

Risk Adjustment for EDS & RAPS User Group

February 20, 2020

2:00 p.m. – 3:00 p.m. ET

Session Guidelines

- This is a one-hour User Group for PACE Organizations 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 are posted on the CSSC Operations website under Medicare Encounter Data and Risk Adjustment Processing System>User Group.

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 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

CMS WebEx Support Contact Information

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

Phone: 1-800-562-1963, Option 7

Email: oit_webex@cms.hhs.gov

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

Technical Assistance (continued)

- System Requirements can be found in the link below:

<https://help.webex.com/en-us/nki3xrq/Webex-Meetings-Suite-System-Requirements>

- Recommended Browsers

- Mozilla Firefox 

- Google Chrome 

Audio Connection, have the meeting call you

Cisco Webex Training

File Edit Share View Audio Participant Session Breakout Help

Session Info

Topic: Risk Adjustment for EDS & RAPS Webinar

Host: Marvelyn Davis
Audio Conference: US Toll +1-415-655-0001
US Toll +1-240-454-0887

[Show all global call-in numbers](#)

Access code: 737 439 542
Attendee ID: 73
Training session number: 737 439 542

Audio Conference

Use your phone or computer to join this audio conference.

Use Phone Call me at a new number

US

Join the teleconference without pressing *1*

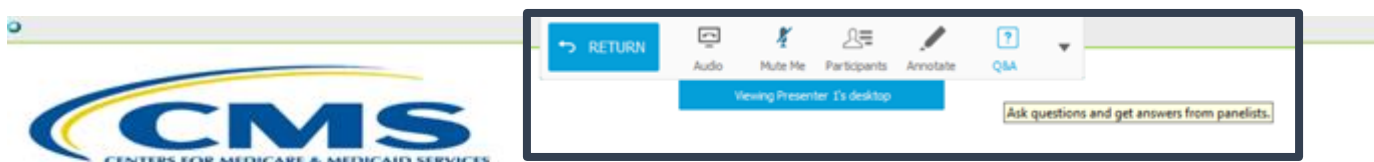
Remember phone number on this computer

Call Me

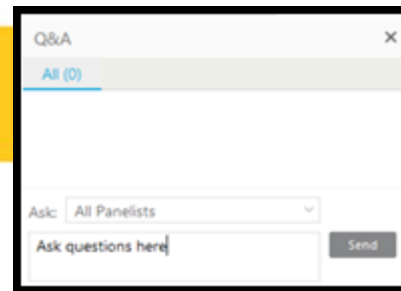
Click to receive a call back to join this audio conference.

> Use Computer for Audio

Click Q&A on your WebEx Control Panel to open



Risk Adjustment for EDS & RAPS User Group



February 20, 2020
2:00 p.m. – 3:00 p.m. ET

Default audience for Q&A questions is “All Panelists”

The screenshot displays the Cisco Webex Training interface. The main content area shows session details for a webinar titled "Risk Adjustment for EDS & RAPS Webinar" hosted by Marvelyn Davis. The interface includes a menu bar at the top with options like File, Edit, Share, View, Audio, Participant, Session, Breakout, and Help. On the right side, there are panels for "Participants" and "Q&A". The "Q&A" panel shows a dropdown menu with "All (5)" and "My Q&A (3)". Below this, there are instructions: "Ask questions here" and "Q and A is defaulted to all panelists". At the bottom of the Q&A panel, there is a text input field with a dropdown menu set to "All Panelists" and a "Send" button. A red arrow points to the "All Panelists" dropdown. A dark blue circular callout with a yellow border contains the text "Keep the default audience at 'All Panelists'".

Topic: Risk Adjustment for EDS & RAPS Webinar

Host: Marvelyn Davis

Audio Conference: US Toll +1-415-655-0001
US Toll +1-240-454-0887
[Show all global call-in numbers](#)

Access code: 737 439 542

Attendee ID: 73

Training session number: 737 439 542

Q&A: All (5) My Q&A (3)

