



2014 Risk Adjustment Webinar for Encounter Data System & Risk Adjustment Processing System



December 18, 2014
2:00 p.m. – 4:00 p.m. ET

Agenda

- Introduction
- RAPS Overview
- EDS Overview
- CMS Updates
- RAPS Enhancements
- EDS Enhancements
- Chart Review
- RAPS & EDS Inbox Q&As

Purpose

- CMS is excited to announce a combined Encounter Data (ED) and Risk Adjustment (RA) industry communication.
 - The RA webinar session will provide a forum for CMS to provide guidance to MAOs and other entities by:
 - Communicating *what* you need to know...*when* you need to know it;
 - Using *your* input to share best practices for submitting data; and
 - Providing MAOs and other entities the opportunity to communicate directly with Subject Matter Experts (SMEs) through live Question and Answer Sessions.
- This webinar session will also equip organizations with policy and operational guidance to assist with the submission of risk adjustment data.

Session Guidelines

- This is a two (2) hour webinar session for MAOs and other entities submitting data to the EDS and RAPS
- There will be opportunities to ask questions via the webinar during question and answer period today
- Additional questions may also be submitted following the webinar to:

EncounterData@cms.hhs.gov or

RiskAdjustment@cms.hhs.gov

Commonly Used Acronyms

Acronym	Definition
AWV	Annual Wellness Visit
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
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

