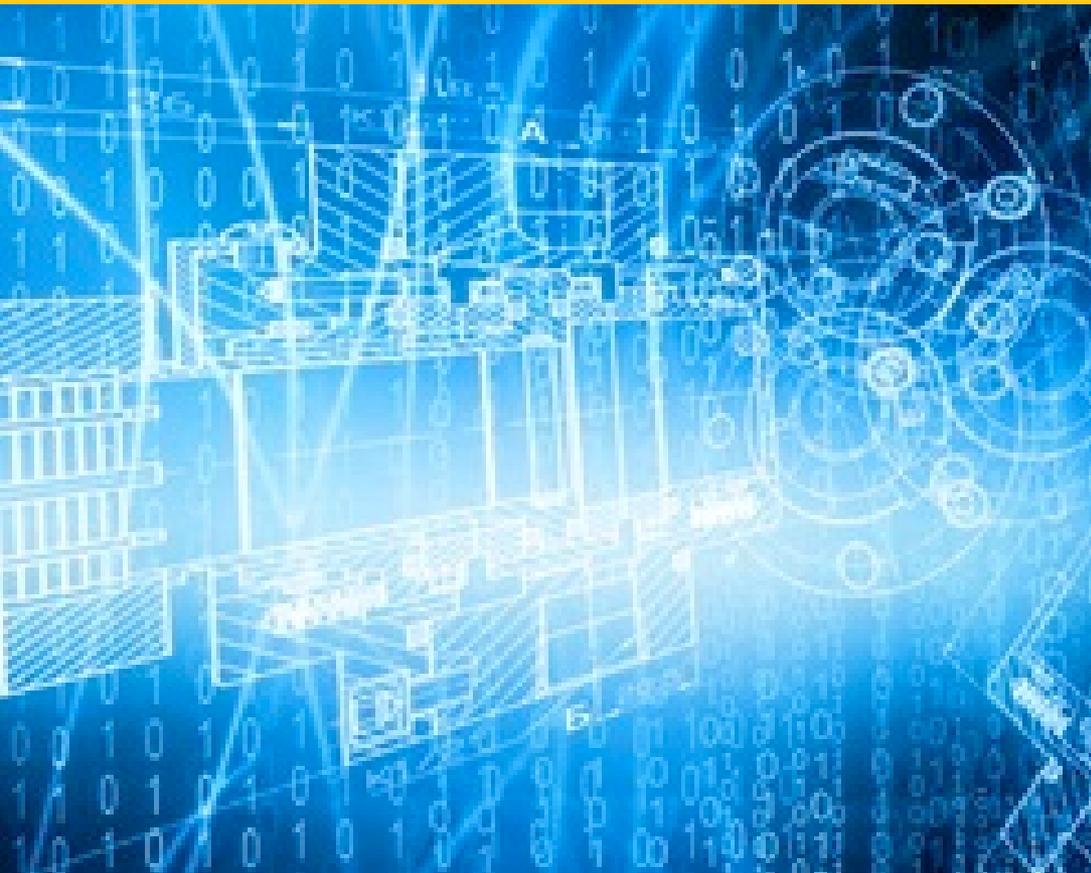# Risk Adjustment for EDS & RAPS User Group

December 19, 2019

2:00 p.m. – 3:00 p.m. ET

Session Guidelines

- This is a one hour User Group for MAOs submitting data to the Encounter Data System (EDS) and the Risk Adjustment Processing System (RAPS).

- We will be conducting a live Q&A session after the presentations today.

- There remain opportunities to submit questions via the webinar Q&A feature.

- For follow-up questions regarding content of this User Group, submit inquiries to CMS at RiskAdjustment@cms.hhs.gov or EncounterData@cms.hhs.gov.

- User Group slides and Q&A documents are posted on the CSSC Operations website under Medicare Encounter Data>User Group and Risk Adjustment Processing System>User Group.

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 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.

WebEx Support Contact Information

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

Phone: 1-800-562-1963, Option 7

Email: oit_webex@cms.hhs.gov

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

Technical Assistance (continued)

- **System Requirements can be found in the link below:**

https://help.webex.com/en-us/nki3xrq/Webex-Meetings-Suite-System-Requirements

- **Recommended Browsers**
  - Mozilla Firefox
  - Google Chrome

Audio Connection, have the meeting call you

Q&A Session

Click on Raise Hand to ask a question, and click again to lower your hand.

