



Risk Adjustment for EDS & RAPS User Group



October 26, 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**

- Edits 98300 and 17310 Guidance
- Occurrence Code and Date
- 277CA Error Code
- RAPS Error Code 360
- Deadline for Second Final Reconciliation of Payment Year (PY) 2016
- 2016 Final MOR Technical Issue
- EDS and RAPS Informational Resources

- **Q&A Session**

- Frequently Asked Questions
- Live Question and Answer Session

- **Closing**



CMS Updates

Edit 98300 – “Exact Inpatient Duplicate” Submission Guidance

HPMS Memo, dated October 4, 2017 clarifying guidance on edit 98300.

This edit looks for duplicate inpatient submissions by matching on four key fields: HICN, Dates of Service (from and through), Billing Provider NPI, and Type of Bill.

Submitters have requested that we add additional fields to the logic for this edit.

Edit 98300 – “Exact Inpatient Duplicate” Submission Guidance *(continued)*

CMS conducted extensive analysis on this edit and found that when edit 98300 fired, the services reported on the more recently submitted record were in fact identical to the services reported on the previously submitted and accepted record, based on the four-key duplication logic.

CMS understands that data elements other than the four considered for the 98300 duplicate check may differ.

Edit 98300 – “Exact Inpatient Duplicate” Submission Guidance *(continued)*

However, if CMS adds data elements to the logic, we will be accepting two records representing the same encounter.

This situation compromises data integrity and shifts the responsibility of identifying the most accurate data from the submitter to CMS or even to other users of encounter data, who would need to make assumptions about the submitters’ intent regarding which record of the service to use.

Edit 98300 – “Exact Inpatient Duplicate” Submission Guidance *(continued)*

In the memo, CMS provided guidance on submission of inpatient EDRs and preventing edit 98300 from firing:

- MAOs may wait to submit an inpatient Encounter Data Record (EDR) until an inpatient hospital stay has been fully adjudicated in the MAOs’ systems.
- If an MAO has submitted an inpatient EDR and would like to make changes to any of the data elements on the record, the MAO can do one of two things:

1. Void the original EDR by submitting a new record with claim frequency code = ‘8’ AND submitting a new record

OR

2. Submit a replacement EDR with a claim frequency code = ‘7’.

Edit 98300 – “Exact Inpatient Duplicate” Submission Guidance *(continued)*

There are two options a submitter can use to make changes to the diagnosis codes on a previously submitted, and accepted, inpatient EDR, but not other aspects of the data related to the encounter:

1. The MAO may follow the guidance in the second bullet on the prior slide

OR

2. The MAO may use a chart review record to add diagnoses to the EDR or use a chart review delete record that is linked to the EDR to delete diagnoses from the EDR.

Edit 98300 – “Exact Inpatient Duplicate” Submission Guidance *(continued)*

NOTE:

Since an EDR is by definition a report to CMS from the MAO, and not a provider claim, the MAO should use the appropriate value for the claim frequency code on the EDR, even if it differs from the claim frequency code of the claim submitted to the MAO by the provider.

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 17310 – ‘Rev Code 036X Requires Surg Proc Code’ Overview

Edit 17310

- Header Level Edit
- Applicable to Encounter Data Records (EDR) and Chart Review Records (CRR)
- Applicable to Institutional Records with Type of Bill (TOB) 11X, 18X, or 21X

Details of Edit 17310

Edit 17310 (Rev Code 036X Requires Surg Proc Code) will be posted if the following conditions are satisfied:

- Revenue Code (**2400 SV201**) 036X is present on any of the service lines of an EDR or a CRR

AND

- IICD-9 or ICD-10 Principal (**2300 HI01-2** where **2300 HI01-1** is BR/BBR) or Other Procedure Code (**2300 HI01-2** where **2300 HI01-1** is BQ/BBQ) is not submitted on the Encounter Data Record (EDR)

NOTE:

*This edit will be bypassed if the EDR contains ICD-9 diagnosis code(s) (**2300 HI01-2** where **2300 HI01-1** is BK or BJ or BF) V641, V642, or V643 OR contains ICD-10 diagnosis code(s) (**2300 HI01-2** where **2300 HI01-1** is ABK or ABJ or ABF) Z5301, Z5309, Z531, Z5320, Z5321, Z5329, Z538, Z539, Z9911, Z9981 or Z993*

Edit 17310 - Analysis

- Encounter data files for INST module
- All files with service lines posting edit 17310 processed between September 24, 2017 and October 7, 2017
- For each file, determined the percentage of records rejected with edit 17310
- Manually review the records to verify revenue codes and procedure codes submitted

Edit 17310 – Analysis *(continued)*

- Results

- Edit 17310 posted accurately
- Records rejected with edit 17310 were submitted with an inpatient TOB and revenue code 036X, but without an ICD-10 principal or other procedure code.

