMA) State files
  - Point of Sale data
  - Monthly Medicaid file that the Commonwealth of Puerto Rico submits to CMS
- MARx uses the status to determine which Risk Adjustment Factor (RAF) is used to calculate a community beneficiary's monthly payment and is included on the Monthly Membership Report (MMR).
- Medicaid status on the MMR and MCMD (Medicare Advantage Medicaid Status Data File) may differ (starting in 2017) because the reports reflect data pulled from different time periods.

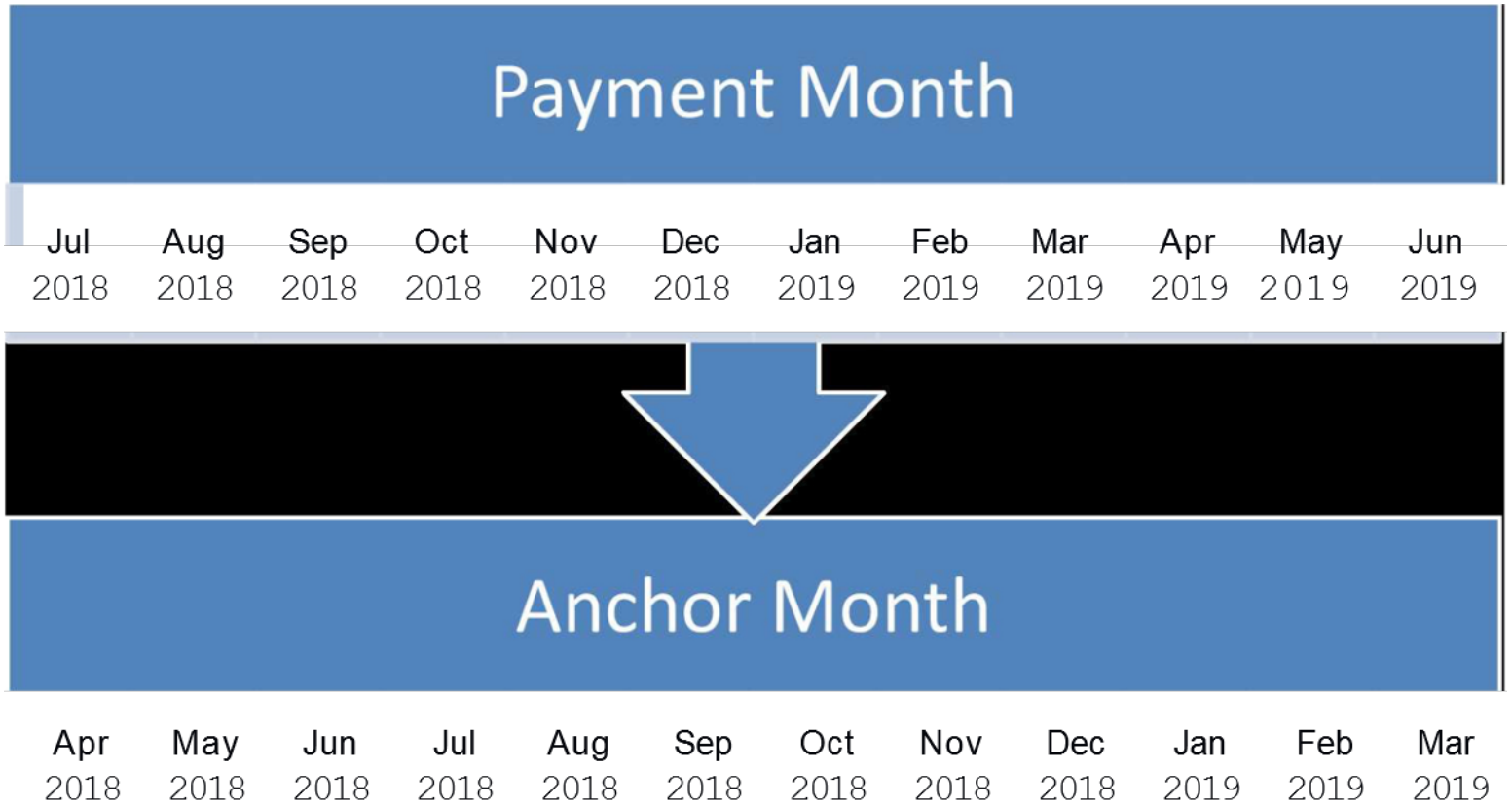
Dual Status

- We define dual status as follows:
  - **Full benefit dual eligible**: eligible for full Medicaid benefits under title XIX of the Social Security Act. Include those who have Medicaid benefits only, or who are also eligible as Qualified Medicare Beneficiaries (QMBs) or Specified Low Income Medicare Beneficiaries (SLMBs).
    - Dual status codes 02, 04, 08, or presence on the monthly Puerto Rico file
  - **Partial benefit dual eligible:** eligible only as Qualified Medicare Beneficiaries (QMBs), Specified Low Income Medicare Beneficiaries (SLMBs), and under other categories of beneficiaries who are not eligible for full Medicaid benefits under title XIX.
    - Dual status codes 01, 03, 05, or 06
  - **Non dual eligible:** Neither full benefit dual or partial benefit dual eligible.

Medicaid on the MMR

- Medicaid status used for payments made throughout the year, and reported on the MMR, is determined using the rolling anchor month (Payment Month – 3 months).
- This logic is applied to payments that use a community RAF.
- At final risk adjustment reconciliation for a given year, the Medicaid status used to calculate payment, and that is reported on the MMR, will reflect the actual monthly Medicaid status within the reconciliation year.
- For New Medicare Beneficiaries who receive a default RAF, the risk score includes an add on if the beneficiary was Medicaid any time during the payment year; MARx updates the Medicaid status for default risk scores, and what is reported on the MMR, throughout the year.
- For LTI Part C risk scores, ESRD, or PACE Beneficiaries, a Medicaid add on to the RAF is used. Note that the time period from which the Medicaid status is taken (payment year versus data collection year) can differ by model segment, and the Medicaid status on the MMR will reflect the period form which the Medicaid status was taken.

Anchor Month Example -- Used for Part C risk scores for community beneficiaries through a payment year (prior to final reconciliation)



Medicaid Status as reported on the MCMD and the MMR

- Because the MMR provides the Medicaid status used in payment, and references the Medicaid status for a prior month for each payment month (until final reconciliation), CMS also sends a monthly report that provides MAOs with the most recent information about their beneficiaries' monthly Medicaid status.
