

Risk Adjustment for EDS & RAPS User Group **Q&A** Documentation

November 17, 2016 2:00 p.m. - 3:00 p.m.

MAO-004 Report

- Will CMS report all claim frequency codes (e.g. 2 and 3) in the MAO-004 report? Q1.
- Currently, CMS reports only claim frequency codes 1, 7, and 8 in the MAO-004 reports. In Spring A1. 2017, CMS will re-issue the MAO-004 report with diagnoses from all accepted encounters, including those with non '1', '7', or '8' claim frequency codes.
- Q2. Will MAOs receive all Phase II MAO-004 reports, starting from January 2014 dates of service, before calendar year (CY) 2017?
- A2. Phase II MAO-004 reports for diagnoses from encounter data records submitted with dates of service starting 1/1/14, and submitted between January 1, 2014 and September 30, 2016, were distributed between October 22nd and October 24th 2016. Since then, the ongoing monthly MAO-004 reports have been produced using the same Phase II code. Please refer to the Health Plan Management System (HPMS) memo that was released on October 20, 2016, for more information:
 - http://www.csscoperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicar e%20Encounter%20Data~HPMS%20Memos~AFKNQX3477?open&navmenu=Medicare^Encounter ^Data||||
- How do MAOs communicate discrepancies identified between the MAO-002 and MAO-004 reports related to risk eligible diagnoses?
- A3. CMS recommends MAOs follow the approach for reconciling and understanding MAO-004 reports discussed during the October & November User Group calls. If you have followed the recommended steps to reconcile the reports and you still have questions, please send an email describing the discrepancies you are seeing, and what you have already have checked as part of your review process, along with a sample of the 13-digit Internal Control Numbers (ICNs) in a password-protected Microsoft Excel document, to EncounterData@cms.hhs.gov. We will help you work through the issue you are seeing, conducting research, if needed. Here is a link to the User Group slides:

http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare %20Encounter%20Data~User%20Group?open&expand=1&navmenu=Medicare^Encounter^Data

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



- Q4. How will MAOs know that the diagnoses on the original encounters are eligible for risk adjustment if the MAO-004 report for a replacement encounter does not include the original diagnoses?
- A4. After submitting a replacement record, only diagnoses submitted on the replacement record can be eligible for risk adjustment. All diagnoses on the original encounter will no longer be considered for risk adjustment. In Phase II, if the original or replacement record passes the CMS filtering logic and the diagnosis code(s) has not changed between the original and the replacement record, then the diagnosis code(s) on the original record will be eligible for risk adjustment, but not reported on the MAO-004 report for the month that the replacement was submitted. The MAO-004 report for the month that the original encounter was submitted will indicate whether or not the diagnosis was added for risk adjustment. If the original encounter did not pass the filtering logic, but the replacement encounter did pass the filtering logic, only diagnosis codes not submitted on the original encounter will be reported on the MAO-004 report for the month that the replacement was submitted. MAOs will need to reconcile the original and replacement encounter data records to determine which diagnosis codes were submitted on the ineligible original record and remained on the risk adjustment eligible replacement record. We will be revising the MAO-004 report in the future in order to report the diagnoses on a replacement record that passed filtering, or to reflect that diagnoses on an original encounter data record are no longer risk adjustment eligible.
- Q5. Will the Phase II MAO-004 reports include corrections for previously discrepant MAO-004 reports?
- A5. Yes, the Phase II MAO-004 report will correct the processing errors identified on the Phase I MAO-004 report.
- Q6. Will the CMS Hierarchical Condition Category (HCC) model accurately calculate the Risk Adjustment Factor (RAF) score, although the current MAO-004 report does not reflect all submission types?
- A6. In some scenarios where the diagnoses are not reported correctly on the MAO-004 report, the risk score will also be affected. Please refer to the November 2016 User Group call slides posted on CSSC Operation website for a discussion of scenarios where risk scores will not be accurately calculated in Phase II.

Note: the Phase II scores were put into payment in the January 2017 payment.) CMS is actively reviewing these processing errors and making sure that any discrepancies identified are corrected in future payment runs.