Agenda

- **CMS Updates**
  - CMS Updates
    - New processes for User Group
  - HPMS Memos
    - Final Announcement of September 2019 Encounter Data Software Release Updates
    - Risk Adjustment Suite of Systems (RASS) Medicare Beneficiary Identifier (MBI) Related Enhancements
    - 2019 Encounter Data Front-end System Correction to Guidance on Submission of Partially Capitated Encounters
    - HIPPS Codes and Encounter Data Submission
  - Payment
    - 2020 Payment Highlights
    - Anticipated 2019 final and 2020 mid-year payment months
  - 2020 MOR updates
  - Reference Data in Front-End Processing System
  - Frequently Asked Questions
  - Live Question and Answer Session
- **Closing**

CMS Updates

New Process for User Groups

- As noted in the HPMS memo 'Announcement related to the Discontinuation of the Technical Assistance Registration Service Center (TARSC) Website' as of September 1, 2019 CMS is no longer using this website for registration.

- CMS is currently using WebEx functionality for webinars and will consider feedback provided to determine the webinar platform in the future.

HPMS Memos

Final Announcement of September 2019 Encounter Data Software Release Updates

September 2019 Encounter Data Software Release Updates

- ***September 5, 2019 HPMS Memo 'Final Announcement of September 2019 Encounter Data Software Release Updates'***

- The changes described in the memo were implemented on September 27, 2019

- Edit 00805 – 'Deleted Diagnosis Code Not Allowed'
  - In order to ensure data integrity and better align submissions with guidance as outlined in the Encounter Data Submission and Processing Guide Section 2.3.3. A replacement linked CRR-delete cannot be submitted for an original linked CRR-delete.
  - CMS updated this edit to reject both unlinked and linked CRR-Delete replacement records.
  - Submitters must void the previously accepted linked CRR-delete to nullify the delete operation.

September 2019 Encounter Data Software Release Updates (continued)

- Two informational edits were also implemented on September 27, 2019

- Edit 25010 Modifier Invalid for DOS

- For professional encounters, this edit informs submitters that the use of the Consolidated Billing (CB) modifier is no longer required when independent laboratories bill separately for End Stage Renal Disease (ESRD) dialysis-related diagnostic tests.

- Edit 27005 Non-ESRD HCPCS for ESRD PPS Encounter

- Edit 27005 will post for institutional records when service lines have a 'From' Date of Service on or after January 01, 2019, the type of bill 072x is present, condition code 84 (Dialysis for Acute Kidney Injury) is not present, and HCPCS code Q5106 is present.

Risk Adjustment Suite of Systems, Medicare Beneficiary Identifier Related Enhancements

RASS Medicare Beneficiary Identifier Related Changes

- ***September 6, 2019 HPMS Memo 'Risk Adjustment Suite of Systems (RASS) Medicare Beneficiary Identifier (MBI) Related Enhancements'***

- Updated Error Code 500 on RAPS Return Files
  - As of October 7, 2019, the current MBI will be returned if a historical HICN was submitted on a cluster
  - This edit is informational
  - The error code description has been updated to read: 500 BENEFICIARY HIC NUMBER HAS CHANGED ACCORDING TO CMS RECORDS; USE CORRECT MBI FOR FUTURE SUBMISSIONS

RASS Medicare Beneficiary Identifier Related Changes
(continued)

- The RAPS Transaction Error Report and The RAPS Duplicate Diagnosis Cluster Report now use "Corrected MBI" instead of "Corrected bene id" for the field name description that contains the corrected beneficiary identifier data. This change was implemented October 7, 2019.

- A reminder that CMS does not require or need an MAO to update RAPS records when only the beneficiary identifier changes.

  - Submitters should NOT resubmit subsequent versions of a diagnosis cluster when a beneficiary is assigned a new identifier.

  - Submitters can continue to submit both add and delete transactions with either the MBI or the HICN, although the MBI should be used when available.

2019 Encounter Data Front-end System Correction to Guidance on Submission of Partially Capitated Encounters

Submission of Partially Capitated Encounters

- ***September 19, 2019 HPMS Memo 'Encounter Data Front-end System Correction to Guidance on Submission of Partially Capitated Encounters'***

- Updates information found in Section 3.7 of the Encounter Data Submission and Processing Guide.

- Provides guidance on how to submit institutional and professional encounters that contain both capitated and non-capitated lines.

- The correction had to do with professional encounters with both capitated and non-capitated lines.

Submission of Partially Capitated Encounters (continued)

- If a professional encounter contains services covered under both capitated and non-capitated arrangements, the MAO should populate the record as follows:

- *LOOP2300:* Populate the CN101 data field at *the header level* (LOOP 2300) with "05".

- *For capitated lines, LOOP2400:* Populate the CN101 data field with a "05" for each capitated service line.

- *For non-capitated service lines:* Do not use the CN101 data field.

