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## March 23, 2017

# Risk Adjustment for EDS & RAPS User Group

## Q&A Documentation

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2:00 p.m. – 3:00 p.m.

### ***MAO-004 Report***

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**Q1. When will CMS publish the Phase III MAO-004 Reports? Will the Phase III MAO-004 Reports include information for 2015 dates of service (DOS)? When will the Phase III MAO-004 Reports contain information for 2016 and 2017 dates of service?**

A1. The first round of Phase III MAO-004 reports with 2015 dates of service were sent to plans between March 31 and April 5, 2017. The second round of the Phase III MAO-004 reports, which will include data from 2014-2017 dates of service, will be distributed later in May 2017. Please refer to the March 22, 2017 HPMS Memo titled, “Phase III MAO-004 File Layout” and the March 30, 2017 MARx listserv communication title, “Phase III MAO-004 Report Distribution” for more information.

**Q2. On the MAO-004 Report, does the information in the Additional Diagnosis Codes field (#35) apply to the diagnoses in the Current ICN field (#9) or the diagnoses in the Prior Record ICN field (#13)?**

A2. Diagnoses reported in field #35 as add or ‘blank’ reference the diagnoses reported on the encounter submitted (#9). For replacements, voids, and linked chart review deletes, field #35 will also report diagnoses deleted from the prior record that the encounter or chart review is linked to, the ICN listed in field (#13).

**Q3. What are the circumstances where a single ICN can have 38 or more diagnoses as defined in field 35 of the MAO-004 report layout?**

A3. Field #35 has 38 slots because the MAO-004 will report diagnoses deleted from a prior ICN. If, for example, an institutional record were submitted with 25 diagnoses and then replaced with 25 new, unique diagnoses, field #35 would report the 25 diagnoses on the current record as add and the 25 diagnoses removed from the prior record as delete. Since only 38 slots are available, the additional diagnoses would be reported on a second line in the report where all fields are identical to the first line except for the diagnoses and add/delete indicators.

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

**Q4. When will an accepted encounter diagnosis not display on the MAO-004 Report?**

A4. Diagnosis codes on an accepted encounter data record will not be on the MAO-004 report if the encounter data record does not meet the MAO-004 production criteria stated in the March 2017 User Group slides. Please reference the slides at:

[http://www.csscooperations.com/internet/cssc3.nsf/files/032317\\_FERAS\\_RAPS\\_Reports\\_Webinar\\_5CR\\_033017.pdf/\\$File/032317\\_FERAS\\_RAPS\\_Reports\\_Webinar\\_5CR\\_033017.pdf](http://www.csscooperations.com/internet/cssc3.nsf/files/032317_FERAS_RAPS_Reports_Webinar_5CR_033017.pdf/$File/032317_FERAS_RAPS_Reports_Webinar_5CR_033017.pdf)

**Q5. How can plans determine which diagnosis codes are accepted on the Phase III MAO-004 Report?**

A5. The MAO-002 report indicates whether an encounter data record has been ‘Accepted’ or ‘Rejected.’ The MAO-004 report includes diagnoses from a subset of the accepted encounters, and indicates whether the diagnoses are ‘Allowed’ or ‘Disallowed,’ depending on whether they pass the CMS filtering logic. To pass the filtering logic, the diagnosis must be submitted on an encounter data record with an acceptable type of bill and/or CPT/HCPCS code, depending on the type of submission. Please reference the September 2016 User Group slides for more information at:

<http://csscooperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~User%20Group~AE9J7X7707?open&navmenu=Medicare^Encounter^Data||||>

**Q6. Why are some encounters containing certain types of bill (TOB) omitted from the MAO-004 Report?**

A6. All types of bill omitted from MAO-004 report do not pass the CMS filtering logic.

**Q7. What is the logic for including the Allowed/Disallowed Flag field (#25) on the Phase III MAO-004 Report?**

A7. The allowed/disallowed flag field is included to help MAOs determine which records accepted on the MAO-002 report passed the CMS filtering logic as reported on the MAO-004 report.

**Q8. Why would the MAO-004 report list a diagnosis as "not eligible"?**

A8. The Phase III MAO-004 report will identify diagnoses as ‘allowed’ or ‘disallowed’ to indicate whether or not they are risk adjustment eligible. If diagnoses pass the CMS filtering logic, they are ‘allowed.’ Allowed diagnoses are considered eligible for risk adjustment since these are the diagnoses we run through the model when calculating risk scores. Not all diagnoses that are run through the model will be included in the risk score calculation, since not all diagnoses map to the HCCs in the model. Please refer to the March 22, 2017 HPMS Memo titled, “Phase III MAO-004 File Layout” and the March 30, 2017 MARx listserv communication title, “Phase III MAO-004 Report Distribution” for more information. CMS added information about ‘disallowed’ diagnoses to assist plans in understanding which diagnoses are being considered for risk adjustment.

