Risk Adjustment for EDS & RAPS User Group

January 17, 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.
- 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.
- Please be as specific as possible when suggesting topics. It helps us better tailor our trainings and webinar development.
- 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.

Technical Assistance

Registration Support Contact Information

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

Phone: 1-800-290-2910

Email: TARegistrations@tarsc.info

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

Technical Assistance

- **Browser Requirements**
  - JavaScript and cookies enabled
  - Java 6 and Java 7 (for web browsers that support Java) enabled
  - Cisco WebEx plug-ins enabled for Chrome 32 and later and Firefox 27 and later
  - Plug-ins enabled in Safari
  - Active X enabled and unblocked for Microsoft Internet Explorer
- **Recommended Browsers**
  - Internet Explorer: 8 - 10 (32-bit/64-bit)
  - Mozilla Firefox: Version 10 through the latest release
  - Google Chrome: Version 23 through the latest release

Agenda

- **CMS Updates**
  - Date Stamp for PY2016 & PY2017 Submissions and General Guidance for Submission Deadlines
  - Questions & Answers from the November 2018 In-Person Training
  - Comparison between Report Cards and Submission Performance Reports
  - Status of Identified Issues on the Phase III Version 3 MAO-004 Report
  - MOR Update – 2019 Blend
  - RAPS Error Code 502
- **Q&A Session**
  - November User Group Frequently Asked Questions
  - Live Question and Answer Session
- **Closing**

CMS Updates

Medicare Plan Payment Group Introductions

Introductions

Medicare Plan Payment Group

- Acting Group Director, *Jennifer Shapiro*
- Acting Deputy Group Director, *Rebecca Paul*
- Acting Director of the Division of Payment Policy, *Monica Reed-Asante*
- Acting Director of the Division of Encounter Data and Risk Adjustment Operations, *Amanda Johnson*

Date Stamp for PY2016 and PY2017 Submissions General Guidance for Submission Deadlines

Date Stamp for Submission Deadline for PY2016 and PY2017

- The encounter data submission deadline for PY2016 and PY2017 was extended to September 14, 2018.

- **Issue**: A small number of records were submitted on September 14, 2018, but received a date stamp later than September 14, 2018.

- CMS has identified the records affected; CMS analysis indicates that the number of records affected is 0.14% of records with dates of service in 2015 or 2016.

- We will incorporate data from any record that did not make it into the final 2016 or 2017 risk score runs in a future run, in order to ensure that all allowable data are properly reflected in the final risk scores for these payment years.

General Guidance for Submission Deadlines

- Currently, CMS uses the ICN date assigned to a record when determining the submission date
- The vast majority of files generally receive the ICN date on the submission date but, when submission volume is high, it is possible that the date the file is submitted will differ from the ICN processing date.
- System processing slows down with high volumes and duplicate files and/or records. Professional records require more processing time than other records.
- CMS always encourages early file submission when a deadline is approaching.
- CMS will be closely monitoring file submissions for the upcoming deadline and is evaluating ways to address the issue where the ICN date is later than the submission date

Questions & Answers from the November 2018 In-Person Training

Encounter Data Chart Review Records

Question #1

Guide, Chapter 2, Section 2.3.4

Q: Can a void to a previously submitted and accepted Chart Review Record (CRR)-Delete cause the deleted diagnoses to be reinstated?

In other words, can a CRR-Delete be submitted with a CLM05-3 Claim Frequency Type Code (Loop 2300) = '8'?

A: The answer is that a CRR-Delete can be submitted with a CLM05-3 Claim Frequency Type Code of '8'. And the Void CRR-Delete will have the effect of voiding the previously submitted CRR-Delete and cause the deleted diagnoses to be reinstated and thus, considered for inclusion in risk adjustment.

