

Risk Adjustment for EDS & RAPS User Group



May 17, 2018

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://tarasc.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: TARRegistrations@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 (continued)

- **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**
 - HPMS Memos
 - Annual Run Memo (2018-2020 initial, mid-year, final)
 - Encounter Data Processing System (EDPS) Infrastructure Transition
 - Payment Year 2015 Risk Score Rerun & Overpayment Recovery
 - Discontinuation of the OPMT File Types in RAPS
 - Chart Review Update
 - Upcoming Deadlines
- **Q&A Session**
 - April User Group Frequently Asked Questions
 - Live Question and Answer Session
- **Closing**



CMS Updates



HPMS Memos



Annual Run Memo (2018-2020 initial, mid-year, final)

Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2018, 2019, and 2020

Risk Score Run	Dates of Service	Deadline for Submission of Risk Adjustment Data
2019 Initial (RAPS & EDS)	07/01/2017 – 06/30/2018	Friday, 09/07/2018
2018 Final Run (RAPS & EDS)	01/01/2017 – 12/31/2017	Thursday, 01/31/2019
2019 Mid-Year (RAPS & EDS)	01/01/2018 – 12/31/2018	Friday, 03/01/2019
2020 Initial (RAPS & EDS)	07/01/2018 – 06/30/2019	Friday, 09/06/2019

Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2018, 2019, and 2020 (continued)

- For Payment Year 2018, we will apply the blended risk score -- 15% of the risk score calculated with diagnoses from encounter data and FFS claims summed with 85% of the risk score calculated with diagnoses from RAPS and FFS claims -- for the mid-year PY 2018 risk scores, as well as when we calculate the final PY 2018 risk scores.
- For Payment Year 2019, we will apply the blended risk score -- 25% of the risk score calculated with diagnoses from encounter data, FFS claims, and RAPS inpatient records summed with 75% of the risk score calculated with diagnoses from RAPS and FFS -- when we calculate the initial PY 2019 risk scores, and will continue to do so for mid-year and final risk scores.



Encounter Data Processing System (EDPS) Infrastructure Transition

Encounter Data Processing System (EDPS) Infrastructure Transition

- As indicated in the HPMS memo, "CMS' Encounter Data Processing System (EDPS) Infrastructure Transition," infrastructure changes are being made to maintain and improve CMS' Encounter Data Processing System (EDPS).
- Infrastructure transition expected to begin at 12:00 AM, EDT on Saturday, May 19, 2018, and run for approximately 3 weeks, based on the historical volume of encounter data submissions.
- Plans will receive MAO-001 and MAO-002 reports for all encounter data received by 11:59 PM, EDT on Friday, May 18th.
- During the transition period, CMS's Encounter Data Front End System (EDFES) will continue to accept and process submitted encounter data and transmit TA1, 277CA and 999 reports to submitters.
- The back end (EDPS) will hold the encounter data files in a pending status.

EDPS Infrastructure Transition (continued)

- Encounter data transaction reports generated by the EDPS (MAO-001 and MAO-002) will not be produced until after the transition period has come to a close.
- CMS will notify plans when the EDPS resumes sending the MAO-001 and MAO-002 reports.
- We also note that the MAO-004 report will not be produced in June 2018 (for data submitted in May 2018).
- Once all May submissions are processed by the EDPS, CMS will create the May 2018 MAO-004 report.
- We will provide additional information in June, once EDPS processing resumes.



Payment Year 2015 Risk Score Rerun & Overpayment Recovery

Payment Year 2015 Risk Score Rerun & Overpayment Recovery

- Deadline to submit all PY 2015 (2014 dates of service) deletions to the Risk Adjustment Processing System (RAPS) is 8:00 PM EDT, Thursday, June 7, 2018.
 - All RAPS deletions received by the deadline will be included in the risk score rerun and subsequent overpayment recovery.
- This rerun will also include updated Phase III v 3 filtering code for the diagnoses from encounter data.
- MARx payment adjustments as a result of this risk score run will be identified on the Monthly Membership Data File (MMDF) by the Adjustment Reason Code (ARC) 25 – Part C Risk Adjustment Factor Change/Recon and ARC 37 – Part D Risk Adjustment Factor Change.
- Login to the Risk Adjustment Overpayment Reporting (RAOR) module in HPMS to submit PY 2015 overpayment reports.
 - HPMS Home Page > Risk Adjustment > Risk Adjustment Overpayment Reporting.



