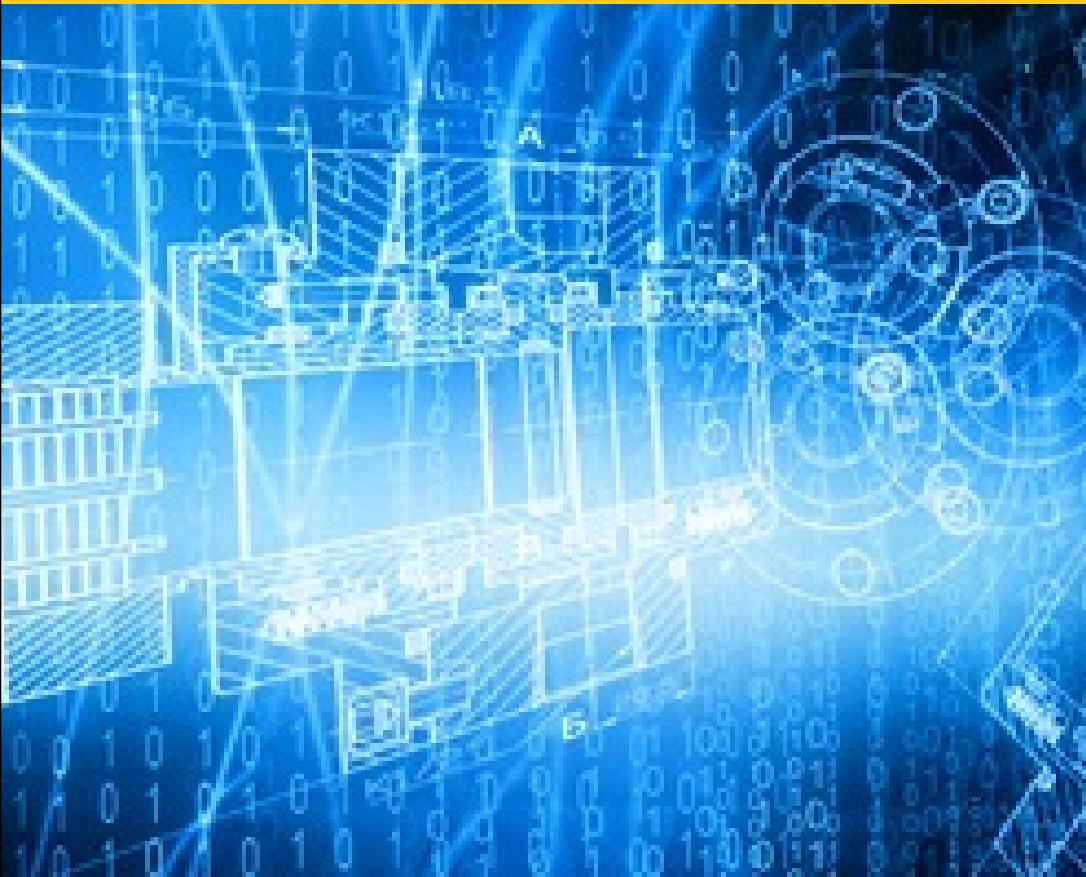




Risk Adjustment for EDS & RAPS User Group

September 28, 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).
- 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.
- 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.

Agenda

- **CMS Updates**
 - Final PY 2016 Model Output Reports (MORs)
 - ED & RAPS Submission and Processing Guide Update
 - Recent EDPS System Release
 - Frequently Occurring EDPS Edits
 - MAO-004 Phase III Version 3
- **Q&A Session**
 - Frequently Asked Questions
 - Live Question and Answer Session
- **Closing**



CMS Updates



Final PY 2016 Model Output Reports (MORs)

MOR Updates

- For PY 2016 Final (2015 dates of service), CMS will use a blended risk score, adding –
 - **10%** of the risk score calculated based on HCCs from diagnoses filtered from **encounter data** and FFS claims with...
 - **90%** of the risk score calculated based on HCCs from diagnoses submitted to **RAPS** and FFS claims.
- On August 17, 2017, CMS published an HPMS memo titled, “Changes to Payment Year (PY) 2016 Final Model Output Report (MOR).” This memo includes layouts for the additional record types that will be added to reflect the separate sets of HCCs (i.e. RAPS and encounter data).
 - The changes documented in the memo apply to the PY 2016 final MOR files. Initial and midyear 2016 payment and the corresponding MORs were based on diagnoses from FFS and RAPS, and therefore, no encounter data-based record types were provided.