Loop 2300 – Claim Information – Chart Review Records

Guide, Chapter 2, Section 2.3

Two types:

- CRR-Adds
- CRR-Deletes

CRRs may be linked to other records (EDRs or CRRs) or unlinked

- All CRR-Deletes must be linked to an EDR or another CRR
- CRR-Adds may be linked or unlinked

A record is designated as a chart review record by using the PWK01 and PWK02 data elements in loop 2300.

There is no limit on the number of CRRs that may be submitted.

Loop 2300 – Claim Information – Linked Chart Review Records

- Used to add or delete diagnosis codes from a previously-submitted and accepted EDR or CRR
- Linked CRR-Add contains the Internal Control Number of a previously submitted and accepted EDR or CRR. CLM05-3 Claim Frequency Type Code (Loop 2300) must not equal 7 (replace) or 8 (void/delete), unless the intention is to replace (7) or void (8) another previously accepted CRR.
- Linked CRR-Delete contains the Internal Control Number of a previously submitted and accepted EDR or CRR and the patient medical record number is equal to 8 in Loop 2300 (REF01=EA / REF02=8)
- CRR-Deletes must be submitted with CLM05-3 ("Claim Frequency Type Code" in Loop 2300) not equal to 7 (replace) or 8 (void/delete)

Note: If an MAO wishes to delete one or more diagnosis codes from a previously accepted EDR or CRR, each diagnosis code to be deleted must be listed on the Linked CRR-Delete record.

Loop 2300 – Claim Information – Unlinked, Replacement, and Void Chart Review Records

Unlinked CRRs:

- Only used to add risk adjustment-eligible diagnosis codes and does not identify a previously submitted EDR or CRR that the submitted diagnosis should be associated with

Replacement CRRs:

- Replacement CRR-Add (CLM05-3 = 7) can only be used to replace a previously accepted linked or unlinked CRR
- Replacement CRR-Delete cannot be submitted. Instead, the MAO should void the previously accepted Linked CRR-Delete to nullify the delete operation

Void CRRs:

- A Void CRR-Add or Void CRR-Delete submitted for a previously accepted CRR will void the previously accepted CRR.

Loop 2300: Chart Review Records Summary Table

CRR	Linked	Unlinked
Add	PWK01/02 ='09'/'AA' REF01/02 (Payer Claim Control Number) = 'F8'/ ICN of previously accepted record CLM05-3 = '1' or '7' or '8' HI01-1/2 ='BK'/ 'diagnosis code'	PWK01/02 ='09'/'AA' CLM05-3 = '1' HI01-1/2 ='BK'/'diagnosis code'
Delete	PWK01/02 ='09'/'AA' REF01/02 (Payer Claim Control Number) = 'F8'/ ICN of previously accepted record CLM05-3 = '1' or '8' HI01-1/2 ='BK'/ 'delete diagnosis code' REF01/02 (Medical Record Number) = 'EA' / '8'	N/A

A CRR-Delete submitted with CLM05-03 = ‘8’ and linked to a CRR-Delete will result in the reinstatement of diagnosis codes listed on the previously submitted CRR-Delete that is being voided. A CRR-Delete submitted with CLM05-03 = ‘8’ and linked to a CRR-Add will void the CRR-Add and the diagnosis codes on the Add record will be deleted. The diagnosis codes on the CRR-Delete void record will be ignored, in other words, only the void action of the CRR-Delete will take effect.

Encounter Data Front End System (EDFES) Reports

Question #2:

Guide, Chapter 4, Section 4.4

Q: Are the pre-screening invalid and post-screening invalid reports sent to all submitters regardless of the transmittal method?

A: Yes, all of the acknowledgement reports are sent to all submitters regardless of the transmittal method used. The pre-screening invalid and post-screening invalid reports are generated only when a file fails certain proprietary EDS edits.