Ask questions here

Q and A is defaulted to all panelists

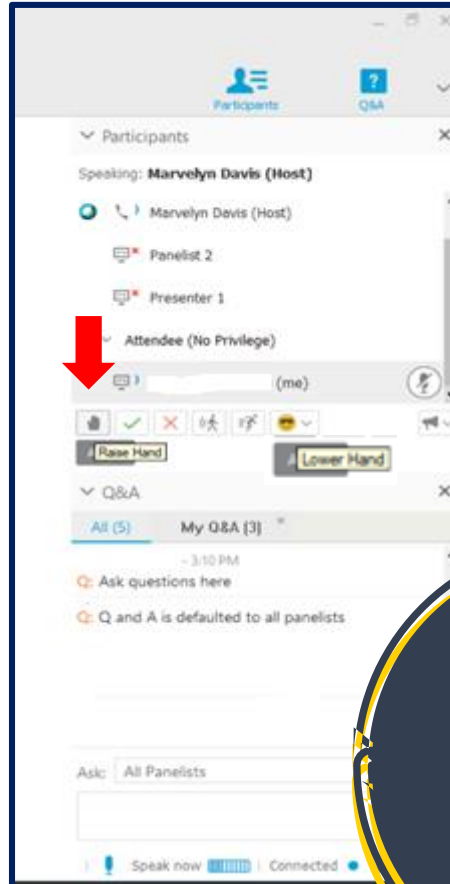
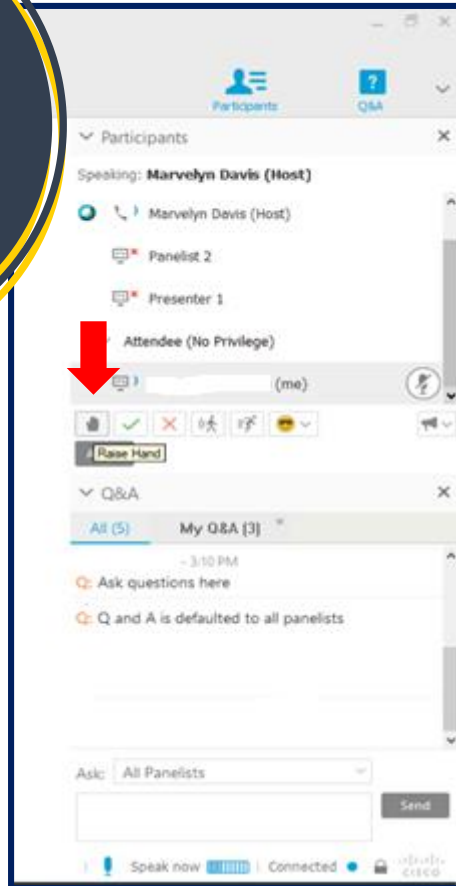
Ask: All Panelists

Send

Speak now Connected

Raise your hand to participate in the live Q&A session

Click on
Raise Hand
to ask a
question.



Click on
Lower Hand
after you
are called
on.

Agenda

- **CMS Updates**
 - New processes for User Group
- **Submission Deadlines**
- **HPMS Memo(s)**
- **History of Risk Adjustment**
- **Data Flow**
- **Payment Year (PY) 2020 PACE Risk Adjustment Models**
- **Frailty for PACE**
- **Reports**
- **PY 2020 PACE Risk Score Calculation Example**
- **Frequently Asked Questions**
- **Live Question and Answer Session**
- **Closing**



CMS Updates

New Process for User Groups

- As noted in the HPMS memo 'Announcement related to the Discontinuation of the Technical Assistance Registration Service Center (TARSC) Website' as of September 1, 2019 CMS is no longer using this website for registration.
- CMS is currently using WebEx functionality for webinars and will consider feedback provided to determine the webinar platform in the future.



Submission Deadlines

Calendar Year 2020 Payment Deadlines with Payment Months

- All risk adjustment data (Risk Adjustment Processing System Data and Encounter Data System Data) that will be included in the listed risk score runs need to be submitted by 8pm ET by the date in the “Deadline for Submission” in the table below.
- Risk adjustment data submission deadlines apply to all plans including PACE organizations.

Risk Score Run	Dates of Service	Deadline for Submission of Risk Adjustment Data	Payment Month
2019 Final Run	01/01/2018 – 12/31/2018	Friday, 01/31/2020	June 2020 (Anticipated)
2020 Mid-Year	01/01/2019 – 12/31/2019	Friday, 03/06/2020	July 2020 (Anticipated)
2021 Initial	07/01/2019 – 06/30/2020	Friday, 09/04/2020	January 2021

Submission Date Stamp - Update

- As noted in the January 2019 user group call, the Medicare Advantage Encounter Data System (the EDS) uses the date information embedded in the ICN (first five characters of ICN include a Julian date) when determining the submission date of encounter data.
- In September 2018, we discovered that the date embedded in the ICN reflected the date the record was passed to our back-end processing system rather than the date the record was received in our front-end system.
- CMS took immediate steps and implemented a manual quality assurance process to ensure that all files received by any deadline for model runs after the 9/14/2018 deadline were given the file receipt date and not a later date.
- CMS also implemented an automated system modification that went into effect on January 1, 2020. This modification updated our processes to populate the front-end system receipt date in the ICN rather than the date that the record was passed to the back-end.
- The automated modification has been tested thoroughly and operates as expected.
- After the most recent risk adjustment deadline for PY2019 Final on January 31, 2020, CMS reviewed submissions and confirmed that the date stamp reflected in the ICN reflects the receipt date.