Discontinuation of the OPMT File types in RAPS

Discontinuation of the OPMT File Type in RAPS

- As of 8:00 PM EDT, July 6, 2018, RAPS will no longer accept or process the OPMT File Type.
- The Production (PROD) File Type will be used as the sole means for submitting Overpayment deletes.
- If the OPMT file is submitted, Plans will receive the following error code:
 - Error Code Number: 105
 - Error Code Description: MISSING / INVALID INDICATOR ON AAA RECORD
- All other OPMT error messages will be retired.
- Note: Plans must continue to report overpayments through the Risk Adjustment Overpayment Reporting (RAOR) module in HPMS
 - HPMS Home Page > Risk Adjustment > Risk Adjustment Overpayment Reporting.



Chart Reviews Update

Chart Review Submission Guidance

- On April 9, 2018 CMS released the HPMS memo “Guidance for Chart Review Record (CRR) Submissions”. The following slides will provide an overview of the guidance provided in that memo.

Chart Review Submission Guidance (continued)

- Similar to RAPS, the role of a CRR is to allow Medicare Advantage Organizations (MAOs) to:
 - Add risk adjustment eligible diagnoses, or
 - Delete diagnosis codes for plan enrollees.

Chart Review Submission Guidance (Continued)

- Diagnosis codes added through a CRR must meet risk adjustment rules as discussed in Chapter 7 on Risk Adjustment in the Medicare Managed Care Manual found at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c07.pdf>, including:
 - Derived from a face-to-face visit
 - Supported by a medical record

Chart Review Submission Guidance (Continued)

- While existing guidance allows MAOs and other submitters to provide default values for CPT/HCPCS codes on CRRs, default data must be submitted consistent with the CMS filtering logic.
- In other words, diagnoses that are disallowed for risk adjustment should not be submitted with default HCPCS codes that would cause the diagnoses to be allowed.
- For example, a diagnosis code resulting from a lab test that would have been excluded from risk adjustment by the professional filtering logic, because the CPT/HCPCS code for the lab visit was not included on the list of allowable CPT/HCPCS codes for the service year, should not be submitted on a CRR with an allowable default CPT/HCPCS code.
- Similarly, other data elements, such as the dates of service, should preserve the integrity of the associated encounter and medical record from which the CRR was created.

Chart Review Submission Guidance (Continued)

There are two scenarios when a CRR should be submitted:

- The encounter generated more diagnosis codes than the maximum number of diagnosis code spaces on an EDR (12 for professional, 25 for institutional). CRRs are intended to allow for the addition of risk adjustment eligible diagnoses if the additional diagnoses do not fit on the EDR.
- The MAO performed a medical record review and identified risk adjustment eligible diagnosis codes that should be added or diagnosis codes that must be deleted for a beneficiary, and these diagnosis codes are related to an encounter that has already been reported on an EDR.

Chart Review Submission Guidance (Continued)

- MAOs should report items and services on an EDR, whether or not the items and services resulted in the creation of a claim from the provider to the MAO. Items or services provided to an enrollee under the plan must be reported on an EDR.
- A CRR **should not** be the only record with information about a healthcare item or service provided to a plan enrollee.

Chart Review Submission Guidance (Continued)

There are 2 types of CRRs: linked and unlinked.

- A linked CRR contains the ICN of a previously submitted and accepted EDR or CRR. It may be used to submit additional diagnoses for or delete diagnoses from an EDR or CRR.
- A linked CRR must be submitted when:
 - Deleting diagnoses included on a previously accepted EDR, because the MAO later determined these diagnoses to be unsupported by the medical record, or were submitted in error. Unlinked CRR deletes will be rejected with edit code 00805 – “Deleted Diagnosis Code Not Allowed.”