EDFES Validation Process and Acknowledgement Reports

Editing Environment	Type of Edits	Report
Pre-Screening Validation	Proprietary editing	Pre-screen Invalid Reports, if the file fails edits
Commercial off-the-shelf (COTS) Translator	Syntax editing for Interchange Envelope conformance (ISA/IEA level)	TA1 Acknowledgement Report, if the transaction is rejected
Commercial off-the-shelf (COTS) Translator	TR3 conformance editing for functional groups (GS/GE) and transaction sets (ST/SE)	Three possible reports: 999A = all Transaction Sets accepted 999P = Partially accepted (at least one Transaction Set was rejected) 999R = Rejected syntax errors were noted

Guide, Chapter 4, Section 4.4

EDFES Validation Process and Acknowledgement Reports (cont.)

Editing Environment	Type of Edits	Report
Combined Common Edits Module (CCEM)	Medicare-specific edits at the record and line levels	277CA: provides record-level info and assigns an Internal Control Number for each **accepted** record
Post-screening Encounter Data Front-End System (EDFES) Validation	Medicare Advantage-specific edits at the record and line levels; e.g., presence of contract ID	Post-screen Invalid Report (formerly known as EDFES Notification), if the file fails edits

Guide, Chapter 4, Section 4.4

Encounter Data Submission Requirements

Question #3:

Guide, Chapter 2, Section 2.4

Q: Are PACE Organizations subject to encounter data submission? During the training, the term MAO was used and we were not sure whether this includes PACE contracts?

A: While the term MAO does not technically include PACE contracts, the training materials and submission guidance apply to all encounter data submitted to EDS, regardless of the entity type. Additionally, PACE Organizations are required to submit encounter data records for Medicare-covered items and services for which the organization collects claims.

Question #4:

Guide, Chapter 1, Section 1.5

Q: Is purchasing the documentation from WPC the only option to obtain the TR3 guides?

A: The TR3 guides are copyrighted intellectual property of the X12 committee. Each organization must hold its own active license permitting the use of the associated X12 product content within the organization. Submitters must purchase and maintain licenses to use the TR3 guides.

Encounter Data Report Cards and Submission Performance Reports

Question #5:

Q: What is the difference between a report card and a submission performance report?

A: Report cards are informational and meant to provide data about EDR submissions back to submitters to enable MAOs to evaluate their submissions and ensure that what CMS receives and reports is in line with the MAOs' expectations.

Submission performance reports are tied to the 7 performance metrics and thresholds (August 20, 2018 HPMS memo) and will form the basis of compliance activity beginning in 2019.

