



Risk Adjustment for EDS & RAPS User Group



July 20, 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.
- User Group Evaluation

Agenda

- Introduction
- CMS Updates
 - MAO-004 Reports: Phase III Report Training
 - Frequently Occurring EDS Edits
 - EDS Best Practices
- Training Topic - CMS-HCC Model Payment Year (PY) 2018 Risk Score Calculation Overview
- Q&A Session



CMS Updates



Phase III MAO-004 Report Training

Phase III MAO-004 Report Training Overview

1. Background on the MAO-002 and MAO-004 Reports
2. MAO-004 Reporting Criteria
3. Key Fields on the MAO-004 Report
4. Tips for Reconciling MAO-002 and MAO-004 Reports
5. MAO-004 Scenarios
6. MAO-004 Report Troubleshooting Checklist

Background on the MAO-002 and MAO-004 Reports

- The MAO-002 Encounter Data Processing Status Report reports the status of all encounter data record (EDR) header and service lines (accepted and rejected) in the file, along with error codes and descriptions.
- An EDR is considered accepted at the header level if at least one line on the record is accepted. On the MAO-002 Report, the Encounter Status of line '000' will indicate whether or not the EDR is 'Accepted.'
- The MAO-004 only reports diagnoses from EDRs that are accepted on the MAO-002 report.
- The MAO-004 report is designed to identify diagnoses from accepted EDRs and chart review records that are eligible for risk adjustment.

MAO-004 Reporting Criteria

In addition to being on a record that is accepted at the header level on the MAO-002 Report, diagnoses from the EDR must currently meet the following criteria to be reported on the Phase III MAO-004 Report:

- Submitted on or after January 1, 2014.
- Dates of service on or after January 1, 2014.
- Have type of bill 11x, 41x, 12x, 13x, 14x, 43x, 71x, 72x, 73x, 74x, 75x, 76x, 77x, 79x, 83x, 84x, or 85x for institutional EDRs.
- The Phase III reports exclude DME encounters (837-P with Payer Code '80887'). Please refer to the May and June user group slides for more information. For the Phase III MAO-004 report, we only consider inpatient, outpatient, and professional encounters.

Key MAO-004 Fields

Encounter Type Switch (Field #11)

There are **9 record types** identified in the “Encounter Type Switch” Field (Field #11) of the MAO-004 report. Each record type functions to either add, delete, or add and delete diagnoses from the final list of diagnoses that are eligible for risk adjustment.

Switch Type	Description
1	Original EDR– adds diagnoses
2	Void EDR– deletes diagnoses
3	Replacement EDR– adds, deletes, or adds and deletes diagnoses
4	Chart Review Record Add – adds diagnoses
5	Chart Review Record Void – deletes diagnoses
6	Chart Review Record Replacement – adds, deletes, or adds and deletes diagnoses
7	Chart Review Record Delete – deletes diagnoses
8	Chart Review Record Delete Void – voids the chart review record that is deleting diagnoses. Before the risk adjustment deadline, this effectively adds back the diagnoses that were previously deleted
9	Chart Review Record Delete Replacement – adds, deletes, or adds and deletes diagnoses

Key MAO-004 Fields *(continued)*

ICN of Encounter Linked To (Field #13) and Allowed & Disallowed Status of Encounter Linked To (Field #15)

- Indicate whether or not the diagnoses on the current encounter or linked chart review are allowed or disallowed for risk adjustment.
- These fields are for informational purposes to allow MAOs to track the status of the current record relative to previous linked submissions.

Key MAO-004 Fields *(continued)*

Allowed/Disallowed Flag (Field #25) and Allowed/Disallowed Reason Code (Field #27)

- Indicate whether or not the diagnoses on the EDR are allowed or disallowed for risk adjustment.
- If the diagnoses on the EDR are ‘disallowed,’ a reason code will indicate why.
- A reason code is also populated if the status of the record changes from ‘disallowed’ to ‘allowed’ due to an update in the CPT/HCPC list for a given service year.
- Allowed diagnoses have passed the CMS filtering logic applicable for the service type of the EDR (professional, inpatient, outpatient).