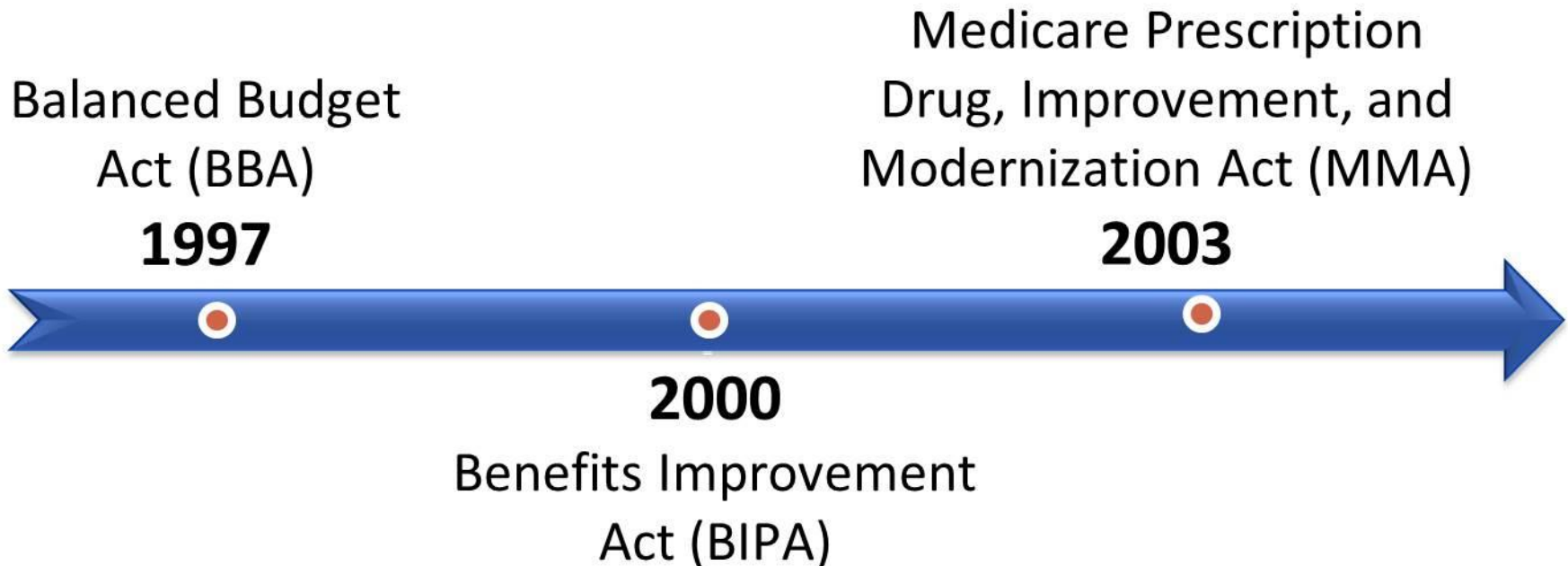


Risk Adjustment Processing System Overview

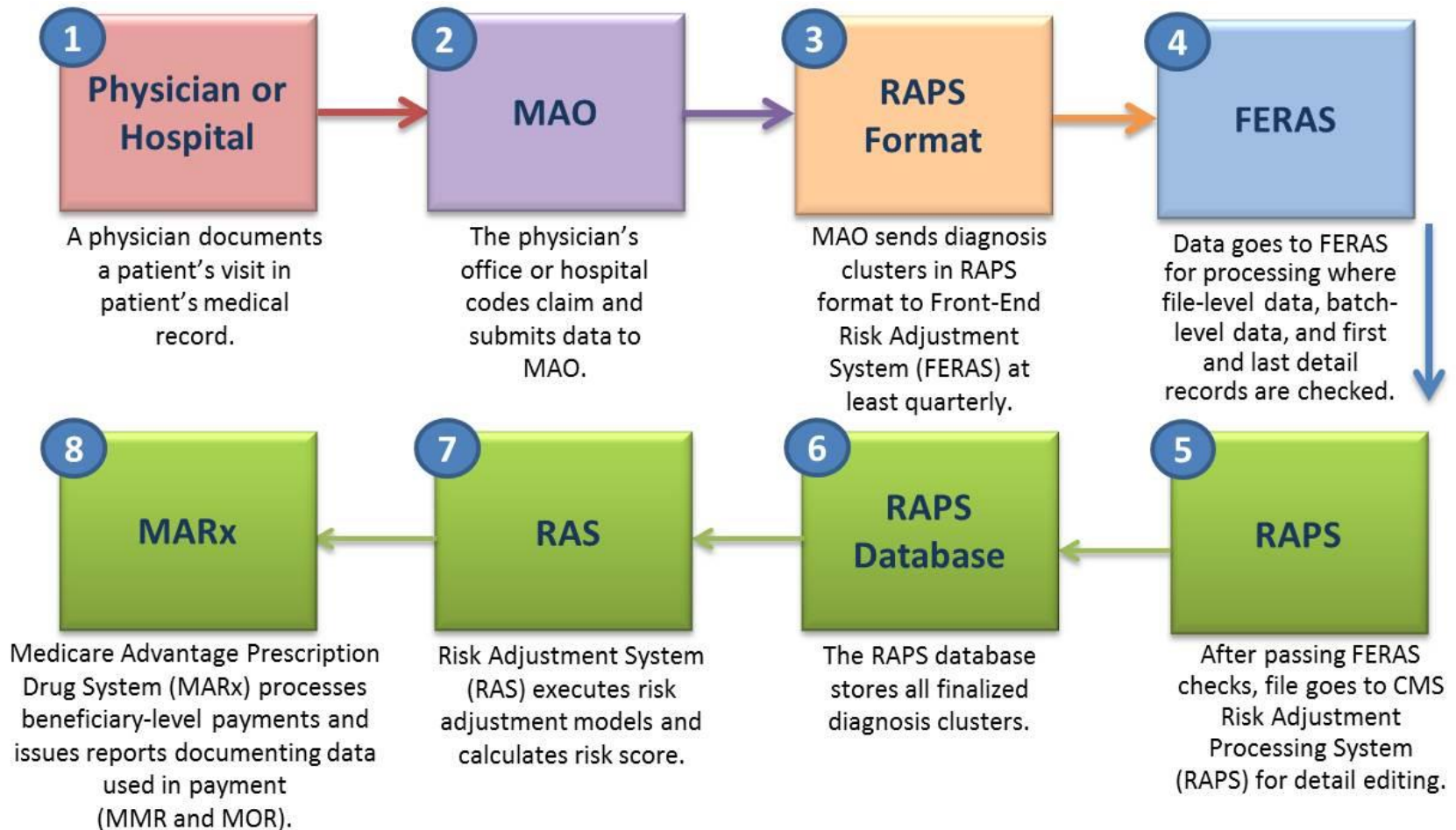
Risk Adjustment: Overview

Risk Adjustment:

- Method used to adjust bidding and payments
- Derived from enrollee's health status and demographic characteristics



Risk Adjustment: Process Flow



Risk Adjustment Diagnosis Clusters and Risk Assessment

Diagnosis Clusters

- Contain core information regarding diagnoses and include:
 - Provider Type
 - From and Through Dates
 - Delete Indicator
 - Diagnosis Code
- RAPS return file denotes disposition of diagnosis clusters

Risk Assessment Field

- DOS Jan 1, 2014 must use:
 - ‘A’ – Diagnosis code from clinical setting
 - ‘B’ – Diagnosis code from non-clinical/meets AWV requirements
 - ‘C’ – Diagnosis code from non-clinical/does not meet AWV requirements
- Is not used for duplicate logic



Encounter Data System Overview

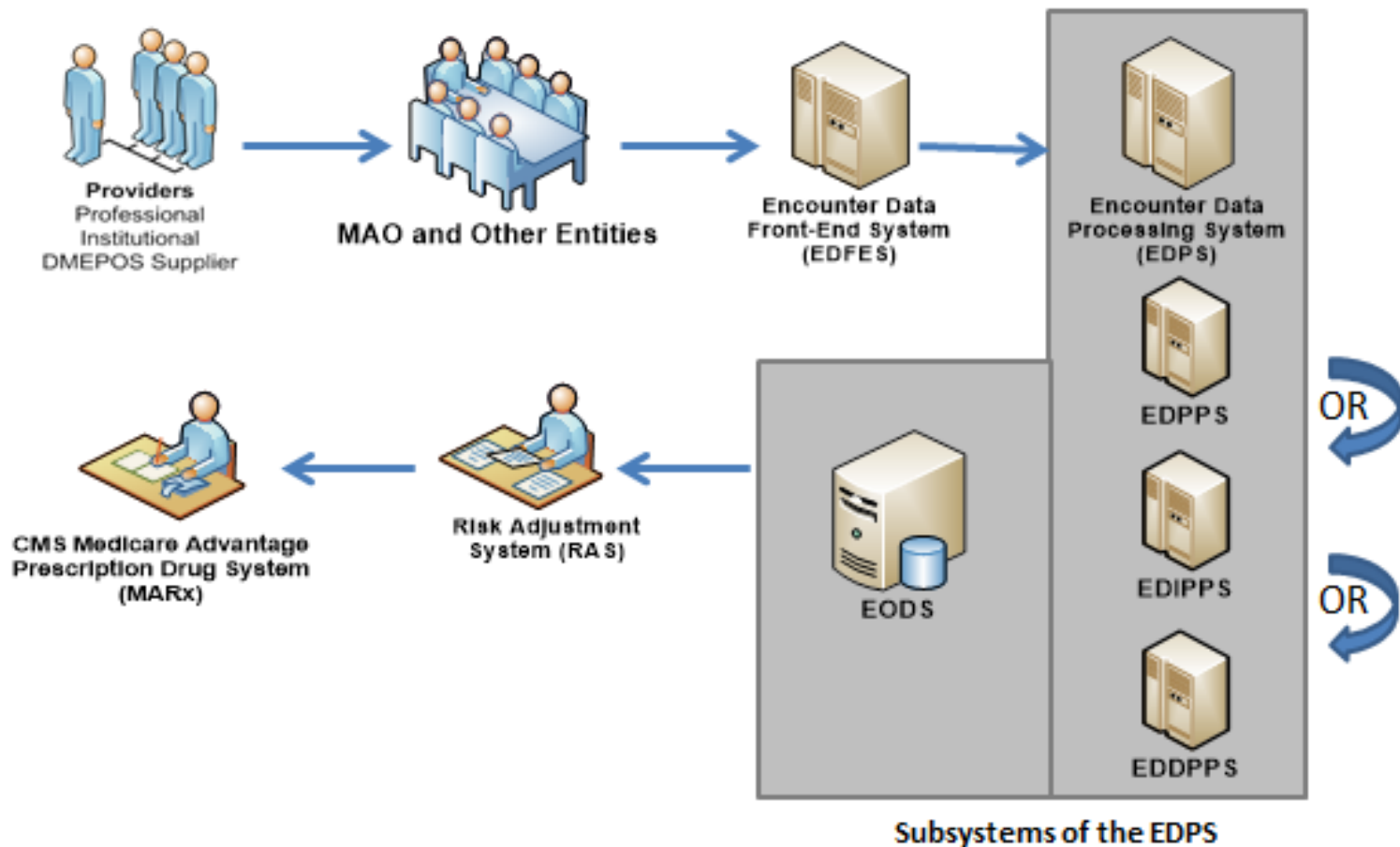
EDS Overview

- 42 CFR Section 422.310(d)(1):
 - MAOs must submit data, in accordance with CMS instructions, to characterize the context and purposes of items and services provided to their enrollees by a provider, supplier, physician, or other practitioner
 - This includes comprehensive data equivalent to Medicare FFS claims data (encounter data) or data in abbreviated format
- Final Regulation CMS-1607-P
 - CMS implemented a regulation, on October 1, 2014, to revise the regulation at 42 CFR Section 422.310 (f) to broaden the use of encounter data

EDS Overview *(continued)*

- CMS may use risk adjustment data obtained from MA organizations:
 - To conduct evaluation and other analysis to support Medicare program, public health initiatives, and health care-related research,
 - For activities to support the administration of the Medicare program.
 - For activities conducted to support program integrity, and
 - For purposes permitted by other laws.

