Risk Adjustment Resources

Resource	Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
CSSC Operations	http://www.csscoperations.com csscoperations@palmettogba.com
Technical Assistance Registration Service Center (TARSC)	http://www.tarsc.info/
Medicare Advantage and Prescription Drug Plans Plan Communications User Guide (PCUG) Main Guide and Appendices	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html
Medicare Managed Care Manual, Chapter 7 – Risk Adjustment	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html?DLPage=2&DLSort=0&DLSortDir=ascending
2013 Risk Adjustment 101 Materials	http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Training?open&expand=1&navmenu=Risk^Adjustment^Processing^System||
Risk Adjustment Mailbox	riskadjustment@cms.hhs.gov
2014 Acceptable Physician Specialty Types	http://csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~References?open&expand=1&navmenu=Risk^Adjustment^Processing^System||
Medicare Advantage and Part D Rate Announcements	http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html
Taxonomy Codes	http://www.wpc-edi.com/codes/taxonomy
2014 RAPS Format	http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~ListServ?open&expand=1&navmenu=Risk^Adjustment^Processing^System||
RAPS Error Code Listing FERAS Error Codes RAPS-FERAS Error Code Lookup	http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&expand=1&navmenu=Risk^Adjustment^Processing^System||
Place of Service Code Set	http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html
ICD-10 Code Set Information	http://www.cms.gov/Medicare/Coding/ICD10/index.html
ICD-10 to HCC Preliminary Mappings	http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html

RAPS Record Layout

AAA RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'AAA'
2	SUBMITTER-ID	4 – 9	X(6)	'SHnnnn'
3	FILE-ID	10 – 19	X(10)	
4	TRANSACTION-DATE	20 – 27	9(8)	'CCYYMMDD'
5	PROD-TEST-IND	28 – 31	X(4)	'PROD' or 'TEST' or 'CERT'
6	FILE-DIAG-TYPE	32-36	X(5)	'ICD9" or ICD10'
7	FILLER	37 - 512	X(476)	SPACES

BBB RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'BBB'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	FILLER	16 – 512	X(497)	SPACES

CCC RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'CCC'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	SEQ-ERROR-CODE	11 – 13	X(3)	SPACES
4	PATIENT-CONTROL-NO	14 – 53	X(40)	Optional
5	HIC-NO	54 – 78	X(25)	
6	HIC-ERROR-CODE	79 – 81	X(3)	SPACES
7	PATIENT-DOB	82 – 89	X(8)	'CCYYMMDD'
8	DOB-ERROR-CODE	90 – 92	X(3)	SPACES
9 – 15	DIAGNOSIS-CLUSTER (10 OCCURRENCES)	93 – 412		
9.0	PROVIDER-TYPE		X(2)	HOSPITAL IP PRINCIPAL = 01 HOSPITAL IP OTHER = 02 HOSPITAL OP = 10 PHYSICIAN = 20
9.1	FROM-DATE		9(8)	'CCYYMMDD'
9.2	THRU-DATE		9(8)	'CCYYMMDD'
9.3	DELETE-IND		X(1)	SPACE or 'D'
9.4	DIAGNOSIS-CODE		X(7)	ICD-9 or ICD-10
9.5	DIAG-CLSTR-ERROR-1		X(3)	SPACES
9.6	DIAG-CLSTR-ERROR-2		X(3)	SPACES
16	Corrected-HIC-NO	414 - 437	X(25)	SPACES
17-18	RISK ASSESSMENT CODE CLUSTER (10 OCCURRENCES)	438 - 477		
17.0	RISK ASSESSMENT-CODE		X(1)	'A','B', or 'C'
17.1	RISK ASSESSMENT-CODE ERROR		X(3)	SPACES
19	FILLER	478 – 512	X(35)	SPACES

YYY RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'YYY'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	CCC-RECORD-TOTAL	16 – 22	9(7)	
5	FILLER	23 – 512	X(490)	SPACES

ZZZ RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'ZZZ'
2	SUBMITTER-ID	4 – 9	X(6)	'SHnnnn'
3	FILE-ID	10 – 19	X(10)	
4	BBB-RECORD-TOTAL	20 – 26	9(7)	
5	FILLER	27 – 512	X(486)	SPACES

Effective 01/01/2014

http://www.csscoperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~9CTS6F4351?open&navmenu=Risk^Adjustment^Processing^System||||