- Observations

- The rejected records were submitted with the following data elements:
 - TOB = 11X
 - DOS on or after 10/01/2015
 - A minimum of one service line contained revenue code 036X
 - An ICD-10 principal or other procedure code was not present
 - The bypass ICD-10 diagnosis codes listed on slide 14 were not present on the record

Error Prevention Strategies for Edit 17310

- Ensure Institutional Inpatient EDRs (TOB 11X, 18X, or 21X) containing Revenue code 036X are submitted at a minimum with one Principal or other Procedure Code.
- If the Principal or Other Procedure Code is not available, the EDR should contain at least one diagnosis code that is included in the bypass logic.

Submission of ICD 9 or ICD 10 Procedure Codes on 837I

Principal Procedure Code X12 format for EDRs with DOS
prior to ICD-10 implementation date (10/01/2015):

HI*BR:3121:D8:20051119~

Other Procedure Code X12 format for EDRs with DOS
prior to ICD-10 implementation date (10/01/2015):

HI*BQ:3121:D8:20051119~

Principal Procedure Code X12 format for EDRs with DOS
on or after ICD-10 implementation date (10/01/2015):

HI*BBR:0B110F5:D8:20151001~

Other Procedure Code X12 format for EDRs with DOS on
or after ICD-10 implementation date (10/01/2015):

HI*BBQ:02139Y3:D8:20151001~

Edit 17310 – Example of Valid Submission (CEM)

•
•
2300 0001CLM XXXXXXXXXXXXXXXX XXXXXXXXXXXX**11**X XXXX
•
•
2300 0001HI 0001ABKZ5111
2300 0001HI 0002ABJC9000
2300 0001HI 0001**BBR30233R1**
2300 0001HI 0002**BBQ3E04305**
•
•
2400 0003LX 0001000003
2400 0003SV2 00010**360**
NNNNNNNNNNXXNNNNNNNN NNNNNNNNNN
•
•

Occurrence Code and Date

- Occurrence Code

Identifies a significant event relating to an institutional service for a specific date.

- Occurrence Date

The date associated with the significant event.

- Example: HI*BI:11:D8:20171011~

- Occurrence Code 11 = onset of symptoms/illness
- 20171011 = date of onset of illness

Occurrence Span Code and Dates

- Occurrence Span Code

Identifies a significant event relating to an institutional service during a period of time.

- Occurrence Span Dates

The **from** and **through** dates associated with the significant event.

- Example: HI*BI:72:RD8:20170102-20170112~

- Occurrence Span Code 72 = First/Last Date

- 20170102-20170112 = from and through dates associated with an occurrence of the significant event relating to this institutional service

277CA Error Codes:

A7:719 - NUBC Occurrence Code

A7:721 - NUBC Occurrence Span Code

If 2300.HI01-1 is "BH" then 2300.HI01-2 must be a valid Occurrence Code.

Example: HI*BH:11:D8:20171011~

If 2300.HI01-1 is "BI" then 2300.HI01-2 must be a valid Occurrence Span Code.

Example: HI*BI:70:RD8:20170102-20170112~

To avoid receiving 277CA error:

- A7:719 – Ensure the Occurrence Code is valid
- A7:721 – Ensure the Occurrence Span Code is valid

Resources for Occurrence Code and Occurrence Span Codes

For a list of Occurrence Codes:

<https://www.resdac.org/cms-data/variables/claim-related-occurrence-code>

For a list of Occurrence Span Codes:

<https://www.resdac.org/cms-data/variables/Claim-Occurrence-Span-Code>

RAPS Error Code # 360: Beneficiary MBI Number May Not Be Used Before the MBI Transition Date

- During August and September 2017, a number of contracts received RAPS error code 360. Records submitted with an invalid or unknown HICN were rejected with error code 360.
- This error code is part of our implementation for the New Medicare Card Project and mistakenly fired for invalid or unknown HICNs.
- This issue was resolved as of October 2, 2017.
- As of October 2, 2017, RAPS error code 360 will fire when a properly formatted Medicare Beneficiary Identifier (MBI) is submitted prior to beginning of the transition period on April 1, 2018
- CMS will issue an HPMS memo in the coming months that will discuss the new Medicare Beneficiary Identifier implementation for both the RAPS and Encounter Data.