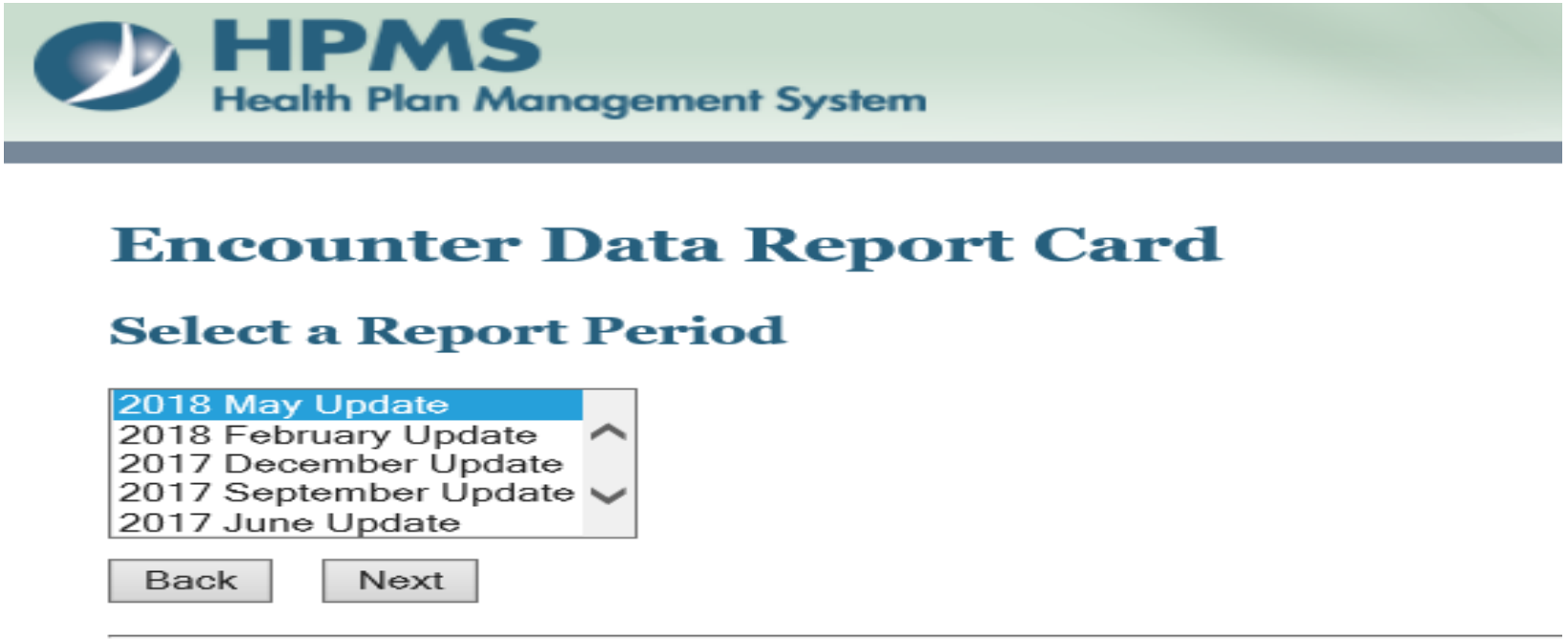
Comparison between Report Cards and Submission Performance Reports

Encounter Data Report Cards

- Began in 2015
- Distributed via HPMS on a quarterly basis
- Excel-based
- Currently consist of 5 sections:
  - Section 1: Quarterly view of submissions
  - Sections 2 – 4: Annual view of submissions by type of service
  - Sections 5 – 6: Comparison of Inpatient EDRs with No-Pay Hospital Claims
- CMS issued an HPMS memo and prototype template for proposed revisions, and requesting feedback, earlier this year
- Currently reviewing feedback

Accessing Encounter Data Report Card Reports

- Accessible via HPMS
- Risk Adjustment - Encounter Data – Encounter Data Report Card



EDS Report Card, Section 1 Overview: Encounter Data Submission Report *(continued)*

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

Name: HEALTH PLAN
Contract: A1234
2017 Enrollment: 96,769
2018 Enrollment: 95,377
Plan Size and Type: Medium - Local CCP

SECTION 1: ENCOUNTER DATA SUBMISSION REPORT - Q1 2018

SUBMISSION - KEY PERFORMANCE INDICATORS

Frequency	Medium Plan Average Q1 2018	Contract Measure Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018
Percent of Bi-Weeks Submitted	98%	100%	100%	100%	100%	100%
Total Number of Submissions	-	66	76	69	70	72
Number of Bi-Weeks with Submission	6	7	7	7	7	7
Number of Bi-Weeks in Quarter	-	7	7	7	7	7

VOLUME - KEY PERFORMANCE INDICATORS

Submitted per 1,000 Beneficiary	Medium Local CCP Plan Average Q1 2018	Contract Measure Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018
Total Encounters	11,436	10,753	12,918	11,179	14,218	11,520
Durable Medical Equipment	359	211	198	208	185	224
Institutional	1,518	1,404	1,208	1,473	1,541	1,082
Professional	9,560	9,139	11,512	9,500	12,492	10,212

Accepted per 1,000 Beneficiary	Medium Local CCP Plan Average Q1 2018	Contract Measure Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018
Total Encounters	10,860	10,142	12,198	10,861	13,615	11,284
Durable Medical Equipment	345	190	183	201	179	217
Institutional	1,436	1,283	1,134	1,390	1,486	1,036
Professional	9,079	8,668	10,881	9,270	11,949	10,030