EDS Overview: Submissions



EDS Timely Filing Guidance

MAOs must submit encounters to the EDS according to the following timely filing guidance:

Submission Type	Timely Filing Deadline
Full (Original) Encounters	Within 13 months of the original encounter's "through" date of service (DOS)
Adjustment Encounters	Within 30 days of the adjustment encounter's adjudication date

EDS Submission Frequency and Format

- MAOs should submit encounter data based on enrollment size

Number of Medicare Enrollees	Minimum Submission Frequency
Greater than 100,000	Weekly
50,000 – 100,000	Bi-weekly
Less than 50,000	Monthly

- All encounter data must be submitted in the ANSI X12 837 format

EDS Submission Requirements

- Submit all applicable DOS beginning 1/1/2012
- TPS submitting on behalf of MAOs must complete:
 - Signed EDI Agreement
 - Encounter Data Online Submitter Agreement
 - Encounter Data Connect:Direct Application (if applicable)



CMS Updates

ICD-10 Code Transition

- Protecting Access to Medicare Act of 2014 (PAMA), Section 212, Final Rule 79 FR 45128 (August 4, 2014)
 - Transition to ICD-10 effective October 1, 2015.
 - HIPAA covered entities use ICD-9 through September 30, 2015
- Testing for ICD-10 transition
 - July 2015 through August 2015

ICD-10 Code Transition

OPERATIONAL FOR RAPS ONLY

- As of October 2014, plans must:
 - Populate the RAPS file, Field 6 – FILE-DIAG-TYPE with 'ICD9' for files with ICD-9 diagnosis
- Post-ICD-10 transition (October 2015), plans can:
 - Populate Field 6 – FILE-DIAG-TYPE with 'ICD10' for ICD-10 diagnoses or 'ICD9' for ICD-9 diagnoses

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

***Note:** Field-6 cannot be left blank, as this will create errors.

Non-Renewing Contracts Close Out Letter

- Non-Renewal requirements for all organizations with contracts ending December 31, 2014
 - Submit Risk Adjustment data and attestations as follows:

Dates of Service	Submission Date
January 2013 – December 2013	January 31, 2015
January 2014 – December 2014	March 6, 2015

- Data corrections for overpayment must be submitted to CMS by March 6, 2015

RAPS HPMS Memo

Applicable for PY 2014, 2015, and 2016

Payment Year	Model Run	Dates of Service	Submission Deadline
2014	Final Reconciliation	1/1/13 – 12/31/13	1/31/15
2015	Initial	7/1/2013 – 6/30/14	9/12/14
2015	Mid-year	1/1/14 – 12/31/14	3/6/15
2015	Final Reconciliation	1/1/14 – 12/31/14	1/31/16
2016	Initial	7/1/14 – 6/30/15	9/11/15

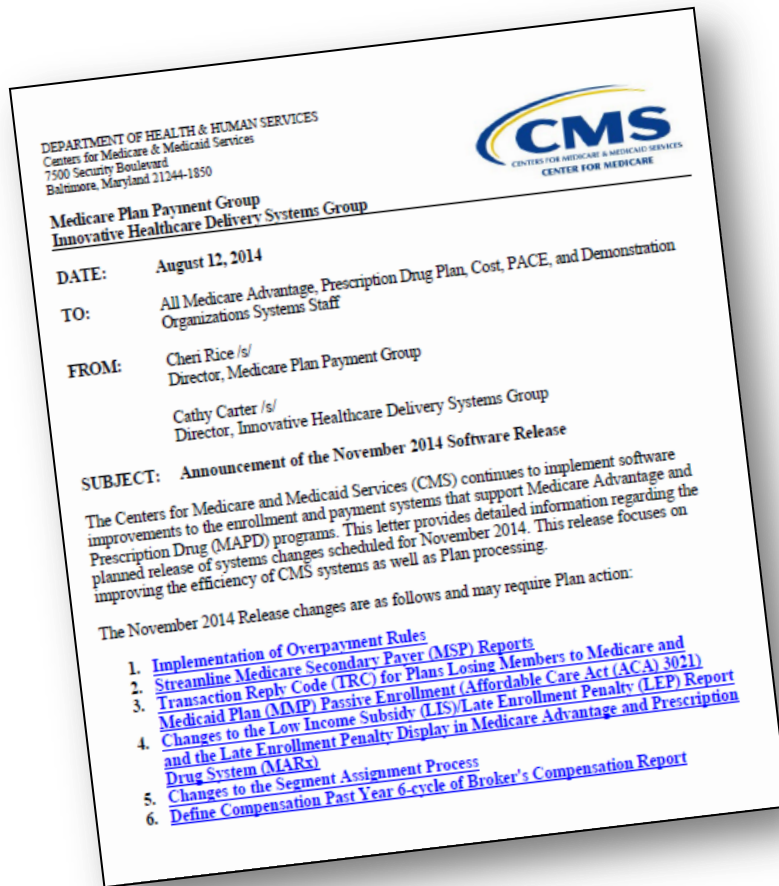
Improving Payment Accuracy

Overpayment Rules

August 12, 2014

Announcement of the November 2014 Software Release

- <http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/Announcement-of-the-November-2014-Software-Release.pdf>



HIPPS Codes for SNF and HH Encounters

SNF

- HIPPS codes must be submitted using Revenue Code 0022 for 'from' DOS on and after July 1, 2014
- TOB 18x or 21x
- Based on initial Omnibus Budget Reconciliation Act (OBRA)-required Comprehensive Admission Assessment

HH

- HIPPS codes must be submitted for HH encounters using Revenue Code 0023 for 'from' DOS on and after July 1, 2014
- TOB 32x
- Based on Outcome and Assessment Information Set (OASIS) Start of Care Assessment

- MAOs may submit HIPPS codes from other completed assessments if this data is not available from the initial admission assessment.

HIPPS Codes for SNF and HH Encounters

(continued)

I. Stays of more than 14 days - If the Admission assessment for a stay in the facility was completed prior to the MA-covered portion of the stay, MAOs must submit to CMS a HIPPS code by following the guidance in the order they are listed below.

A. Submit the HIPPS code from another assessment completed during the MA-covered portion of the stay

If the OBRA Admission assessment was completed for the current stay prior to the MA-covered portion of the stay, and another assessment (e.g., Quarterly Assessment or any PPS assessment required by the MAO) was completed during the MA-covered portion of the stay, the MAO shall submit the HIPPS code generated from that other assessment on their encounter submissions to CMS.

B. Submit the HIPPS code from the most recent assessment that was completed prior to the MA-covered portion of the stay

If no assessment was completed during the MA-covered portion of the stay from which a HIPPS code could be generated, the MAO shall submit to CMS the HIPPS code from the most recent OBRA or other assessment that was completed prior to the MA-covered portion of the stay (which may be the Admission assessment).

HIPPS Codes for SNF and HH Encounters (continued)

II. Stays of 14 days or less – If there was no Admission assessment completed before discharge for a stay of less than 14 days, MAOs must submit to CMS a HIPPS code by following the guidance in the order they are listed below.

