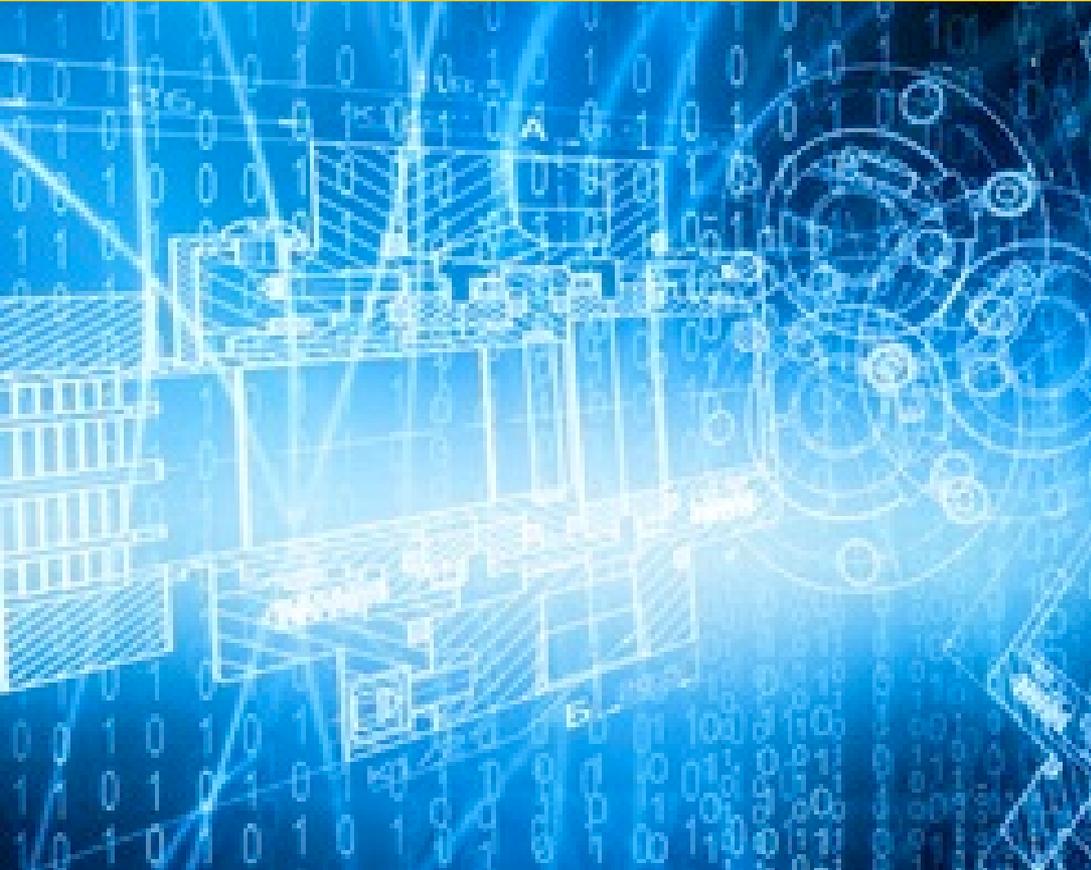




# Risk Adjustment for EDS & RAPS User Group



November 1, 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](mailto:RiskAdjustment@cms.hhs.gov) or [EncounterData@cms.hhs.gov](mailto: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: [TARRegistrations@tarsc.info](mailto: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

- **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**

- CMS Monitoring and Compliance of Encounter Data
- Chart Review Records (CRRs) Updates – August 28 HPMS Memo
- PY2019 Risk Adjustment Models
- 2018 Training on Risk Adjustment Data Submission

- **Q&A Session**

- August User Group Frequently Asked Questions
- Live Question and Answer Session

- **Closing**



# CMS Updates



# **CMS Monitoring and Compliance of Encounter Data**

# Encounter Data

## Monitoring and Compliance

- In November 2017, CMS distributed an HPMS memo seeking feedback on 7 performance metrics and thresholds.
- CMS received comments from 17 stakeholders
- Based on that feedback, CMS finalized the performance metrics and thresholds in an August 2018 HPMS Memo.