MOR Updates *(continued)*

- Risk scores for the 2016 final run will go into October payment. The updated MORs listed in the August 17, 2017 HPMS memo will be released at the end of September.
- The PCUG will be updated in the near future to reflect the final 2016 MOR record types listed in the August 2017 HPMS MOR memo.
- We will release guidance regarding the 2017 final MOR encounter data record types in a future HPMS memo.



ED & RAPS Submission and Processing Guide Update

ED & RAPS Submission and Processing Guide

- Plans requested a consolidated guidance document on EDS and RAPS submission.
- CMS is assembling an *ED & RAPS Submission and Processing Guide* that compiles and streamlines information from Companion Guides, Participant Guides, and other current sources of guidance.
- The *ED & RAPS Guide* will include topics such as:
 - CMS operational policies for EDS and RAPS data submission.
 - Instructions on populating encounter data records (EDRs), chart review records (CRRs), and RAPS records.
 - Information on front-end and back-end processing in CMS' systems.
 - Business case scenarios.
 - Tips on problem prevention and resolution.
- We expect to release version 1.0 this fall, 2017.



Recent EDPS System Release

EDPS System Release

- CMS released an HPMS memo August 25, 2017 with details regarding upcoming systems changes to the Encounter Data Processing System (EDPS).
- These changes will take effect on September 29, 2017.
- Except for the change in the chart review duplicate logic, all new and modified edits are informational only.
 - These informational edits are made to provide submitters with information regarding data updates that CMS is implementing, but not currently requiring.
 - In future releases, if CMS changes any of these edit dispositions to reject (rather than informational), we will inform plans well ahead of any changes.
- The following slides summarize the upcoming changes. Please refer to the memo for more detailed information.

Duplicate Chart Review Edit 98320

- The Edit 98320 is posted when a duplicate chart review record (linked or unlinked with claim frequency other than '7' or '8') is received on the Professional, Institutional or DME.
- A chart review record is identified as a duplicate if it has the same values as an existing, accepted chart review record for the fields in the table below.
- The edit logic for Edit 98320 is being updated to include the Reference ICN in the matching criteria to identify duplicate chart review records.

Current 98320 Logic	98320 Logic as of 10/1/2017
HICN Header Date of Service Diagnosis code TOB (INSTITUTIONAL ONLY)	HICN Header Date of Service Diagnosis code TOB (INSTITUTIONAL ONLY) Reference ICN

New Informational Chart Review Edits

00845 and 00850

- CMS is creating two new informational edits to identify non-chart review encounter data records that replace or void a chart review record.
- CMS is implementing these edits because we cannot determine the submitter's intent in these situations.
- Notes:
 - 1. The new informational edits will be posted only when the previously submitted chart review record is in accepted status.
 - 2. If the data elements on the previously submitted chart review record do not match the data received on the replacement or void encounter data record, the record will be rejected with edit 00699 or 00780.

Edit Code	Disposition	Description	Applies to
00845	I	Adjustment Must Be a Chart Review	ALL
00850	I	Void Must be a Chart Review	ALL

Populating Core Based Statistical Area (CBSA) Code on Home Health Encounters

CMS is providing **informational edits** to inform submitters when the Core Based Statistical Area (CBSA) code on home health encounters (TOB 32X), entered as Value Code Amount associated with Value Code '61,' is not entered correctly. Details for these edits are provided in the HPMS Memo.

- Submitters should populate CBSA codes as follows:
 - Provide the CBSA code for the location in which the Home Health (HH) service was provided.
 - Value Code '61' should be submitted in the first value code field locator (HI01-2), along with the 5-digit CBSA code in the value code amount field locator (HI01-5).
 - For rural areas, a 2-digit State Code may be submitted in the value code amount field locator (HI01-5).
 - The CBSA code or State Code, a whole number/non-dollar amount, must be submitted right justified, left of the dollars cents delimiter, followed by two zeros after the delimiter (i.e. XXXXX.00 or XX.00).
 - For rural areas, submitters may use '999XX' or 'XX', where "XX" is the state code.