Deadline for Second Final Reconciliation of Payment Year (PY) 2016

- An HPMS memo was released October 23, 2017 that provided information on the deadline for submitting encounter data for use in the second 2016 final risk score run.
- Deadline for encounter data submissions for the second final reconciliation of Payment Year (PY) 2016 will be April 2, 2018.
- This second final PY2016 payment will use diagnoses submitted to the Risk Adjustment Processing System (RAPS) as of January 31, 2017 and diagnoses submitted to the Encounter Data Systems (EDS) through April 2, 2018.

Deadline for Second Final Reconciliation of Payment Year (PY) 2016

- The second final reconciliation of PY2016 will also include any diagnosis deletions submitted to RAPS with 2015 dates of service (DOS) that have been submitted between January 31, 2017 and April 2, 2018.
- As the final risk adjustment data submission deadline has been moved to April 2, 2018, these deletes are not overpayments as defined in 42 CFR §422.326.
- Please send questions regarding this memo, please email riskadjustment@cms.hhs.gov with the subject line: *“Announcement of Deadline for Second Final Reconciliation of Payment Year (PY) 2016.”*

2016 Final MOR Technical Issue

- On August 17, 2017, CMS released an HPMS memo titled, “Changes to Payment Year (PY) 2016 Final Model Output Report (MOR),” to provide information regarding changes being made to the MORs for the 2016 final payment.
- Risk scores for the 2016 final went into October payment. The updated MORs described in the August 17, 2017 HPMS memo were released at the end of September.
- We received inquiries regarding blanks in several positions in the MOR reports.
- There was a technical issue that resulted in blank fields instead of the HCC indicators that should have been populated. We are working to resolve the issue and will re-distribute the 2016 final MORs with correct values in the fields.
- Note that the layouts that were included in the August 17th HPMS memo are accurate. The technical issue is isolated to how some of the fields were being populated in the reports.



EDS and RAPS Informational Resources

Customer Service and Support Center (CSSC)



Electronic Data Interchange (EDI)

[Medicare Encounter Data](#)

[Medicare Medicaid Plans](#)

[Prescription Drug Event](#)

[Risk Adjustment Processing System](#)

[Edits](#)

[Enroll to Submit Risk Adjustment Data](#)

[Front-End Risk Adjustment System \(FERAS\)](#)

[HPMS Memos](#)

[Job Aids](#)

[ListServ](#)

[Newsletters](#)

[RAPS Bulletins](#)

[References](#)

[Risk Adjustment Processing System \(RAPS\)](#)

[Training](#)

[User Group](#)

Welcome to CSSC Operations

The Customer Service and Support Center (CSSC) website is the gateway to Medicare Advantage, Medicare Medicaid Data and Prescription Drug Programs. Visitors to the site can access information about Risk Adjustment, Medicare Encounter Data, Medicare Medicaid Data and Prescription Drug Programs; including opportunities to enroll to submit data and obtain comprehensive information about data submission and reporting. In addition, the site provides valuable links to CMS instructions and other official resources.



News

Prescription Drug Event

[PDE Monthly Report Distribution Status](#)

System Status

All Systems

[EDFES System Status](#)

[PDE System Status](#)

[RAPS System Status](#)

Medicare Medicaid Plans

[MMP Edits Update](#)

[Risk Adjustment Processing System Resources](#)

<https://www.csscoperations.com>

Welcome to CSSC Operations

Electronic Data Interchange (EDI)

Medicare Encounter Data

Companion Guides

ED Testing

Edits

EDPS Bulletins

Enroll to Submit Encounter Data

HPMS Memos

ListServ

Newsletters

PC ACE Pro32

Report and File Layouts

Resources

Training Information

User Group

Medicare Medicaid Plans

Prescription Drug Event

Risk Adjustment Processing System

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[PDE System Status](#)

[RAPS System Status](#)

Medicare Medicaid Plans

[MMP Edits Update](#)

Encounter Data Resources

<https://www.csscoperations.com>

CSSC ListServ Notifications



Electronic Data Interchange (EDI)

Front-End Systems User Guides

Medicare Encounter Data

Medicare Medicaid Plans

Prescription Drug Event

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Risk Adjustment Processing System ListServ