PY 2019 Attestation Deadline Memo

PY 2019 Risk Adjustment Attestation

- Per the January 31, 2020 HPMS memo, Payment Year 2019 Risk Adjustment Attestations, the attestations for PY 2019 (2018 dates of service) are now available on HPMS.
- Please complete the applicable attestation (MAO/PACE/MMP, 1876 Cost Plan, or 1833 HCPP) for your contract and submit to CMS via the path below by **Monday, March 2, 2020 by 11:59PM PDT:**

HPMS Home Page>Contract Management>Electronic Contracting>Contract Year 2019>Review and Certify Risk Adjustment Data



History of Risk Adjustment

History of Risk Adjustment 1997–2001

1997

- Balanced Budget Act (BBA) of 1997 (42 CFR 422):
 - Created the Medicare+Choice (M+C) program.
 - Programs of All-Inclusive Care for the Elderly (PACE) was established as a permanent Medicare program.
 - Mandated risk adjustment methodology that accounts for variations in per capita costs based on health status and other demographic factors for payments.

2000 – 2001

- Gradual phase-in of risk adjustment based on principal inpatient diagnosis and demographic factors (age, sex, Medicaid status, original reason for Medicare entitlement).
- Benefits Improvement and Protection Act (BIPA) of 2000:
 - Established the implementation schedule to achieve 100% risk adjusted payment in 2007. PACE achieved 100% risk adjusted payment in 2008.
 - Required risk adjustment for MA enrollees in ESRD status.

History of Risk Adjustment 2002–2007

2002 – 2007

- Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA):
 - Created MA program to replace M+C program and introduced bidding.
 - Retained many M+C provisions while introducing new plan types and new payment rules.
 - Created Medicare Part D Prescription drug benefit to begin in 2006 including risk adjusted payments.
- 2004 – Implemented first CMS-HCC model, including the institutional and community models.
- 2005 – Implemented ESRD model.
- 2006 – Implemented RxHCC risk adjustment model
- 2000 – 2007 - Phase-in implementation of risk adjusted MA payments.

History of Risk Adjustment 2010

2010

- Patient Protection and Affordable Care Act:
 - Refinements of MA risk adjustment methodology.
 - CMS developed and implemented methodology for New Enrollee Risk Scores for Chronic Condition SNPs in 2011.
 - Takes into account the condition(s) that enrollees in these particular SNPs must have as a condition of enrollment.
 - C-SNP-specific new enrollee risk scores are developed to reflect the risk of enrolled beneficiaries.

