

Risk Adjustment for EDS & RAPS User Group

May 28, 2020
2:00 p.m. – 3:00 p.m. ET

Session Guidelines

- This is a one-hour User Group for Medicare Advantage organizations submitting data to the Encounter Data System (EDS) and the Risk Adjustment Processing System (RAPS).
- Please submit questions using the Q&A feature, accessible in the top right of the screen.
- 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 Training/User Group or Topics > Encounter and Risk Adjustment Program (Part C) > 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



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 

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Risk Adjustment for
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Audio Conference

Use your phone or computer to join this audio conference.

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Join the teleconference without pressing *1*

Remember phone number on this computer

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> Use Computer for Audio

1

Click Q&A on WebEx Control Panel to Open

The screenshot displays the Cisco WebEx Training interface. The main window title is "Cisco Webex Training". The top menu includes "File", "Edit", "Share", "View", "Audio", "Participant", "Session", "Breakout", and "Help". The "Session Info" tab is active, showing details for a session titled "Risk Adjustment for EDS & RAPS Webinar" hosted by "Marvelyn Davis". The audio conference information includes US Toll numbers: +1-415-655-0001 and +1-240-454-0887, with a link to "Show all global call-in numbers". Access codes and session numbers are also listed.

Overlaid on the right is the WebEx control panel. At the top, there are icons for "Participants" and "Q&A". A red arrow points to the "Q&A" icon. Below these icons, the "Participants" section is expanded, showing "Speaking:" with a "Panelist: 1" section containing "Marvelyn Davis (Host)" and an "Attendee (No Privilege)" section containing "Bayley Hochradel (me)".

The "Q&A" section is also expanded, showing "All (1)" questions. A question from "Bayley Hochradel - 8:35 AM" is visible: "Q: Type any questions here." Below this, there is a text input field with a dropdown menu set to "All Panelists" and a "Send" button.

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

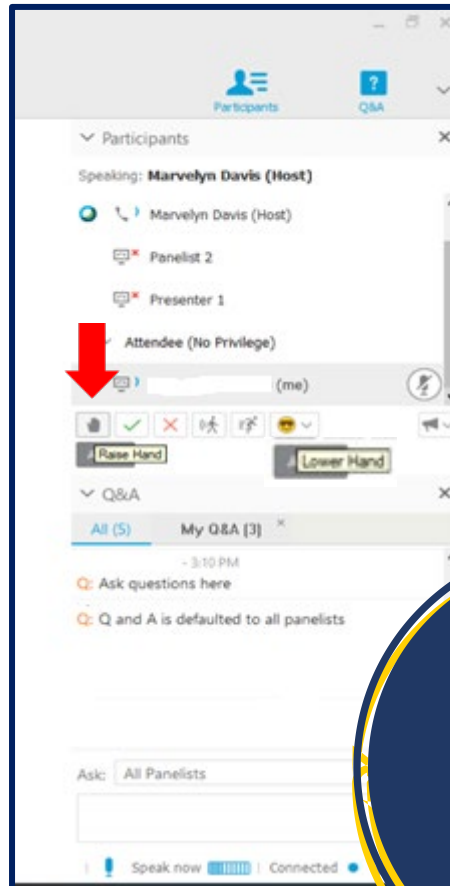
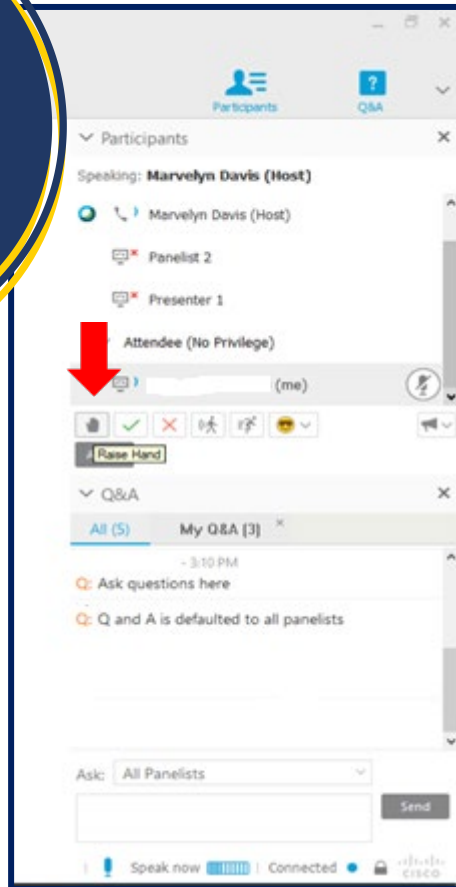
The screenshot shows the Cisco Webex Training interface. On the left, the 'Session Info' tab is active, displaying details for a webinar titled 'Risk Adjustment for EDS & RAPS Webinar' hosted by Marvelyn Davis. The audio conference details include US Toll numbers +1-415-655-0001 and +1-240-454-0887, and a link to 'Show all global call-in numbers'. Access code: 737 439 542, Attendee ID: 73, and Training session number: 737 439 542 are also listed. On the right, the 'Participants' and 'Q&A' panels are visible. The 'Q&A' panel shows '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 right, a 'Send' button is visible next to a dropdown menu for the 'Ask:' field, which is currently set to 'All Panelists'. A red arrow points to this dropdown menu.