A. Submit the HIPPS code from another assessment from the stay

If no OBRA Admission assessment was completed for a SNF stay of less than 14 days, the MAO shall submit to CMS the HIPPS code from any other assessment that was completed during the stay that produces a HIPPS codes.

B. Submit a default HIPPS code of ‘AAA00’

MAOs may submit a default HIPPS code for SNF encounter submissions to CMS only if (1) the SNF stay was less than 14 days within a spell of illness, (2) the beneficiary has been discharged prior to the completion of the initial OBRA Admission assessment, and (3) no other assessment was completed during the stay. To submit a default HIPPS code to the Encounter Data System, MAOs should use the default Resource Utilization Group (RUG) code of “AAA” and Assessment Indicator “00” on encounter data submissions starting with “from” dates of service July 1, 2014.

MAOs may not use this default code in other situations, such as to avoid collecting the proper HIPPS code, or when the MAO’s systems are not prepared to submit the HIPPS code to CMS.

MAO-001 Duplicates Report

- Effective January 1, 2015, MAOs will receive an enhanced MAO-001 Encounter Data Duplicates Report to convey duplicate encounter data errors
 - Includes chart review duplicate errors
 - Increased fixed length to include 72 additional bytes
- The enhanced MAO-001 Report layout is available on the CSSC Operations website at [http://www.csscoperations.com/internet/cssc3.nsf/files/MAO_001%20Duplicates%20Report_101314.pdf/\\$File/MAO_001%20Duplicates%20Report_101314.pdf](http://www.csscoperations.com/internet/cssc3.nsf/files/MAO_001%20Duplicates%20Report_101314.pdf/$File/MAO_001%20Duplicates%20Report_101314.pdf).

MAO-004 Report: Encounter Data Diagnoses Eligible for Risk Adjustment

- CMS developed a draft layout of the MAO-004 Report to inform MAOs of risk adjustment eligible diagnoses submitted to the EDS.
- CMS is soliciting feedback regarding this draft layout

Position Numbering will be updated when the contents of the report are finalized.

HEADER RECORD (There is only one header record per file.)				
Position(s)	Item	Notes	Length	Format
1	Record Type	0=Header	1	Numeric, no commas and/or decimals.
2	Delimiter		1	Uses the * character value
3-9	Report ID	Value is "MAO-004"	7	Alpha Numeric
10	Delimiter		1	Uses the * character value
11-18	Report Date	Date of report creation	8	Numeric, format CCYYMMDD
19	Delimiter		1	Uses the * character value
20-72	Report Description	Value is "Encounter Data Diagnoses Eligible for Risk Adjustment"	53	Alpha Numeric, left justify, blank fill
73	Delimiter		1	Uses the * character value
74-103	Submission Interchange Number	Interchange Sender ID (ISA06) + Interchange Control Number (ISA13) + Interchange Date (ISA09)	30	Alpha Numeric
104	Delimiter		1	Uses the * character value

- Please provide any feedback by Friday, December 19, 2014 to encounterdata@cms.hhs.gov and specify "MAO-004 comments" in the subject line

RAPS to EDS Transition

- Continue parallel submission through Payment Year 2015
- Risk score calculation for 2015 payment
 - All risk adjustment acceptable diagnoses from EDS, FFS, and RAPS will be used
- For more information refer to:
 - 2015 Advance Notice
 - 2015 Final Rate Announcement

<https://www.cms.gov/Medicare/HealthPlans/MedicareAdvgSpecRateStats/Announcements-and-Documents.html>



RAPS Enhancements

New RAPS Error Codes

AAA

Code	Description	System
105	MISSING / INVALID PROD-TEST-OPMT-INDICATOR ON AAA RECORD	FERAS

BBB

Code	Description	System
214	CONTRACT ENROLLMENT DATE NOT ON FILE	FERAS
215	OVERPAYMENT-ID IS NOT GREATER THAN SPACES FOR OPMT FILE	FERAS
216	PAYMENT-YEAR IS NOT GREATER THAN SPACES FOR OPMT FILE	FERAS
217	OVERPAYMENT-ID MUST BE SPACES FOR NON OPMT FILE	FERAS
218	PAYMENT-YEAR MUST BE SPACES FOR NON OPMT FILE	FERAS
317	INVALID OVERPAYMENT-ID ON BBB RECORD	RAPS
318	INVALID PAYMENT-YEAR ON BBB RECORD	RAPS
319	INPUT PLAN NO ON BBB RECORD DOES NOT MATCH PLAN NO ON REMEDY TICKET	RAPS

New RAPS Error Codes *(continued)*

CCC

Code	Description	System
420	DIAGNOSIS CLUSTER SUBMITTED FOR RESTRICTED SERVICE YEAR	RAPS
421	DELETE-IND MUST BE EQUAL TO D FOR DELETE ON OPMT FILE	RAPS
422	SERVICE THRU-DATE IS NOT WITHIN THE REPORTED PAYMENT YEAR	RAPS
423	DELETE IS NOT ALLOWED WITHOUT AN OPMT FILE AFTER FINAL SWEEP DATE	RAPS

Monthly Membership Report (MMR)

- Overpayment adjustments for the RAPS delete submissions will process through MARx
- MMR will contain two new Adjustment Reason Codes (ARCs):

ARC	Description and Notes
60	Part C Payment Adjustments created as a result of the RAS overpayment file processing
61	Part D Payment Adjustments created as a result of the RAS overpayment file processing

MMR *(continued)*

- MMR includes a Cleanup ID that:
 - Identifies all MARx Part C and D overpayment adjustments in the Risk Adjustment System (RAS) overpayment file
- CMS discloses Cleanup IDs in monthly payment letters
- MAOs not reporting overpayments may:
 - See adjustments, as a RAPS delete causes changes to a beneficiary's Risk Adjustment Factor

MMR *(continued)*

Monthly Membership Detail Report (MMDR) Data File

Field #	Field Name	Len	Pos	Description
92	Cleanup ID	10	486-495	<p>If adjustment is the result of a cleanup = ID assigned to the cleanup</p> <p>(For an overpayment run, this will be the RT # associated with the overpayment run)</p> <p>If payment or non-cleanup adjustment = Blank</p> <p>For all payments and adjustments prior to August 2011 = Blank</p> <p>ARC 94 will be used to identify cleanups</p>



EDS Enhancements

TIBCO Transition

Attention FTP Users

The December 2014 Sybase to TIBCO Translator implementation has been postponed; however, ABILITY, the Network Service Vendor (NSV) is in the process of contacting FTP users regarding changes to their connectivity with Palmetto GBA.

Contact ABILITY Network Support at 1-888-886-2096 with questions as you make your update.