HIPPS Codes and Encounter Data Submission

- **September 26, 2019 HPMS Memo ''Updated Information on Submission of Health Insurance Prospective Payment System (HIPPS) Codes to Medicare Advantage Encounter Data System – September 2019''**

- Medicare Fee-for-Service (FFS) introduced new payment methodologies for HH and SNF services.
  - The Skilled Nursing Facility Patient Driven Payment Model (PDPM) went into effect October 1, 2019.
  - The Home Health Patient Driven Groupings Model (PDGM) will be effective January 1, 2020.
  - These new payment models introduce new HIPPS code sets for HH and SNF services.

- CMS modified the Encounter Data System to allow for submission of both legacy and new HIPPS codes for both home health and skilled nursing facility encounters to allow maximum flexibility.

- It should be noted that we have heard from providers that it is not feasible for them to maintain two different processes and software systems to generate the two different types of HIPPS codes.

- CMS encourages MAOs to work with providers to determine the most appropriate method of collecting and submitting HIPPS codes on home health and skilled nursing facility encounters for your particular arrangements.

2020 Payment Highlights

PY2020 Risk Adjustment Model Updates

- On April 1, 2019, CMS published the 2020 Announcement, which finalized the use of the following risk adjustment models for PY2020:

  - *CMS-HCC (Part C) Risk Adjustment Models*:
    - The updated CMS-HCC alternative payment condition count model (i.e., 2020 CMS-HCC model) will be used to calculate the encounter data-based portion of the risk score.
    - The 2017 CMS-HCC model will be used to calculate the RAPS-based portion of the risk score.

  - *CMS-HCC ESRD Risk Adjustment Models*:
    - The updated ESRD dialysis and functioning graft models (i.e., 2020 ESRD models) will be used to calculate the encounter data-based portion of the risk score.
    - The 2019 ESRD dialysis and functioning graft models will be used to calculate the RAPS-based portion of the risk score.

  - *RxHCC (Part D) Model*:
    - The recalibrated 2020 RxHCC model using 2014/2015 data will be used to calculate the encounter data-based and RAPS-based risk scores.

  - *PACE*:
    - The 2017 CMS-HCC model will be used to calculate Part C risk scores for PACE organizations.

CMS-HCC (Part C) Model for PY2020

- The PY2020 alternative payment condition count ("APCC") model includes additional HCCs for pressure ulcers and dementia as well as count variables. Coefficients were determined by using 2014 diagnoses to predict 2015 costs, and diagnoses were selected using the CPT/HCPCS filtering method that is used for encounter data risk score calculation.

- 8 segments in total
  - Continuing enrollees: 6 segments broken out by age/disabled and dual status
  - Long term institutional
  - New Enrollees

- Payment HCC count variables for each segment
  - Counts conditions included in the model for payment after the application of hierarchies

- We will blend 50% of the risk score calculated with the 2017 CMS-HCC model, using diagnoses from RAPS and FFS, summed with 50% of the risk score calculated with the PY2020 APCC model, using diagnoses from encounter data, RAPS inpatient records, and FFS.
  - For PACE organizations, Part C risk scores will be calculated using the 2017 CMS-HCC model with diagnoses from encounter data, RAPS and FFS.

ESRD Model for PY2020

- For PY2020, CMS will use a revised CMS-HCC ESRD risk adjustment model (2020 ESRD model) calibrated with diagnoses filtered using the approach we currently use to filter encounter data records to calculate encounter data-based risk scores.

- The PY2020 ESRD risk adjustment model is structurally the same ESRD model that we implemented for 2019 in that it retains separate coefficients for dialysis, transplant, and post-graft beneficiaries, uses concurrent Medicaid status using 3 sources, and has the same HCCs as the 2019 ESRD model.

- We will blend 50% of the risk score calculated with the 2020 ESRD model, using diagnoses from encounter data (supplemented with RAPS inpatient data) and FFS, summed with 50% of the risk score calculated with the 2019 ESRD model, using RAPS and FFS diagnoses.

  - For PACE organizations, ESRD risk scores will be calculated using the 2019 ESRD model with diagnoses from encounter data, RAPS, and FFS.

RxHCC (Part D) Model for PY2020

- The Part D model for PY2020 has the same structure as the model implemented in PY2018, but has been updated to reflect the 2020 benefit structure.

- We will implement the recalibrated RxHCC model using the 2014/2015 modeling sample to maintain stability and reflect a year of diagnoses submitted under a single classification system.

- For PY2020, CMS will calculate Part D risk scores by adding 50% of the risk score calculated with diagnoses from encounter data (supplemented with RAPS inpatient data) and FFS with 50% of the risk score calculated using RAPS and FFS diagnoses.