Keep the default audience at “All Panelists”.

This close-up shows the 'Ask:' dropdown menu in the Q&A interface. The menu is open, showing a list of options: 'All Panelists', 'Host', 'Presenter', 'Host & Presenter', 'All Panelists', and 'Marvelyn Davis'. The 'All Panelists' option is highlighted in blue. A red arrow points to the dropdown arrow on the right side of the 'All Panelists' text.

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**
 - Processes for User Group
- **2021 Rate Announcement & HPMS Memos**
 - Risk Adjustment Model Review
 - CMS-HCC Model PY2021 Risk Score Calculation Overview
 - Applicability of diagnoses from telehealth services for risk adjustment
 - Delay of the 2020 HOS & HOS-M Surveys for 2021 Frailty Score Calculation
- **Operational Updates & HPMS Memos**
 - Q1 releases for ED
 - RAPS edits 408, 409, 410
- **Frequently Asked Questions**
- **Live Question and Answer Session**
- **Closing**



CMS Updates

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.



2021 Rate Announcement: Risk Adjustment Model Review

PY2021 Risk Adjustment Model Updates

- On April 6, 2020, CMS published the 2021 Announcement, which finalized the use of the following risk adjustment models for PY2021:
 - **CMS-HCC (Part C) Risk Adjustment Models:**
 - The 2020 CMS-HCC model will be used to calculate the encounter data-based portion of the risk score.
 - The 2017 CMS-HCC model will be used to calculate the RAPS-based portion of the risk score.
 - **CMS-HCC ESRD Risk Adjustment Models:**
 - The 2020 ESRD dialysis and functioning graft models will be used to calculate the encounter data-based portion of the risk score.
 - The 2019 ESRD dialysis and functioning graft models will be used to calculate the RAPS-based portion of the risk score.
 - **RxHCC (Part D) Model:**
 - The 2020 RxHCC model will be used to calculate the encounter data-based and RAPS-based risk scores.
 - **PACE:**
 - The 2017 CMS-HCC model will be used to calculate Part C risk scores for PACE organizations.
 - The 2019 ESRD model will be used to calculate ESRD risk scores for PACE organizations.
 - The 2020 RxHCC model will be used to calculate Part D risk scores for PACE organizations.

CMS-HCC (Part C) Model for PY2021

- The PY2020 CMS-HCC model includes additional HCCs for pressure ulcers and dementia as well as count variables. Coefficients were determined by using 2014 diagnoses to predict 2015 costs, and diagnoses were selected using the CPT/HCPCS filtering method that is used for encounter data risk score calculation.
- 8 segments in total
 - Continuing enrollees: 6 segments broken out by age/disabled and dual status
 - Long term institutional
 - New Enrollees
- Payment HCC count variables for each segment
 - Counts conditions included in the model for payment after the application of hierarchies

CMS-HCC (Part C) Model for PY2021 (cont.)

- We will blend:
 - 75% of the risk score calculated with the PY2020 CMS-HCC model, using diagnoses from encounter data, RAPS inpatient records, and FFS;
 - Summed with 25% of the risk score calculated with the 2017 CMS-HCC model, using diagnoses from RAPS and FFS.
- For PACE organizations, Part C risk scores will be calculated using the 2017 CMS-HCC model with diagnoses from encounter data, RAPS and FFS.