EDS ZIP Code +4 Default Value



MAOs should use '9998' as the default for all ZIP +4 extensions when the true +4 extension is not available

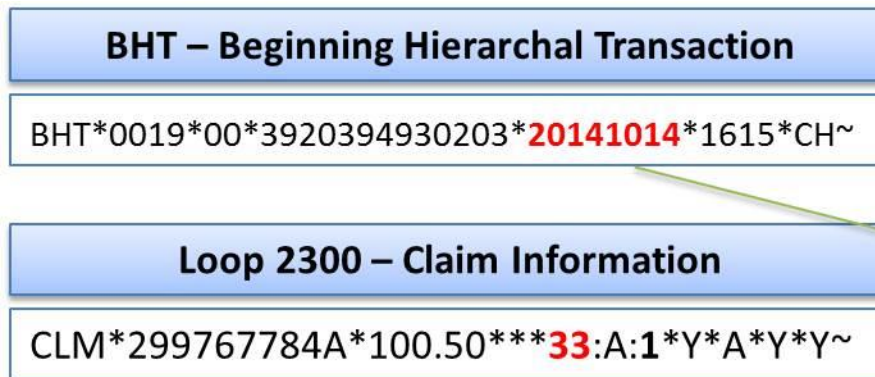
Loop 2010BA – Subscriber Name

NM1*IL*1*DOUGH*MARY****MI*672148306~
N3*1234 STATE DRIVE~
N4*NORFOLK*VA***235099998**~

Valid 9-digit ZIP code and +4 digit extension

New EDFES Error Code Type of Bill (TOB) for UB Claim

The EDFES will generate reject edit
X223.143.2300.CLM05-1.030 when:



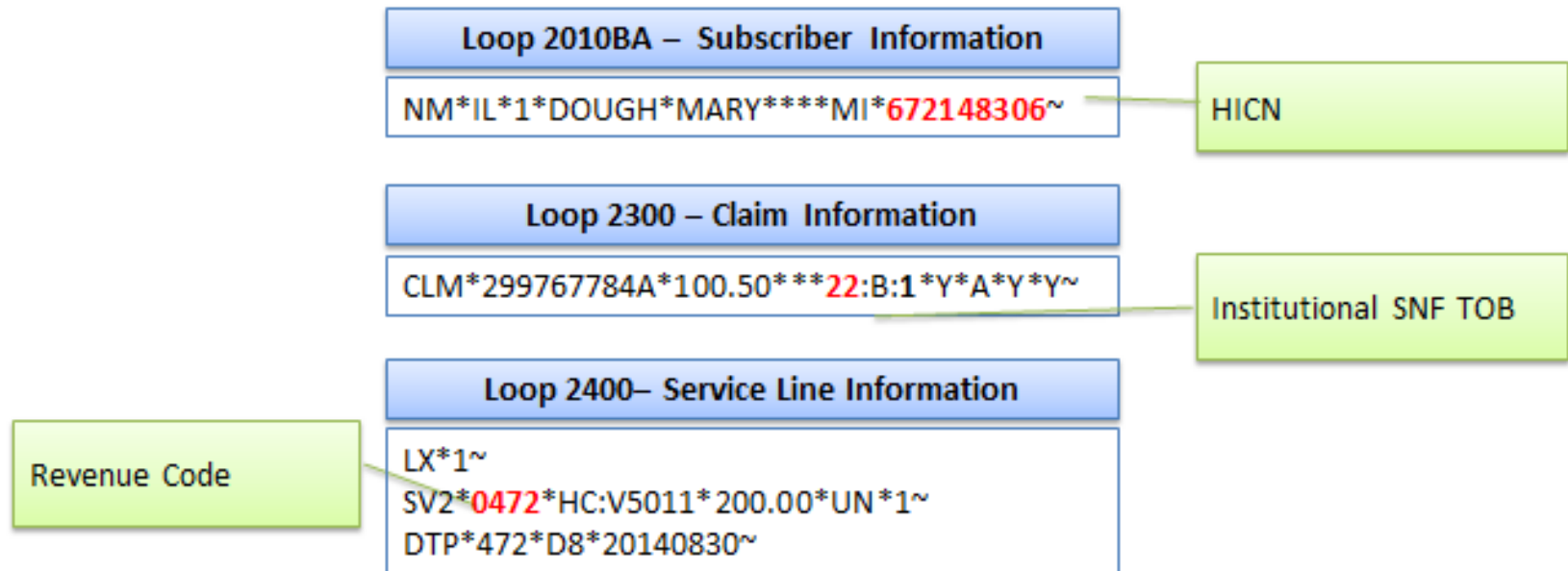
New EDPS Error Codes *(continued)*

- ICD-10 Transition Error Codes:
 - 00030 ICD-10 Dx Not Allowed
 - Encounters with DOS prior to 10/01/2015 submitted with ICD-10 codes will be rejected by the EDS
 - 00025 ICD-9 Dx Not Allowed
 - Encounters with DOS on or after 10/01/2015 submitted with ICD-9 codes will be rejected by the EDS
- Timely Filing Error Codes (Informational)
 - 00190 Encounter Beyond Timely Filing Req
 - The EDS must receive original full encounters within 13 months of the encounter service line “through” DOS
 - 00770 Adjustment Beyond Timely Filing Req
 - The EDS must receive adjustment encounters within 30 days of adjustment encounter adjudication date

New EDPS Error Codes

20495 – Revenue Code is Non-Billable for TOB

The EDPS will generate reject edit 20495, when:



Note: This is an example of an incorrect submission.

Medicare Claim Processing Manual (Chapter 7, Section 10.1.1)

New EDPS Error Codes

22430 – Procedure-HCPCS Codes w/Invalid TOB

The EDPS will generate reject edit 22430 when:

Loop 2010BA – Subscriber Information

NM*IL*1*LEECH*XANDER****MI*672149998~

HICN

Loop 2300 – Claim Information

CLM*299767784A*75.00***23:B:1*Y*A*Y*Y~

Institutional SNF TOB

Loop 2400– Service Line Information

LX*1~
SV2*0960*HC:G0442*75.00*UN*1~
DTP*472*D8*20140705~

HCPCS Code

Note: This is an example of an incorrect submission.