DME Edit 30261 Update

- CMS is changing the reference table used for this **informational edit** to include all NPIs (System of Record – NPPES).
- Edit 30261 is currently being posted on DME encounters for the following conditions:
 - The Referring Provider NPI is not submitted on the encounter.
 - The Referring Provider NPI submitted on the encounter does not have a valid Medicare Enrollment.
- Update to edit logic: CMS will now validate the Referring Provider NPI received on DME encounters against NPPES. The informational edit will now post if the Referring provider NPI is not submitted or not present in NPPES for the submitted DOS.



Frequently Occurring EDPS 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.

Edit 00760 - Adjusted Encounter Already Void/Adjusted Overview

- Header level edit.
- Applicable to both encounter data and chart review replacement records (Claim frequency code = '7').
- Applicable to Professional, DME, and Institutional records.

Edit 00760 - Adjusted Encounter Already Void/Adjusted

Edit 00760 is displayed on:

- A replacement encounter data or chart review record (claim frequency code = '7').
- When the original/parent record whose ICN was submitted on the replacement encounter data or chart review record has already been voided or replaced by a previous replacement or void encounter data record.

Edit 00760 - Adjusted Encounter Already Void/Adjusted Analysis *(continued)*

- Encounter data files for all modules (INST, PROF, DME).
- All encounter data files with EDRs posting edit 00760 processed between July 9 and July 15.
- For each encounter file, determined the percentage of encounters that were rejected with edit 00760.
- Performed an in-depth analysis of an encounter file with the highest percentage of encounters rejected with Edit 00760.
- For encounters posting Edit 00760, reviewed the details of the original/parent encounter data record.

Edit 00760 - Adjusted Encounter Already Void/Adjusted Analysis *(continued)*

Results

- Edit 00760 posted accurately on the replacement encounters.
- Encounters rejected with Edit 00760 were submitted with ICNs for original/parent records that had a status of replaced or voided.

Edit 00760 - Adjusted Encounter Already Void/Adjusted Analysis *(continued)*

Rejected records included ICNs for records that had been previously replaced.

Example

- Original record submitted & accepted in 2015 (ICN: 15152XXXXXXXX).
- Replacement record (ICN: 17188XXXXXXXX) submitted on July 8, 2017 and successfully replaced the original record.
- Second replacement record (ICN: 17192XXXXXXXX) submitted on July 12th, 2017. The second replacement rejected with Edit 00760 because the original/parent (ICN = 15152XXXXXXXX) has already been replaced. Original/parent ICN should be 17188XXXXXXXX.

Edit 00760 - Adjusted Encounter Already Void/Adjusted Analysis *(continued)*

Rejected records included ICNs for records that had already been voided.

Example

- Original record submitted and accepted in 2015 (ICN: 15177XXXXXXXXX).
- Void record (ICN: 17072XXXXXXXXX) with claim frequency '8' was submitted on March 15th, 2017 and successfully voided the original record (ICN: 15177XXXXXXXXX).
- A replacement record (ICN: 17192XXXXXXXXX) was submitted on July 12th, 2017 with the ICN of voided record (ICN: 17072XXXXXXXXX). The replacement record was rejected with Edit 00760.

Edit Prevention Strategies for Edit 00760

- Ensure that replacement records are submitted with correct reference ICN, of the most recent record.
 - An accepted encounter records can only be replaced or voided once.
 - If a record has been successfully replaced by a replacement record and the submitter wants to send a subsequent replacement record to modify additional data elements, the second replacement record must be submitted with the ICN of the first accepted replacement record.

Edit Prevention Strategies for Edit 00760

- Do not submit a replacement record with an ICN of a voided record. If a voided record was submitted in error, the submitter must re-submit the original encounter data record.
- This new encounter data record must be submitted with claim frequency 1, as the system will not allow any replacements of voided records.