Key MAO-004 Fields *(continued)*

Diagnosis Code (Field #31) and Add or Delete Flag (Field #33)

- Indicate the header diagnoses that are on the record, and any diagnoses that have been removed from the prior record.
- For each diagnosis, an indicator of 'A' or 'D' will be displayed to identify whether the diagnosis was added or deleted from the encounter.

Tips for Identifying Risk Adjustment Eligible Diagnoses Using MAO-002 Reports

- Records on the MAO-002 can be reconciled to records on the MAO-004 report using the 13 digit ICN.
 - Identify ICNs from encounter data records accepted at the header level on the MAO-002 report and match to ICNs on records reported on the MAO-004 report.
- Select the latest version, not voided, of the encounter data and chart review records with dates of service in the data collection period, submitted as of the risk adjustment deadline, that are allowed.
- Select diagnoses from allowed encounter data records marked as 'Add' or (blank).

Tips for Identifying Risk Adjustment Eligible Diagnoses Using MAO-002 Reports *(continued)*

- Remove from the list of 'add' or blank diagnoses any diagnoses marked as 'delete'.
 - Note that when deletes are submitted, they only affect the record that the delete is linked to.
 - If an unsupported diagnosis exists on multiple records, a delete will need to be submitted for each instance of the diagnosis code, or it will be in the final list of diagnoses considered for risk adjustment.
- Diagnoses that are allowed and added or blank will be included in the risk score calculation. However, not all diagnoses will map to an HCC. MAOs will need to determine which diagnoses map to HCCs.

Determining Diagnoses for Risk Adjustment

The following example illustrates several common encounter data record submission patterns and how the diagnoses from these submissions are reported on the Phase III MAO-004 report.

Scenario

Prior to the risk adjustment data submission deadline, Happy Health Plan submitted 10 EDRs to CMS for Ms. Jones. These EDRs have dates of service in 2016, and were submitted over three months; November 2016 to January 2017.

4 records are original encounters (claim bill frequency code = '1'),
2 records are replacements (claim bill frequency code = '7'),
1 record is a void (claim bill frequency code = '8'), and
3 records are chart reviews (PWK01 = '09', PWK02 = 'AA')

(EDR details on the next slide)

Scenario – EDR Details

Encounter Type	ICN	Original ICN	Encounter Status (header)	Date of Submission	Date of Service (through date)	Allow/Disallow Status	Diag 1	Diag 2	Diag 3
Encounter 1	1231		Accepted	11/1/2016	1/1/2016	Allowed	AAA	BBB	CCC
Encounter 2	2356		Accepted	11/1/2016	2/22/2016	Allowed	DDD	EEE	
Encounter 3	4329		Accepted	11/1/2016	5/23/2016	Disallowed	AAA	BBB	GGG
Encounter 4	8989		Rejected	11/1/2016	7/2/2016	N/A	LLL		
Replacement Encounter 1	5500	1231	Accepted	12/1/2016	1/1/2016	Allowed	AAA	YYY	
Replacement Encounter 2	6627	4329	Accepted	12/1/2016	5/23/2016	Allowed	AAA	BBB	GGG
Void Encounter	9943	2356	Accepted	12/1/2016	2/22/2016	N/A			
Chart Review Add	1556	5500	Accepted	1/2/2017	1/1/2016	Allowed	CCC		
Chart Review Delete	4177	6627	Accepted	1/2/2017	5/23/2016	N/A	GGG		
Replacement Chart Review Add	2868	1556	Accepted	1/3/2017	1/1/2016	Disallowed	YYY	EEE	CCC

November 2016 MAO-004 Report (distributed in December 2016) beginning with field #9 in the detail section:

Encounter 1 (Passes Professional Filtering Logic):

1231*1*(blank)*(blank)*20161101*20160101*20160101*P*A*(blank)*0*AAA*A*BBB*A*
CCC*A

Encounter 2 (Passes Professional Filtering Logic):

2356*1*(blank)*(blank)*20161101*20160222*20160222*P*A*(blank)*0*DDD*A*EEE*A*

Encounter 3 (Does Not Pass Professional Filtering Logic Due to HCPCS/CPT):

4329*1*(blank)*(blank)*20161101*20160523*20160523*P*D*H*0*AAA*A*BBB*A*
GGG*A

Encounter 4 (ICN 8989) is not reported on the MAO-004 Report because it was rejected.