FERAS & RAPS Transaction & Management Reports

FERAS REPORTS

Report	Description
FERAS Response Report	• Indicates file is accepted or rejected into the system • Identifies reasons for rejection • Report layout • Secured website and FTP users receive reports the same business day • Connect:Direct users receive reports the next business day • Gentran users receive reports the next business day • TIBCO users receive reports the next business day

RAPS TRANSACTION PROCESSING REPORTS

Report	Description
RAPS Return File	• Contains the entire submitted transaction • Identifies 300, 400, and 500-level errors • A flat file layout • Received by the end of the next processing day following submission
RAPS Transaction Error Report	• Communicates errors found in CCC records during processing • Displays only 300, 400, and 500-level error codes • A report layout • Received by the end of the next processing day following submission
RAPS Transaction Summary Report	• Summarizes the disposition of diagnosis clusters • A report layout • Received by the end of the next processing day following submission
RAPS Duplicate Diagnosis Cluster Report	• Identifies diagnosis clusters with 502-error message • Clusters accepted into the system, but not stored in the RAPS database • A report layout • Received by the end of the next processing day following submission

RAPS MANAGEMENT REPORTS

Report	Description
RAPS Monthly Plan Activity Report	• Provides monthly summary of the status of submissions by Submitter ID and Plan Number • A report layout • Available for download the second business day of the month • Generated only when plan has activity in current month
RAPS Cumulative Plan Activity Report	• Provides cumulative summary of the status of submissions by Submitter ID and Plan Number • A report layout • Available for download the second business day of the month • Generated only when plan has activity for the month of the report
RAPS Monthly Error Frequency Report	• Provides a monthly summary of all errors associated with files submitted in test and production • A report layout • Available for download the second business day of the month
RAPS Quarterly Error Frequency Report	• Provides a quarterly summary of all errors on all file submissions within the 3-month quarter • A report layout • Available for download the second business day of the month following each quarter

RAPS Error Codes

RAPS ERRORS AND CONSEQUENCES

SERIES	EXPLANATION OF ERROR AND CONSEQUENCES
300-349	Record-level error. The record was bypassed and all editing was discontinued. No diagnosis clusters from this record were stored.
350-399	Record-level error. All possible edits were performed, but no diagnosis clusters from this record were stored.
400-489	Diagnosis cluster error. All possible diagnosis edits were performed, but the diagnosis cluster is not stored.
490-499	Diagnosis delete error. Diagnosis was not deleted.
500-599	Informational message, all edits were performed. Diagnosis cluster was stored unless some other error is noted.

RAPS ERRORS AND ERROR DESCRIPTIONS – 300 LEVEL

ERROR CODE	RECORD ID	ERROR DESCRIPTION
301	CCC	CCC RECORD MISSING FROM TRANSACTION
302	CCC	MISSING / INVALID SEQUENCE-NUMBER ON CCC RECORD
303	CCC	SEQUENCE-ERROR-CODE FILLER NOT EQUAL TO SPACES
304	CCC	HIC-ERROR-CODE FILLER NOT EQUAL TO SPACES
305	CCC	DOB-ERROR-CODE FILLER NOT EQUAL TO SPACES
307	CCC	DIAGNOSIS-CLUSTER-ERROR-1 NOT EQUAL TO SPACES
308	CCC	DIAGNOSIS-CLUSTER-ERROR-2 NOT EQUAL TO SPACES
309	CCC	SEQUENCE-NUMBER ON DETAIL RECORD IS OUT OF SEQUENCE
310	CCC	MISSING / INVALID HIC-NO ON DETAIL RECORD
311	CCC	AT LEAST ONE DIAGNOSIS CLUSTER REQUIRED ON TRANSACTION
313	CCC	DELETE-INDICATOR MUST BE EQUAL TO A SPACE OR “D” FOR DELETE
314	CCC	INVALID DIAGNOSIS CODE FORMAT ON DETAIL RECORD
315	CCC	CORRECTED HIC NOT EQUAL TO SPACES
316	CCC	RISK ASSESSMENT CODE ERROR NOTE EQUAL TO SPACES
353	CCC	HIC NUMBER DOES NOT EXIST ON CME
354	CCC	PATIENT DOB SUBMITTED DOES NOT MATCH DOB ON MBD

Effective 01/2014

http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&expand=1&navmenu=Risk^Adjustment^Processing^System||