- Throughout a payment year, we do not update the Medicaid status used to determine the community risk score for a given payment month if the status changes. However, such a change in Medicaid status would be reported on the MCMD.
- The goal of the MCMD is to provide the most recent information regarding beneficiary's monthly Medicaid status, so MAOs can project their revenue for the payment year.
- Because the MMR is referencing a prior month's status when used to determine payment for a month, and the MCMD is reporting the most recently-reported status for a month, the Medicaid status for a month from these two reports may not match for a beneficiary.

Information provided by the MCMD

- Medicaid Periods
  - Will start with January 2017 or later (will potentially not contain the entire Medicaid Period for some beneficiaries).
- Medicaid Status Start and End Dates
  - Start and End Dates of a Medicaid period while enrolled in the contract (may not contain the entire Medicaid Period).
- Medicaid Status
  - Full (F) or Partial (P)
- Dual Status Code Start and End Dates:
  - Start and End Date of the Dual Status Code. (can be a subset of the entire Medicaid Period)
- Dual Status Code
  - 02-10 (associated with the F or P)
- If the beneficiary does not have any Medicaid status for a month, there will **Not** be a record on the MCMD report for that beneficiary for that month.
- The beneficiary must be enrolled into the contract and have a Medicaid period during this enrollment for a status to be populated on the MCMD.

Common Medicaid Status Data File Questions

- Plans may receive multiple detail records for a beneficiary, if the beneficiary has different Medicaid statuses (as indicated by the Dual status codes) across the months in the report.
- Record Types:
  - Record Type 1 = Header. One per monthly report.
  - Record Type 2 = Beneficiary detail. One per beneficiary per month.
  - Record Type 3 = Dual status for specified dates. For a month, a separate Record Type 3 will be created for each dual status period. Record Type 3s will immediately follow the Record Type 2 for a beneficiary.

Common Medicaid Status Data File Questions
(continued)

- Example: Beneficiary A has three different dual status periods for January – June 2018. The August monthly report will include:
  - Record Type 2 = Information about Beneficiary A
  - Record Type 3 = Full dual for 1/1/18– 3/31/18
  - Record Type 3 = Partial dual for 4/1/18 – 5/30/18
  - Record Type 3 = Full dual for 6/1/18-6/30/18
- If a beneficiary's dual status for a month changes retroactively, the MAO will see the updated status reported on the next monthly MCMD.
- Reminder: Retroactive adjustments to Dual status are not reflected in payment on the MMR until final reconciliation.