The diagnoses from encounters 1 and 2 are added and allowed. While the diagnoses on encounter 3 are reported as add, they are disallowed because the CPT/HCPCS codes on the accepted lines were not on the list of approved CPT/HCPCS codes for service year 2016. Only added diagnoses that are allowed are considered for risk adjustment. Encounter 4 was rejected; therefore, it will not be included on the MAO-004 report.

November 2016 Risk Adjustment Eligible Diagnoses submitted in November:

AAA, BBB, CCC, DDD, EEE

December 2016

MAO-004 Reports for Happy Health

December 2016 MAO-004 Report (sent in January 2017) beginning with field #9 in the detail section:

Replacement Encounter 1 (Passes Professional Filtering Logic):

5500*3*1231*A*20161201*20160101*20160101*P*A*(blank)*0*AAA*(blank)*YYY*A*B
BB*D*CCC*D

Replacement Encounter 2 (Passes Professional Filtering Logic):

6627*3*4329*D*20161201*20160523*20160523*P*A*(blank)*0*AAA*(blank)*BBB*
(blank)*GGG*(blank)

Void Encounter 1:

9943*2*2356*A*20161201*20160222*20160222*P*(blank)*(blank)*0*DDD*D*EEE*D

When records deleting diagnoses are submitted, they only delete the diagnosis for the encounter or chart review record that the new record is linked to. If the plan wants to delete the same diagnosis code from two different records, they must delete from each of the records. In this example, BBB is deleted from Encounter 1 submitted in November 2016 by Replacement 1, but was added on Encounter 3 and allowed on Replacement 2. Thus, BBB remains a risk adjustment eligible diagnosis code.

**Risk Adjustment Diagnoses
Eligibility November 2016:**

Eligible: AAA, BBB

Deleted: ~~CCC, DDD, EEE~~

**Risk Adjustment Diagnoses
Eligibility December 2016:**

Eligible: AAA, BBB, YYY, GGG

January 2017

MAO-004 Report for Happy Health

January 2017 MAO-004 Report (sent in February 2017) beginning with field #9 in the detail section:

Chart Review Add 1 (Passes Professional Filtering Logic):

1556*4*5500*A*20170102*20160101*20160101*P*A*(blank)*0*CCC*A

Chart Review Delete 1:

4177*7*6627*A*20170102*20160523*20160523*P*(blank)*(blank)*0*GGG*D

Replacement Chart Review Add 1 (Does Not Pass Professional Filtering Logic Due to CPT/HCPCs):

2868*6*1556*A*20170103*20160101*20160101*P*D*H*0*CCC*(blank)*EEE*A*YYY*A

The final list of diagnoses that are considered for risk adjustment in January 2017 are below. Note that while a diagnosis is considered for risk adjustment if it is both added and allowed, it must still map to a payment HCC in the risk adjustment model to be included in the risk score. While the MAO-004 report does not identify which diagnoses map to a payment HCC in the risk adjustment model, diagnoses-to-HCC mappings are available on the CMS Web site.

Risk Adjustment Diagnoses Eligibility November 2016:

Eligible: AAA, BBB

Deleted: ~~CCC, DDD, EEE~~

Risk Adjustment Diagnoses Eligibility December 2016:

Eligible: AAA, BBB, YYY

Deleted: ~~GGG~~

Risk Adjustment Diagnoses Eligibility January 2017:

Eligible: AAA, BBB, YYY,

Troubleshooting the MAO-004 Report – Checklist

- All Phase III Version 2 MAO-004 reports for EDRs submitted between January 1, 2014 and April 30, 2017 were distributed by June 7, 2017. Monthly MAO-004 report distribution resumed in June 2017.
- The Phase III v2 MAO-004 report will continue to be distributed on, or about, the 22nd of each month for data submitted in the month prior.
- If you have reviewed Phase III records and have questions, please use the following checklists prior to sending an e-mail to encounterdata@cms.hhs.gov.

Troubleshooting the MAO-004 Report – Checklist *(continued)*

For Missing Monthly MAO-004 Reports:

- Was data submitted for the month in question?
- Was the contract terminated more than 60 days ago?
- Are the reports available on the MARx UI?