Final Action per 1,000 Beneficiary	Medium Local CCP Plan Average Q1 2018	Contract Measure Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018
Total Encounters	10,601	8,725	11,310	10,340	12,741	10,900
Durable Medical Equipment	342	178	173	193	173	213
Institutional	1,335	1,034	943	1,192	1,222	932
Professional	8,923	7,513	10,196	8,955	11,347	9,755

EDS Report Card, Submission Rejection Rates Example

QUALITY - KEY PERFORMANCE INDICATORS

Total Rejection Rates	Medium Plan Average Q1 2018	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Contract Measure Q1 2018
Encounters Rejection Rate	5.01%	6.25%	6.14%	3.12%	4.65%	2.26%
Encounters Rejected	55,959	53,753	63,374	27,980	52,958	20,523
Encounter Line Rejection Rate	6.06%	11.07%	10.76%	7.14%	5.67%	4.22%
Encounter Lines Rejected	150,843	252,885	266,092	163,557	150,454	92,477

Durable Medical Equipment Rejection Rates	Medium Plan Average Q1 2018	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Contract Measure Q1 2018
Encounters Rejection Rate	4.87%	10.42%	8.58%	3.42%	3.01%	3.72%
Encounters Rejected	998	1,755	1,362	569	444	659
Encounter Lines Rejection Rate	5.16%	10.73%	8.94%	3.91%	3.78%	4.65%
Encounter Lines Rejected	1,741	2,831	2,250	1,004	949	1,478

Institutional Rejection Rates	Medium Plan Average Q1 2018	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Contract Measure Q1 2018
Encounters Rejection Rate	5.30%	9.49%	6.75%	6.12%	3.94%	4.70%
Encounters Rejected	5,964	10,654	6,524	7,201	4,851	4,011
Encounter Lines Rejection Rate	8.67%	21.14%	25.43%	16.89%	9.01%	10.24%
Encounter Lines Rejected	64,436	166,782	156,654	119,334	58,224	52,720

Professional Rejection Rates	Medium Plan Average Q1 2018	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Contract Measure Q1 2018
Encounters Rejection Rate	4.87%	5.65%	6.03%	2.66%	4.77%	1.97%
Encounters Rejected	48,997	41,345	55,488	20,210	47,663	15,853
Encounter Lines Rejection Rate	4.70%	5.67%	5.85%	2.77%	4.60%	2.33%
Encounter Lines Rejected	84,666	83,271	107,188	43,219	91,280	38,279

Data as of: April 7, 2018
Report created: April 11, 2018

EDS Report Card, Section 4: Data Tables

Contract: A1234

		Professional		Inpatient		Outpatient		DME	
Year	Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries
2015	43,414	1,274,853	32,302	10,656	270	185,888	4,710	49,150	1,245
2016	64,459	1,888,758	32,232	17,086	292	280,270	4,783	74,949	1,279
2017	71,880	1,996,878	30,559	19,511	298	337,693	5,168	83,189	1,273

MA National

		Professional		Inpatient		Outpatient		DME	
Year	Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries
2015	19,259,382	492,964,032	28,156	4,746,193	271	64,196,703	3,666	23,797,995	1,360
2016	20,238,231	523,027,633	28,428	4,771,304	260	68,331,156	3,714	24,408,589	1,327
2017	21,797,760	529,563,212	26,723	4,835,509	244	72,856,324	3,676	26,109,184	1,318

FFS National

		Professional		Inpatient		Outpatient		DME	
Year	Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries
2015	36,279,240	973,448,663	29,515	11,861,058	360	178,884,915	5,424	68,998,129	2,092
2016	36,721,153	984,407,609	29,489	11,767,702	352	184,146,647	5,517	68,504,761	2,053
2017	36,554,678	968,469,589	29,143	11,656,161	351	184,839,101	5,563	65,575,296	1,973