Time Period Used for Medicaid Status

Risk Score	How Medicaid status is used in determining risk score, applied at *final reconciliation*	Throughout payment year (*initial and mid-year risk scores*), Medicaid status is from…	MMR field(s) to reference / How to use that field(s)
Part C Community	Prior to 2017, Medicaid status any time in the data collection year results in an add on to the risk score. Starting in 2017, Medicaid status in a payment month is used to select the risk score for that month.	Three months prior to the payment month.	***Field 39 (Medicaid Status)*** will indicate the Medicaid status that is in effect for the month used to determine the appropriate community risk score for a NON-ESRD, Full-risk, NON-PACE beneficiary. It indicates if a beneficiary is determined to be full or partial Medicaid. **Field 46 (Risk Adjustment Factor Type Code)** will indicate a risk adjustment factor type code for a community beneficiary (RAFT code = C, CF, CP, or CN). ***Field 84 (Medicaid Dual Status Code)*** will indicate the Medicaid dual status code (01, 02, 03, 04, 05, 06, 08, 09, 10 or 99) that is in effect for the month used to determine the appropriate community segment for risk score calculation for a NON-ESRD, Full-risk, NONPACE beneficiary.
Part C LTI	Prior to 2017, Medicaid status any time in the data collection year results in an add on to the risk score. Starting in 2017, Medicaid status any time in the payment year results in an add on in the risk score.	Any time in the data collection year, plus any time in the payment year.	***Field 20 (LTI Flag)*** will Indicate if a beneficiary has Part C Long Term Institutional Status, and that an LTI risk score was used for the monthly payment. ***Field 21 (Medicaid Indicator)*** will indicate whether or not Medicaid status was used in calculating the LTI score. **Field 46 (Risk Adjustment Factor Type Code)** will indicate a risk adjustment factor type code for a LTI beneficiary (RAFT code = I).
Part C New Enrollee	Any time in the payment year.	Any time in the data collection year, plus any time in the payment year.	***Field 19 (New Medicare Beneficiary Medicaid Status Flag)*** **will indicate whether or not Medicaid status was used in assigning the new enrollee score. This flag is only used for beneficiaries who are new to Medicare since the last risk score run and receive a default risk score. Field 23 (Default Risk Factor Code) will indicate which default risk score was used.** **Field 21 (Medicaid Indicator) will indicate whether or not Medicaid status was used in calculating the new enrollee score. Field 46 (Risk Adjustment Factor Type Code) will indicate a risk adjustment factor type code for a new enrollee (RAFT code = E or SE).**

Time Period Used for Medicaid Status
(continued)

Risk Score	How Medicaid status is used in determining risk score, applied at final reconciliation	Throughout payment year (initial and mid-year risk scores), Medicaid status is from…	MMR field(s) to reference / How to use that field(s)
ESRD Dialysis	Prior to 2019, Medicaid any time in the data collection year. Starting in 2019, Medicaid any time in the payment year.	Any time in the data collection year, plus any time in the payment year.	***Field 21 (Medicaid Indicator)*** will indicate whether or not Medicaid status was used in assigning the PACE or ESRD score. **Field 46 (Risk Adjustment Factor Type Code)** will indicate a risk adjustment factor type code for a beneficiary in ESRD (RAFT code = C1, C2, D, ED, E1, E2, G1, or G2) or PACE (RAFT code = PA, PB, PC, PD, PE, PF, PG, or PH) status.
ESRD Dialysis New Enrollee	Any time in the payment year.		
ESRD Post Graft, Community and LTI	Prior to 2019, Medicaid any time in the data collection year. Starting in 2019, Medicaid any time in the payment year.		
ESRD Post Graft New Enrollee	Any time in the payment year.		
PACE Community and LTI	Prior to 2019, Medicaid any time in the data collection year. Starting in 2019, Medicaid any time in the payment year.		
PACE New Enrollee	Any time in the payment year.		

Notes

*A default risk score is only used when a beneficiary does not have a risk score produced from the risk adjustment system (RAS). This happens when a beneficiary is new to Medicare and was not in CMS systems when we conducted the risk score run.

-To calculate a beneficiary's Part D risk score, CMS uses the low-income status, and not the Medicaid status. Low income status is determined as of the payment month at final reconciliation.