To check in the MARx UI: <http://marx.cms.hhs.gov>

- Go to the “Reports” menu.
- Select “Monthly” frequency.
- Select “Start Month/Year”.
- Select “End Month/Year”.
- On the “Report/Data File” drop down, select “Risk Adjustment Eligible Diagnosis Report”.
- Add your “Contract ID”.
- Select Find.

The reports will populate and become available for download.

NOTE: Do not specify file type.

Troubleshooting the MAO-004 Report – Checklist *(continued)*

For Missing EDRs in a Monthly MAO-004 Report

- Was the data submitted on or after January 1, 2014?
- Does the data in question have dates of service January 1, 2014 or later?
- Is the EDR accepted at the header level by the Encounter Data System, as reported on the MAO-002 report?
- Does the EDR meet the parameters for being reported on the MAO-004 (Phase III – *See slide 8*)?

Troubleshooting the MAO-004 Report – Checklist *(continued)*

For Disallowed Diagnoses

- ❑ Does the EDR pass the CMS published filtering logic for each specific encounter type under consideration– Professional, Outpatient, Inpatient?
 - Professional – Does at least one accepted line contain a CPT/HCPC code on the respective service year list of CPT/HCPCs allowable for risk adjustment?
 - Outpatient – Does at least one accepted line contain a CPT/HCPC code on the respective service year list of CPT/HCPCs allowable for risk adjustment, and is the type of bill allowable for risk adjustment?
 - Inpatient – Is the type of bill allowable for risk adjustment?

Troubleshooting the MAO-004 Report – Checklist (continued)

If questions remain, send the following information to encounterdata@cms.hhs.gov:

- A description of what you are seeing,
- What checks you have conducted, and
- A sample of 13-digit ICNs in a Microsoft Excel document.

We will help you work through the issue you are seeing, and can conduct research, as needed.



Frequently Occurring EDS Edits

Frequently Occurring EDPS Edits

- CMS has been reviewing the most frequently occurring edit codes
 - At the Header Level
 - At the Line Level
 - By type of record (DME, Home Health, SNF, Outpatient, Inpatient, Professional)
- Findings presented in User Group Calls and in one-to-one technical assistance
- Findings also used to inform CMS about whether changes are required to edit logic

Frequently Occurring EDPS Edits *(continued)*

- Completed review of edits related to duplicate records and lines (98300, 98315, 98320, and 98325)
- Findings from our analyses were presented in previous User Group Calls

Enrollment & Demographic Edits Overview

02240, 02256, & 02125

02240 – “Beneficiary Not Enrolled in MAO for DOS”

- Header level edit
- Applicable to Professional, Institutional, and DME records
- Applicable to EDRs and Chart Review Records

02256 – “Beneficiary Not Part C Eligible for DOS”

- Header level edit for Institutional records
- Line level edit for Professional and DME records
- Applicable to Professional, Institutional, and DME records
- Applicable to EDRs and Chart Review Records

02125 – “Beneficiary DOB Mismatch”

- Header level edit
- Applicable to Professional, Institutional, and DME records
- Applicable to EDRs and Chart Review Records

Enrollment & Demographic Data in EDPS

- We use the same enrollment data that is used by MARx as reference data for EDPS.
- In following slides, we will refer to the reference data as CMS enrollment reference data.

Details for Edit 02240

“Beneficiary Not Enrolled in MAO for DOS”

- The EDPS first validates if the contract ID submitted on the record for the enrollee matches the contract ID in the CMS enrollment reference data. If the contract ID does not match the data in the CMS enrollment reference data, the record will be rejected with edit 02240 posting.
- If the contract ID matches the data in the CMS enrollment reference data, then the system validates if the dates of service on the encounter are within the contract enrollment dates.

Details for Edit 02256

“Beneficiary Not Part C Eligible for DOS”

- Notwithstanding the bypass logic (see next slide), this edit will result in a rejection when:
 - Both the “from” and “through” dates on a record are not within the enrollee’s active enrollment dates in Medicare Advantage.