History of Risk Adjustment 2017

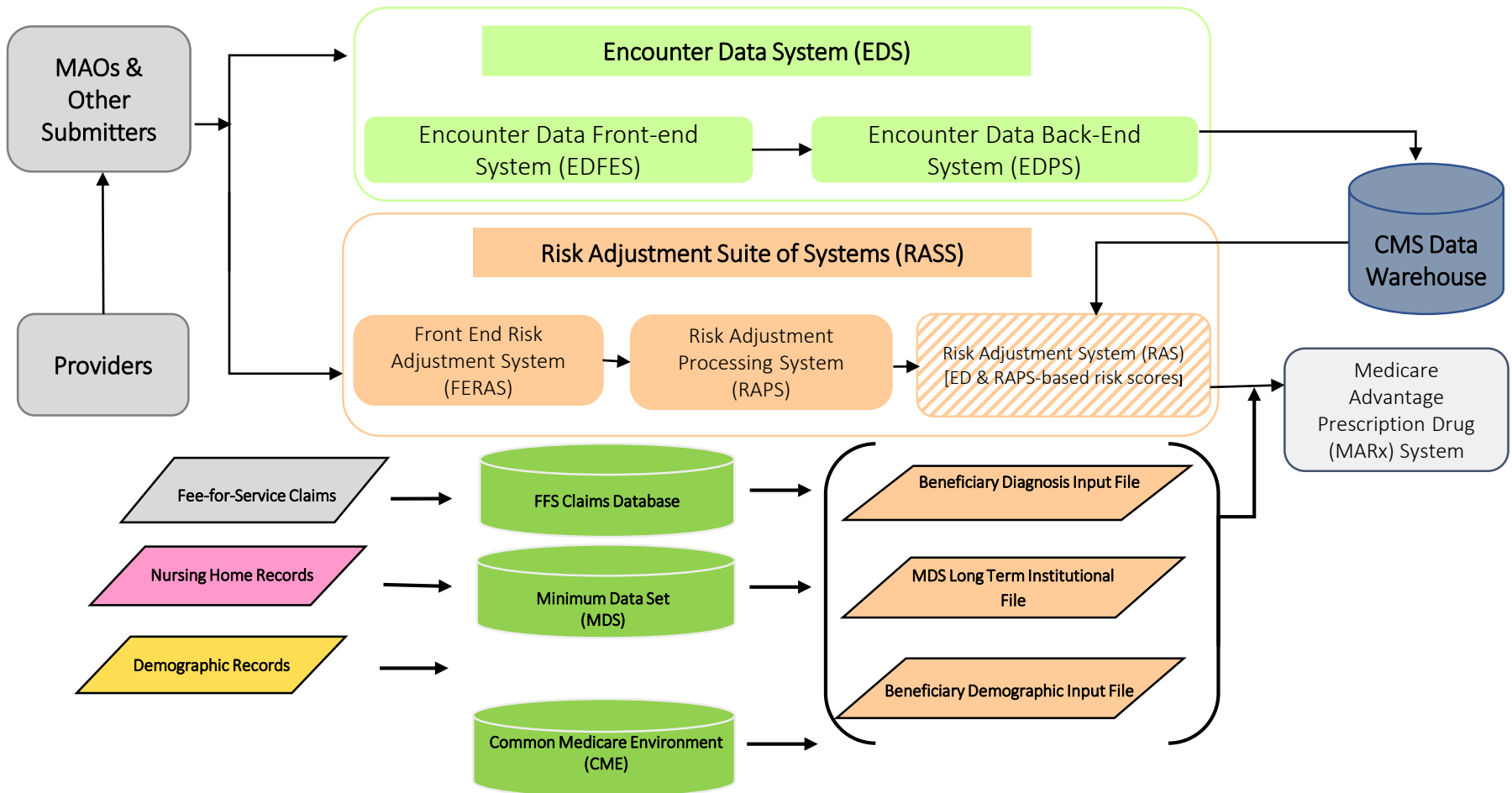
2017

- Revisions to the community segment of the model.
 - Full benefit dual aged
 - Full benefit dual disabled
 - Partial benefit dual aged
 - Partial benefit dual disabled
 - Non-dual aged
 - Non-dual disabled
- Updates to data years used to recalibrate the model.
- Updates to disease interactions.
- Updates to how dual status is handled in the community and longterm institution (LTI) segments:
 - Community: dual status in the payment month.
 - LTI: dual status in the payment year.
- The revised model improves the predictive accuracy of the community dual and non-dual aged/disabled subgroups.



Data Flow

Risk Adjustment Data Processing Flow





PY2020 PACE Risk Adjustment Models

Risk Adjustment Overview

- Purpose: Ensure appropriate and accurate payments, reduction in adverse selection, and improved beneficiary access.
- Multiple models to address differences in the beneficiary population (e.g., the ESRD population) and program costs (e.g., Part C versus Part D).

Risk Adjustment Overview (*continued*)

- **Risk adjustment is used to adjust:**
 - Plan bids (Part D for PACE)
 - Payment to MAOs, PACE organizations, certain demonstration plans, and Part D sponsors.
 - Payments based on each enrollee's expected health care costs.
- **CMS' HCC-based Medicare risk adjustment models are prospective: diagnoses in one year are used to predict costs in the following year.**
 - Incorporates demographic and disease factors.
 - Hierarchical condition categories (HCCs & RxHCCs): Diagnoses are grouped into condition categories; in certain condition categories (e.g., diabetes), hierarchies of disease severity are applied so that risk scores reflect the most severe and costly category of a condition.

How the Model Works: Demographic & Disease Groups

- Statistical model that measures incremental predicted costs associated with a beneficiary's demographic characteristics, including age and gender, and health status.
- Predicted costs are driven largely by chronic diseases.
- Additive, meaning that the total predicted costs are determined by summing the coefficients of a beneficiary's demographics and health status factors.

Risk Adjustment Models

Model	General Description	Model Segments
CMS-HCC	The CMS-HCC risk adjustment model uses diagnoses codes to calculate risk scores for aged/disabled (non-ESRD) beneficiaries and is used in payments for Parts A & B benefits.	<ul style="list-style-type: none"> • Continuing Enrollee <ul style="list-style-type: none"> - Aged/Disabled/Dual Status/Community - Institutional • Aged/Disabled New Enrollee • Aged/Disabled New Enrollee Chronic SNP
CMS-HCC ESRD	The CMS-HCC ESRD model has similar characteristics as the CMS-HCC model. It is different from the CMS-HCC model in that it predicts costs for beneficiaries with End Stage Renal Disease status: dialysis status, transplant, and functioning graft.	<ul style="list-style-type: none"> • ESRD Dialysis Continuing Enrollee • ESRD Dialysis New Enrollee • ESRD Transplant • ESRD Functioning Graft – Community • ESRD Functioning Graft – Institutional • ESRD Functioning Graft – New Enrollee <ul style="list-style-type: none"> - Duration since Transplant 4-9 months - Duration since Transplant 10+ months
Rx-HCC	The Part D model is similar to the CMS-HCC risk adjustment model, except that it predicts Part D plan liability costs under the Part D program. Different diseases predict drug costs than Part A/B costs.	<ul style="list-style-type: none"> • Continuing Enrollee Community <ul style="list-style-type: none"> - 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

PY2020 Part C Risk Scores for PACE Organizations

- For PACE organizations in PY2020 and PY2021 , we will continue to use the same sources of diagnoses for calculating risk scores that we have been using since PY2015, which is to pool risk adjustment-eligible diagnoses from the following sources to calculate a single risk score (with no weighting): (1) encounter data, (2) RAPS, and (3) FFS claims:
 - **PACE risk score for Parts A & B benefits** : the 2017 CMS-HCC model will be used.
 - *Six community segments by dual status*: non-dual aged, non-dual disabled, partial benefit dual aged, partial benefit dual disabled, full benefit dual aged, and full benefit dual disabled.
 - **PACE ESRD risk score**: the 2019 ESRD model will be used.
 - **PACE Part D risk score**: the 2020 RxHCC model will be used.

