

HEADLINE NEWS

Using Encounter Data for Risk Score Calculations

Risk score calculations for Payment Year (PY) 2015, which use 2014 dates of service (DOS), will include diagnoses collected from the Encounter Data System (EDS). This will occur with the PY 2015 final reconciliation model run. CMS will calculate the final PY 2015 risk scores using diagnostic data from EDS, the Risk Adjustment Processing System (RAPS), and Fee for Service (FFS) equally.

Several Medicare Advantage Organizations (MAOs) have submitted inquiries asking how data from EDS will be reflected on the Monthly Membership (MMR) and Model Output (MOR) reports. For the purpose of risk adjustment, the MMR contains beneficiary data needed to verify risk scores and plan payments for individual beneficiaries, while the MOR contains diagnosis data that is used in the model. Since EDS data is an additional data source, the data from EDS will not be reflected differently on the MMR or MOR.

Risk Adjustment Processing System (RAPS)

Payment Year (PY) 2016 Highlights

Advance Notice of Methodological Changes for Calendar Year (CY) 2016 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2016 Call Letter

The 2016 Advance Notice and Call Letter was published on Friday, February 20, 2015, and contains proposed changes for Calendar Year (CY) 2016. Comments were due to CMS on Friday, March 6, 2015. The Final Notice and Call Letter will be published on April 6, 2015.

Specialty Codes for Payment Year (PY) 2016

For PY 2015 (2014 DOS), the list of acceptable physician specialty codes will remain the same. For PY 2016 (2015 DOS), a new code, C3, will be added for Interventional Cardiology. The list of acceptable physician specialty codes for each payment year is located at CSSCOperations.com > [Risk Adjustment Processing System](#) > [References](#).



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RECENT EVENTS

- **Risk Adjustment Webinar February 19, 2015**
- **Calendar Year (CY) 2016 Advance Notice**

UPCOMING EVENT

- **Medicare Encounter Data Companion Guides March 31, 2015**

Avoiding Submission Errors

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IMPORTANT REMINDER

EDS and RAPS submissions with dates of service (DOS) on and after October 1, 2015 must use International Classification of Diseases, 10th Edition (ICD-10) codes. Submissions to both EDS and RAPS with DOS prior to October 1, 2015 must use ICD-9 codes.



EDS March 2015 Release Notes

Encounter Data Front-End System (EDFES) Enhancements

Edit #	Edit Description	Prevention/Resolution Strategy
X223.424.2400.SV205.040 (Institutional)	2400.SV205 must be > 0 and <= 999,999.9	The EDFES will reject Institutional encounters containing negative values in the SV205 (Service Unit Count). MAOs will receive a 999R Report if at least one (1) unit of service is not populated in this field.
X223A2.26.2430.SVD04.020 (Institutional)	Revenue Code for Services Rendered	A valid revenue code must be present.
X223.476.2430.SVD03-3.010 (Institutional) and X222.480.2430.SVD03-5.020 (Professional)	Procedure Code Modifier(s) for Service(s) Rendered	A valid procedure modifier must be present.
X223.476.2430.SVD03-2.020 (Institutional)	HCPCS Code	A valid HCPCS Code must be present.

Encounter Data Processing System (EDPS) Enhancements

Edit #	Edit Description	Prevention/Resolution Strategy
02255	Beneficiary Not Part A Eligible for DOS	MAOs that receive these errors are encouraged to postpone resubmission of impacted encounters until enhancements are implemented for the erroneous edits. CMS will communicate additional details as they become available.
17310	Rev Code 036X Requires Surgical CPT/HCPCS	When using Revenue Code 036X, a surgical procedure code is required. Scenario: Life and Health Associates submitted an encounter for Galaxy Suburb Hospital for a prostate cryosurgery performed on 5/15/2012. The encounter reported the Revenue Code of 036X, but did not include the surgical CPT code of 55873 (Cryosurgical ablation of the prostate).

Operational Highlights

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Submitting Deletes

When preparing to submit diagnoses for deletion, MAOs should note whether the deletions are for an open or closed payment year. An open payment year is one in which the final risk adjustment data deadline has not passed, while a closed payment year is one in which the final risk adjustment data deadline has passed. Currently, the only open payment year is PY 2015.