# Monitoring and Compliance

## Performance Metrics & Thresholds

- 7 metrics and thresholds addressing operational, completeness and accuracy of encounter data submissions
- Designed to identify performance issues that are substantially below reasonable expectations for submissions.
- Submission performance reports (SPRs) will reflect a contract's performance by metric and threshold
- As time goes on, CMS may develop different metrics and thresholds that would go through a similar process of being distributed for feedback and then being modified and finalized.

# Monitoring and Compliance Submission Performance Reports

- The metrics will only be used to measure the contract-level performance of Medicare Advantage Organizations at this time.
- Submission performance reports (SPRs) will reflect a contract's performance by metric and threshold
- CMS has not refreshed these reports since November 2017, when we first sought feedback.
- We will be refreshing these as part of our monitoring and compliance process and will notify MAOs via HPMS memo when refreshed reports are available.

# Operational Performance Metrics & Thresholds

Performance Metric	Performance Threshold
O1: Failure to Complete End-to-end Testing and Certification	Failure to complete end-to-end testing and certification for a contract within four (4) months of the beginning of operations.
O2: Failure to Submit Any Accepted Records to the Encounter Data System	No accepted records submitted during the calendar year.
O3: Excessive Submission of Encounter Data Records at End of Risk Adjustment Submission Window	Twenty-seven (27) percent or more of encounter data and chart review records for the applicable calendar year were submitted in the last two months before the risk adjustment deadline. The purpose of this evaluation is to ensure that CMS systems are not overloaded and that plans are regularly submitting data over time.

# Completeness Performance Metrics & Thresholds

Performance Metric	Performance Threshold
C1: Extremely Low Volume of Overall Encounter Data Records	<p>The number of encounter data records per enrollee is below the threshold. The threshold is the lower bound, using an 80% confidence interval around the mean number of records per enrollee, within each peer group.</p> <p>Contracts are categorized into three different peer groups based on contract types: (MSAs, Local or Regional PPOs, PFFS).</p>
C2: Extremely Low Volume of Inpatient Encounter Data Records	<p>The number of enrollees with an accepted inpatient record in EDS falls at or below 40% of the number of enrollees with an inpatient RAPS record.</p>

# Completeness Performance Metrics & Thresholds

Performance Metric	Performance Threshold
C3: Extremely Low Volume of Professional Encounter Data Records	The number of enrollees with an accepted professional record in EDS falls at or below 90% of the number of enrollees with a professional RAPS record.
C4: Extremely Low Volume of Outpatient Encounter Data Records	The number of enrollees with an outpatient record in EDS falls at or below 70% of the number of enrollees with an outpatient RAPS record.

# Encounter Data Monitoring & Compliance

- CMS is working on a timeline and plan for working with MAOs on monitoring and compliance.
- CMS will provide more information on the timeline and plan via HPMS in coming months.
- The compliance process will comprise a number of steps beginning with outreach to MAOs and technical assistance.



# **CMS Encounter Data Submission Guidance**

# Correction to Submission Guidance

## Default NPI & Default EIN

- In the recently released encounter data submission guidance, we found incorrect information related to the default NPI and default EIN values established by CMS.
- CMS will be correcting this information when we release the updated version of the guide in coming months. The correct information is presented in the table below and is included in the updated version of the guide that will be released in early November.

Record Type	Payer ID	Default NPI	Default EIN
Institutional	80881	1999999976	1999999997
Professional	80882	1999999984	1999999998
DME	80887	1999999992	1999999999



# **Chart Review Records (CRRs) Updates – August 28 HPMS Memo**

# Additional Guidance for CRR Submissions – Aug 28, 2018 Memo

- In April 2018, we released an HPMS memo clarifying the role of Chart Review Records as part of the Encounter Data System.
- We received a few questions about this memo.
- In August 2018, we released a follow up HPMS Memo, “Guidance for Chart Review Record (CRR) Submissions.”
  - A CRR should only be submitted for the purpose of modifying risk adjustment diagnosis data for a Medicare Advantage enrollee.
  - Default HCPCS codes must be submitted consistent with the CMS filtering logic: diagnoses that are disallowed for risk adjustment should not be submitted with default HCPCS codes that would cause the diagnoses to be allowed for risk adjusted payment. 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.