Medicaid Status

- **Data sources**: We will use Medicaid data from three sources to identify Medicaid status when calculating risk scores with the 2017 CMS-HCC model: (1) MMA State files, (2) Point of Sale data, and (3) monthly Medicaid file that the Commonwealth of Puerto Rico submits to CMS.

Dual Status	Dual Status Definition
Full Benefit Dual Eligibles	Eligible for full Medicaid benefits under title XIX of the Social Security Act. Includes those who have Medicaid benefits only, or who are also eligible as Qualified Medicare Beneficiaries (QMBs) or Specified Low Income Medicare Beneficiaries (SLMBs). <ul style="list-style-type: none">• Dual status codes 02, 04, 08, or presence on the monthly Puerto Rico file (10)
Partial Benefit Dual Eligibles	Eligible only as Qualified Medicare Beneficiaries (QMBs), Specified Low Income Medicare Beneficiaries (SLMBs), and under other categories of beneficiaries who are not eligible for full Medicaid benefits under title XIX. <ul style="list-style-type: none">• Dual status code 01, 03, 05, or 06
Non-Dual Eligibles	Neither full benefit dual or partial benefit dual eligible.

Medicaid Status (*continued*)

- Throughout a payment year, CMS uses a beneficiary's Medicaid status three months prior to the payment month to determine which risk score is applied in a payment month throughout the year.
 - Updated in each month's payment on a rolling basis. The rolling anchor month applies to all community non-ESRD payments made throughout the payment year.
 - At final risk adjustment reconciliation, the Medicaid status used to calculate payment for a beneficiary in the community will reflect that beneficiary's actual Medicaid status for each month throughout the reconciliation year.
- **Medicaid Add-on factor**: Applied to the risk score for beneficiaries who are new enrollees, who are in LTI status or ESRD status, or who receive a default risk score
 - Applies if beneficiary was enrolled in Medicaid at any time during the payment year.



Frailty for PACE

Frailty Payment

- The Balanced Budget Act of 1997 (BBA) mandated that Medicare capitated payments to PACE organizations be adjusted to account for the comparative frailty of PACE enrollees.
- Frailty predicts costs not predicted by diagnoses, frailty scores are used in conjunction with risk scores to predict costs and calculate payments.
- Frailty factors are calibrated by using ADLs to predict the costs that the CMS-HCC Model does not predict, i.e., the residual.
- The frailty factors for PACE are calculated using the same model associated with the risk score calculations.
- For 2020, frailty factors associated with the 2017 CMS-HCC model are used to calculate the frailty scores for PACE organizations.

Frailty Payment (*continued*)

- The 2020 frailty score to be used in payment is calculated using the organization's ADL distribution from the 2019 HOS-M survey.
- The percentage of respondents in each ADL group (0 ADLs, Medicaid; 0 ADLs non-Medicaid; 1-2 ADLs, Medicaid; 1-2 ADLs, non-Medicaid; etc.) is multiplied by the appropriate frailty factor for that ADL group.
- The score is the sum of these products.

Frailty Payment (*continued 2*)

- In payment, CMS applies each contract's frailty score to non-ESRD, community residing enrollees aged 55 and over.
- New PACE contracts and PACE contracts with fewer than 30 respondents to the HOS-M survey will receive a default frailty score.
- The default frailty score represents the average frailty of all PACE organizations.
- For PY2020 the default frailty score is 0.200.

Frailty Payment (*continued 3*)

- At the start of a new calendar year, until the system is updated with the frailty scores for that year's payment, our systems are set up to pay the default frailty score monthly, so that some frailty payment is made while the system is updating.
- Once the frailty scores for the new calendar year are updated, the system will adjust payment going forward, and back to January, with the correct frailty score for each PACE organization.
- We anticipate the 2020 frailty scores will go into the system for March payment, with retroactive adjustments to January.



Reports

2020 Model Output Reports (MORs) for PACE Organizations

- The Model Output Report (MOR) provides organizations with the HCCs that are used to calculate the risk score of each beneficiary enrolled in their plan for a payment month.
- On November 6, 2019, CMS released an HPMS memo titled “Updates to Payment Year (PY) 2020 Model Output Report (MOR)” to provide information regarding MORs for 2020.
 - Record type “K” was created for the 2017 CMS-HCC model for PACE.