HPMS Memos

Phase III Version 3 MAO-004 Report Updates

Phase III Version 3 MAO-004 Reports

- Beginning April 07, 2018, CMS started sending out the Phase III Version 3 MAO-004 reports
- For all active contracts, below was/is the dissemination schedule.

Submission Month/Year	Sent Out
Jan - Dec 2014	04/07/2018
Jan- Dec 2015	04/21/2018
Jan - Dec 2016	05/01 & 05/02/2018
Jan - Dec 2017	05/18/2018
Jan - Feb 2018	06/08/2018
Mar - May 2018	Week of July 23
June 2018	Week of July 30

- CMS will send reports for inactive contracts after the reports for the active contracts are done

Identified Issues

CMS and plans have identified several issues with the Phase III version 3 MAO-004 report. The number of records affected by these issues are relatively small (approximately 1.5% of records on average across all service years) in number. Please note that many of these are reporting errors that do not affect risk scores. Also, because all accepted EDRs are being reported on the Phase III version 3 MAO-004 report, the diagnoses on some of the records affected are not risk adjustment eligible, and the diagnoses on the others may not necessarily affect risk scores.

CMS will address these discrepancies when we conduct risk score reruns of the affected payment years.

The following issues have been identified:

Multiple replacement records within an encounter family: In some cases, the most recent replacement ICN is reported as an original encounter (Encounter Type switch 1). Instead, the most recent replacement should be reported as a replacement (Encounter Type switch = 3)

Linked Chart Review Deletes: The Phase III version 3 MAO-004 report incorrectly reports all of the diagnoses from the record that the CRR delete is linked to as having been deleted. Only the diagnosis code(s) specified on the Linked Chart Review Delete record should reported as deleted.

Identified Issues

- **EDR ICNs not written out on the report** – There are some original EDRs, Replacements EDRs, Void EDRs, and Linked CRR adds that were not reported on the Phase III version 3 MAO-004 reports.
- **Chart review add linked to an original EDR**: In some cases, the Phase III version 3 MAO-004 report displays a 'blank' for the parent ICN of a linked chart review add (Detail field #13), and the Allow/ Disallow Status of the parent ICN (Detail field #15). The ICN of the parent record (Detail field #13) should be reported as submitted and the Allow/ Disallow Status of the parent record (Detail field #15) should be 'A' or 'D'
- **Replacement to an encounter (Encounter Type Switch=3):** In a few cases, the Phase III version III MAO-004 report incorrectly reports Allow/ Disallow Status of the encounter that the replacement encounter is linked to (Detail field #15) as 'blank'. The Allow/ Disallow Status of the encounter that the replacement is linked to (Detail field #15) should be 'A' or 'D'
- **Void to a Chart Review Delete (Encounter Type Switch=8):** In a few cases, the Phase III version 3 MAO-004 report incorrectly displays diagnoses reported on the void record as Allowed (Detail field # 25). However, the Allow/Disallow Status (Detail field # 25) should be 'blank'.

Encounter Data (ED) Submission and Processing Guide

Release of Streamlined ED Guidance

On June 11, 2018, MPPG released an HPMS memo announcing the release of the:

- *Encounter Data Submission and Processing Guide*
- *MA & Part D Communications Handbook*
- Redesigned www.csscoperations.com website

Encounter Data Submission and Processing Guide

- CMS consolidated all existing encounter data guidance into a single document.
- The Guide will be updated as we provide new guidance going forward.
- First, we reviewed guidance from 2012 through 2017 from multiple sources to identify the most recent operational policies for ED submission:
  - Health Plan Management System (HPMS) memos
  - Institutional, Professional, and DME Companion Guides
  - User Group Call slides, UGC questions and answers documents, answers to mailbox questions
  - 2012 Participant Guide, bulletins, and newsletters
- Next, we developed a streamlined set of 6 chapters, plus appendices, to present not only submission guidance but also information on how CMS' Encounter Data System processes Encounter Data Records (EDRs) and Chart Review Records (CRRs).
- Finally, we incorporated the 3 Companion Guides into a single Companion Guide, presented in Chapter 3 and Appendix 3A of the new Guide.
- Previous guidance documents can be found under the *ARCHIVES* section of the http://www.csscoperations.com website.