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**Q9. How does the MAO-004 report reflect replacement encounters?**

A9. Replacement records are reported on the MAO-004 report in the month after they are submitted. The MAO-004 will indicate all diagnoses not reported on the encounter data record that the replacement is linked to as 'Add' in the add/delete indicator, all diagnoses reported on both the replacement and the original encounter data record will be reported with a 'blank' for the add/delete indicator, and all diagnoses on the original encounter data record, but not on the replacement record, will be noted as 'Delete' in the add/delete indicator. Please refer to the March 22, 2017 HPMS Memo titled, "Phase III MAO-004 File Layout" and the March 2017 User Group call slides for more information on how replacements are reported and treated on the Phase III MAO-004.

***Additional Final Payment Year Runs***

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**Q10. Will CMS accept additional diagnoses for Payment Year (PY) 2016 (2015 DOS) since CMS plans to run PY 2016 again after May 1, 2017?**

A10. Yes, CMS will accept additional diagnoses from encounter data submissions for PY 2016 after May 1, 2017.

**Q11. What is the deadline for the second PY 2016 final run?**

A11. CMS will run final Payment Year (PY) 2016 risk scores for the first time after May 1, 2017, and will run it again at a later date with additional data. CMS will announce the PY 2016 second deadline when it becomes available.

**Q12. Since RAPS seems to accept submissions for 2015 dates of service submitted after 1/31/17, will CMS consider RAPS 2015 DOS submitted after the 1/31/17 submission deadline for PY2016 payments?**

A12. Data submitted after the 1/31/17 PY 2016 RAPS submission deadline will not be included for PY 2016 payment. While the RAPS file may be accepted into the system, the data will not be included in risk score calculations.

**Q13. When will CMS conduct the third Payment Year (PY) 2015 final run and when will it impact payment?**

A13. CMS does not have a timeline for when the third PY 2015 final run will occur and therefore, does not have a timeline for payment impact. As a reminder, CMS has not extended the data submission deadline for PY 2015. CMS is running PY 2015 final again using the same data with revised code.

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## Submissions

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**Q14. If an encounter data record meets the requirements for risk adjustment, are all diagnoses on the record considered for risk adjustment?**

A14. Yes, all the diagnoses on the header of the encounter data record are considered eligible for risk adjustment if the diagnoses pass the CMS filtering logic.

**Q15. Should MAOs submit denied claims for processing?**

A15. Yes, MAOs are to submit encounter data records when there are denied claims for processing. For more information, please reference the appropriate Encounter Data Companion Guides: <http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encounter^Data>.

## EDS Chart Review

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**Q16. Can CMS provide a default procedure code for MAOs to use when submitting unlinked chart review records?**

A16. No, CMS does not provide default procedure codes for MAOs to use when submitting unlinked chart reviews.

**Q17. Can CMS provide a default NPI for MAOs to use when submitting unlinked chart review records?**

A17. No, CMS does not provide a default NPI for unlinked chart review records. Default NPIs should only be submitted to the EDS when the provider is considered 'atypical'.

**Q18. Are chart review records with default procedure codes and default NPI eligible for risk adjustment?**

A18. At this time, yes, all records with default procedure codes and/or a default NPI and that have diagnoses that pass the CMS filtering logic are eligible for risk adjustment.

## Model Output Report (MOR)

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**Q19. When will CMS release the Model Output Report (MOR) and how can MAOs access it?**

A19. CMS began sending the Part C MOR Record Type "D" and the Part D MOR Record Type "2" with the January 2017 payment.

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**General**

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**Q20. When will the new Medicare Advantage Medicaid Status Data File (MCMD) file be available?**

A20. The Medicare Advantage Medicaid Status data file is now available to plans and was first distributed at the end of March.

**Q21. When will the MMR reflect the second final Payment Year (PY) 2016 risk scores?**

A21. If this question is referring to the MMRs for the “second” Final PY2015 risk scores, these MMRs have already been provided. If this question is referring to the MMRs for the “second” Final PY2016 risk scores, information on when these reports are distributed will be forthcoming.

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