RAPS Error Codes, *continued*

RAPS ERRORS AND ERROR DESCRIPTIONS – 400 LEVEL

ERROR CODE	RECORD ID	ERROR DESCRIPTION
400	CCC	MISSING / INVALID PROVIDER-TYPE CODE ON DETAIL RECORD
401	CCC	INVALID SERVICE FROM-DATE ON DETAIL RECORD
402	CCC	INVALID SERVICE THROUGH-DATE ON DETAIL RECORD
403	CCC	SERVICE THRU-DATE IS OUTSIDE THE RISK ADJUSTMENT PROCESSING RANGE
404	CCC	SERVICE FROM-DATE MUST BE LESS THAN OR EQUAL TO THRU-DATE
405	CCC	DOB IS GREATER THAN SERVICE FROM-DATE
406	CCC	SERVICE FROM-DATE IS NOT WITHIN MEDICARE ENTITLEMENT PERIOD
407	CCC	SERVICE THRU-DATE IS NOT WITHIN MEDICARE ENTITLEMENT PERIOD
408	CCC	SERVICE FROM-DATE IS NOT WITHIN MA ORG ENROLLMENT PERIOD
409	CCC	SERVICE THRU-DATE IS NOT WITHIN MA ORG ENROLLMENT PERIOD
410	CCC	BENEFICIARY IS NOT ENROLLED IN PLAN ON OR AFTER SERVICE FROM-DATE
411	CCC	SERVICE THRU-DATE IS GREATER THAN DATE OF DEATH
412	CCC	SERVICE FROM-DATE GREATER THAN TRANSACTION DATE
413	CCC	SERVICE THRU-DATE GREATER THAN TRANSACTION DATE
414	CCC	SERVICE THRU-DATE GREATER THAN 09/30/2014 FOR ICD-9 DIAGNOSIS
415	CCC	SERVICE THRU-DATE BEFORE 10/01/2014 FOR ICD-10 DIAGNOSIS
416	CCC	RISK ASSESSMENT CODE MUST BE EQUAL TO A VALID CODE
417	CCC	DIAGNOSIS CODE IS REQUIRED IF RISK ASSESSMENT CODE PRESENT
418	CCC	SERVICE YEAR IS CLOSED FOR DIAGNOSIS SUBMISSIONS
419	CCC	DIAGNOSIS CODE PRESENT IN THE CLUSTER, RISK ASSESSMENT CODE IS MISSING
450	CCC	DIAGNOSIS DOES NOT EXIST FOR THIS SERVICE THRU-DATE
451	CCC	SERVICE THRU-DATE IS GREATER THAN DIAGNOSIS END DATE
453	CCC	DIAGNOSIS CODE IS NOT APPROPRIATE FOR PATIENT SEX
454	CCC	DIAGNOSIS IS VALID, BUT IS NOT SUFFICIENTLY SPECIFIC FOR RISK ADJUSTMENT GROUPING
455	CCC	DIAGNOSIS CLUSTER NOT EDITED DUE TO RECORD FORMAT ERROR
460	CCC	SERVICE FROM- AND THRU-DATE SPAN IS GREATER THAN 31 DAYS
490	CCC	COULD NOT DELETE; DIAGNOSIS CLUSTER NOT IN RAPS DATABASE BENEFICIARY RECORD
491	CCC	DELETE ERROR, DIAGNOSIS CLUSTER PREVIOUSLY DELETED
492	CCC	DIAGNOSIS CLUSTER WAS NOT SUCCESSFULLY DELETED. A DIAGNOSIS CLUSTER WITH THE SAME ATTRIBUTES WAS ALREADY DELETED FROM THE RAPS DATABASE ON THIS DATE

INFORMATIONAL EDITS – 500 Level

ERROR CODE	RECORD ID	ERROR DESCRIPTION
500	CCC	BENEFICIARY HIC NUMBER HAS CHANGED ACCORDING TO CMS RECORDS; USE CORRECT HIC NUMBER FOR FUTURE SUBMISSIONS
502	CCC	DIAGNOSIS CLUSTER WAS ACCEPTED BUT NOT STORED. A DIAGNOSIS CLUSTER WITH THE SAME ATTRIBUTES IS ALREADY STORED IN THE RAPS DATABASE

Effective 01/2014

http://www.csscoperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&expand=1&navmenu=Risk^Adjustment^Processing^System||

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Risk Adjustment Job Aid

Risk Assessment Code

The FACTS

1. For DOS 1/1/14 and beyond, the RAPS Risk Assessment field must be populated for **ALL** RAPS Submissions.
2. A Risk Assessment Code must be assigned to **each** diagnosis cluster.
3. Submitted diagnoses in both clinical and non-clinical settings **must** originate from an **acceptable Physician Specialty Type**.
4. Place of Service **code 12** is the **only** non-clinical place of service (POS) code.