ESRD Model for PY2021

- For PY2021, CMS will use the 2020 CMS-HCC ESRD risk adjustment model calibrated with diagnoses filtered using the approach we currently use to filter encounter data records to calculate encounter data-based risk scores.
- The PY2020 ESRD risk adjustment model is structurally the same ESRD model that we implemented for 2019 in that it retains separate coefficients for dialysis, transplant, and post-graft beneficiaries, uses concurrent Medicaid status using 3 sources, and has the same HCCs as the 2019 ESRD model.

ESRD Model for PY2021 (cont.)

- We will blend:
 - 75% of the risk score calculated with the 2020 ESRD model, using diagnoses from encounter data (supplemented with RAPS inpatient data) and FFS;
 - Summed with 25% of the risk score calculated with the 2019 ESRD model, using RAPS and FFS diagnoses.
- For PACE organizations, ESRD risk scores will be calculated using the 2019 ESRD model with diagnoses from encounter data, RAPS, and FFS.

RxHCC (Part D) Model for PY2021

- We will continue to use the 2020 RxHCC model to calculate PY2021 Part D risk scores.
- For PY2021, CMS will calculate Part D risk scores by adding 75% of the risk score calculated with diagnoses from encounter data (supplemented with RAPS inpatient data) and FFS with 25% of the risk score calculated using RAPS and FFS diagnoses.
 - For PACE organizations, Part D risk scores will be calculated using the 2020 RxHCC model with diagnoses from encounter data, RAPS, and FFS.

PY2021 Part C Risk Scores for PACE Organizations

- The 2017 CMS-HCC model will be used to calculate risk scores.
 - 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.
- Medicaid 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.
- We will continue to use the same method of 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.



CMS-HCC Model PY2021 Risk Score Calculation Overview

Payment Year 2021 Risk Score Calculation

- In PY2021, CMS will continue calculating risk scores by blending two risk scores:
 - 1.The risk score calculated using diagnoses from the Risk Adjustment Processing System (RAPS) and FFS.
 - 2.The risk score calculated using diagnoses from the Encounter Data System (EDS) and FFS, supplemented with RAPS inpatient.
- The blend of RAPS-based and encounter data-based risk scores will apply to risk scores calculated with the following models:
 - CMS-HCC model
 - ESRD dialysis model
 - ESRD functioning graft model
 - RxHCC model (PY2020 RxHCC model)

* Risk scores for PACE organizations will be calculated using the same method as used for PY2020.

CMS-HCC Risk Adjustment Model

- CMS-HCC Risk Adjustment Model:
 - For PY2021, CMS will blend risk scores calculated with the 2017 CMS-HCC model and the PY2020 Alternative Payment condition count model.
 - The risk adjustment factors for the 2020 CMS-HCC model were published in the 2020 Rate Announcement.
 - For more information on the 2020 CMS-HCC model, please refer to the documents listed here, as well as the resource materials listed at the end of this presentation.
 - 2020 Advance Notice Part 1
 - 2020 Announcement

PY2021 Part C Risk Score Calculation -- Overview

Risk Adjustment Model Variables	Risk Adjustment Model Adjustments
Demographic Variables: <ul style="list-style-type: none"> Age / Sex Originally Disabled 	There are relative factors associated with each demographic variable.
Disease Variables: <ul style="list-style-type: none"> 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.
Payment HCC Count Variables: <ul style="list-style-type: none"> Payment HCC count variables for each segment 	There are relative factors associated with the payment HCC count variables starting between 4-6 HCCs. The count variables are added to the risk score after the application of hierarchies.
Sum of Factors: Demographic + Disease Variables + Payment HCC Count Variables = Raw Risk Score The relative factors for all of the demographic variables, HCCs, interactions and count variables are added together. The result is the raw risk score.	
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.
**Final product is the payment risk score	

Risk Score Calculation for PY2021

For PY2021, risk scores will be calculated independently and then blended:

- **Portion of risk score from 25% RAPS & FFS using the 2017 CMS-HCC model**
 - $[(\text{raw risk score from RAPS} + \text{FFS diagnoses}) / (\text{PY2021 normalization factor for 2017 model})] \times (1 - \text{PY2021 coding adjustment factor}) \times 25\% = \text{portion of the risk score from RAPS \& FFS .}$
- **Portion of risk score from 75% ED, RAPS inpatient records & FFS using the 2020 CMS-HCC model**
 - $[(\text{raw risk score from ED} + \text{RAPS inpatient records} + \text{FFS diagnoses}) / (\text{PY2021 normalization factor for 2020 model})] \times (1 - \text{PY2021 coding adjustment factor}) \times 75\% = \text{portion of the risk score from ED \& FFS.}$
- **Blended risk score** = 2017 CMS-HCC model (RAPS & FFS) portion of the risk score + 2020 CMS-HCC model (ED, RAPS inpatient, and FFS) portion of the risk score.