MA Region

		Professional		Inpatient		Outpatient		DME	
Year	Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries	# EDRs	EDRs per 1,000 Beneficiaries
2015	1,337,864	38,218,753	31,424	349,476	287	5,694,004	4,682	1,318,178	1,084
2016	1,388,900	39,490,758	31,276	355,033	282	5,998,271	4,751	1,311,993	1,040
2017	1,489,664	40,001,491	29,538	365,362	270	6,273,997	4,633	1,328,245	981

FFS Region

		Professional		Inpatient		Outpatient		DME	
Year	Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries	# Claims	Claims per 1,000 Beneficiaries
2015	1,923,114	63,746,530	36,463	649,237	372	8,839,222	5,056	3,407,371	1,949
2016	1,951,646	63,913,754	36,024	647,325	365	9,040,928	5,095	3,317,464	1,870
2017	1,941,478	62,744,482	35,550	641,604	363	8,889,044	5,036	3,150,351	1,785

(1) This is the underlying data used in calculating EDR volume submission rates.
(2) See Technical Notes for information on the definition of services, definition of the beneficiary population, and additional detail on the data used to calculate submission rates.

Report created: April 11, 2018

Submission Performance Reports

- CMS distributed an HPMS memo describing the proposed metrics and thresholds and sample contract-level reports (also via HPMS) in November 2017 for feedback
- CMS reviewed feedback and finalized metrics and thresholds in August 2018
- Excel-based
- CMS is developing a compliance process, which we will communicate via HPMS memo in coming months

Submission Performance Report - Example

Name: XXXXXXX, INC.

Contract: A1234

Metric	Contract-Specific Value	Threshold for Orange Light	Status (Orange Light/Green Light)
O1: Failure to complete end to end certification	Certification completed	Certification not completed	
O2: Failure to submit any EDRs	EDRs submitted	No EDRs submitted	
O3: Excessive submission at end of submission window	1%	>=27%	
C1: Low Submission Volume -- Overall	22.5 EDRs per beneficiary	<= 5.41 EDRs per beneficiary	
C2: Low Submission Volume -- Professional EDRs compared with RAPS	98%	<=90%	
C3: Low Submission Volume -- Inpatient EDRs compared with RAPS	5%	<=40%	
C4: Low Submission Volume -- Outpatient EDRs compared with RAPS	10%	<=70%	

Notes:

1. Metric O1 measures whether a contract has failed to complete end to end certification. Status is marked as green if the contract completed end to end certification; status is marked as orange if contract failed to complete end to end certification. For contracts that failed to complete end to end certification, status on all other metrics is designated N/A (not applicable).

Encounter Data ST-SE Segments

Recommended Submission Practice

- MAOs have options in how to structure 837 files for submission to EDS.
- CMS recommends that MAOs use 1 ST/SE segment containing several encounter data records instead of creating 1 ST/SE segment per data record.
- The EDS allows 5,000 records per ST/SE segment (*Guide, Section 4.2)*
- Submission of 1 ST/SE segment per records will increase processing time and increase the chances of rejected data as the syntax of each ST/SE segment will be checked by the Translator.

Status of Identified Issues on the Phase III Version 3 MAO-004 Report

Identified Issues on the Phase III Version 3 MAO-004 Report

- As shared on the July 2018 User Group call (slides found here), CMS and MAOs have identified several issues with the Phase III version 3 MAO - 004 report.
- Relatively few records are affected (approximately 1.5% of records on average across all service years).
- Because all accepted EDRs are being reported on the Phase III version 3 MAO - 004 report, the diagnoses on some of the records affected may not be risk adjustment eligible, and/or the diagnosis may be captured by another record and thus not have an impact on payment.
- As we noted during the July webinar, many of these are reporting errors that do not affect risk scores.
- We will address any discrepancies in future runs, once system changes have been made.