# Additional Guidance for CRR Submissions – Aug 28, 2018 Memo

- 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.
  - This statement reflects that the regulation at 422.310(b) requires that all encounters be reported.
  - This chart review record guidance does not preclude guidance that MAOs can submit diagnoses on CRRs for prior periods when a beneficiary was enrolled in the plan of another MAO. In this case, the previously-enrolling MAO would submit the EDR.
  - *This guidance does not require that chart review records be linked to a previously submitted EDR; an MAO's use of linked or unlinked chart review remains their decision.*
  - We also note that no new EDS edits are being introduced for chart review records at this time.

# Additional Guidance for CRR Submissions – Aug 28, 2018 Memo

- The intent of that language was to indicate that chart review records should not be submitted in lieu of encounter data records (EDRs).
- CMS is aware that MAOs do not always have available to them the data to fully populate each EDR.
- We welcome MAO inquiries regarding how to submit other data elements on EDRs.
- As a reminder, CMS guidance states that since the EDR is a report to CMS from the MAO, and not a provider bill, the MAO can report data on the EDR that was not submitted by a provider, per CMS guidance. CMS has provided MAOs with flexibility to populate EDRs in specific situations where some data elements may not be readily available. (See CMS' 10/30/2017 HPMS memo, "Guidance for Encounter Data Submission," and the Encounter Data Guide.)



# **PY2019 Risk Adjustment Models**

# CMS-HCC Model

- The CMS-HCC risk adjustment model uses submitted ICD-9-CM codes (and ICD-10-CM codes after October 1, 2015) to calculate risk scores for aged/disabled beneficiaries and is used in payments for the Part C program.
- CMS-HCC Model segments:
  - Continuing Enrollee:
    - Community Aged/Disabled/Dual Status (6 segments total)
    - Institutional
  - Aged/Disabled New Enrollee
  - Aged/Disabled New Enrollee Chronic SNP

# CMS-HCC Model (Continued)

- For PY2019, CMS will blend risk scores using the 2017 CMS-HCC model and the 2019 CMS-HCC model.
- The 2019 CMS-HCC model (i.e. CMS-HCC model without count variables), was described in Part 1 of the 2019 Notice. This model has the following updates from the PY2017 CMS-HCC model:
  - Additional HCCs for mental health, substance use disorder, and Chronic Kidney Disease;
  - Uses 2014 diagnoses to predict 2015 costs, and;
  - Uses diagnoses selected using the filtering logic applied to encounter data records.
- To calculate risk scores for PY2019, we will blend:
  - 75% of the risk score calculated with the 2017 CMS-HCC model, using diagnoses from RAPS and FFS with;
  - 25% of the risk score calculated with the updated CMS-HCC model without count variables (i.e. 2019 CMS-HCC model), using diagnoses from encounter data, RAPS inpatient records, and FFS.

# ESRD Model

- The CMS-HCC ESRD model has similar characteristics as the CMS-HCC model. It is different than other HCC-based models in that it predicts the costs of beneficiaries in End Stage Renal Disease status, and is developed to calculate payments with ESRD-specific payment rates : dialysis status, transplant, and post-graft.
- ESRD Model segments:
  - Dialysis
    - Continuing Enrollee
    - New Enrollee
  - Transplant
  - Post-Graft
    - Community
    - Institutional
    - New Enrollee
    - Duration since Transplant 4-9 months
    - Duration since Transplant 10+ months

# ESRD Model (Continued)

- For PY2019, CMS made the following updates to the ESRD model:
  - Updated the data years underlying the model, and;
  - Updated the Medicaid factors to be concurrent with the payment year.
  - To operationally align with the Part C model, we will only use the following sources of Medicaid data:
    - State-reported Medicaid data (MMA State files)
    - Puerto Rico monthly Medicaid file
    - Point of Sale data
- To calculate risk scores for PY2019, we will use the 2019 ESRD model and blend:
  - 75% of the risk score using diagnoses from RAPS and FFS with;
  - 25% of the risk score calculated using diagnoses from encounter data, RAPS inpatient records, and FFS.