Future Plans for the Guide

- The *Guide* would then become the operational guidance for both types of risk adjustment data formats, and would be called the *ED & RAPS Data Submission and Processing Guide.*
- Version 2.0 would include ED guidance new since May 2018, and also could reflect suggestions we may receive on improving organization.

MA & Part D Communications Handbook

- CMS compiled information from separate files into a single document on how to connect to CMS' systems to transfer and receive files for encounter data, RAPS data, and Part D PDE data.
- The *Handbook* combines onboarding information from:
  - EDFES User Guide
  - FERAS User Guide
  - PDFS User Guide
- Most information in these 3 files was identical; these previous guides can be found in the Archives.

Redesigned Technical Assistance Website

- CMS reorganized our technical assistance website containing information for Part C and Part D data submission and processing.
- We reduced the number of top level pages to 4:
  - How to onboard
  - 3 pages for each program: risk adjustment data ("MA Encounter Data and RAPS Data"), Medicare-Medicaid Plans (MMPs), and PDE data
- Under the tab for ED and RAPS data, we grouped files by topic, and under topic by program
- Please send your comments, suggestions, and questions to encounterdata@cms.hhs.gov.
- Please use "*ED Guide*" as the subject in all communications regarding the documents and website described in this memo.

Encounter Data Processing System (EDPS) Infrastructure Transition

Encounter Data Processing System (EDPS) Infrastructure Transition Update

- On June 11, CMS published the HPMS memo title, “CMS’ Encounter Data Processing System (EDPS) Infrastructure Transition - Second UPDATE.”
- CMS completed the EDPS infrastructure transition and began processing all encounter files submitted after 11:59 PM, EDT on Friday, May 18th in the order they were received.
- Plans should have started receiving the MAO-001 and MAO-002 reports beginning Tuesday, June 12th.
- If you have any questions that are not addressed above, please email encounterdata@cms.hhs.gov

Upcoming Deadlines

Upcoming Risk Adjustment Deadlines

Payment Year	Encounter Data Deadline	RAPS Deadline	RAPS Delete Deadline for the respective risk score run	Are RAPS Deletes submitted by the "RAPS Delete Deadline" Considered Overpayments?	Anticipated Month of Payment
PY 2015- Rerun/update	February 1, 2016	February 22, 2016	June 7, 2018	Yes	September 2018
PY 2016 – 2nd Interim Final	April 2, 2018	January 31, 2017	April 2, 2018	No	August 2018
PY2016 – Final Reconciliation	September 14, 2018	January 31, 2017	September 14, 2018	No	TBD
PY 2017 – Interim Final	January 31, 2018	January 31, 2018	January 31, 2018	No	June 2018
PY 2017 – Final Reconciliation	September 14, 2018	May 4, 2018	September 14, 2018	No	April 2019

Note: Please be sure to always refer to the latest HPMS memo with deadlines

Report of the Month:
Model Output Report (MOR)

MOR Overview

- The Model Output Report (MOR) is generated by the Risk Adjustment Processing System (RAPS) and reports the Hierarchical Condition Categories (HCCs) used to calculate each beneficiary's risk scores in each model run. It is sent to the MAOs with plans in which beneficiaries are enrolled.
- The HCCs reported on the MOR are derived from the diagnosis data that is submitted for each beneficiary. This data comes from Fee-For-Service (FFS), RAPS, and EDS submissions.
- MORs are created for each model version (i.e., for each model where there is a different set of diagnosis-to-HCC mappings):
  - The 2014 CMS-HCC Part C model (in effect PY2014-PY2016) & the 2017 CMS-HCC Part C model (in effect PY2017 & PY2018) each have different record types, since the models have different factors.
  - The PACE and ESRD models have a separate record type, since they have another set of diagnosis-to-HCC mappings.
  - The RxHCC Part D model MOR is in another file and there are different record types for the model prior to 2016 and for 2016 and after.
- Starting with the Payment Year (PY) 2016 Final Reconciliation, CMS is calculating a RAPS-based risk score and an ED-based risk score, and blending the two scores for payment, and the system will generate one MOR Record Type for each score calculated, since the HCCs in the score can differ.

MOR Overview *(continued)*

- MAOs should use the MOR to assess whether there are differences in HCCs between the risk scores that they calculate and the risk scores used by CMS in payment.
- An HCC will be incorporated in the risk score when:
  - A diagnosis that maps to that HCC is submitted by the deadline for the risk score run and is accepted.
  - The diagnosis is not deleted prior to the risk score run.
  - The beneficiary does not have another HCC in a hierarchy that results in the lower severity HCC being excluded from the risk score.
    - Hierarchies are published in the Rate Announcement when a model is finalized.