MOR Update – 2019 Blend

MOR Update

- For PY2019 (2018 dates of service), CMS will calculate a blended risk score, adding –
  - 25% of the risk score calculated with the 2019 CMS-HCC model, using diagnoses from encounter data, RAPS inpatient records, and FFS with…
  - 75% of the risk score calculated with the 2017 CMS-HCC model, using diagnoses from RAPS and FFS.
- On November 30, 2018, CMS released an HPMS memo titled "Updates to Payment Year (PY) 2019 Model Output Report (MOR)" to provide information regarding MORs for 2019.
  - Record type "I" was created for the 2019 CMS-HCC model.

2019 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 (PY 2017)	D
	RxHCC	V05 (PY 2018)	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)	V23 (PY 2019)	I
	RxHCC	V05 (PY 2018)	4
MOR Record Types for PACE Organizations (RAPS, FFS, and Encounter Data)	PACE and PACE-ESRD	V21	B
	RxHCC	V05 (PY 2018)	5

RAPS Error Code 502

RAPS Error Code 502

- Error code 502 means that the diagnosis cluster was accepted but not stored because a diagnosis cluster with the same attributes is already stored in the RAPS database.
- The 502 Code is an ***Informational Edit*** only.
- This code will be returned on a report "RAPS Duplicate Diagnosis Cluster Report" daily.
- While CMS sends monitoring emails when error code 502 passes 5% of submissions, we have not taken compliance action in these situations.
- However, CMS notes that submission of duplicate data adds burden to our system and may slow system processing for all submitters and asks submitters to make attempts not to submit duplicate files.
- If CMS changes its approach and determines it will take compliance action for high rates of error code 502, we would take into account the submitting organization, as well as provide advance notice to plans.

November User Group Frequently Asked Questions

Frequently Asked Questions

Question:

How will Institutionalized Special Needs Programs (ISNPs) impact benchmarks for report cards and performance measures of all inpatient claims?

Answer:

CMS includes all plan benefit package types when calculating benchmarks for report cards and performance measures.

Frequently Asked Questions

Question:

Does CMS use diagnosis codes submitted via an unlinked chart review for Risk Adjustment payments?

Answer:

CMS does consider diagnosis codes for the risk score calculation that are submitted via unlinked chart reviews, provided the codes pass the filtering logic.

Frequently Asked Questions

Question:

Are insurers allowed to add a suffix to apply specificity to a non-specific diagnosis?

Answer:

CMS cannot provide guidance on diagnosis coding, and the MAO must make the determination that the diagnosis codes submitted follow coding guidelines (http://www.cdc.gov/nchs/icd/icd10cm.htm). We note that diagnoses used in risk adjustment must follow risk adjustment rules, including being documented in a medical record. Provided that these criteria are met the MAO can report to CMS the data they know to be correct relative to the provision of that specific item or health care service being reported.

Frequently Asked Questions

Question:

If an MAO finds a diagnosis was submitted in error and was submitted on several EDRs or CRRs, how should we correct that? If the MAO submits a single void for a single record, will that delete all occurrences of that diagnosis for that beneficiary?

Answer:

MAOs can void previously submitted records by submitting a Void EDR or Void CRR (refer to Chapters 2 and 6 of the Guide for more information). If an MAO submits a Void record in order to void a previously submitted EDR or CRR, only the record to which the Void record is pointing will be voided. If the MAO has submitted other records containing a diagnosis it wishes to delete, the MAO may delete the diagnosis using a CRR-Delete for each record containing the diagnosis it wishes to delete or by submitting a Replacement EDR or CRR for each record containing the diagnosis it wishes to delete.

Frequently Asked Questions

Question:

Will the Initial PY 2019 RA Payment in January reflect the blended risk score?

Answer:

Yes, the January 2019 RA payment will reflect the blend of 75% of the RAPS-based and 25% of the ED-based scores.

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: TARegistrations@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.csscoperations.com csscoperations@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.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

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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