
Risk Adjustment for EDS & RAPS Webinar

Q&A Documentation

August 25, 2016
2:00 p.m. – 3:30 p.m.

EDS Report Card

Q1. What awareness does CMS anticipate MAOs and other entities should receive from the EDS Report Cards?

A1. CMS distributes the EDS Report Cards to MAOs and other entities to report the status of encounter data submissions as the information relates to CMS' established benchmarks and submission requirements. CMS encourages MAOs and other entities to use the data provided in the report cards to self-assess and improve submissions as necessary.

Q2. When will CMS distribute report cards for Medicare-Medicaid Plans (MMPs)?

A2. CMS is currently analyzing encounter data for MMPs to determine if there is sufficient data to produce the Report Cards. MMPs will be notified when the determination is made.

Q3. Can CMS distribute the EDS Report Cards in Microsoft Excel format to allow MAOs and other entities to trend the Report Card data?

A3. CMS will consider options for EDS Report Card layouts to allow data trending and notify the industry regarding outcomes.

Q4. Does the data in the EDS Report Cards reflect both Medicare and Medicaid encounter data from MMPs?

A4. The report cards are not produced for MMPs at this time.

Q5. Does the data in the EDS Report Cards include errors from both the 277 CA and MAO-002 Reports?

A5. No. The EDS Report Cards will only reflect errors referenced in the MAO-002 Report.

Q6. Can CMS provide additional information regarding the Fee-for-Service (FFS) versus Medicare Advantage (MA) national benchmarks for the EDS Report Cards?

A6. Additional information on the calculation of the volume measures and benchmarks can be found in the technical notes available via HPMS.

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Q7. Will CMS consider distributing MAO Report Cards on a quarterly basis, reflecting cumulative data for the current year?

A7. CMS distributes the Report Cards on a periodic basis. Data in the current report cards are cumulative. For future iterations, CMS may consider releasing Report Cards on a regular schedule. CMS will communicate any changes in the Report Card distribution frequency.

Reports

Q8. Will CMS release MAO-004 reports more frequently than monthly in the future?

A8. Currently, MAO-004 reports are released monthly. Organizations can expect to receive MAO-004 reports for data submitted in the prior month on the 22nd of the following month. CMS will communicate to plans if there is any change in MAO-004 release frequency.

Q9. Will the Monthly Output Report (MOR) reflect Hierarchical Condition Categories (HCCs) separately for RAPS and EDS files?

A9. Effective with the 2016 final run, when CMS will blend risk scores using diagnoses from RAPS (90%) and EDS (10%), MAOs and other entities will receive two (2) MOR layouts to separately identify the HCCs used in each of the two risk scores.

Q10. Is there a specific timeframe in fall 2016 when CMS will release the revised MAO-004 Report?

A10. The revised MAO-004 reports were released between October 22nd and October 24th, 2016.

Void Encounters

Q11. How should MAOs and other entities void an encounter data record that was previously submitted as both an original (CLM05-3=1) and subsequently as a replacement (CLM05-3=7)?

A11. MAOs should submit the void encounter data records using the internal control number (ICN) from the most recently accepted submission of the encounter. In this example, the void record would use the ICN of the replacement encounter data record (CLM05-3=7), assuming the replacement encounter was accepted.

Q12. Will voiding a chart review record also void the original encounter to which the chart review record is linked?

A12. No, submitting a void for a linked chart review record will not void the encounter data record that the chart review is linked to. Only the chart review record that is linked to the void will be affected.

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Q13. Will voiding an original encounter also void the chart review record linked to that original encounter?

A13. No, voiding an original encounter data record will not void the chart review record linked to it. If a plan wants to also void the chart review record that is linked to an original encounter, the MAO also must submit a void chart review record to EDPS with the ICN of the linked chart review in the original claim control field.

Risk Adjustment/Risk Filtering

Q14. Where can MAOs and other entities access a list of valid Medicare procedure codes and bill types acceptable for risk adjustment eligibility?

A14. MAOs and other entities may access risk adjustment acceptable Medicare CPT/HCPCS codes at <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/CPT-HCPCS.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>.

MAOs and other entities may access a list of risk adjustment acceptable bill types in the HPMS memo released on December 22, 2105, at:

[http://csscooperations.com/internet/cssc3.nsf/files/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf/\\$File/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf](http://csscooperations.com/internet/cssc3.nsf/files/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf/$File/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf).

Q15. Does CMS consider diagnosis pointers in the risk adjustment filtering logic to determine risk adjustment eligible diagnoses?

A15. No, diagnosis pointers are not considered for risk filtering logic. CMS considers all diagnoses at the encounter header level as long as there is at least one accepted service line on the encounter data record.

Q16. How does risk adjustment guidance apply to Health Care Pre-payment Plans (HCPPs) that are required to process only Professional claims not covered under Railroad Medicare?