MOR Fields

- The MOR contains information that will help MAOs determine different beneficiary statuses and other relevant information in calculating risk scores.

Demographic/ Diagnostic Information	Description
Beneficiary ID	The MORs will continue to be populated with the Health Insurance Claim Account Number (known as HICN) until December 31, 2019. MOR reports will contain the MBIs for all beneficiaries starting 01/01/2020. Prior to that, newly enrolled beneficiaries who would have only an MBI would not normally appear on the MOR. This is because new enrollees -- those beneficiaries who have less than 12 months of Part B in the data collection year and receive new enrollee risk scores in payment -- do not appear on the MOR. These beneficiaries will not be "full risk" – i.e., have an HCC-based risk score -- until 2020.
Sex	Male or Female
Age/RA Age Group	Age as of February 1st of payment year, with the exception of beneficiaries who recently aged into Medicare and may have been 64 on February 1st. These beneficiaries are treated as 65. *Note*: Age/sex coincides with the risk score for a payment run.

MOR Fields *(continued)*

Demographic/ Diagnostic Information	Description
Medicaid	The Medicaid status on the MOR is only for LTI beneficiaries (i.e. there is no dual status for community enrollees on the MOR starting with PY2017) and is concurrent only for the final model run. For initial and mid-year runs, this field is populated if the Medicaid period falls between beginning of data collection and end of payment year period.
Originally Disabled	Beneficiary's original Medicare entitlement was due to disability (and they are now aged).
HCC / RxHCCs	HCCs or RxHCCs applicable to a beneficiary are used in calculating the risk score for initial, mid-year, or final reconciliation payments. The Risk Adjustment System (RAS) applies the hierarchies prior to generating the MOR, so that only the most severe condition of a disease appears on the report.
Interactions	Applicable disease or disabled interactions reported on the MOR. If an interaction is not used in the risk score calculation, it will NOT be indicated on the MOR.

MOR Retrieval

- CMS sends MORs to plans via Gentran and/or TIBCO MFT Internet server.
- There is one file for Part C HCCs and another file for Part D RxHCCs.
- Within each file, there are multiple Record Types, some for RAPS-based risk scores and some for Encounter data-based risk scores.
- MAOs can also use the MARX UI to download the MORs reports as follows:
  - Go to the “Reports” menu
  - Select “Yearly” frequency
  - Select the payment year (e.g. 2017) as the “Start Year/End Year”
  - On the “Report/Data File” dropdown select “Yearly RAS Part C” for Part C MORs or “Yearly RAS Part D” for Part D MORs.
  - Add your “Contract ID”
  - Hit “Find.” The reports will populate and become available for download.
  - *NOTE: Do not specify file type.*

2017 Final and 2018 Midyear/Final Risk Scores

- For PY 2017 Interim Final and Final (2016 dates of service), CMS will use a blended risk score, adding –
  - 25% of the risk score calculated based on HCCs from diagnoses filtered from encounter data and FFS claims with…
  - 75% of the risk score calculated based on HCCs from diagnoses submitted to RAPS and on FFS claims.
- For PY 2018 Mid-Year / Final (2017 dates of service), CMS will use a blended risk score, adding –
  - 15% of the risk score calculated based on HCCs from diagnoses filtered from encounter data and FFS claims with…
  - 85% of the risk score calculated based on HCCs from diagnoses submitted to RAPS and FFS claims.

2017 Final and 2018 Midyear/Final MOR Record Types *(continued)*

On March 12, 2018, CMS released an HPMS memo titled, "Updates to Payment Years (PY) 2017 and 2018 Model Output Report (MOR)," to provide information regarding MOR Record Types for the 2017 Interim Final and Final Reconciliation, and the 2018 Mid-Year and Final reconciliation payment.