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RAPS Error Code 360 New!	10/10/2017
REVISED: Risk Adjustment for EDS and RAPS User Group - September 28, 2017	10/05/2017
Front-End Systems Status Update	09/20/2017
Front-End Systems Issues	09/19/2017
FTP and Web Server Issues	09/19/2017
System Status - September 10, 2017	09/08/2017
SFTP and Website Servers are now available!	08/28/2017
SFTP and Website Server Issues	08/28/2017
Risk Adjustment for EDS and RAPS User Group - August 17, 2017	08/17/2017
System Status - August 27, 2017	08/16/2017
Risk Adjustment for EDS and RAPS User Group Q&As - April 27, 2017	08/07/2017

 **ListServ to announce new publications:**

<https://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~ListServ?open&expand=1&navmenu=Risk^Adjustment^Processing^System>

CMS Website

The screenshot shows the CMS.gov website homepage. At the top, there is a navigation bar with links for Home, About CMS, Newsroom Center, FAQs, Archive, Share, Help, and Print. Below the navigation bar is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". A search bar is located to the right of the logo, with the placeholder text "Learn about your health care options". Below the search bar is a row of seven yellow buttons: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, and Research, Statistics, Data & Systems. Below the buttons is a large image of a healthcare professional in pink scrubs talking to an elderly couple. The image is divided into three sections with text overlays: "Covering more Americans", "Making Americans healthier by preventing illness", and "Coordinating better care & lowering costs".

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Covering more Americans Making Americans healthier by preventing illness Coordinating better care & lowering costs

CMS

<https://www.cms.gov>

CEM Edits Spreadsheets

8371 Edit Reference	Segment or Element	Description	ID	Min. Max.	Usage Req.	Loc.	Loop Repe.	5010 Values	TA1/ 999/ 277CA	Accept/Reject	Disposition / Error Code	Proposed 5010 Edits
X223.C3.ISA01.010	ISA01	Authorization Information Qualifier	ID	2-2	R			00, 03	TA1	R	TA105: 010 "Invalid Authorization Information Qualifier Value".	ISA01 must be present.
X223.C3.ISA01.020	ISA01								TA1	R	TA105: 010 "Invalid Authorization Information Qualifier Value".	ISA01 must be valid values.
X223.C3.ISA02.010	ISA02	Authorization Information	AN	10-10	R				TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be present.
X223.C3.ISA02.020	ISA02								TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be 10 characters.
X223.C3.ISA02.030	ISA02								TA1	R	TA105: 011 "Invalid Authorization Information Value".	ISA02 must be populated with accepted AN characters OR ISA02 must be populated with all spaces.

CMS 5010 CEM Edits Spreadsheets

MAOs are able to access the CEM Edits Spreadsheets:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/>

1. Select the current year in the left navigation column (e.g., 2017 Transmittals)
2. Key in 'EDI Front End Updates' in the 'Filter On' box
3. Select the most current transmittal to obtain the latest versions of the CEM Edits Spreadsheets
4. Click on the link(s) under 'Downloads' at the bottom of the page

Risk Adjustment Model Software & Mapping

Home > Medicare > Medicare Advantage Rates & Statistics > Risk Adjustment



Medicare Advantage Rates & Statistics

[FFS Data \(2008-2015\)](#)

[FFS Data \(1998-2007\)](#)

[Risk Adjustment](#)

[FFS Trends](#)

[Actuarial Bid Questions](#)

[Bid Forms & Instructions](#)

[Actuarial Bid Training – 2018](#)

[Announcements and Documents](#)

[Ratebooks & Supporting Data](#)

[Data](#)

Risk Adjustment

Medicare risk adjustment information, including:

- Evaluation of the CMS-HCC Risk Adjustment Model
- Model diagnosis codes
- Risk Adjustment model software (HCC, RxHCC, ESRD)
- Information on customer support for risk adjustment

Show entries: 10 ▼

Filter On:

Year ▼

[Proposed Changes for 2017](#)

[Other Model-Related Documents](#)

[Medicare CPT/HCPCS Codes](#)

[2018 Model Software](#)

[2017 Model Software/ICD-10 Mappings](#)

[2016 Model Software/ICD-10 Mappings](#)

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

Medicare Managed Care Manual

[Home](#) > [Regulations and Guidance](#) > [Manuals](#) > [Internet-Only Manuals \(IOMs\) Items](#) > [Details for title: 100-16](#)