Part C Risk Score Calculation Example for PY2021

Demographics	2017 CMS-HCC model (RAPS & FFS)	2020 CMS-HCC model (ED, RAPS inpatient & FFS)
Female, Age 86 (aged), FB-Dual, Community	0.917	0.865
Diagnoses & Payment HCC Count Factors:		
Diabetes w/ chronic complications (HCC18)	0.346	0.340
COPD (HCC111)	0.422	0.430
2 Payment HCCs (for the 2020 CMS-HCC model)	N/A	0.000
Total Raw Risk Score (Demographic Factors + Diagnostic factors + Payment HCC Count Factor)	1.685	1.635

Adjustments to Risk Scores

2021 MA Coding Pattern Adjustment:

For PY2021, CMS will implement an MA coding pattern difference adjustment of 5.90%.

*Note: does not apply to ESRD dialysis, dialysis new enrollee, transplant, or Part D risk scores

2021 Normalization Factors:

Model	Factor
2020 CMS-HCC model	1.097
2017 CMS-HCC model*	1.106
2019 & 2020 ESRD dialysis models	1.079
2019 & 2020 ESRD functioning graft models	1.118
2020 RxHCC model	1.063

*Note: The 2017 CMS-HCC model & normalization factor will be used for the calculation of risk scores for PACE organizations.

Part C Risk Score Calculation Example for PY2021 (cont.)

Demographics	2017 CMS-HCC model (RAPS & FFS)	PY2020 CMS-HCC model (ED, RAPS & FFS)
Total Raw Risk Score	1.685	1.635
Adjustments:		
Normalization factor	$1.685 / 1.106 = 1.52351$	$1.635 / 1.097 = 1.49043$
Round to three decimal places	1.524	1.490
Coding differences (5.90%)	$1.524 \times (1 - 0.0590) = 1.43408$	$1.490 \times (1 - 0.0590) = 1.40209$
Round to three decimal places	1.434	1.402
% of Blended of the Risk Scores	$1.434 \times 0.25 = 0.35850$	$1.402 \times 0.75 = 1.05150$
Round to three decimal places	0.359	1.052
Final Part C Payment Risk Score:	$0.359 + 1.052 = 1.411$	

PY2021 PACE Risk Score Calculation -- Overview

Risk Adjustment Model Variables	Risk Adjustment Model Adjustments
Demographic Variables: <ul style="list-style-type: none"> • Age / Sex • Originally Disabled 	There are relative factors associated with each demographic variable.
Disease Variables: <ul style="list-style-type: none"> • 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.
<p><i>Sum of Factors Demographic + Disease = Raw Risk Score</i> <i>The relative factors for all of the demographic variables, HCCs, and interactions are added together.</i></p>	
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.
<p>**Final product is the payment risk score for a beneficiary</p>	

PACE Risk Score Calculation Example for PY2021

Demographics	2017 CMS-HCC model (RAPS, ED & FFS)
Female, Age 82 (aged), FB-Dual, Community, 1 ADL	0.739
Diagnoses & Payment HCC Count Factors:	
Diabetes w/o chronic complications (HCC19)	0.097
Rheumatoid Arthritis (HCC40)	0.370
COPD (HCC111)	0.422
Total Raw Risk Score (Demographic Factors + Diagnostic factors)	1.628

Part C PACE Risk Score Calculation Example for PY2021

Demographics	2017 CMS-HCC model (RAPS, ED & FFS)
Total Raw Risk Score	1.628
Adjustments:	
Normalization factor	$1.628 / 1.106 = 1.47197$
Round to three decimal places	1.472
Coding differences (5.90%)	$1.472 \times (1 - 0.0590) = 1.38515$
Round to three decimal places	1.385
Frailty factor	$1.385 + 0.105 = 1.490$
Round to three decimal places	1.490
Final PACE Payment Risk Score	1.490