# PACE Model

- The CMS-HCC model implemented in 2012 is used for aged and disabled beneficiaries enrolled in PACE organizations.
- PACE Model segments:
  - Aged/disabled Community
  - Aged/disabled Institutional
  - Aged/disabled New enrollee
- For PY2019, CMS will continue to use the model used since 2012.
- To calculate risk scores, we will pool risk adjustment-eligible diagnoses from RAPS, encounter data and FFS claims to calculate a single risk score (with no weighting).

# RxHCC Model

- The Part D model is similar in structure to the CMS-HCC risk adjustment model, except that it predicts Part D plan liability costs under the Medicare standard Part D benefit. Different diseases predict drug costs than Part A/B costs, so some of the HCCs differ from the CMS-HCC model.
- Part D Model Segments:
  - Continuing Enrollee Community
    - Aged, non-low income
    - Aged, low income
    - Disabled, non-low income
    - Disabled, low income
  - Continuing Enrollee Institutional
  - New Enrollee, non-low income
  - New Enrollee, low income
  - New Enrollee, institutional

# RxHCC Model (Continued)

- For PY2019, CMS will continue to use the RxHCC model used in 2018.
- To calculate risk scores for PY2019, we will use the 2018 RxHCC model and blend:
  - 75% of the risk score using diagnoses from RAPS and FFS with;
  - 25% of the risk score calculated using diagnoses from encounter data, RAPS inpatient records, and FFS.



# **2018 Training on Risk Adjustment Data Submission**

# Training on Risk Adjustment Data Submission

- CMS will hold the *2018 Training on Risk Adjustment Data Submission* on site at CMS in Baltimore, Maryland or via WebEx on **November 28, 2018, from 9:30 AM – 5:00 PM EDT** .
- CMS will provide practical information on risk adjustment methodology, risk score calculation, RAPS data and encounter data submission, and using reports from CMS' risk adjustment systems.
- There will be breakout sessions on topics of broad interest, to allow plans to ask questions of CMS Subject Matter Experts, and share lessons and challenges submitting data. The breakout sessions will only be available for those who attend in person.

# Training on Risk Adjustment Data Submission

This training is specifically for:

- Medicare Advantage Organizations
- PACE Organizations
- Medicare-Medicaid Plans (MMPs)
- Section 1876 Cost Contractors
- 1833 Health Care Prepayment Plans (HCPPs)
- Third Party Submitters

# Training on Risk Adjustment Data Submission

- To indicate your interest in attending in person or via webcast, please access this Notice of Interest (NOI) link:  
[https://webinarcqpub1.cms.hhs.gov/content/connect/c1/7/en/events/event/shared/120328780/event\\_registration.html?scoid=120134325& charset =utf-8](https://webinarcqpub1.cms.hhs.gov/content/connect/c1/7/en/events/event/shared/120328780/event_registration.html?scoid=120134325& charset =utf-8)
- The NOI link closes on Friday, November 2nd at 6pm EDT



# **August User Group Frequently Asked Questions**

# Frequently Asked Questions

## **Question:**

When will MAOs see 2017 and 2018 MORs with the updated record types, and do those updated MORs use the blended Risk Score?

## **Answer:**

For PY 2017, MAOs received the updated MOR record types for the Interim Final payment, and will see them at Final Reconciliation. Blended risk scores were calculated for both PY 2017 Interim and Final Reconciliation. For PY 2018, CMS implemented the blended risk scores and new record types for the Mid-Year risk score update, and will use them at the Final Reconciliation.

# Frequently Asked Questions

## **Question:**

Can CMS provide an update on the corrections to the End State Renal Disease (ESRD) MOR for the 2017 interim model run and what record types will be re-issued? Also, can CMS provide information on when 2016 second final MORs will be released?