Manuals

[Return to List](#)

Details for title: 100-16

Publication #	100-16
Title	Medicare Managed Care Manual

Downloads

- [Chapter 1 - General Provisions \[PDF, 76KB\]](#) 
- [Chapter 3 - Marketing Guides Instructions \[PDF, 47KB\]](#) 
- [Chapter 4 - Benefits and Beneficiary Protections \[PDF, 522KB\]](#) 
- [Chapter 5 - Quality Assessment \[PDF, 387KB\]](#) 
- [Chapter 6 - Relationships With Providers \[PDF, 146KB\]](#) 
- [Chapter 7 - Risk Adjustment \[PDF, 1MB\]](#) 
- [Chapter 8 - Payments to Medicare Advantage Organizations \[PDF, 194KB\]](#) 
- [Chapter 9 - Employer/Union Sponsored Group Health Plans \[PDF, 208KB\]](#) 
- [Chapter 10 - MA Organization Compliance with State Law and Preemption by Federal Law \[PDF, 44KB\]](#) 
- [Chapter 11 - Medicare Advantage Application Procedures and Contract Requirements \[PDF, 294KB\]](#) 
- [Chapter 12 - Effect of Change of Ownership \[PDF, 70KB\]](#) 

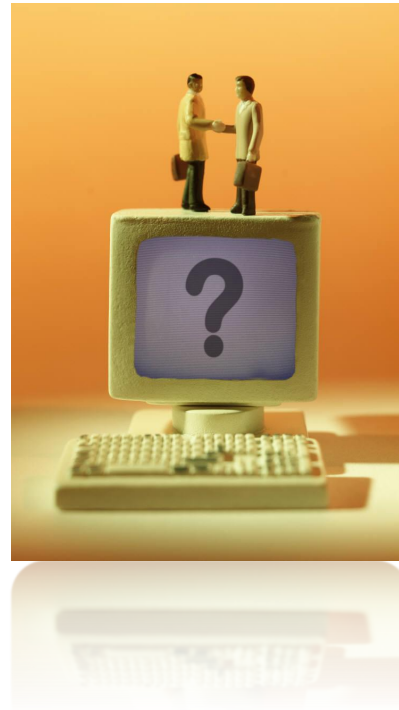
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html?DLPage=2&DLEntries=10&DLSort=0&DLSortDir=ascending>

Additional CMS.gov Resources

Announcement of Calendar Year (CY) 2018 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter and Request for Information

<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2018.pdf>

Questions & Answers





Frequently Asked Questions

Frequently Requested Information:

Question:

Should MA organizations submit the Contract Name and Contract ID (e.g., 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 and response to have the contract number to access information. Therefore, if your question is contract-specific, please include the contract number in your inquiry.

Frequently Requested Information:

Question:

CMS has requested the submission of additional details including 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 the PII/PHI.

Frequently Requested Information:

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:

Question:

We received the 2016 PY (2015 dates of service) payment on the October MMR's where CMS used a blended risk score. How can we differentiate the RAPS-based risk scores from the EDS-based Risk scores?

Answer:

The August 17, 2017 HPMS memo titled, "Changes to Payment Year (PY) 2016 Final Model Output Report (MOR)," lists separate record types for HCCs from RAPS and HCCs from Encounter Data for PY 2016 Final.

Frequently Asked Question:

Question:

When will CMS publish an updated list of diagnosis to HCC mappings with the FY 18 ICD-10 codes?

Answer:

CMS is evaluating the FY 2018 ICD-10 codes for risk adjustment, and updated mappings will be posted on the website at the link below once our review is complete.

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

Frequently Asked Question:

Question:

Will the MARx output files and reports received after April 2018 contain only MBIs for all transactions?

Answer:

Yes. While plans may continue to submit data using either the beneficiaries HICN or MBI during the transition period (4/1/2018 through 12/31/2019), the MARx output data files and reports will only contain the MBI and will no longer contain HICNs.

After the transition period (beginning January 2020), MARx will only accept and process a transaction that contains the valid MBI from the MAO or Part D sponsor with exceptions. Please review exceptions located on the CMS Medicare Card website located at <https://www.cms.gov/Medicare/New-Medicare-Card/index.html>.

For additional information, please reference the HPMS memo dated November 18, 2016 titled “Social Security Number Removal Initiative (SSNRI) Selected Updates for Medicare Advantage and Part D Plans.”



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



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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