New EDPS Error Codes

00195 – Wrong Setting for Autologous PRP

The EDPS will generate informational edit 00195 when:

Professional

- POS = 11, 22, and 49
- DOS is **on or after** 08/02/2012
- HCPCS Code G0460

Loop 2300 – Claim Information

CLM*123456789*150.00*****11**:B:1*Y*A*Y*I~

Loop 2400 – Service Line Information

SV1*HC:**G0460***150.00*UN*1***1~
DTP*472*D8***20140815**~

OR

Institutional

- TOB = 12X, 13X, 22X, 23X, 71X, 75X, 77X, or 85X
- DOS is **on or after** 08/02/2012
- HCPCS Code G0460

Loop 2300 – Claim Information

CLM*123456789*150.00*****85**:A:1*Y*A*Y*I~

Loop 2400 – Service Line Information

SV2*0960*HC:**G0460***150.00*UN*1***1~
DTP*472*D8***20140815**~

New EDPS Error Codes

00200 – Clinical Trial Billing Error

The EDPS will generate informational edit 00200 when:

Professional

- Clinical Trial # (for DOS on or after 1/1/14)
- ICD-9 Diagnosis Code V70.7
- Modifier “Q0”

Loop 2300 – Claim Information

CLM*123456789*150.00***11:B:1*Y*A*Y*I~
REF*P4*12345678~
HI*BK:V707~

Loop 2400 – Service Line Information

SV1*HC:G0460:Q0*150.00*UN*1***1~
DTP*472*D8*20140815~

Institutional

- Clinical Trial # (for DOS on or after 1/1/14)
- ICD-9 Diagnosis Code V70.7
- Condition Code 30
- Modifier “Q0”

Loop 2300 – Claim Information

CLM*123456789*150.00***85:A:1*Y*A*Y*I~
REF*P4*12345678~
HI*BK:V707~
HI*BG:30~

Loop 2400 – Service Line Information

SV2*0960*HC:G0460:Q0*150.00*UN*1***1~
DTP*472*D8*20140815~

OR

Note: This is an example of a correct submission.



EDS Chart Review

Linked and Unlinked Chart Review

- Linked Chart Review – defines an encounter that is linked or referenced by the ICN assigned to a previously submitted and accepted encounter.
- Unlinked Chart Review – defines an encounter that is not linked to a previously submitted and accepted encounter.
- Chart review encounters must be submitted using at least the Minimum Data Elements
- Chart review encounters containing E-codes or Manifestation codes – must include the primary diagnosis code identified on the original linked encounter or the EDS will reject the encounter.

Chart Review Submission

- Chart review encounters may be submitted for the following reasons:

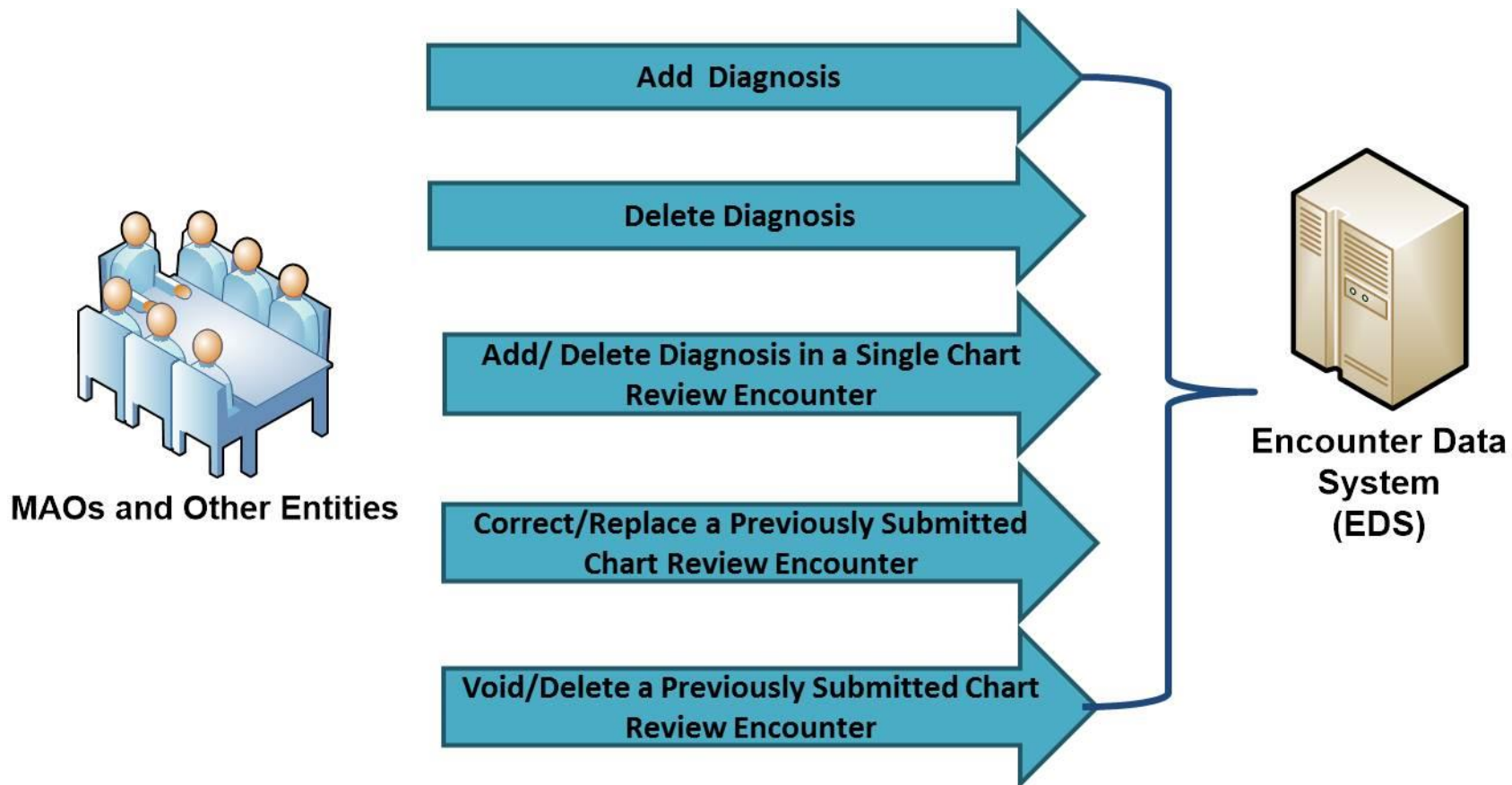
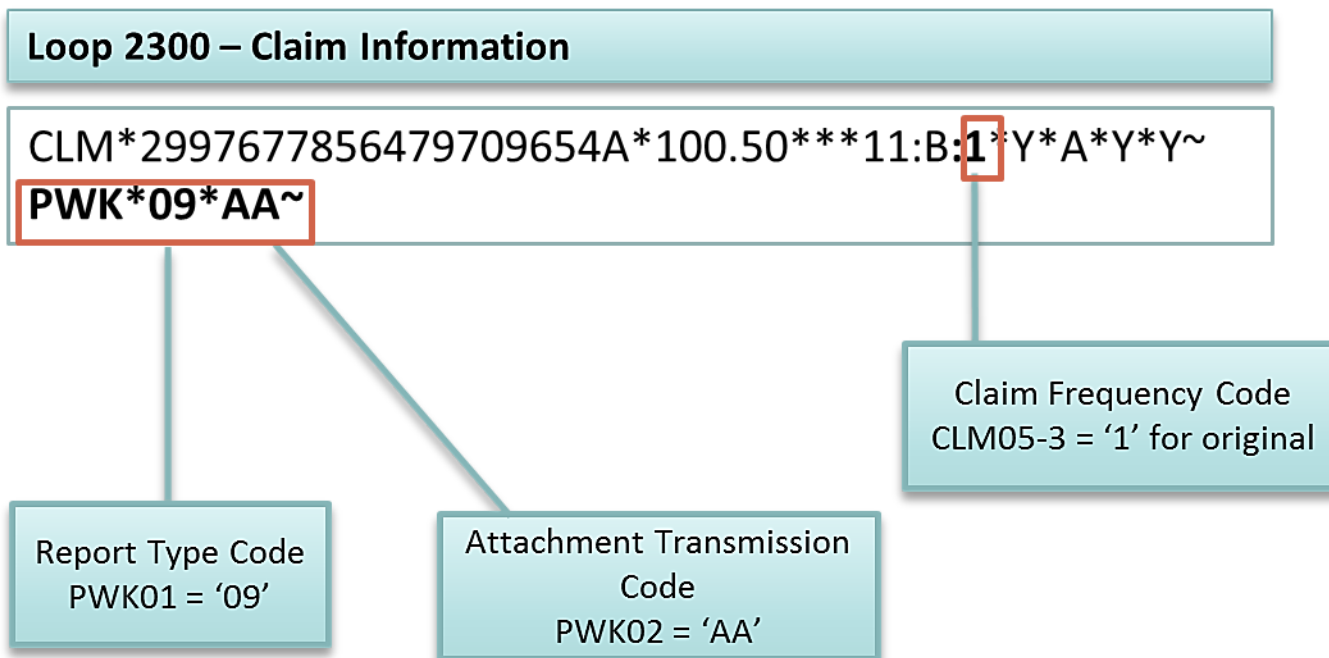