Edits 02240 and 02256 – Bypass Conditions

- Professional records
 - If the “from date” on a service line (edit 02256) or on the header (edit 02240) is the same as or prior to the enrollee’s disenrollment date in the contract AND the “through date” is after the enrollee’s disenrollment date in the contract AND the Place of Service value on the record is 21, 31, 32, 51, 55, 56, or 61
- Institutional encounters
 - If the “from date” on the header (both edit 02240 and 02256) is the same or prior to the enrollee’s disenrollment date in the contract AND the “through date” is after the enrollee’s disenrollment date in the contract AND the Type of Bill value on the record is 11X, 12X, 18X, 21X, 22X, 41X, OR 85X

Edits 02240 and 02256 – Bypass Conditions

(continued)

- DME encounters
 - If the “from date” on the service line (edit 02256) or on the header (edit 02240) is the same or prior to the enrollee’s disenrollment date in the contract AND the “through date” is after the enrollee’s disenrollment date in the contract

Details for Edit 02125

“Beneficiary DOB Mismatch”

The edit will result in a rejection when the date of birth (DOB) on the record does not match enrollee’s DOB in the CMS enrollment reference data

NOTE: Currently, the day and month submitted on the EDR corresponding to the Beneficiary/Member’s DOB must be an exact match to the day and month of the Member’s DOB within the CMS enrollment reference data. However, the year submitted for the Member’s DOB on the EDR may differ with the Member’s DOB year stored in the CMS enrollment reference data by plus or minus 2 years.

Details for Analysis Performed

- Sample
 - Encounter data files for all modules (INST, PROF, DME)
 - All encounter data files with encounters posting edits 02240, 02256, and 02125 submitted between 06/04/2017 and 06/10/2017
- Methodology
 - By module, identified the 3 submitters with the highest number of records rejected for each edit
 - For these submitters, identified the contracts with the highest number of records rejected for each edit
 - For a sample of enrollees in the contracts identified, compared enrollee data submitted on the records with the enrollee data in the EDPS reference tables

General Findings

- For the sample reviewed, the enrollee information submitted on the records differ significantly from the enrollee data in the EDPS reference tables.
- This finding holds for all 3 edits.

Findings for Edit 02240 “Beneficiary Not Enrolled in MAO for DOS”

In the sample reviewed, the enrollee was not enrolled in the contract for the dates of services (DOS) submitted on the record.

Examples include:

- The enrollee has a date of death recorded in the EDPS reference table and is no longer enrolled in the contract for the DOS submitted on the record.

- In these instances, the DOS submitted are after the enrollee has been disenrolled from the contract.

(NOTE: An enrollee is automatically disenrolled from a contract at the end of the month based on their date of death).

Findings for Edit 02240 “Beneficiary Not Enrolled in MAO for DOS” *(continued)*

Examples *(continued)*:

- The enrollee was not enrolled in the contract submitted on the record for the DOS on the record.
 - In these instances, the enrollee was enrolled in a different contract for the DOS submitted. In some instances, the beneficiaries’ enrollment in the contract ended.
- The enrollee was not enrolled in an MA contract for the submitted DOS.
 - In these instances, the DOS submitted on the record is prior to the enrollee being enrolled in an MA contract.

Findings for Edit 02256 “Beneficiary Not Part C Eligible for DOS”

In the sample reviewed, the enrollee did not have active enrollment in Medicare Advantage for the dates of services (DOS) submitted on the record.

Examples:

- The enrollee has a date of death recorded in the EDPS reference table and is no longer enrolled in any MA contract for the DOS submitted on the record.
 - In these cases, the DOS submitted are after the enrollee has been disenrolled from MA.

Findings for Edit 02256 “Beneficiary Not Part C Eligible for DOS” *(continued)*

Examples *(continued)*:

- The enrollee did not have an active Medicare Advantage enrollment for the DOS submitted on the record.
 - In these instances, the enrollee was enrolled in a Part D-only contract for the DOS submitted.
 - In some instances, the enrollee was disenrolled from an MA contract prior to the DOS submitted on the record.
- The beneficiary was not enrolled in MA for the submitted DOS.
 - In these instances, the DOS submitted on the record is prior to the enrollee’s participation in MA.

Findings for Edit 02125

“Beneficiary DOB Mismatch”

In the sample reviewed, the DOB submitted on the records was different than the DOB in the EDPS reference tables.