  - For PACE organizations, Part D risk scores will be calculated using the 2020 RxHCC model with diagnoses from encounter data, RAPS, and FFS.

PY2020 Part C Risk Scores for PACE Organizations

- The 2017 CMS-HCC model will be used to calculate risk scores for PACE organizations for PY2020
  - Six community segments by dual status: non-dual aged, non-dual disabled, partial benefit dual aged, partial benefit dual disabled, full benefit dual aged, and full benefit dual disabled.

- Medicaid sources:
  - We will use Medicaid data from three sources to identify Medicaid status when calculating risk scores with the 2017 CMS-HCC model: (1) MMA State files, (2) Point of Sale data, and (3) monthly Medicaid file that the Commonwealth of Puerto Rico submits to CMS.

- We will continue to use the same method of calculating risk scores that we have been using since PY2015, which is to pool risk adjustment-eligible diagnoses from the following sources to calculate a single risk score (with no weighting): (1) encounter data, (2) RAPS, and (3) FFS claims.

Anticipated 2019 final and 2020 mid-year payment months

Calendar Year 2020 Payment Deadlines with Payment Months

- All risk adjustment data (Risk Adjustment Processing System Data and Encounter Data System Data) that will be included in the listed risk score runs need to be submitted by 8pm ET of the "Deadline for Submission."

Risk Score Run	Dates of Service	Deadline for Submission of Risk Adjustment Data	Payment Month
2019 Final Run	01/01/2018 – 12/31/2018	Friday, 01/31/2020	June 2020 (Anticipated)
2020 Mid-Year	01/01/2019 – 12/31/2019	Friday, 03/06/2020	July 2020 (Anticipated)
2021 Initial	07/01/2019 – 06/30/2020	Friday, 09/04/2020	January 2021

2020 Model Output Report Updates

2020 MOR Update

For PY2020 (2019 dates of service), CMS will calculate a blended risk score:

Risk Score	50% of the risk score calculated using diagnoses from encounter data, RAPS inpatient records, and FFS with model listed below:	50% of the risk score calculated using diagnoses from RAPS and FFS with model listed below:
Part C non-PACE	2020 (v24) CMS-HCC model	2017 (v22) CMS-HCC model
Part D non-PACE	2020 RxHCC model	2020 RxHCC model
ESRD non-PACE	2020 ESRD model	2019 ESRD model

- For PACE, the 2017 CMS-HCC risk adjustment model will be used to calculate risk scores and will be based on diagnoses from RAPS, encounter data, and FFS in equal measure with no weighting

- On November 6, 2019, CMS released an HPMS memo titled "Updates to Payment Year (PY) 2020 Model Output Report (MOR)" to provide information regarding MORs for 2020.
    - Record type "J" was created for the 2020 CMS-HCC model.
    - Record type "K" was created for the 2017 CMS-HCC model for PACE.

2020 MOR Record Types

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	D
	RxHCC	V05	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)	V24	J
	RxHCC	V05	4
MOR Record Types for PACE Organizations (RAPS, FFS, and Encounter Data)	PACE-ESRD	V21	B
	PACE	V22	K
	RxHCC	V05	5

2020 MOR Update (continued)

- Additional updates:
  - MBI field for the new record types J and K will use an 11 byte format, which replaces the 12-byte format that was used to accommodate the Health Claim Insurance Number (HICN). For all other record types, CMS will continue to use 12 bytes for the beneficiary identifier by displaying the 11 byte MBI and a 1 byte filler.
  - For the new record types J and K, the social security number field has been removed. For all other PY 2020 MOR record types, the social security number field has been replaced by a filler field.

- The Plan Communications User Guide (PCUG, https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan_Communications_User_Guide) has been updated to reflect the changes to the MORs for PY2020.

Reference Data in Encounter Data Front-End System

Type of Bill 73x

As of October 12, 2019, CMS updated the Medicare Advantage Front-end System reference data to include Type of Bill (TOB) 73X.

- Based on guidelines from the National Uniform Billing Committee (NUBC), TOB 73x was discontinued for use by FQHCs in April 2010.
- However, TOB 73X is still a valid bill type for other types of health clinics and for certain non-Medicare claims.

Submitters can resubmit previously submitted data that was rejected due to use of 73x.

Condition Code = 'P1'

As of November 6, 2019, CMS updated the Medicare Advantage Front-end System reference data to include the value of 'P1' to the condition code data.

The value of 'P1' indicates a Do not Resuscitate Order (DNR). This code is typically used for public health data reporting only; however, it is acceptable for reporting for encounter data submission.