We do not edit to ensure the linked CRR matches the encounter to which it is linked to. However, Identifying information, such as the beneficiary HICN or MBI, should match in order to associate the diagnoses on the CRR with the beneficiary who received the associated services.

Chart Review Submission Guidance (Continued)

- A single linked CRR cannot both add and delete diagnoses. If both operations must be performed, separate CRRs will need to be submitted.
- A Linked CRR-Delete contains the ICN of a previously submitted and accepted EDR or CRR and the patient medical record number equal to '8' in the Loop 2300 segment (REF01= 'EA'/ REF02= '8'). 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.
 - For example, if diagnosis AAA and BBB were submitted on the EDR or CRR and are to be deleted, then the CRR-Delete must also be submitted with diagnoses AAA and BBB.

Chart Review Submission Guidance (Continued)

- An unlinked CRR does not contain the ICN of a previously submitted EDR or CRR. An unlinked chart review indicates additional diagnoses are being submitted for a beneficiary, but does not specify which clinical encounter those diagnoses are derived from.
- Unlinked CRRs may be used to submit additional diagnoses that had not been previously reported i.e., diagnoses found through a medical record review, as long as the additional diagnoses reported on a CRR meet CMS filtering and risk adjustment criteria.

Chart Review Submission Guidance (Continued)

How are Chart Reviews submitted:

- CRRs are submitted to CMS in Version 5010 of the ASC X12 837 standard format, where “X12” refers to healthcare transactions, and “837” refers to an electronic format for institutional (“837-I”) and professional (“837-P”).
- CRRs must be identified by the ‘09’ code in the PWK01 field and ‘AA’ in PWK02. See next slide.
- All CRRs (institutional or professional, including DME) are processed by CMS in the same manner as EDRs.

Chart Review Submission Guidance (Continued)

Submission of the following elements in the 2300 Loop of the 837 are required for a CRR whether the CRR is adding diagnoses, or deleting from a previously reported encounter. There is no limit on the number of CRRs that may be submitted, linked or to an EDR or CRR, or unlinked.

Reference	Name	Field Description	CMS Guidance
PWK01*	Report Type Code	Situational - Repurposed to identify special notifications	09 = Chart Review
PWK02*	Attachment Transmission Code	Situational - Identifies where the supporting information is stored AA = Available on request	AA
REF01*	Original Reference Number	Situational - Qualifier that identifies the information in REF02 pertains to the ICN of the previously accepted and stored encounter F8 = Original Reference Number	F8 only available value <u>For Linked Chart Review records only</u>
REF02*	Payer Claim Control Number	Situational - Identifies the ICN of the previously accepted and stored encounter when REF01 = 'F8'	<u>For Linked Chart Review records only</u>

Chart Review Submission Guidance (Continued)

Chart Review records may also be voided or replaced.

Replacement Chart Review – A replacement CRR contains the ICN of a previously accepted CRR and a claim bill frequency code (CLM05-03) = '7'. Replacement CRRs can only be submitted when they are adding and/or deleting diagnoses from previously accepted CRRs (either linked or unlinked).

- When a replacement is submitted for a CRR, the replacement record must also be a CRR. EDRs should not be submitted to replace CRRs.
- Diagnoses on the replacement, but not on the previously accepted CRR will be added, and diagnoses not on the replacement, but on the previously accepted CRR will be deleted.
- Replacements cannot be submitted for a Linked Chart Review Delete – A replacement submitted for a linked chart review delete will be rejected.

Chart Review Submission Guidance (Continued)

Void Chart Review – A void CRR contains the ICN of a previously accepted CRR and a claim bill frequency code (CLM05-03) = '8'.

- Void Chart Review Add – A void CRR submitted for a previously accepted CRR that added diagnoses will delete all diagnoses submitted on the previously accepted CRR.
- Void Chart Review Delete – A void CRR submitted for a previously submitted and accepted CRR that is deleting diagnoses will undo the delete CRR. Diagnoses that were previously not considered for risk adjustment will again be considered.



