
Risk Adjustment for EDS & RAPS Webinar Q&A Documentation

June 11, 2015 – 2:00 p.m.

EDPS/RAPS Reports

Q1. When will the MAO-004 Risk Filtering Report be released?

A1. The MAO-004 layout was released in the August 28, 2015 “Announcement of the November 2015 Software Release,” sent to plans via HPMS.

Q2. Does the Model Output Report (MOR) or Monthly Membership Report (MMR) display the submission source of the information used to calculate risk scores?

A2. No, the MOR and the MMR do not display submission source information.

Submission

Q3. CMS guidance states that MAOs must populate the ambulance pick-up ZIP code for Institutional ambulance encounters that contain revenue code 0540; however, error code 20530 - Missing Ambulance Pick-up ZIP Code is listed as an informational edit. Will the EDS accept or reject ambulance encounters that do not contain the ambulance pick-up ZIP code for ambulance services submitted to the EDS?

A3. The EDS will accept the ambulance encounter. Error code 20530 – Missing Ambulance Pick-up Zip Code is an informational edit that will post on the MAO-002 Processing Status Report if a valid five (5) digit or nine (9)-digit ZIP code is not populated (the field is blank) for the ambulance pick-up location for Institutional ambulance service encounters when revenue code 0540 is used and loop 2300 HI01-02 = ‘A0’.

Q4. Should Programs of All-Inclusive Care for the Elderly (PACE) Organizations submit encounter data for PACE services that cannot be submitted in the 837 format?

A4. CMS does not require PACE Organizations to submit encounters for services for which a claim is not collected, such as services provided to PACE participants by PACE Center staff. PACE Organizations are required to submit encounters for services for which they collect a claim.

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

Q5. How should MAOs and other entities submit Home Health (HH) services to the EDS submitted by the HH provider with Type of Bill (TOB) 322 or 332?

- A5. MAOs and other entities should submit Home Health (HH) services to the EDS submitted by HH provider with Type of Bill 32X. The National Uniform Billing Committee discontinued TOB 33X and, starting 10/1/13, MAO's should use only TOB 32X.

Please reference slide 48 of the 2014 Encounter Data National Technical Assistance Webinar from August 8, 2014. The webinar slides can be found on the CSSC website at

<http://www.csscooperations.com/internet/cssc3.nsf/DocCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Training%20Information~9N4QEK8673?open&navmenu=Medicare^Encounter^Data|||>.

Encounter Data Processing System (EDPS) Edits

Q6. Will CMS transition EDPS informational edits to reject edits in the future?

- A6. CMS will monitor EDPS edits situationally and will inform the industry of any changes in disposition as these edits are analyzed.

ICD-10

Q7. How should MAOs submit TOB 11x for inpatient claims with dates of service (DOS) spanning the 10/1/15 ICD-10 transition date?

- A7. MAOs are required to 'split' claims/encounters for DOS spanning the ICD-10 10/1/15 transition date to include ICD-9 codes for DOS "through" 9/30/15 and ICD-10 codes with "from" and "through" DOS beginning 10/1/15 and beyond.

Q8. Should all submissions to EDS & RAPS after the 10/1/15 ICD-10 transition date contain only ICD-10 diagnosis codes?

- A8. When submitting data to EDS or RAPS, the DOS, not the submission date, determines whether the encounter/claim should reflect ICD-9 or ICD-10 codes. If the "through" date is on, or before, 9/30/15, ICD-9 codes should be used; if the "from" and "through" DOS are on or after 10/1/15, ICD-10 codes should be used.

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Q9. Will CMS provide MAOs an opportunity to submit test files in advance of the 10/1/15 ICD-10 transition date?

A9. Yes. MAOs are conducting system validation testing that will close on August 14, 2015. Information about submitting test files can be found at the following location:

<http://csscooperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~9YHP3X8747?open&navmenu=Medicare^Encounter^Data|||>.

Q10. Where can MAOs and other entities access the RAPS Record Layout for ICD-10?

A10. For RAPS only, the submission and return files are the same for ICD-9 and ICD-10. MAOs and other entities can find the RAPS Record layout on the CSSC Operations website.

A11. When will CMS release the ICD-10 to Hierarchical Condition Category (HCC) mapping?

A11. CMS has posted the finalized ICD-10 mappings, which can be seen on the risk adjustment website below.

<http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/IDC10Mappings.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

Risk Score Blend/Risk Score Calculation

Q12. Does the Payment Year (PY) 2016 risk score blend using 90 percent (90%) RAPS data and ten percent (10%) EDS data affect 1833 Health Care Prepayment Plans (HCPPs) and Employer Group Waiver Plans (EGWPs)?

A12. CMS will blend two risk scores for PY 2016: (1) 90% of the risk score calculated using FFS and RAPS data and (2) 10% of the risk score calculating using FFS and encounter data. The blended risk score will be used to pay all MAOs and Part D sponsors. CMS will pay PACE organizations using risk scores for which encounter data is used as an additional source of data (as we are doing for PY2015). Any cost plans that sponsor Part D plans will have blended Part D scores.

Q13. When will CMS begin using 90% of RAPS data and 10% of EDS data for risk score calculations?

A13. CMS will use the blended risk scores for PY2016 at the final reconciliation.

Q14. When calculating the risk score, how many decimal places does CMS round to for each step in the risk score calculation process?

A14. CMS rounds to three (3) decimal places in each step of the risk score calculation.

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Q15. If CMS will only use acceptable 2014 diagnoses from encounter data records (EDRs) submitted by the final risk adjustment deadline for PY 2015, and is blending EDS and RAPS data beginning in PY 2016, will PY 2015 only be based on RAPS data?.

A15. Encounter data will be an additional source of diagnostic data for risk score calculations for PY 2015; diagnoses from encounter data will be included in the risk score when CMS calculates the final PY 2015 risk scores.

Q16. What training resources are available for calculating risk scores for EDS submission?

A16. For specific risk score calculation details, refer to the 2016 Final Call Letter posted at:

<http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2016.pdf>.

Additionally, refer to the 2012 Risk Adjustment Regional Technical Assistance for guided risk score calculation details at:

<http://csscooperations.com/internet/cssc3.nsf/DocsCat/8XTJT45170>

Q17. When will the EDS risk filtering logic be available?

A17. CMS released an HPMS memo “Draft Encounter Data Diagnosis Filtering Logic” on July 21, 2015, that provides a draft description of the filtering logic. Plans were requested to submit comments about the filtering memo by August 21, 2015.

General

Q18. Does the EDS have a threshold for duplicate encounters similar to RAPS?

A18. At this time, CMS has not defined a threshold for duplicate encounters in the EDS.

Q19. How does CMS distinguish between a denied claim and a rejected claim for encounter data?

A19. CMS defines denied claims as claims for services rendered by a provider, but the MAO has denied all or part of the payment for those services. The MAO should submit an EDR for an item or service when a beneficiary receives that service, even if the plan hasn’t paid a claim for that item or service.

CMS defines rejected claims as claims that the MAO is unable to process in their internal claims processing systems due to formatting errors, invalid data, non-covered services, invalid beneficiary information, etc. The MAO should not submit encounters when they contain data elements that will not process through CMS’ encounter data system.

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Q20. Does the Coding Adjustment Factor apply to all HCC models?

A20. The MA Coding Adjustment Factor does not apply to ESRD dialysis, dialysis new enrollee, transplant, or Part D models.