A16. While HCPPs are encouraged to submit RAPS data, they are required to submit Encounter Data. Per our 2012 Advance Notice of Methodological Change, "...we are requiring §1876 Cost HMOs/CMPs and §1833 HCPPs to submit such data under our authority in §1876(h)(3), §1833(a)(1)(A) and §1861(v) to determine 'reasonable costs'." §1876 Cost HMOs/CMPs and §1833 HCPPs are only required to submit encounter data for Medicare covered items/services for which plans claim Medicare costs on their CMS Cost Reports.

Q17. Will CMS treat diagnoses submitted and accepted on chart review records as risk adjustment eligible if those diagnoses are not listed on the MAO-004 Report?

A17. CMS will apply the filtering logic to accepted chart review records to determine whether the diagnoses are risk adjustment eligible. If a diagnosis submitted on a chart review record are risk adjustment eligible, they will be listed on the MAO-004 report. As discussed elsewhere, there are

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some operational issues with MAO-004 reports that may result in certain diagnoses not being identified as risk adjustment eligible.

For more information on the filtering logic, please see the December 22, 2015 memo "Final Encounter Data Diagnosis Filtering Logic" published on the CSSC Operations website at:

[http://csscooperations.com/internet/cssc3.nsf/files/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf/\\$File/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf](http://csscooperations.com/internet/cssc3.nsf/files/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf/$File/Final%20Industry%20Memo%20Medicare%20Filtering%20Logic%2012%2022%2015.pdf), for an overview of the filtering criteria.

Q18. If an MAO submits two (2) encounters with identical data elements, except the procedure code and diagnosis code, where one (1) encounter is risk adjusted and the other is not, but contains HCC related diagnosis codes, will both encounters be listed on the MAO-004 Report?

A18. Only diagnoses from encounter data records that pass the CMS risk adjustment filtering logic will be considered risk adjustment eligible and reported on the MAO-004 report.

General

Q19. What are the header data elements used for chart review duplicate logic?

A19. The header data elements used in the chart review duplicate logic include: HICN, Associated ICN, if applicable, header Date of Service (DOS), diagnosis code(s) and TOB (Institutional). Please reference the July 2016 Companion Guides for more information: <http://csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encounter^Data>.

Q20. Why does the new guidance for EDPS edits sometimes not align with the information listed in the EDPS Edit Code Look-up Tool?

A20. The EDPS Edit Code Look-up Tool, published on the CSSC Operations website, is updated no more than three (3) days following the publication of each release of the EDS Companion Guides. CMS communicates updates in the EDPS prior to the publication of this information to allow MAOs and other entities the opportunity to prepare their internal systems for changes that may impact processing.

Q21. Does the 13 month timely submission requirement still apply for encounter data?

A21. Per the 7/26/16 "Encounter Data Submission Timing Guidance- Reminder and Update" HPMS Memo, CMS has removed references to the 13-month timeline from published guidance. Please note that the only applicable deadline for submission of data for EDS and RAPS is the final risk adjustment data submission deadline. This deadline is announced each year by CMS, but is no earlier than January 31st of the year following the payment year.

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Q22. How can MAOs submit additional diagnoses after submitting an initial encounter?

A22. Additional diagnosis codes may be submitted after an encounter data record has been submitted by (1) submitting a chart review record – either linked to the encounter data record or unlinked -- or (2) replacing the encounter data record and including the additional diagnoses on the replacement or (3) voiding the initial encounter and resubmitting a new encounter with all diagnoses on that encounter.

Q23. When will CMS publish the new International Classification of Diseases, 10th Edition (ICD-10) HCC and RxHCC mappings?

A23. The new ICD-10 mappings can be found at:

<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/Risk2017.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

Q24. Where can MAOs and other entities locate the monthly Medicaid status of enrollees between the anchor months and the adjustments?

A24. CMS will be helping plans to determine the monthly Medicaid statuses of their beneficiaries through both the creation of a Medicaid status report that will be regularly distributed to the plans as well as an update to the MARx UI that will allow plans to identify the current Medicaid statuses of their beneficiaries.

Q25. Can an MAO submit encounters for multiple Contract IDs in the same 837 file?

A25. Yes, MAOs can submit data for multiple Contract IDs in a single 837 file. Please reference the EDS Companion Guides on the CSSC Operations website for details regarding this guidance.

<http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encounter^Data|>).

Q26. Does CMS intend to update the Medicare Managed Care Manual, Chapter 7 - Risk Adjustment guidance?

A26. Until the Medicare Managed Care Manual, Chapter 7 is updated, MAOs should refer to the latest HPMS memos and the annual Payment Announcements for the most updated guidance. Annual Payment Announcements can be found at: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html>.

Q27. Can CMS confirm that the final deadline for RAPS submission was February 22, 2016?

A27. Yes, the risk adjustment submission deadline for RAPS for PY 2015 was February 22, 2016.

Q28. What corrections will be reflected in the second Payment Year (PY) 2015 reconciliation?

A28. We are running the final PY2015 risk scores a second time to reflect revisions to risk scores once coding changes and corrections are implemented in CMS' encounter data filtering process. Note that some of the errors in the MAO-004 reports were reporting only, but some reflected that we missed some diagnoses. We will use only that data that was submitted by the applicable final risk adjustment data submission deadlines in February 2016 in the second final reconciliation of PY2015.

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