## **Answer:**

CMS released corrected MORs for the PY2017 interim model run in early October. All record types for 2017 interim final were re-released, including the corrected ESRD MORs. CMS released the 2016 second final MORs at the end of August.

# Frequently Asked Questions

## **Question:**

When deleting EDPS data, should plans use the same beneficiary identifiers (i.e. HICN or MBI) used to submit the original data?

## **Answer:**

Plans may submit either the Medicare Beneficiary Identifier (MBI) or the HICN on any adjustment, regardless of what identifier was used on the original submission.

# Frequently Asked Questions

## **Question:**

What are the date ranges used to develop the Final Encounter Data Performance Metrics Thresholds Memo, and what claims are they related to?

## **Answer**

The date ranges used to develop the Final Encounter Data Performance Metrics Thresholds Memo are either Dates of Service or submission dates for encounters, depending on the metric. The dates will be from a specific calendar year. The technical notes in the memo specify which metrics are related to dates of service and which are related to submission dates.

# Frequently Asked Questions

## **Question:**

Should Medicare Advantage Organizations (MAOs) submit a void when replacing an accepted chart review encounter?

## **Answer:**

If a chart review record that is adding diagnoses needs to be replaced, MAOs may decide to submit a void for the chart review record then submit an original chart review with the correct information, or MAOs may replace the existing chart review record. Submitting a void is not required for either linked or unlinked chart review records adding diagnoses. However, a void is required for linked chart review deletes. Linked chart review deletes may not be replaced.

# Frequently Asked Questions

## **Question:**

Do MAOs need to submit a chart review replacement when updating the diagnosis codes of an encounter data record?

## **Answer:**

No, if diagnoses are being added, MAOs may submit a chart review (linked or unlinked), or can replace the encounter data record with a non-chart review replacement record. If diagnoses are being deleted, the encounter data record may be replaced with a non-chart review replacement record, or a linked chart review delete can be submitted.

# Frequently Asked Questions

## **Question:**

Does CMS plan to distribute the MAO-004s for expired contracts in late summer 2018?

## **Answer:**

Yes, all Phase III version 3 MAO-004 reports were distributed to expired contracts through EFT as of September 7<sup>th</sup>, 2018.



# 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](mailto:TARRegistrations@tarsc.info)



# Closing

# Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	<a href="http://www.cms.gov/">http://www.cms.gov/</a>
Customer Support and Service Center (CSSC) Operations	<a href="http://www.csscooperations.com">http://www.csscooperations.com</a> <a href="mailto:csscooperations@palmettogba.com">csscooperations@palmettogba.com</a>
EDS Inbox	<a href="mailto:encounterdata@cms.hhs.gov">encounterdata@cms.hhs.gov</a>
Risk Adjustment Mailbox	<a href="mailto:riskadjustment@cms.hhs.gov">riskadjustment@cms.hhs.gov</a>
Technical Assistance Registration Service Center (TARSC)	<a href="http://www.tarsc.info/">http://www.tarsc.info/</a>
Washington Publishing Company	<a href="http://www.wpc-edi.com/content/view/817/1">http://www.wpc-edi.com/content/view/817/1</a>
Medicare Advantage and Prescription Drug Plans Plan Communications User Guide (PCUG)	<a href="http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html">http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html</a>

# Resources *(continued)*

Resource	Link
RAPS Error Code Listing and RAPS-FERAS Error Code Lookup	<a href="http://www.cssoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&amp;expand=1&amp;navmenu=Risk^Adjustment^Processing^System  ">http://www.cssoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&amp;expand=1&amp;navmenu=Risk^Adjustment^Processing^System  </a>
CMS 5010 Edit Spreadsheet	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/">https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/</a>
EDFES Edit Code Lookup	<a href="https://apps.cssoperations.com/errorcode/EDFS_ErrorCodeLookup">https://apps.cssoperations.com/errorcode/EDFS_ErrorCodeLookup</a>
EDPS Error Code Look-up Tool	<a href="http://www.cssoperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&amp;navmenu=Medicare^Encounter^Data    ">http://www.cssoperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&amp;navmenu=Medicare^Encounter^Data    </a>

# 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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