Risk Assessment Field Values

CODE	Use If…
A	Diagnosis code comes from a clinical setting. (POS code is NOT code 12 – HOME.)
B	Diagnosis code comes from a non-clinical setting (POS Code is 12 – HOME) originating in a visit that meets **all** requirements specified at 42 CFR 410.15(a) for First Annual Wellness Visit or Subsequent Annual Wellness visit.
C	Diagnosis code comes from non-clinical setting (POS Code is 12 – HOME) originating in a visit that does **not** meet all requirements specified at 42 CFR 410.15(a) for a First Annual Wellness Visit or Subsequent Annual Wellness Visit.

FAQs

Q1: What is the definition of a risk assessment?

A1: Generally risk assessments are evaluations to asses the overall health of the beneficiary, make diagnoses, and identify gaps in care. There are many types of enrollee risk assessments in use today, and they vary in comprehensiveness, so it is not possible to specify exactly what elements comprise such an assessment.

Q2: If a beneficiary has more than one Annual Wellness Visit in a year, and both occur in the home, what code should MAOs enter in the RAPS submission?

A2: Regardless of the number of Annual Wellness Visits a beneficiary receives, code "B" would be the appropriate code to use. The diagnosis come from a non-clinical setting and originates in visits where all requirements, specified at 42 CFR 410.15(a) for a First Annual Wellness Visit or Subsequent Annual Wellness Visit, were met.

Q3: What code should MAOs use if care is provided in the home, but it is not a risk assessment?

A3: Plans should use risk assessment code "C" for visits in the beneficiary's home (defined only with Place of Service Code 12) where the services do not meet all of the requirements of the Annual Wellness Visit. This includes visits where no risk assessment is conducted.

Q4: Is location 12, "Home," the only Place of Service that should be identified as a non-clinical setting?

A4: Yes, Place of Service Code 12, "Home," is the only setting that should be coded as non-clinical, meaning codes "B" or "C," for the purposes of the risk assessment field. All other Place of Service Codes are clinical settings and should be coded as "A."

Q5: Does the risk assessment code on a delete record need to match the risk assessment code on the original record?

A5: No, the risk assessment code field is not used to match a delete record to an original record.

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Risk Adjustment Job Aid

2015 Blended Risk Score Calculation

Portion of risk score from 2013 model + Portion of risk score from 2014 model = Blended 2015 Risk Score

Portion of risk score from 2013 model

[(raw risk score from 2013 model) / (PY 2015 normalization factor for the 2013 model)] X (1 – PY 2015 coding adjustment factor*) X **67%** = portion of the risk score from 2013 model

Portion of risk score from 2014 model

[(raw risk score from 2014 model) / (PY 2015 normalization factor for the 2014 model)] X (1 – PY 2015 coding adjustment factor*) X **33%** = portion of the risk score from 2014 model

2015 Blended Risk Score Example

Portion of the risk score from 2013 model

1. Raw RS = Demographic Factors + Diagnostic Coefficients
   Example raw RS = 1.150
2. Normalized risk score = Raw RS /PY 2015 Normalization Factor for the 2013 model
   1.150 / 0.992 = 1.1592; Rounded = 1.159
3. MA coding adjusted risk score = Normalized Risk Score X (1 - PY 2015 Coding Adjustment Factor*)
   1.159 X (1-0.0516) = 1.099; Rounded = 1.099
4. 2013 portion of the risk score = 2013 risk score X 67%
   1.099 X .67 = 0.73633

Portion of 2013 model risk score (rounded) = 0.736

Portion of the risk score from 2014 model

1. Raw RS= Demographic Factors + Diagnostic Coefficients
   Example raw RS = 1.117
2. Normalized risk score = Raw RS /PY 2015 Normalization Factor for the 2014 model
   1.117 / 0.978 = 1.1421; Rounded = 1.142
3. MA coding adjusted risk score = Normalized Risk Score X (1 – PY 2015 Coding Adjustment Factor*)
   1.142 X (1-0.0516) = 1.0830; Rounded = 1.083
4. 2014 portion of the risk score = 2014 risk score X 33%
   1.083 X .33 = 0.357

Portion of the risk score from 2014 model = 0.357

Portion of the risk score from 2013 model + Portion of the risk score from 2014 model = Blended 2015 risk score:

2013 portion of RS	+	2014 portion of RS	=	**Blended 2015 RS**
0.736		**0.357**		**1.093**

*** Please note that the Coding Adjustment factor does not apply to ESRD dialysis, dialysis New Enrollee, Transplant, and Part D models.**