HPMS Memos

Applicability of Diagnoses from Telehealth Services for Risk Adjustment

- On April 10, 2020 CMS released an HPMS memo entitled “Applicability of Diagnoses from Telehealth Services for Risk Adjustment.”
- In this memo we stated that Medicare Advantage (MA) organizations and other organizations that submit diagnoses for risk adjusted payment are able to submit diagnoses for risk adjustment that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility, which include being from an allowable inpatient, outpatient, or professional service, and from a face-to-face encounter.
- This use of diagnoses from telehealth services applies both to submissions to the Risk Adjustment Processing System (RAPS), and those submitted to the Encounter Data System (EDS).
- Diagnoses resulting from telehealth services can meet the risk adjustment face-to-face requirement when the services are provided using an interactive audio and video telecommunications system that permits real-time interactive communication.

Delay of the 2020 HOS & HOS-M Surveys for 2021 Frailty Score Calculation

- In the Medicare and Medicaid Programs: Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (PHE) Interim Final Rule with Comment Period (CMS-1744-IFC), put on display at the Office of the Federal Register website on March 31, 2020 and published in the Federal Register on April 6, 2020, CMS announced the delay in the administration of the HOS survey.
- On April 15, 2020 CMS released an HPMS memo entitled “Delay of the 2020 HOS & HOS-M Surveys for 2021 Frailty Score Calculation” that served as notification that the survey delay noted in the IFC also applies to the HOS-M survey.
- We anticipate fielding the surveys beginning in August. We continue to monitor the situation and will provide more information at a later date.



Operational Updates

Announcement about the Encounter Data Processing System (Back-End)

May 14, 2020 Listserv Announcement

Encounter Data Processing System Hold - May 18, 2020

- Starting May 18, 2020 the Encounter Data Processing System (EDPS) will begin maintenance activities that will last for approximately four (4) days. During the maintenance period CMS's Encounter Data Front End System (EDFES) will continue to accept and process submitted encounter data and transmit TA1, 277CA and 999 reports to submitters. However, the back end, EDPS will hold the encounter data files in a pending status.
- As a result, encounter data transaction reports generated by the EDPS (MAO-001 and MAO-002) will not be produced. CMS anticipates to begin processing of the backlogged reports beginning May 22, 2020 or as soon as the maintenance is completed. Return of MAO-001 and MAO-002 reports will be on a rolling basis based on first in first out. CMS will notify plans when the backlog is fully processed.

RAPS 408, 409, 410 Edits HPMS Memo and Reports

May 06, 2020 HPMS Memo 'Risk Adjustment Processing System 408, 409, and 410 Edit Update and Risk Adjustment Model Run Impact'

- Announced the identification of issues with the 408/409/410 RAPS edits that occurred between 04/01/2018 and 11/22/2019.
- Instances occurred in which diagnoses submitted with an MBI were improperly accepted by RAPS and the 408/409/410 edits did not check against these submissions.
- These diagnoses were marked as deleted in the RASS database on 01/02 and 01/03/2020.
- Subsequent model runs:
 - 2019 Final and 2020 Midyear – did not include these diagnoses
 - 2021 Initial – will not include these diagnoses
 - Future runs for PY2018 and PY2017 – will not include these diagnoses.
- On 5/11, CMS distributed reports to the plans to indicate the diagnoses that had been affected by this issue and have since been marked as deleted. CMS used the standard RAPS transaction reports data transfer protocols to distribute these reports.
- Please refer to the HPMS memo for further information on the edits and reports.

NPI Registry

Since 2019 CMS has been implementing edits related to the billing, referring, ordering, and rendering NPIs on encounter data to improve data integrity. These edits take place in the back-end processing system of the Medicare Advantage Encounter Data System and appear on the MAO-002 reports if triggered.

The reference data used in the Medicare Advantage Encounter Data System for these data integrity edits is the National Plan and Provider Enumeration System (NPPES) data source.

The NPPES system was developed by CMS to assign the unique National Provider Identifier (NPI).

The data maintained in the NPPES are publicly available.