MOR Record Types for PACE Organizations (RAPS, FFS, and Encounter Data)

Model Run Data Source

Model	Model Version	MOR Record Type
PACE-ESRD	V21	B
PACE	V22	K
RxHCC	V05	5

2020 MORs for PACE *(continued)*

- Additional updates:
 - MBI field for the new record type K will use an 11 byte format, which replaces the 12-byte format that was used to accommodate the Health Claim Insurance Number (HICN). For all other record types, CMS will continue to use 12 bytes for the beneficiary identifier by displaying the 11 byte MBI and a 1 byte filler.
 - For the new record types K, the social security number field has been removed.
- Refer to the Plan Communications User Guide (PCUG, https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan_Communications_User_Guide.html) for the MOR layouts for PY2020.

Monthly Membership Report (MMR) Data Fields

Demographic Information

- Organizations can tell which risk score is used for a month's payment for a beneficiary by referring to the MMR.
- **Beneficiary's Gender Code: Field 7**
 - M = Male
 - F = Female
- **Risk score: Fields 24 & 25**
 - Includes the risk adjustment factor used for the payment calculation
- **Risk Adjustment Age Group (RAAG): Field 40**
 - The field includes a Beginning Age (BB) and Ending Age (EE)

MMR Data Fields Status Indicators

- Risk Adjustment Factor Type (RAFT) codes: Field 46
 - Describes the model and segment used to calculate a beneficiary's risk score.
- Frailty Indicator: Field 47
 - Y = Frailty Factor included
 - N = No Frailty Factor
- OREC: Field 48
 - 0 = Beneficiary insured due to age
 - 1 = Beneficiary insured due to disability
 - 2 = Beneficiary insured due to ESRD
 - 3 = Beneficiary insured due to disability and current ESRD
 - 9 = None of the above
- Frailty Score: Field 80
 - Part C frailty factor used in payment of adjusted payment calculation.

MMR Data Fields

Medicaid Dual Status Code

Field 84

00 = No Medicaid status

01 = Eligible - entitled to Medicare- QMB only
(Partial Dual)

02 = Eligible - entitled to Medicare- QMB AND
Medicaid coverage (Full Dual)

03 = Eligible - entitled to Medicare- SLMB only
(Partial Dual)

04 = Eligible - entitled to Medicare- SLMB AND
Medicaid coverage (Full Dual)

05 = Eligible - entitled to Medicare- QDWI
(Partial Dual)

06 = Eligible - entitled to Medicare-
Qualifying individuals (Partial Dual)

08 = Eligible - entitled to Medicare- Other
Dual Eligibles (Non QMB, SLMB, QDWI or QI)
with Medicaid coverage (Full Dual)

09 = Eligible - entitled to Medicare – Other
Dual Eligibles but without Medicaid
coverage (Non-Dual)

10 = Other Full Dual

99 = Unknown



PY2020 PACE Risk Score Calculation Example

Risk Score Calculation Process Checklist

1. Retrieve reports:
 - Monthly Membership Report (MMR)
 - Model Output Report (MOR)
2. Identify demographic and disease information for each beneficiary
3. Identify relative factors in the risk adjustment model based on demographics and disease information
4. Use relative factors to calculate risk scores

Demographic Data & Statuses for Risk Score Calculation

- Age
- Gender (Sex)
- Original Reason for Entitlement Code (OREC)
- Medicaid Dual Status – used to determine community model segment for risk score calculation
- Long Term Institutional Status
 - Medicaid Status
- Frailty

Risk Score Overview

Risk Adjustment Model Variables and Adjustments

Demographic Variables:

- Age/Sex
- Originally disabled

There are relative factors associated with each demographic variable.

Disease Variables:

- Disease Hierarchical Condition Categories (HCCs)
- Disease/Disabled Interactions

CMS uses diagnoses submitted by plans to assign HCCs and interactions for each beneficiary. There are relative factors associated with each HCC and interaction.

Sum of Factors Demographic + Disease = Raw Risk Score

The relative factors for all of the demographic variables, HCCs, and interactions are added together.

Normalized Risk Score

A normalization factor is applied to keep the average FFS risk score at 1.0 each year.

MA Coding Pattern Adjusted Risk Score

A coding pattern adjustment is applied to account for differential coding patterns between MA and FFS.

Adjusted Risk Score with Frailty Factor Add-On

A frailty factor is added to the adjusted risk score. This add-on accounts for relative frailty of beneficiaries enrolled in a PACE organization.

Final product is the payment risk score for a beneficiary.

PACE Model Example Risk Score Calculation for PY2020 Demographic/Model Indicators from MMR

- This example is for an 82 year old male enrolled in a PACE organization

MMR Field #	Demographic/Model Indicator	Value
7	Gender	M
40	Age	80-84
46	RAFT Code	PI
47	Frailty Indicator	Y
48	OREC	0
84	Medicaid Dual Status	2

*Note: This is an example and does not refer to an actual beneficiary

PACE Model Example Risk Score Calculation for PY2020 HCCs and Model Information from MOR

HCCs from MOR:	19, 35, 40, 111
Payment Year:	2020
Risk Adjustment Model:	2017 CMS-HCC PACE Model

PACE Model Example Risk Score Calculation for PY2020 Adjustment Factors

CMS-HCC PACE Model

Normalization Factor*: 1.075

Coding Intensity Factor*: 0.059

Frailty Score Factor**: 0.105

*2020 Payment Notice Normalization and Coding Intensity Factors for PACE model (See 2020 Announcement, <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>).