Submitters can resubmit previously submitted data that was rejected due to use of condition code = 'P1'.

Frequently Asked Questions

Question 1

We are receiving error code 502 on RAPS file submissions. Duplicate error is caused by another plan submitting the diagnosis clusters. How can we resolve this issue and/or receive credit for the diagnosis clusters?

Answer:

If the bene diagnosis for the same date of service (DOS) is already on the RAPS database, there is no need to resubmit the same diagnosis again. The diagnosis submitted by the other plan will be used in risk adjustment to determine the plan payment.

Question 2

When will the updated mappings for the 2020 CMS - HCC model be posted on the CMS website?

Answer:

In October, CMS posted the PY2020 mid-year / final model software and mappings file on the on the CMS Risk Adjustment website

(https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html).

Question 3

If the MAO-002 comes back with the encounter accepted but some of the service lines rejected, should we consider the encounter as rejected, requiring a void and replacement of the whole encounter?

Answer:

If there is no reject edit at the header level and at least one of the lines is accepted, then the record will be accepted. The encounter is valid and does not require a void or a replacement record to be submitted. In order to resubmit rejected lines, submitters can use the same header information and include only the corrected, previously rejected service lines. NOTE: Submitters should not submit previously accepted lines again, as they will be rejected as duplicates.

Question 4

How should an MAO submit a linked chart review delete record that has an E code requiring deletion, where the E code is in the primary diagnosis position?

Answer:

As noted in the Encounter Data Submission and Processing Guide, Chapter 2, Section 2.7.2., if an MAO needs to delete an E-code, the MAO has two options: (1) submit a linked CRR-Delete that uses the primary diagnosis code as a code other than the E-code and then lists the E-code, causing both codes to be deleted, then submit a CRR-Add that adds the primary diagnosis code back to the beneficiary's record, or (2) submit a replacement EDR that excludes the E-code from the list of diagnosis codes. These options can be used in all situations in which certain diagnosis codes cannot be used to populate the primary diagnosis code field.

Question 5

How does CMS determine a diagnosis code's highest level of specificity for a specific beneficiary when generating edit 255 'Diagnosis Code'?

Answer:

To pass EDFES edits, diagnoses codes must be valid codes for the respective date of service, and should be coded to the highest level of specificity, meaning to the maximum number of digits available for the codes, in the valid code set. The edits used are similar to those used in Original Medicare, so you may refer to the CMS Medical Learning Network (MLN) Publications *Medicare Billing: 837P and Form CMS-1500 (October 2016) and Medicare Billing: 837I and CMS Form 1450 (April 2016)*, which provide references to the relevant guidance for coding specificity requirements.

Question 6

How should MAOs report Medicare supplemental dental services to CMS?

Answer:

At this time, the Medicare Advantage Encounter Data System is not configured to accept 837-D files for dental services, although dental services provided incident to a professional or institutional encounter can be reported using the 837-P or 837-I format and HCPCS codes (typically "D-codes") referring to dental services.

Question 7

How should Medicare Advantage plans submit encounters for a supplemental gym membership?

Answer:

MAOs are responsible for determining the best way to complete the encounter data record. Not all HCPCS codes reported on encounter data records need to be Medicare A or B services, but they should be valid HCPCS codes that are appropriately related to the service provided. You can access the full list of Medicare HCPCS by using this link: https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html and a full list of all HCPCS codes can be found.

Question 8

Will the updates to the Health Insurance Claim Number (HICN) and social security number (SSN) fields for the 2020 MORs also apply to the 2019 MORs?

Answer:

Yes, for 2019 final reconciliation, the associated MORs will include updates to replace the HICN field with the Medicare Beneficiary Identifier (MBI), and the SSN field has also been replaced by a filler field. Please refer to the November 6, 2019 HPMS memo, "Updates to Payment Year (PY) 2020 Model Output Reports" for additional details on these updates.

Live Question and Answer Session

Q&A Session

Click on Raise Hand to ask a question, and click again to lower your hand.

Closing

Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
Customer Support and Service Center (CSSC) Operations	http://www.csscoperations.com csscoperations@palmettogba.com
EDS Inbox	encounterdata@cms.hhs.gov
Risk Adjustment Mailbox	riskadjustment@cms.hhs.gov
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.csscoperations.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.csscoperations.com/errorcode/EDFS_ErrorCodeLookup
EDPS Error Code Look-up Tool	http://www.csscoperations.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

Thank you

Please send any suggested topics for future Risk Adjustment User Groups to us at riskadjustment@cms.hhs.gov

Your Feedback is important.

Thank You!

Stay Connected with CMS