Here is a link to the User Group slides:

 $\frac{\text{http://www.csscoperations.com/internet/cssc3.nsf/DocsCat/CSSC^CSSC\%20Operations^Medicare}{\text{e\%20Encounter\%20Data^User\%20Group^AFSMRC7542?open&navmenu=Medicare^Encounter^D}{\text{atalll}}$

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Q7. What field(s) on the MAO-004 report identifies the ICN?

A7. Detail field #9. Please reference the August 3rd, 2016 HPMS memo for the revised MAO-004 layout:

 $\frac{\text{http://www.csscoperations.com/internet/cssc3.nsf/DocsCat/CSSC^CSSC\%20Operations^Medicare}{e\%20Encounter\%20Data^HPMS\%20Memos^ACHPHW3337?open&navmenu=Medicare^Encounter^Data||||}{}$

- Q8. Will the MAO-004 report contain diagnoses codes that are not used for risk adjustment?
- A8. The MAO-004 report provides plans with information about which diagnoses are *eligible* for risk adjustment. Only the subset of risk adjustment eligible diagnoses that map to an HCC in the risk adjustment models will be included when the risk scores are run.
- Q9: Will MAOs receive MAO-004 reports for months that no data was submitted?
- A9. No, MAO-004 reports will only be available for months in which encounter data or chart review records were submitted and accepted, and when the diagnoses on the encounter data or chart review records passed the filtering logic.
- Q10. Will the updated MAO-004 reports include a flag for allow/disallow diagnoses?
- A10. Yes, CMS plans to update the MAO-004 layout to indicate whether or not the diagnoses on an encounter data record or chart review record have been allowed or disallowed for risk adjustment. Further information will be provided as it becomes available.
- Q11. Will the MAO-004 report include diagnoses from an accepted encounter that contains rejected lines?
- A11. Yes, if the encounter data or chart review record passes the CMS filtering logic and is accepted at the header, all diagnoses in the header will be considered for risk adjustment. For Professional and Outpatient encounters, at least one eligible Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code must exist on an accepted line for the diagnoses to pass the CMS filtering logic.

Chart Review

- Q12. Will the EDPS accept chart review records that do not have valid procedure codes if the original encounter data records have valid procedure codes?
- A12. EDPS will reject chart review records that do not have a valid procedure code.

Note: The procedure code must be nationally accepted and found on the approved list CPT/HCPCS codes for the date of service. The filtering logic reviews a chart review record on its own, and does not use information on the respective encounter data record.

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- Q13. Can linked chart review records with risk adjustment eligible diagnoses be accepted if the original encounter data records have non-risk eligible diagnoses?
- A13. Yes, each encounter data record and chart review record will be evaluated for risk adjustment eligible diagnoses according to the information submitted on that record alone.
- Q14. Can MAOs submit additional diagnosis codes using a chart review record?
- A14. Yes, MAOs can submit additional diagnoses codes that are not reported on the encounter data record or linked or unlinked chart review records. Please refer to the September 2016 User Group call slides for reference:
 - http://www.csscoperations.com/internet/cssc3.nsf/files/RA_Webinar_Slides_102016_5CR_10211_6.pdf/\$FIle/RA_Webinar_Slides_102016_5CR_102116.pdf

Risk Filtering

Q15. How can MAOs identify which HCPCS codes are acceptable for risk filtering logic?

A15. Encounter data and chart review records are evaluated against the list of risk adjustment allowable CPT/HCPCS codes for the service year of the encounter or chart review record. The list of service year-specific approved CPT/HCPCS codes can be found on the risk adjustment page of the CMS website: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/CPT-HCPCS.html?DLPage=1&DLEntries=10&DLSortDir=descending

Q16. Are admitting diagnoses risk eligible for encounter data?

- A16. When diagnoses on an encounter data or chart review record pass the encounter data filtering logic, we also consider admitting diagnoses to be risk adjustment eligible.
- Q17. Does CMS use the same risk filtering logic for linked and unlinked chart review records?
- A17. Yes, the same risk adjustment filtering logic applies to both linked and unlinked chart review records.