**The beneficiary had a “Y” for the frailty indicator. Therefore, the frailty factor will be added to the beneficiary’s adjusted risk score. This is an example frailty score. The PY2020 PACE frailty factors are in table II-6 of the 2020 Advance Notice Part 2 (<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2020Part2.pdf>).

PACE Model Example Risk Score Calculation for PY2020

Relative Factors for Demographic Variables

	Status	Relative Factors 2017 CMS-HCC PACE Model
Age/Sex Factor:	M 80-84	0.816
OREC Factor:	0	0
Sum of Demographic Relatives:		0.816

*Relative factors for the 2017 CMS-HCC model are in the 2017 Announcement (<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2017.pdf>).

PACE Model Example Risk Score Calculation for PY2020

Relative Factors for HCCs

	HCCs	Relative Factors for community full-dual/aged 2017 CMS-HCC PACE Model
Disease HCCs:	19	0.097
	35	0.334
	40	0.370
	111	0.422
Sum of Disease Relatives:		1.223

PACE Model Example Risk Score Calculation for PY2020

Formula

- Risk score based on data from RAPS, ED & FFS using the 2017 CMS-HCC model
 - $[(\text{raw risk score}) / (\text{PY2020 normalization factor for PACE model})] * (1 - \text{PY 2020 coding adjustment factor}) + \text{frailty score factor} = \text{PACE risk score}.$

$$\begin{array}{rclclcl} \text{Raw Risk Score} & = & \underline{0.816} & + & \underline{1.223} & = & \underline{2.039} \\ \text{Normalized Score} & = & \underline{2.039} & / & \underline{1.075} & = & \underline{1.8967} \\ \text{Round (third decimal place)} & = & \underline{1.897} & & & & \\ & & & & & & \\ \text{Coding Intensity} & = & \underline{1.897} & * & \underline{(1 - 0.0590)} & = & \underline{1.7851} \\ \text{Round (third decimal place)} & = & \underline{1.785} & & & & \\ \text{Frailty Factor} & = & \underline{1.785} & + & \underline{0.105} & = & \underline{1.890} \\ \text{Final PACE risk score} & = & \underline{\underline{1.890}} & & & & \end{array}$$



Frequently Asked Questions

Question 1

Do PACE organizations have to communicate to CMS that they are fielding the HOS-M for purposes of calculating a frailty score for payment?

Answer:

No, PACE organizations are not required to notify CMS that they intend to participate in the HOS-M for purposes of calculating a frailty payment. All PACE organizations that are operational on or before January of the preceding year are required by CMS to administer the HOS-M during the current reporting year.

Question 2

How is the monthly capitation rate paid by CMS to the PACE organization calculated?

Answer:

The Medicare portion of the payment to a PACE organization is calculated by multiplying the appropriate county rate times the risk score for the beneficiary. The beneficiary risk score is the sum of the score calculated using the beneficiary's diagnoses and the frailty score for the PACE organization .

Question 3

Will the payment months apply consistently to PACE too? It has been inconsistent in the past.

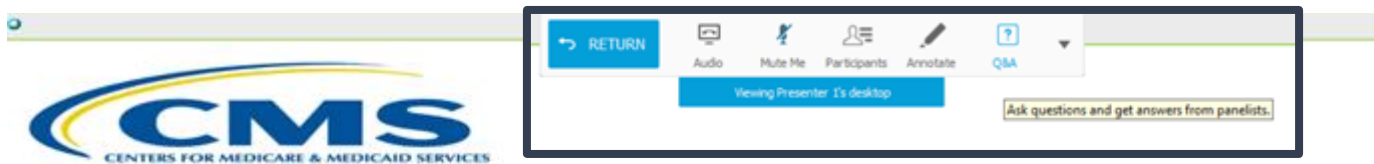
Answer:

Yes, the 2019 final anticipated payment month of June and 2020 mid-year of July also apply to PACE.