MAOs may continue submitting deletions for open payment years until the final risk adjustment data deadline for that payment year. The deadline for submitting diagnosis data that will be used in the risk score applies to both EDS and RAPS.

The process for submitting deletions in RAPS for closed payment years has changed. Beginning January 1, 2015, MAOs must use the new overpayment process when submitting deletions for closed payment years.

Please refer to the February 18, 2015, HPMS memo, Guidance for Reporting Medicare Advantage Organizations and/or Sponsor Identified Overpayments to the Centers for Medicare & Medicaid Services (CMS) and the August 12, 2014, HPMS notice, Announcement of the November 2014 Software Release from Cheri Rice, Director, Medicare Plan Payment Group for further information. Note that overpayments may result from submission of encounter data starting with 2014 dates of service. The final risk adjustment data deadline for this data will be no sooner than January 2016.

RAPS Reruns

As outlined in the March 3, 2015 HPMS memo “2015 Schedule of Risk Score Reruns For the Purposes of Overpayment Recovery”, CMS will complete reruns for the following prior payment years in calendar year (CY) 2015:

Payment Year	Dates of Service
2009	2008
2010	2009
2011	2010
2012	2011
2013	2012
2014	2013

CMS will notify MAOs at least 30 days in advance of the deadline for submitting deletes for each data run. CMS will sweep diagnoses submitted for a prior payment year as of the deadline. MAOs should look to the monthly payment letters to determine when adjustments will be applied to payments.

The first payment rerun is for PY 2013. The deadline to submit all PY 2013 (2012 dates of service) deletions to the Risk Adjustment Processing System (RAPS) is Friday, April 10, 2015. The sweep will occur as of April 10, 2015, and all deletions received by the deadline will be included in the risk score rerun.

Common Questions

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Does CMS provide information on coding?

CMS is unable to respond to individual requests for interpretation of coding questions or disease management practices of specific types of providers.

Please reference the Center for Disease Control and Prevention (CDC) ICD-9 Guidelines at [cdc.gov > nchs > Additional Resources > ICD and ICF Classifications and Coding > ICD-9-CM](http://cdc.gov/nchs) or CMS coding resources at CMS.gov > Coding > Transition from ICD-9-CM to ICD-10.

CMS recommends MAOs consider seeking professional coding advice with respect to coding questions.

Where can MAOs find information about the annual wellness visit?

Information on annual wellness visits can be found in regulation 42 CFR 410.15, located at ECFR.gov > Title 42 – Public Health > Subchapter B – Medicare Program > 410 > §410.15.

General information about annual wellness visits is available at CMS.gov > Outreach & Education > Learn > Get Training > MLN Connects™ National Provider Call Program > National Provider Calls and Events > Details for title: 2012-03-28.

Why would beneficiary data appear on the MMR, but not on the MOR?

Beneficiary data will not appear on the MOR if a beneficiary is a new enrollee or if a beneficiary previously had 12 months of Medicare Part B enrollment coverage, but experienced a lapse in this coverage.

Additionally, if a beneficiary joins your plan from another plan, the data from the previous plan will not appear on the MOR until the next update following the risk score calculation because the MOR remains the same between model runs, while the MMR is updated monthly.

EDS Timely Filing and Submission Frequency

If the encounter type is...	The submission deadline is...
Full (original)	13 months after the "From" DOS
Adjustment	30 days from MAO's adjudication of the adjusted encounter
If the number of Medicare Enrollees is...	Minimum Submission Frequency is...
Greater than 100,000	Weekly
50,000 – 100,000	Bi-weekly
Less than 50,000	Monthly

Resources

Visit...	For information about...
http://www.cms.gov	Policies and regulations for Risk Adjustment and Encounter Data
http://www.csscooperations.com	EDS and RAPS data submission resources, reports guidance, and training resources
http://www.wpc-edi.com	Health Care Code Lists and Technical Report Type 3 (TR3)
http://www.tarsc.info/	Risk Adjustment for EDS & RAPS Outreach events schedule, newsletter subscriptions, and webinar registration
Email...	With questions regarding...
csscooperations@palmettogba.com	Testing, certification, and EDFES and EDPS editing
encounterdata@cms.hhs.gov	EDS policy and operational questions
riskadjustment@cms.hhs.gov	RAPS policy and operational questions