DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

DATE: October 23, 2015

TO: All Medicare Advantage (MA) Organizations, PACE Organizations, Cost Plans and certain Demonstrations

FROM: Cheri Rice, Director
Medicare Plan Payment Group

SUBJECT: Guidance Regarding Risk Adjustment Processing System (RAPS) and Encounter Data System (EDS) Submissions: Additional Diagnoses Submitted After the Risk Adjustment Deadline for a Payment Year, Health Insurance Prospective Payment System (HIPPS) Codes for Critical Access Hospitals (CAHs), and Default National Provider Identifiers (NPIs) for Atypical Providers

The purpose of this memo is to provide additional clarification regarding several RAPS and EDS issues: (1) the addition of diagnoses submitted after the risk adjustment deadline for a payment year, (2) the submission of HIPPS codes for CAHs and (3) the use of default NPIs for atypical providers.

Additional Diagnoses Submitted After the Risk Adjustment Deadline

Per 42 CFR 422.310(g), CMS will not incorporate into the risk score for a payment year additional diagnoses submitted after the risk adjustment deadline. Specifically, after the final risk adjustment submission deadline for a payment year, only diagnoses deletes will be included in a rerun of risk scores for the payment year.

We remind plans that, per section 1128J(d) of the Social Security Act, organizations should delete diagnoses after the risk adjustment deadline for a payment year when an overpayment has been identified. Further guidance regarding the submission of encounter data records after the risk adjustment data submission deadline is forthcoming.

HIPPS Codes Not Required for CAH Encounters

When plans report encounters from Critical Access Hospitals (CAHs), CMS does not require the inclusion of Health Insurance Prospective Payment System (HIPPS) codes. Specifically, encounters for CAH swing bed services (using the code TOB 18X Hospital Swing Bed) are exempt from our HIPPS Code submission requirement. However, organizations must continue submitting a HIPPS code on a Skilled Nursing Facility (SNF) and Home Health Agency (HHA) encounter with "from" dates July 1, 2014 or later as outlined in our May 23, 2014 and December 4, 2014 HPMS memoranda.

Default NPIs for Atypical Providers

Default NPIs should only be submitted to the EDS when the provider is considered to be "atypical." An atypical provider is defined as an individual or business that bills for services rendered but does not meet the definition of a healthcare provider according to the NPI Final Rule 45 CFR 160.103 (e.g., non-emergency transportation providers, Meals on Wheels, personal care services, etc). Atypical providers cannot receive NPIs and, since the encounter data system requires that a valid NPI be reported on each encounter data record, CMS has provided the default NPIs (see below) to use when submitting encounters with an atypical provider. When submitting encounters with providers that are not atypical providers – i.e., providers who have NPIs – plans must include the providers' actual NPIs.

To submit encounter data from atypical providers, use the following default NPIs:

- Payer ID 80881 (Institutional) - 1999999976
- Payer ID 80882 (Professional) - 1999999984
- Payer ID 80887 (DME) – 1999999992

For questions relating to risk adjustment subjects in this memorandum, please email riskadjustment@cms.hhs.gov. For questions relating to encounter data subjects in this memorandum, please email encounterdata@cms.hhs.gov. For both specify "HPMS memo-Additional Guidance regarding RAPS and EDS Submissions" in the subject line.