- The day, the month, or both the day and month, of the DOB submitted did not match the day and month information in the EDPS reference tables.
- In all instances, the year of enrollee’s DOB submitted on a record was the same as the year of enrollee’s DOB in the EDPS reference tables.

Edit Prevention Strategy for 02240, 02256, and 02125

- Verify the enrollee's enrollment and demographic information using the reports distributed monthly through MARx.
- Populate the correct enrollment and demographic information accordingly on encounter data and chart review records.



EDS Best Practices

HPMS Memo on Best Practices

- June 22, 2017 – CMS released a memo titled “Best Practices for Encounter Data Submission”.
- This memo drew from CMS’s recent outreach efforts and site visits and other communications with submitters.
- The recently released HPMS memo on best practices is intended to encourage good data stewardship by sharing processes that submitters may find helpful to self-assess encounter data prior to submission.
- It is appropriate and expected that each MA organization apply best practices tailored to the unique circumstances of their organization.
- We’ll take a moment here to go through the memo.



CMS-HCC Model

PY 2018 Risk Score Calculation Overview

CMS-HCC Risk Adjustment Model

- CMS-HCC Risk Adjustment Model:
 - For PY 2018 CMS will continue to use the 2017 CMS-HCC model.
 - The risk adjustment factors for the 2017 CMS-HCC model were published in the 2017 Rate Announcement.
 - For more information on the 2017 CMS-HCC model, please refer to the documents listed here, as well as the resource materials listed at the end of this presentation.
 - October 28, 2015 HPMS memo, “Proposed Changes to the CMS-HCC Risk Adjustment Model for Payment Year 2017”
 - 2017 Advance Notice and Announcement

Payment Year (PY) 2018 Risk Score Calculation

- The blend of RAPS-based and encounter data-based risk scores will apply to risk scores calculated with the following models:
 - CMS-HCC model (2017 CMS-HCC model)
 - ESRD dialysis model
 - ESRD functioning graft model
 - RxHCC model (recalibrated for PY 2018)
- * Risk scores for PACE organizations will be calculated using the same method as used for PY 2017.

Risk Score Calculation – Overview

Risk Adjustment Model Variables and Adjustments

Demographic Variables:

- Age / Sex
- Originally Disabled

There are relative factors associated with each demographic variable.

Disease Variables:

- Disease Hierarchical Condition Categories (HCCs)
- Disease / Disabled Interactions

CMS uses diagnoses submitted by plans to assign HCCs and interactions for each beneficiary. There are relative factors associated with each HCC and interaction.

Sum of Factors

Demographic + Disease

The relative factors for all of the demographic variables, HCCs and interactions are added together. The result is the raw risk score.

• **Normalized Score**

A normalization factor is applied to keep the average FFS risk score at 1.0.

• **MA Coding Pattern Adjusted Score**

A coding pattern adjustment is applied to account for differential coding patterns between MA and FFS.

Final product is the payment risk score

Risk Score Calculation for PY 2018

For PY 2018 risk scores will be calculated independently and then blended:

- **Portion of risk score from 15% ED & FFS**
 - $[(\text{raw risk score from ED} + \text{FFS diagnoses}) / (\text{PY 2018 normalization factor})] \times (1 - \text{PY 2018 coding adjustment factor}) \times 15\% = \text{portion of the risk score from ED \& FFS.}$
- **Portion of risk score from 85% RAPS & FFS**
 - $[(\text{raw risk score from RAPS} + \text{FFS diagnoses}) / (\text{PY 2018 normalization factor})] \times (1 - \text{PY 2018 coding adjustment factor}) \times 85\% = \text{portion of the risk score from RAPS \& FFS .}$
- **Blended risk score** = RAPS & FFS portion of the risk score + the ED and FFS portion of the risk score.

CMS-HCC Risk Model

Example Risk Score Calculation for PY 2018

Demographics	RAPS & FFS	ED & FFS
Male, Age 82 (aged), FB Dual, Community	0.816	0.816
Diagnoses:		
Diabetes w/o complications	0.097	0.097
COPD	0.422	0.422
Total Raw Risk Score (Demographic Factors + Diagnostic factors)	1.335	1.335

Adjustments to Risk Scores

2018 MA Coding Pattern Adjustment:

For PY 2018, CMS will implement an MA coding pattern difference adjustment of **5.91%**.