General

Q18. When will MAOs receive updated ICD-10 mappings?

A18. The new ICD-10 mappings can be found at:. https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-
https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-
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Q19. Where can MAOs locate training materials and recordings from previous User Group and Webinar sessions?

A19. Encounter Data and Risk Adjustment User Group materials are located on the CSSC Operations website at:

http://www.csscoperations.com/internet/cssc3.nsf/docsCatHome/CSSC%20Operations, under Medicare Encounter Data or Risk Adjustment Processing System "User Group". CMS does not publish session audio recordings.

- Q20. What is the guidance for submitting additional diagnosis codes for multiple encounters that contain the same elements used to validate duplicate encounter submissions?
- A20. Additional diagnosis codes may be submitted through an unlinked chart review record, a linked chart review record; or, if the maximum number of diagnoses for a single encounter has not been reached, a replacement encounter record.
- Q21. What are the differences between the diagnoses used in the calculation of the original and second 2015 final sweep?
- A21. The sweep date has not changed between the first and second runs of the 2015 final risk scores. We have used the same records in our filtering process. Further, the logic used to identify risk adjustment eligible diagnoses has not changed; there have been only technical changes in the code used to apply the filtering logic. Due to technical issues in the implementation of the Phase I filtering logic, some diagnoses were either included or excluded when they should not have been. The 2015 Final Run #2 correctly incorporated diagnoses from chart review records that were adding diagnoses, admitting and patient reason for visit codes, and made corrections to technical issues recognized in the Phase I, such as the exclusion of certain CPT/HCPCS codes in 99XXX series.

Q22. Where can MAOs access information related to EDS and RAPS reports?

A22. MAOs can access information related to EDS and RAPS reports from the CSSC operations website:

EDS:

http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare %20Encounter%20Data~Report%20and%20File%20Layouts?open&expand=1&navmenu=Medicare e^Encounter^Data||

RAPS:

 $\frac{http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC^CSSC%20Operations^Risk%20}{Adjustment%20Processing%20System^Risk%20Adjustment%20Processing%20System%20(RAPS)?}{open&expand=1&navmenu=Risk^Adjustment^Processing^System||}$

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Q23. Has CMS established EDS submission guidelines specific to Program of All-Inclusive Care for the Elderly (PACE) organizations?

- A23. PACE organizations are required to submit encounters for services for which claims are generated, or for which encounter data is otherwise available. PACE organizations are not currently required to submit encounters for services provided to PACE participants by PACE staff.
- Q24. Are risk scores calculated differently for beneficiaries in Puerto Rico than other beneficiaries throughout the United States?
- A24. CMS calculates risk scores for all Medicare beneficiaries using the same methodology, regardless of residence.
- Q25. When will CMS conduct the second 2015 final reconciliation?
- A25. The second final 2015 reconciliation was implemented the January 2017 payment.
- Q26. Will CMS consider utilizing a regional Medicare Advantage (MA) Coding Pattern Difference Adjustment factor in place of the national factor?
- A26. Please refer to the Advance Notice and Rate Announcement for the Payment Year in question. You may submit comments regarding the policy proposals in the Advance Notice.
- Q27. Are MAOs required to submit ICD-9 and ICD-10 codes on separate RAPS files?
- A27. Yes, ICD- 9 and ICD-10 codes must be submitted on separate files for RAPS, per the September 2015 EDS & RAPS Bulletin

 http://csscoperations.com/internet/cssc3.nsf/files/Sep2015 EDS Bulletin 5CR 092215.pdf/\$FIle /Sep2015 EDS Bulletin 5CR 092215.pdf.
- Q28. What is the estimated timeframe for responses to help desk tickets regarding Phase II MAO-004 report discrepancies?
- A28. CMS manages a number of mailboxes that plans can utilize when asking questions. We cannot comment on the response time to a specific type of question. If you have a question about obtaining your MAO-004 reports, we recommend that you submit your question to the encounter data mailbox, at EncounterData@cms.hhs.gov. We encourage you to submit your questions, which allows us to help plans with their assessment of their MAO-004 reports, research issues that do need further investigation, and to better understand issues that plans are seeing.

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