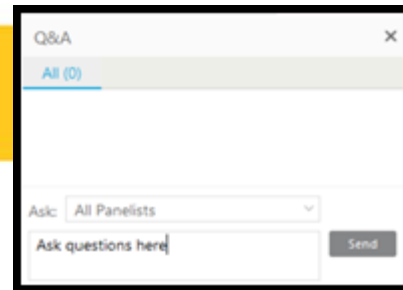


Live Question and Answer Session

Click Q&A on your WebEx Control Panel to open



Risk Adjustment for EDS & RAPS User Group



February 20, 2020
2:00 p.m. – 3:00 p.m. ET

Default audience for Q&A questions is “All Panelists”

The screenshot displays the Cisco Webex Training interface. The main content area shows session details for "Risk Adjustment for EDS & RAPS Webinar" hosted by Marvelyn Davis. The Q&A panel on the right is expanded, showing a dropdown menu with "All (5)" and "My Q&A (3)". Below the menu, there are instructions: "Ask questions here" and "Q and A is defaulted to all panelists". A red arrow points to the "Ask:" dropdown menu, which is currently set to "All Panelists". A blue circular callout with a yellow border contains the text "Keep the default audience at 'All Panelists'".

Topic: Risk Adjustment for EDS & RAPS Webinar

Host: Marvelyn Davis

Audio Conference: US Toll +1-415-655-0001
US Toll +1-240-454-0887
[Show all global call-in numbers](#)

Access code: 737 439 542

Attendee ID: 73

Training session number: 737 439 542

Q&A: All (5) My Q&A (3)

Ask questions here

Q and A is defaulted to all panelists

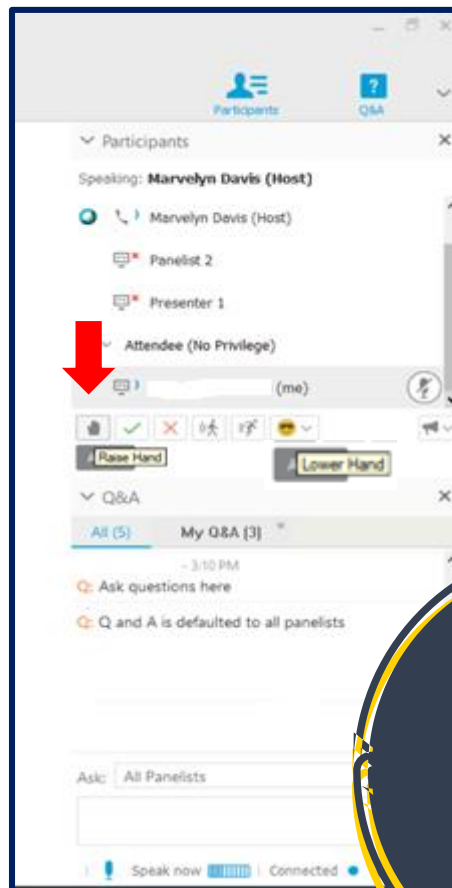
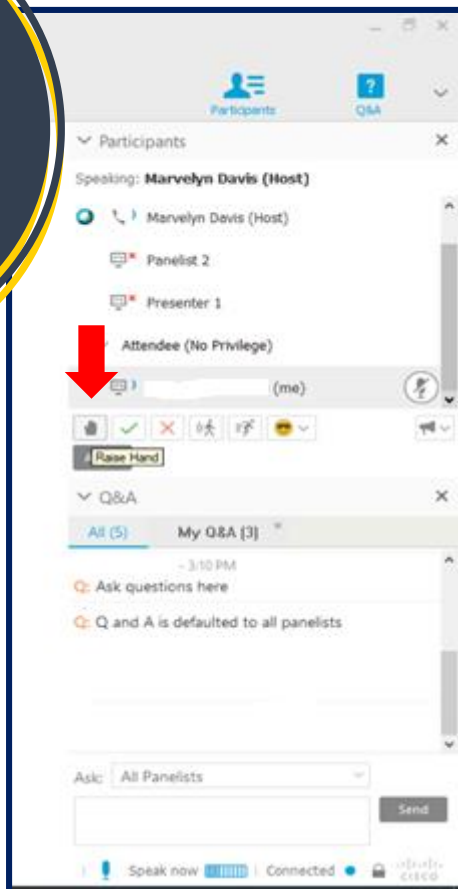
Ask: All Panelists

Send

Keep the default audience at "All Panelists".

Raise your hand to participate in the live Q&A session

Click on
Raise Hand
to ask a
question.



Click on
Lower Hand
after you
are called
on.



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
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/interne t/cssc3.nsf/docsCat/CSSC~CSSC%20Oper ations~Risk%20Adjustment%20Processi ng%20System~Edits?open&expand=1&n avmenu=Risk^Adjustment^Processing^S ystem
CMS 5010 Edit Spreadsheet	https://www.cms.gov/Regulations-and- Guidance/Guidance/Transmittals/
EDFES Edit Code Lookup	https://apps.csscooperations.com/errorc ode/EDFS_ErrorCodeLookup
EDPS Error Code Look-up Tool	http://www.csscooperations.com/interne t/cssc3.nsf/DocsCat/CSSC~CSSC%20Ope rations~Medicare%20Encounter%20Dat a~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

Thank you

Please send any suggested topics for future Risk Adjustment User Groups to us at riskadjustment@cms.hhs.gov



Your Feedback is important.

Thank You!

Stay Connected with CMS