<https://nppes.cms.hhs.gov>

Support for NPPES: 1-800-465-3203 or
customerservice@npienumerator.com

March 2020 Encounter Data Software Release Updates (1)

March 19, 2020 HPMS Memo Announcement of the March 2020 Encounter Data Software Release Updates

- The changes to the back-end system of the Medicare Advantage Encounter Data System described in the memo were implemented on March 27, 2020
- CMS instituted a series of edits to check NPIs against the CMS Preclusion List (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/PreclusionList.html>)
- These edits are all informational.
 - Edit 01440 – ‘Precluded Billing Provider’
 - Edit 01445 – ‘Precluded Rendering Provider’
 - Edit 01450 – ‘Precluded Referring Provider’
 - Edit 01455 – ‘Precluded Ordering Provider’

March 2020 Encounter Data Software Release Updates (2)

- **Edit 00860 – ‘Replacement for CRR-Delete Not Allowed’ –**
 - The purpose of this new reject edit is to ensure that replacement CRRs are not submitted for CRR-Deletes. When this occurs, the submitter’s intention is not clear. Instead of submitting a replacement, the MAO should submit a void chart review record for the CRR-Delete and then resubmit a new, original CRR-Delete with the corrected information.
 - This edit will post when a CRR is submitted as a replacement (Claim Frequency Code = ‘7’) and the record to be replaced is a previously submitted and accepted CRR-Delete.
 - This edit is applicable to all replacement CRRs that are linked to a CRR-Delete submitted on or after to June 11, 2018 for all dates of service.
- **Edit 25015 – ‘SNF Interrupted Stay’**
 - Edit updated to bypass on Chart Review submissions



Frequently Asked Questions

Question 1

Given the public health emergency due to the coronavirus pandemic, are diagnoses obtained through telehealth visits included for risk adjustment?

Answer:

Yes, as noted in the April 10, 2020 HPMS memo, “Applicability of diagnoses from telehealth services for risk adjustment”, diagnoses that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility and are from a face-to-face (real-time interactive audio and video) encounter, are considered risk adjustment eligible.

Question 2

What is the applicable time period for the information regarding risk adjustment eligible diagnoses obtained through telehealth visits described in the April 10, 2020 HPMS memo?

Answer:

We are accepting diagnoses from telehealth for payment years that are open for submission – 2019 dates of service and 2020 dates of service.

Question 3

When will CMS correct 2019 and 2018 rounding issues in risk score?

Answer:

The rounding fix was incorporated in the 2018 final reconciliation payment, as well as for all future runs of other payment years, including the 2019 final reconciliation run.

Question 4

What is the error code 503 on the RAPS Return Flat file?

Answer:

On the CSSCOperations website, there is a lookup tool for edits under the Medicare Advantage Encounter Data and RAPS Data Edits. The second to the last is a lookup for the FERAS-RAPS code lookup. The 503 code is an informational edit and it states the Member Beneficiary Identifier (MBI) number has changed according to CMS records; use correct MBI number for future submissions.

Question 5

Where are the User Group slides posted?

Answer:

The User Group slides are posted on the CSSC Operations website (<https://www.csscoperations.com/>).

Click on Training/User Group or Topics, select Encounter and Risk Adjustment Program (Part C), and then User Group on the left side menu. The slides have been posted.

Question 6

Is dementia factored into the Part C risk score differently than previous years?

Answer:

The 2020 CMS-HCC model includes HCCs for dementia. The 2020 CMS-HCC model will be used to pay MAOs and MMPs in PY 2020 and PY 2021.

Question 7

When will the software for the 2021 initial risk score run be released?

Answer:

The software for 2021 initial is posted on the risk adjustment webpage:

[https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.](https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors)

Question 8

Where can a PACE organization or FIDE-SNP locate the frailty score that is being applied in payment?

Answer:

Frailty score information is posted in HPMS. In addition, the monthly membership detail report includes the frailty score applied in payment in field 80.

Question 9

Where can we find the relative factors for the models being used in payment for 2021?

Answer:

You can locate the relative factors for each of the models being used in payment for 2021 in the Rate Announcement for the year in which the model was first implemented:

<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents>

2017 Rate

Announcement:

- 2017 CMS-HCC Model

2019 Rate

Announcement:

- 2019 ESRD Models

2020 Rate

Announcement:

- 2020 CMS-HCC Model
- 2020 ESRD Models
- 2020 RxHCC Model

Question 10

When can we expect 2019 Final Reconciliation and 2020 Midyear to go into payment?