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Risk Adjustment Job Aid

New Enrollee Tips

Identifying New Enrollees

Who receives New Enrollee risk scores? *Newly entitled disabled or aged-in beneficiaries*
When is a New Enrollee score used? *When a beneficiary has less than 12 months of Medicare Part B in the data collection year (year prior to the payment year)*
How can plans identify when a new enrollee score is used? *On the Monthly Membership Report (MMR) with a New Enrollee Risk Adjustment Factor Type (RAFT) code*

Full Risk Status Assigned at Model Runs

1. Initial (January reports)
2. Mid-Year (July reports)
3. Final Reconciliation (year following payment year)

If a beneficiary changes status between model runs, CMS may assign a Default status, which uses the same scores as those for New Enrollees.

New Enrollee vs. Full Risk in the CMS-HCC Model

Status	Coverage History	CMS Pays	Tools
New Enrollee	Has less than 12 months Part B in prior year	Using a new enrollee (demographics-only risk score)	CMS calculates all new enrollee risk scores with the Part C normalization factor and the MA coding adjustment factor. New enrollee risk scores are posted in the Announcement of Medicare Advantage Capitation Rates for the year in which the model is recalibrated.
Full Risk	Has 12 months Part B in prior year	Using demographics and diagnostic data	CMS calculates the risk score using beneficiary demographics and diagnoses, applying the normalization factor and coding intensity adjustment.

New Enrollee and Default Reporting – MMR & MOR

Status	RAFT Codes	Medicaid in Payment	MOR Reporting
Default Status	No RAFT code, default code in MMR field 23	Uses status from payment year	Does not appear on MOR
New Enrollee	E,ED,E1,E2,SE MMR field 47	Uses status from payment year	Does not appear on MOR
Full Risk	C,C1,C2,D,G1, G2,I,I1,I2 MMR field 47	Uses status from data-collection year	Appears on MOR with full demographics and diagnostic data

During lapse in Medicare Part B Coverage, look for:

- Period of new enrollee status
- Loss of full risk status
- New enrollee RAFT code on payment reports
- Beneficiary seeking help re-establishing Part B enrollment

New Enroll Resources:

Risk Adjustment Mailbox
riskadjustment@cms.hhs.gov

- Risk Adjustment Training Materials
www.csscoperations.com
- Rate Announcements:
https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html

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Risk Adjustment Job Aid

Payment Year Model and Factor Tips

Payment Year	CMS-HCC Model/Segment [1, 2, 3] and RxHCC Model	Normalization Factor	Adjustment for MA Coding Pattern Differences	Announcement Year for CMS-HCC and RxHCC Risk Adjustment Factors [4]
2013	Aged/disabled community, aged/disabled institutional, aged/disabled new enrollee, and C-SNP new enrollee	1.028	3.41%	2013
2013	ESRD Functioning Graft and PACE	1.070	3.41%	2012
2013	ESRD Dialysis	1.023	N/A	2012
2013	RxHCC	1.034	N/A	
2014	2013 Model [25% weight] Aged/disabled community, aged/disabled institutional, aged/disabled new enrollee, and C-SNP new enrollee	1.041	4.91%	2013
2014	2014 Model [75% weight] Aged/disabled community, aged/disabled institutional, aged/disabled new enrollee, and C-SNP new enrollee	1.026	4.91%	2014
2014	ESRD Functioning Graft and PACE	1.085	4.91%	2012
2014	ESRD Dialysis	1.039	N/A	2012
2014	RxHCC	1.030	N/A	
2015	2013 Model [67% weight] for Aged/disabled community, aged/disabled institutional, aged/disabled new enrollee, and C-SNP new enrollee	0.992	5.16%	2013
2015	2014 Model [33% weight] Aged/disabled community, aged/disabled institutional, aged/disabled new enrollee, and C-SNP new enrollee	0.978	5.16%	2014
2015	ESRD Functioning Graft and PACE	1.028	5.16%	2012
2015	ESRD Dialysis/Transplant	1.004	N/A	2012
2015	RxHCC	0.961	N/A	

[1] C-SNPs have separate new enrollee relative factors from other MA plans; however, the same normalization and coding adjustment factors apply to all MA enrollee risk scores, include C-SNP enrollees.

[2] The PACE program has a separate normalization factor that applies to all PACE enrollee risk scores, including new enrollees.

[3] The ESRD model factors for dialysis, transplant, and functioning graft apply to enrollees in MA plans and PACE organizations.

[4] Annual Announcements can be found at http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html.