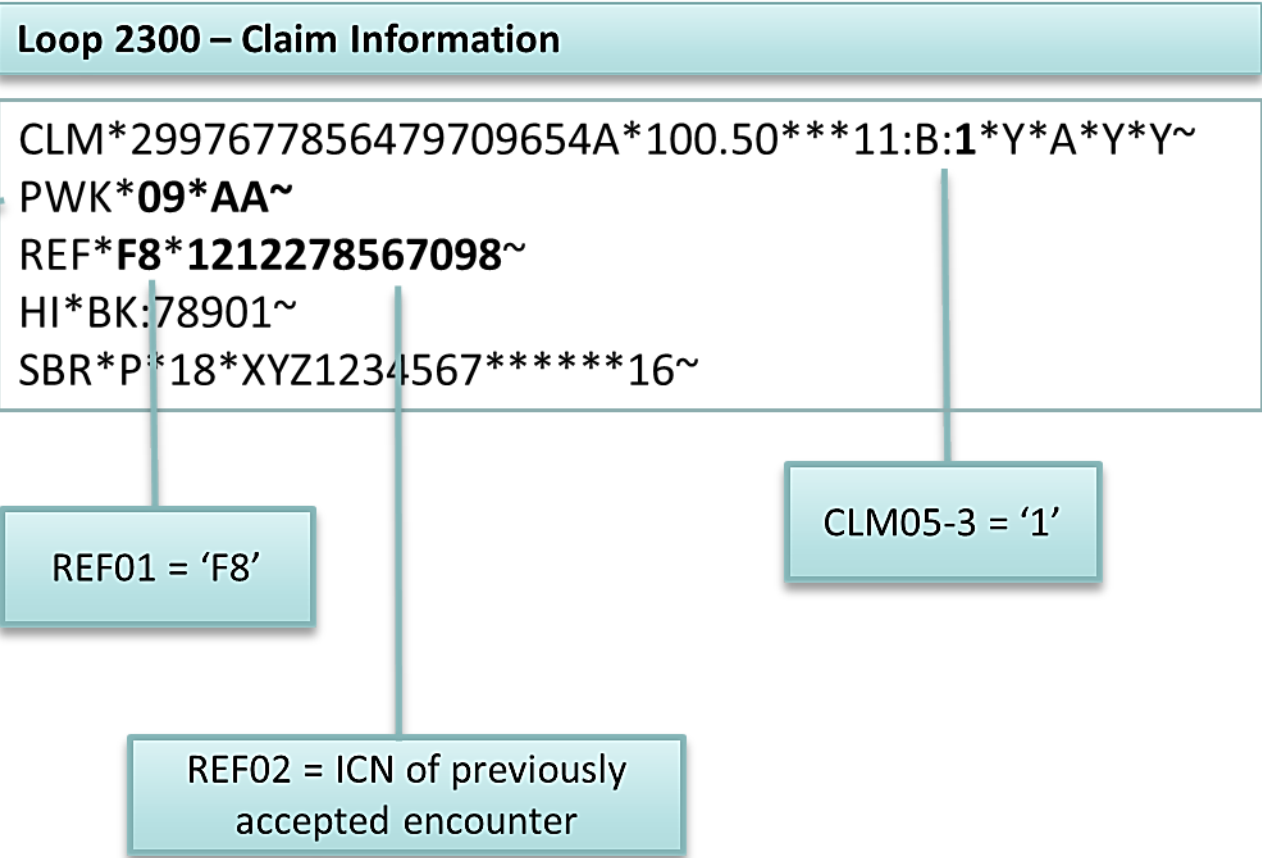
Chart Review Indicators

- The EDS recognizes that an MAO has submitted a chart review encounter when the Loop 2300, PWK segment is populated with the following values:
 - PWK01 = '09'
 - PWK02 = 'AA'



Linked Chart Review Indicators

- Data elements to identify a linked chart review:



Loop 2300 REF Segment is not required for

Unlinked Chart Review Indicators

- Data elements to identify an unlinked chart review:

Loop 2300 – Claim Information

```
CLM*2997677856479709654A*100.50***11:B:1*Y*A*Y*Y~  
PWK*09*AA~  
HI*BK:78901~  
SBR*P*18*XYZ1234567*****16~
```

Report Type Code
PWK01 = '09'