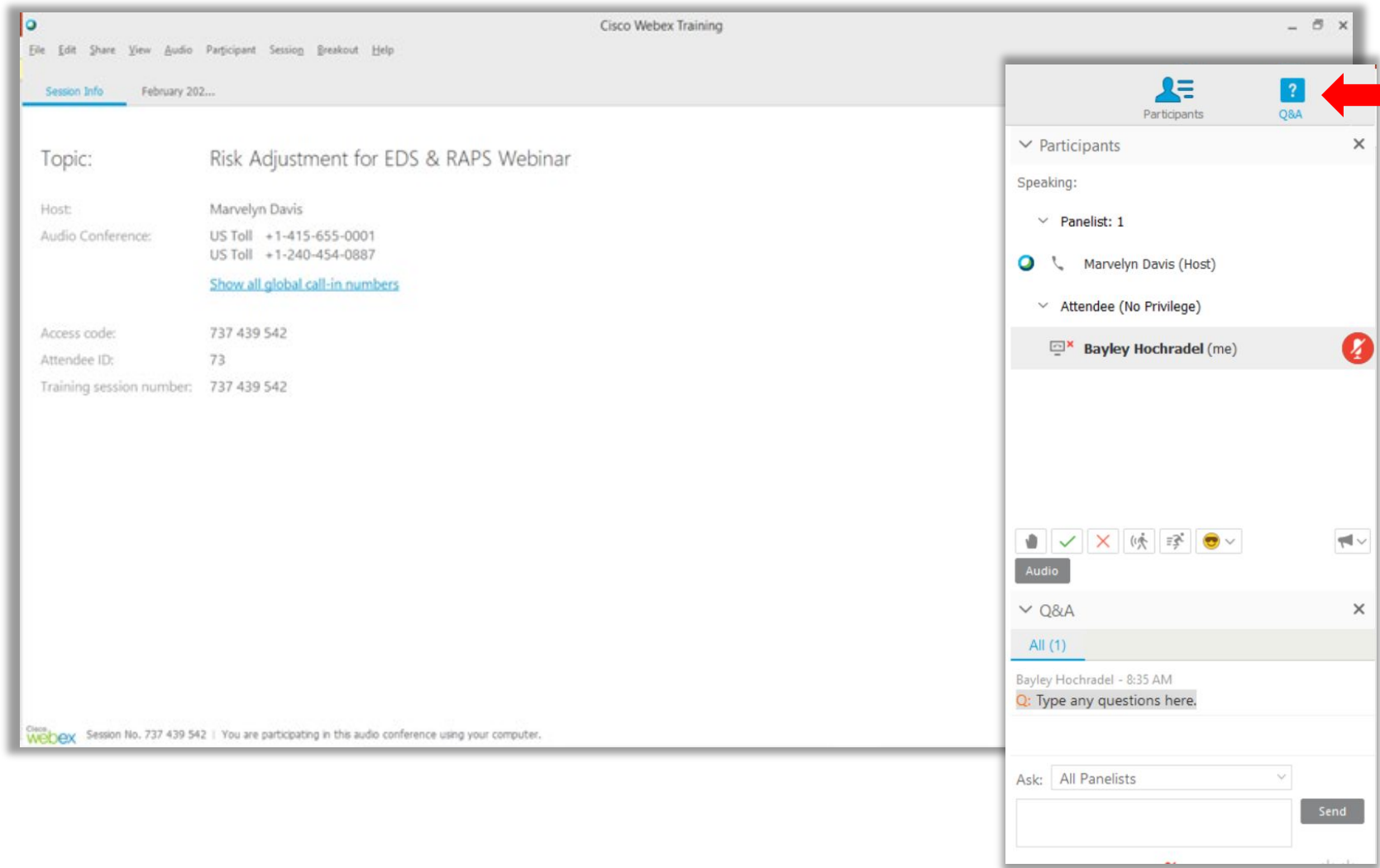
Answer:

Consistent with the anticipated payment months identified in the December 17, 2019 HPMS memo entitled “Reminder of Deadlines for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2019, 2020 and 2021 with Update on Payment Months,” 2019 final reconciliation will go into June payment and 2020 midyear is anticipated to go into July payment.