Edit 00780 – “Adjustment Must Match Original” Overview

- Header level edit
- Applicable to both encounter data and chart review replacement records only (Claim frequency code = ‘7’)
- Applicable to professional, DME, and institutional records
- Applicable to replacement records only

Edit 00780 - “Adjustment Must Match Original” Details

The 7 key header-level data elements listed below from a replacement record must match the previously submitted and accepted record that the newly submitted record is intended to replace

- Linked Internal Control Number (ICN)
- Beneficiary HIC Number
- Beneficiary Last Name (first 5 characters)
- Beneficiary First Name (first character)
- Place of Service (professional and DME records)/Type of Bill (institutional records)
- Billing Provider NPI
- Payer ID

NOTE: This edit will not post if any of the beneficiary demographic data elements are changed since the processing of the original encounter (i.e. HIC Number, Last Name and/or First Name)

Edit 00780 - “Adjustment Must Match Original” Analysis

- Encounter data files for all modules (INST, PROF, DME)
- All encounter data files with EDRs posting edit 00780 processed between June 18 and June 24
- For each encounter file, determined the percentage of encounters that were rejected with edit 00780
- Performed an in-depth analysis of an encounter file with the highest percentage of encounters rejected with edit 00780
- For encounters posting edit 00780, reviewed the details of the replacement and original/parent encounter data records

Edit 00780 - “Adjustment Must Match Original” Analysis

Results

- Edit 00780 posted accurately on the replacement encounters
- Encounters rejected with edit 00780 were submitted with one of the key data elements not matching the information on the previously submitted and accepted EDR that the record is intended to replace

Observations

- In most instances, there was a mismatch of the billing NPI submitted on the replacement record and in some instances there were mismatches with beneficiary last name or first name



MAO-004 Phase III Version 3

Updates to MAO 004 Report

In response to feedback from MAOs, CMS will update the MAO-004 report with the following updates:

- All MAO-002 accepted records (all professional, including DME, and all institutional) will be reported on the MAO-004.
- Currently, diagnoses from some accepted EDRs are not reported on the MAO-004 report, because the HICN does not match our most current records; these diagnoses will now be reported.
- We will revise our filtering process to account for rare ambiguous submission patterns. Examples will be provided on the following slides. A complete list of scenarios will be published at a later date.
 - Many of these scenarios are now rejected
- A new disallow reason code will be provided to indicate that diagnoses were “added,” and would have been “allowed,” but were submitted after the risk adjustment deadline.

NOTE: There will be no change to the file structure, layout or the length (500bytes). Some of the field descriptions will be revised to better clarify the field and/or accommodate the updates above.

Example of Replacement Across Record Types

Happy Health Plan submitted a Professional non-chart review encounter data record on Nov. 1, 2016 for Date of Service Jan. 1, 2016. This record passed the Professional filtering logic and was reported on the Nov 2016 MAO-004 report:

Non-Chart Review Encounter 1 (Passes Professional Filtering Logic):

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

Happy Health Plan submitted a Professional chart review record linked to ICN 1231 on Jan. 2, 2017 for Date of Service Jan. 1, 2016. This record passed the Professional filtering logic and was reported on the Nov 2016 MAO 004 report:

Chart Review Add 1 (Passes Professional Filtering Logic):

1556*4*1231*A*20170102*20160101*20160101*P*A*(blank)*0*CCC*A

Example of Replacement Across Record Types *(continued)*

Happy Health Plan submitted a professional non-chart review replacement encounter data record linked to the chart review record 1556 with diagnoses CCC, EEE and YYY (Passes Professional Filtering Logic):

Phase 3v2 Reporting (Passes Professional Filtering Logic):

2868*3*1231*A*20170103*20160101*20160101*P*A*(blank)*0*CCC*(blank)*EEE*A*YYY*A*AA*D*BBB*D

Phase 3v3 Reporting (Passes Professional Filtering Logic):

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

Example of Replacement with Changed Through Date

On Nov. 1, 2016, Happy Health Plan submitted an institutional inpatient encounter data record with a through date of service of Jan. 1, 2016. This record passed the institutional inpatient filtering logic and was reported on the Nov 2016 MAO-004 report:

Encounter Data Record 1 (Passes Inpatient Filtering Logic):

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

Example of Replacement with Changed Through Date *(continued)*

On May 3, 2017, Happy Health Plan submitted a replacement encounter data record linked to 1231 with diagnoses CCC, EEE and YYY. However, Happy Health Plan changed the through date of service to Jan 8, 2017:

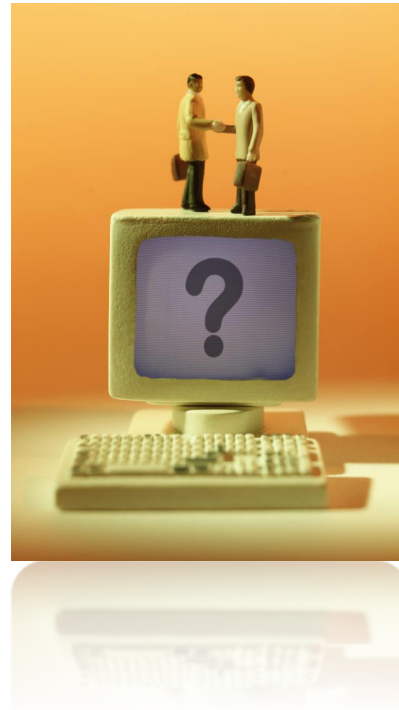
Phase 3v2 Reporting (Passes Inpatient Filtering Logic):

2868*1*(blank)*(blank)*20170503*20170108*20170108*I*A*(blank)*0*CCC*A*EEE*A*YYY*A*

Phase 3v3 Reporting (Passes Inpatient Filtering Logic):

2868*3*1231*A*20170503*20170108*20170108*I*A*(blank)*0*CCC*(blank)*EEE*A*YYY*A*AA
A*D*BBB*D

Questions & Answers





Frequently Asked Questions

Frequently Requested Information:

Help CMS Help You

Question:

Should MA organizations submit the Plan Name and Plan ID (H number) when submitting questions to

EncounterData@cms.hhs.gov or RiskAdjustment@cms.hhs.gov?

Answer:

If you submit a question that is relevant to a specific contract(s), it can facilitate CMS' review to have the contract number to access information for review and response to inquiries.

If your question is contract-specific, please include the contract H number in your inquiry.

Frequently Requested Information:

Help CMS Help You

Question:

CMS has asked me to submit personally identifiable information (PII) or personal health information (PHI) in order to do some research into one of our questions.
How do I submit this data?

Answer:

1. Contact the MAPD Help Desk at 1-800-927-8069 and request a Remedy ticket to submit 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 Remedy ticket number in the 'Subject' line to enable the Help Desk to pair your email with the Remedy ticket.

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

3. Email the Risk Adjustment or Encounter data mailbox with the remedy ticket number and question without PII/PHI.

Frequently Requested Information:

Help CMS Help You

Question:

What should I do if I access the Risk Adjustment Overpayment Reporting (RAOR) Module and cannot locate a contract?

Answer:

If you access the RAOR module and cannot locate a particular contract, please contact the HPMS Help Desk at hpms@cms.hhs.gov or 1-800-220-2028.

Frequently Asked Question:

Changes to PY 2016 Final MOR

Question:

Will the changes documented in the 8/17/17 HPMS memo, “Changes to Payment Year (PY) 2016 Final Model Output Report (MOR)” apply only to the PY 2016 Final MOR files, or to PY 2017 and all future MOR files?

Answer:

The changes documented in the 8/17/17 HPMS memo applies to the PY 2016 final MOR files. Please look for further guidance regarding the 2017 final MOR encounter data-based record types in a future HPMS memo.

Frequently Asked Question:

Changes to PY 2016 Final MOR

Question:

When will CMS distribute the MOR as defined in the 8/17/17 HPMS memo “Changes to Payment Year (PY) 2016 Final Model Output Report (MOR)”?

Answer:

Risk scores for the 2016 final run will go into October payment. As such, the release of the updated MORs listed in the August 17, 2017 HPMS memo will be released at the end of September.

Frequently Asked Question:

Risk Adjustment Eligibility Resources

Question:

Where can plans locate information related to diagnosis codes that map to the risk adjustment models and HCPCS codes that are allowable for risk adjustment?

Answer:

Risk Adjustment Resources, such as mappings of ICD-10 codes to HCCs, and Medicare CPT/HCPCS Codes that are used to filter risk adjustment allowable diagnoses from encounter data record , are located at:

<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html>



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: TARRegistrations@tarsc.info

WebEx Features

- To expand your display to full screen, select the double arrow in the top right corner of the event screen
- Use the “Raise Your Hand” feature for operator assistance if you are experiencing technical issues



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!

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