Model Run Data Source	Model	Model Version	MOR Record Type
MOR Record Types for RAPS and FFS Based HCCs	ESRD and ESRD Post Graft	V21	E
	CMS-HCC Aged/Disabled (non-PACE and non-ESRD)	V22 (PY 2017)	D
	RxHCC	V05 (PY 2017)	2
MOR Record Types for Encounter Data and FFS Based HCCs	ESRD and ESRD Post Graft	V21	G
	CMS-HCC Aged/Disabled (non-PACE and non-ESRD)	V22 (PY 2017)	H
	RxHCC	V05 (PY 2017)	4
MOR Record Types for PACE Organizations (RAPS, FFS, and Encounter Data)	PACE and PACE-ESRD	V21	B
	RxHCC	V05 (PY 2017)	5

PY2016 Final MORs

- Based on questions we have received regarding the MOR record types for different model payment runs, we would like to provide some additional clarification:

Model Run	MOR Record Types	References
PY2016 1st interim Final, PY2016 2nd interim final, PY2016 final	RAPS/FFS based MORs: **E, C, 2** ED/FFS based MORs: **G, F, 4** ED/RAPS/FFS based MOR for PACE: **B, 5**	• 11/29/2017 HPMS memo, "Technical Issue Concerning the Payment Year (PY) 2016 Final Model Output Reports (MORs)" • Plan Communications User Guide (PCUG) layouts 7-2, 7-3, and 7-7 (See page xii of PCUG for list of MOR layouts: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan_Communications_User_Guide.html)

PY2017 MORs

Model run	MOR Record Types	References
PY2017 Initial and PY2017 Mid-year	RAPS/FFS based MORs only: **B, D, 2**	• 2/22/2017, "CORRECTION – Changes to Payment Year (PY) 2017 Initial Model Output Report (MOR) " • Plan Communications User Guide (PCUG) layouts 7-2, 7-4, and 7-10
PY2017 Interim Final and PY2017 Final	RAPS/FFS based MORs: **E, D, 2** ED/FFS based MORs: **G, H, 4** ED/RAPS/FFS based MOR for PACE: **B, 5**	• 3/12/2018, "Updates to Payment Years (PY) 2017 and 2018 Model Output Report (MOR)" • 4/3/2018, "Medicare Advantage/Prescription Drug System (MARx) April 2018 Payment – INFORMATION" • Plan Communications User Guide (PCUG) layouts 7-2, 7-4, and 7-10

PY2018 MORs

Model run	MOR Record Types	References
PY2018 Initial	RAPS/FFS based MORs only: **B, D, 2**	• Plan Communications User Guide (PCUG) layouts 7-2, 7-4, and 7-10
PY2018 Mid-year and Final	RAPS/FFS based MORs: **E, D, 2** ED/FFS based MORs: **G, H, 4** ED/RAPS/FFS based MOR for PACE: **B, 5**	• 3/12/2018, "Updates to Payment Years (PY) 2017 and 2018 Model Output Report (MOR)" • Plan Communications User Guide (PCUG) layouts 7-2, 7-4, and 7-10

MOR Timing

- Monthly MORs are sent for each payment month for the beneficiaries who are enrolled in a contract for the payment month. CMS also sends MORs corresponding to risk score model runs that occur three times a year.
- The MORs for those payment months where the risk scores are changing (i.e. initial payment, the mid year update, and final reconciliation) will reflect the updated HCC information for enrolled beneficiaries in a contract.
- Information regarding the timing of 2018 mid-year and final will be released in the Plan Payment Letter. We anticipate the MOR release will coincide with the payment month for these risk score runs.

May User Group
Frequently Asked Questions

Frequently Asked Questions

Question:

Will the Payment Year 2017 Interim Risk Payment received in June 2018 use the 2nd or 3rd version of the Phase III MAO-004?

Answer:

The 2017 interim final payment to be received in June 2018 was calculated with diagnoses reported on the Phase III version 2 MAO-004 report.

Frequently Asked Questions

Question:

Do risk scores from the interim 2017 final model run include diagnoses submitted on encounter data records in January 2018?

Answer:

Yes, the interim 2017 final model run includes diagnoses submitted between January 1, 2016 and January 31, 2018 with dates of service in 2016. The risk adjustment eligibility of diagnoses submitted on encounter data records was determined using the encounter data diagnosis filtering logic as implemented in the Phase III Version 2 MAO-004 reports, while the MAO-004 reports were based on Phase III Version 3.

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/internet/cssc4.nsf/docsCatHome/CSSC%20Operations
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 • EDFES Edit Code Lookup • EDPS Error Code Lookup Tool	https://www.csscoperations.com/internet/cssc4.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Advantage%20Encounter%20Data%20and%20RAPS%20Data~Edits?open&expand=1&navmenu=Medicare^Advantage^Encounter^Data^and^RAPS^Data||
CMS 5010 Edit Spreadsheet	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/

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!

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