Live Question and Answer Session

Click Q&A on your WebEx Control Panel to open



The screenshot displays the Cisco WebEx Training interface. The main window shows session information for "Risk Adjustment for EDS & RAPS Webinar" hosted by Marvelyn Davis. A sidebar on the right is open, showing the "Q&A" section. A red arrow points to the "Q&A" icon in the sidebar header. The Q&A section shows a question from Bayley Hochradel at 8:35 AM: "Q: Type any questions here." Below the question is a text input field and a "Send" button.

Session Info February 202...

Topic: Risk Adjustment for EDS & RAPS Webinar

Host: Marvelyn Davis

Audio Conference: US Toll +1-415-655-0001
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Access code: 737 439 542

Attendee ID: 73

Training session number: 737 439 542

Participants **Q&A**

Participants

Speaking:

- Panelist: 1
 - Marvelyn Davis (Host)
- Attendee (No Privilege)
 - Bayley Hochradel (me)**

Audio

Q&A

All (1)

Bayley Hochradel - 8:35 AM

Q: Type any questions here.

Ask: All Panelists

Send

Keep default audience of “All Panelists” for Q&A questions

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Q&A

Ask questions here

Q and A is defaulted to all panelists

Ask: All Panelists

Host

Presenter

Host & Presenter

All Panelists

Marvelyn Davis

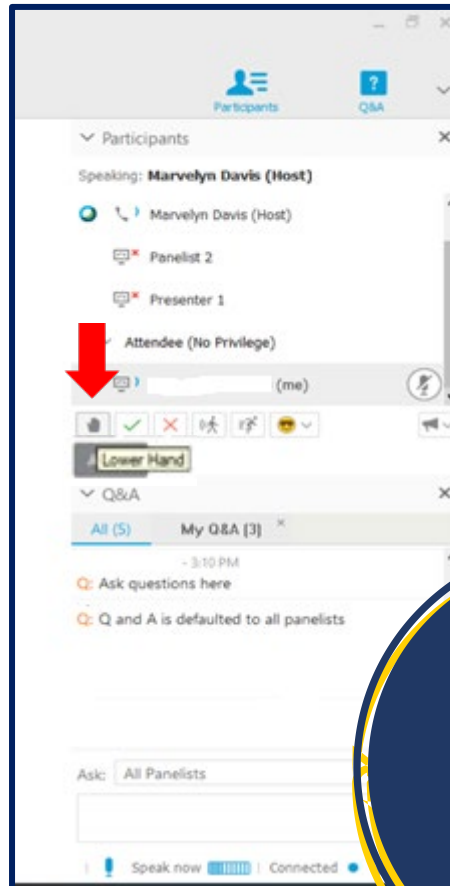
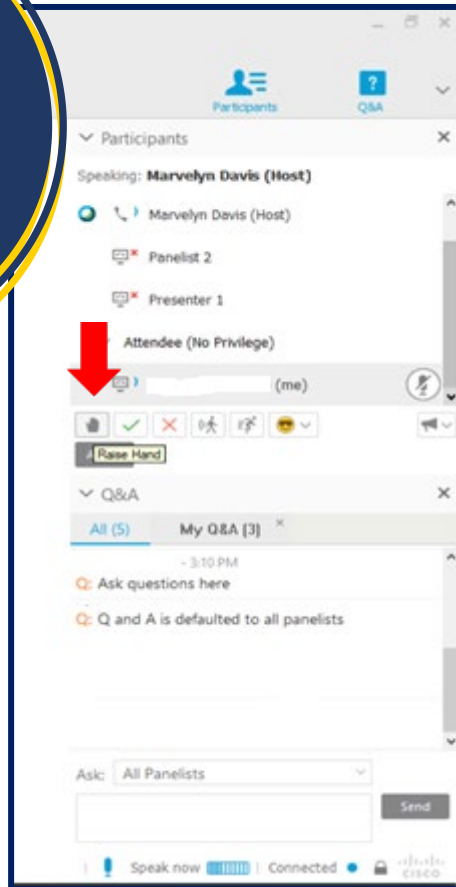
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Keep the default audience at “All Panelists”.

Raise 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	https://www.csscooperations.com/intermet/csscw3.nsf/DID/WBQFS1ZRBD
CMS 5010 Edit Spreadsheet	https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/
EDPS Error Code Look-up Tool	https://www.csscooperations.com/intermet/csscw3.nsf/DID/JSKI2CJA34

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!

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