2018 Normalization Factors:

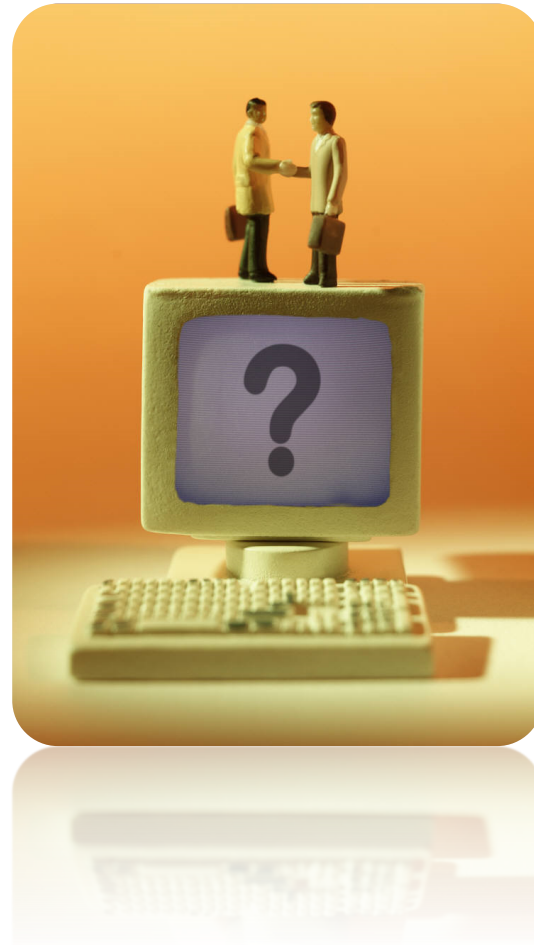
Model	Factor
CMS-HCC model	1.017
PACE model	1.082
ESRD dialysis model	1.015
ESRD functioning graft model	1.082
Recalibrated RxHCC model	1.005

CMS-HCC Risk Model

Example Risk Score Calculation for PY 2018

Demographics	RAPS and FFS	ED and FFS
Total Raw Risk Score	1.335	1.335
Adjustments:		
Normalization factor (1.017)	$1.335/1.017 = 1.313$	$1.335/1.017 = 1.313$
Coding differences (5.91%)	$1.313 \times (1 - 0.0591) = 1.235$	$1.313 \times (1 - 0.0591) = 1.235$
Blending of the Risk Scores	$1.235 \times 0.85 = 1.05$	$1.235 \times 0.15 = 0.185$
Payment Risk Score	$1.05 + 0.185 = 1.235$	

Questions & Answers



Question:

Where can I find the deadlines for upcoming initial, mid-year and final risk score runs?

Response:

CMS sent an HPMS memo on April 25, 2017 providing the deadlines for the next four risk score runs for Payment Years (PYs) 2017, 2018, and 2019.

This is an annual memo, in which we provide deadlines for the next year and a half.

Please refer to the latest HPMS memo when determining deadlines for risk score runs.

Closing Remarks

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
EDR	Encounter Data Record
EDS	Encounter Data System
EODS	Encounter Operational Data Store

Commonly Used Acronyms *(continued)*

Acronym	Definition
FERAS	Front-End Risk Adjustment System
FFS	Fee-for-Service
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

Commonly Used Acronyms *(continued)*

Acronym	Definition
RAOR	Risk Adjustment Overpayment Reporting
RAPS	Risk Adjustment Processing System
RAS	Risk Adjustment System
SNF	Skilled Nursing Facility
TPS	Third Party Submitter

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	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan Communications User Guide.html
Risk Adjustment Model Software and Mappings	https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html

Resources *(continued)*

Resource	Link
Advance Notices / Announcements	https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html
RAPS Error Code Listing and RAPS-FERAS Error Code Lookup	http://www.csscooperations.com/internet/cssc3.nsf/docs/Cat/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/Docs/Cat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&navmenu=Medicare^Encounter^Data
Request Health Plan Management System (HPMS) Access	https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/UserIDProcess.html

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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