Upcoming Deadlines

Upcoming Risk Adjustment Deadlines

Payment Year	Encounter Data Deadline	RAPS Deadline	RAPS Delete Deadline for the respective risk score run	Are RAPS Deletes submitted by the "RAPS Delete Deadline" Considered Overpayments?
PY 2015- Rerun/update	February 1, 2016	February 22, 2016	June 7, 2018	Yes
PY 2011 Overpayment Run	N/A	N/A	July 6, 2018	Yes
PY 2016 – Final Reconciliation	August 2, 2018	January 31, 2017	August 2, 2018	No
PY 2019 Initial (RAPS & EDS)	September 7, 2018	September 7, 2018	N/A	N/A
PY 2017 – Final Reconciliation	September 14, 2018	May 4, 2018	September 14, 2018	No
PY 2012 Overpayment Run	N/A	N/A	October 19, 2018	Yes

- *Note: Please be sure to always refer to the latest HPMS memo with deadlines*



April User Group Frequently Asked Questions

Frequently Asked Questions

Question:

Based on the guidance from CMS in the 2019 Announcement:

1. How does CMS plan to report diagnoses captured from RAPS Inpatient?
2. When plans calculate the 25% EDS based score will they need to use the RAPS Provider Type field which is populated with values 01 and 02 for Inpatient?

Answer:

The encounter data-based MOR report will report any HCCs that are the result of diagnoses included in the encounter data-based score, including encounter data, RAPS inpatient, and FFS diagnoses. Organizations can use both the MAO-004 and the RAPS return file reports (provider types 01 and 02) to identify which encounter data or RAPS inpatient diagnoses support each HCC in the risk score calculation. RAPS inpatient diagnoses will not be reported on the monthly MAO-004 report, which will continue to report only risk adjustment eligible diagnoses submitted on encounter data records, as it does today. As with today, HCCs that are not supported by MA-reported data are supported by FFS diagnoses.

Frequently Asked Questions

Question:

Can the Centers for Medicare & Medicaid Services (CMS) provide additional details related to the request that "A CRR should not be the only record with information about a healthcare item or service provide to a plan enrollee" in the 4/9/19 HPMS Memo?

Answer:

CMS's intention is to clarify existing definitions of encounter data records (EDRs) and chart review records (CRRs). An EDR is a record of a service or item provided to an MA enrollee. CMS' requires MAOs to submit an EDR to report medical items or services a beneficiary received while enrolled in one of the MAO's plans. Chart review records are allowed so that MAOs can submit (1) additional diagnosis codes or (2) delete diagnosis codes from previously submitted and accepted records (whether EDRs or CRRs). If a healthcare item or service was provided to a beneficiary, this should be reported on an EDR. A CRR should not be the only record submitted for a healthcare item or service.

Frequently Asked Questions

Question:

Do the Centers for Medicare & Medicaid Services (CMS) have an estimated date by which Medicare Advantage Organizations (MAOs) will receive all Phase III Version 3 MAO-004s through March 2018?

Answer:

CMS anticipates that the distribution of Phase III version 3 MAO-004 reports will be finished by the end of May 2018. CMS will subsequently send out the MAO-004 reports for inactive contracts after all the reports for the active contracts have been disseminated.

Frequently Asked Questions

Question:

Does the restriction against E-codes as the primary code on the encounter data record (EDR) apply to linked chart review (LCR) submissions?

Answer:

A primary diagnosis code is required for all chart review records (CRRs) to pass the front end system. ICD-9 codes and certain ICD-10 codes related to the cause of the injury or disease, cannot be submitted as the primary diagnosis code for any encounter record (EDR or CRR).

Frequently Asked Questions

Question:

Will the Centers for Medicare & Medicaid Services (CMS) post the 2019 CMS HCC Model Crosswalk with the ICD-10 codes?

Answer:

We have released the Excel file with the mappings on the CMS risk adjustment website (<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html>). In addition, the diagnosis to HCC crosswalk is available in the software also posted on the CMS risk adjustment website.



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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