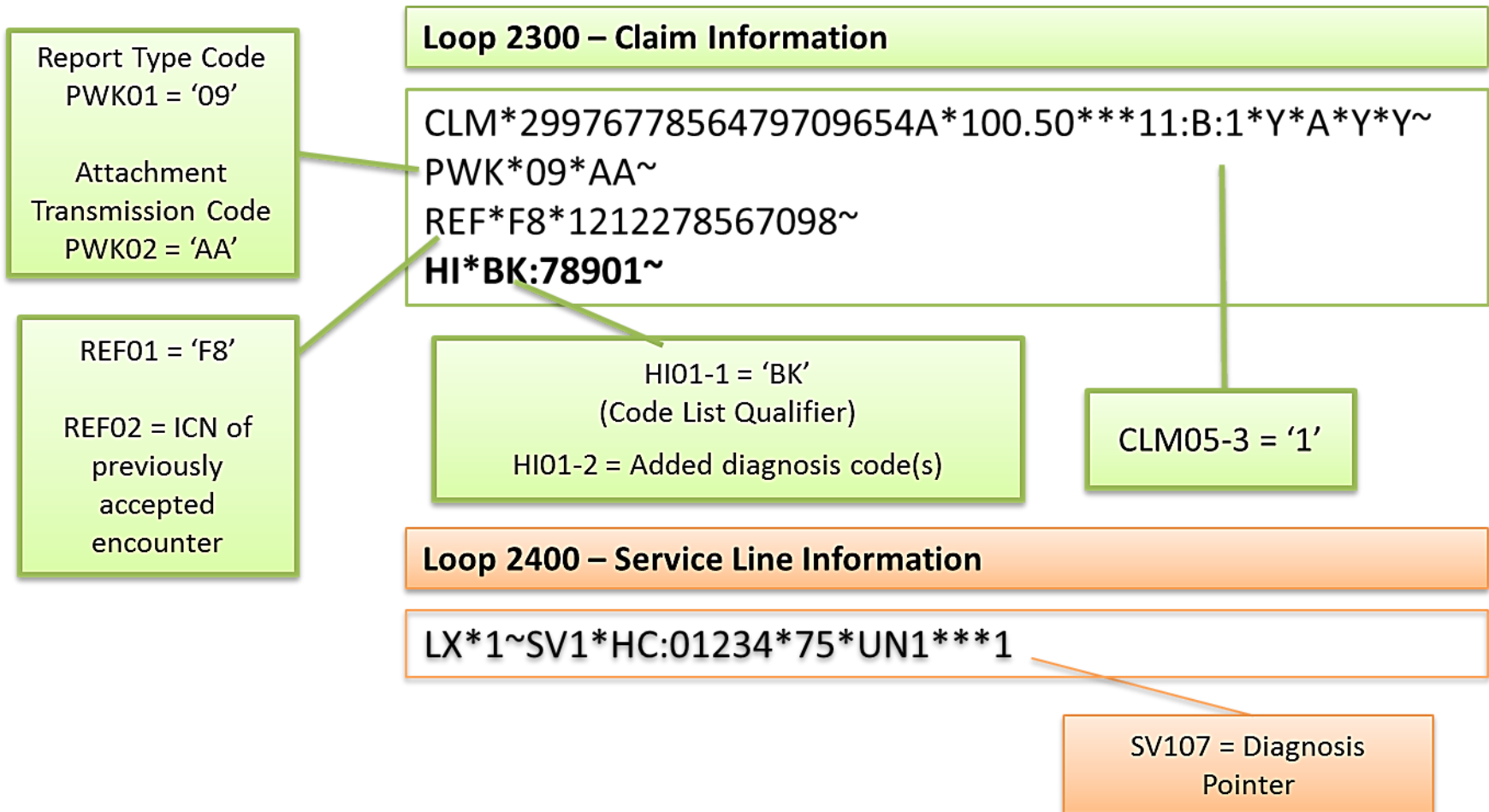
Attachment
Transmission Code
PWK02 = 'AA'

CLM05-3 = '1'

Loop 2300 REF Segment is not required for
submission of unlinked chart review encounters

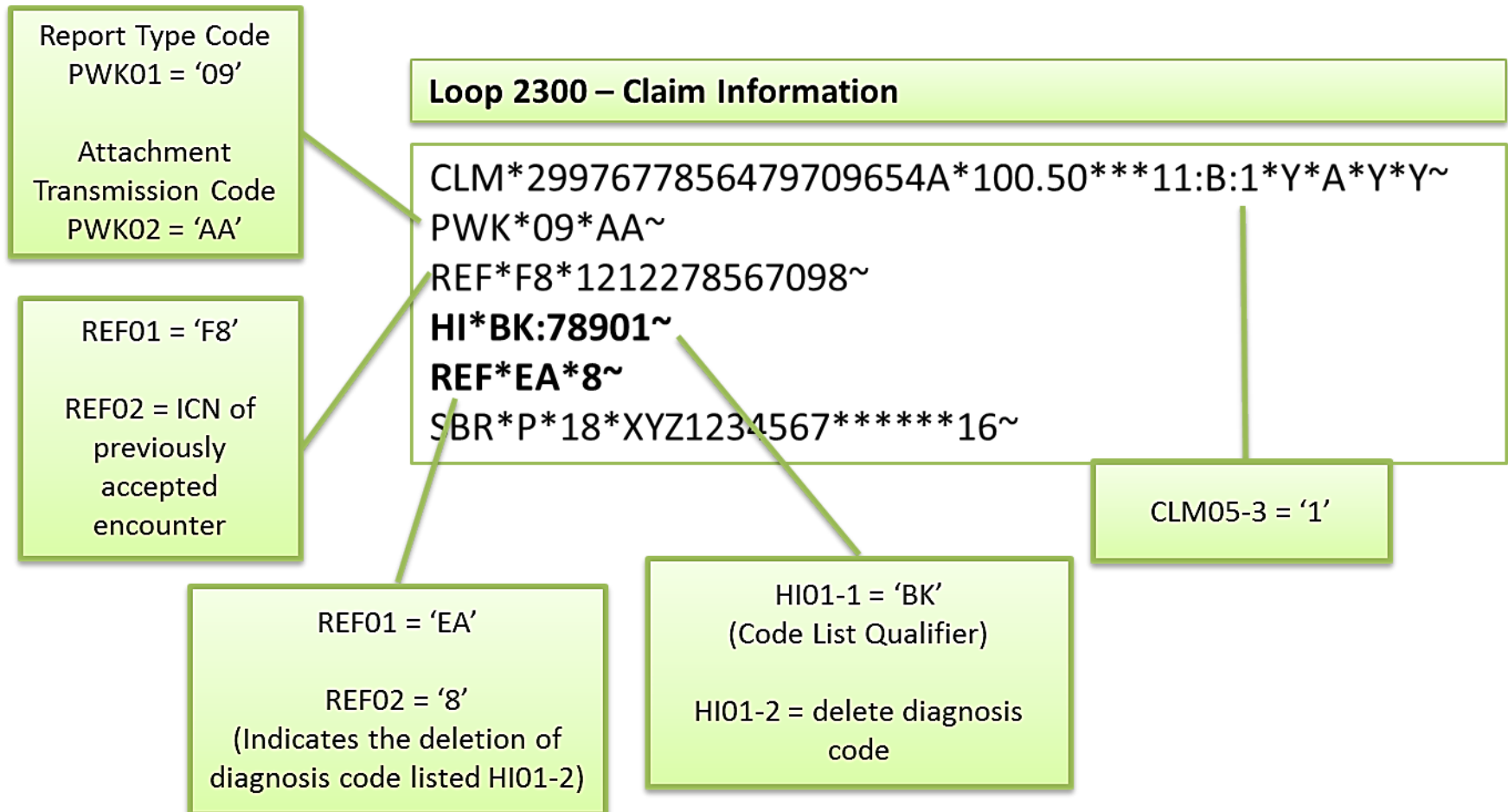
Add Specific Diagnosis

- Data elements to add a diagnosis code(s):



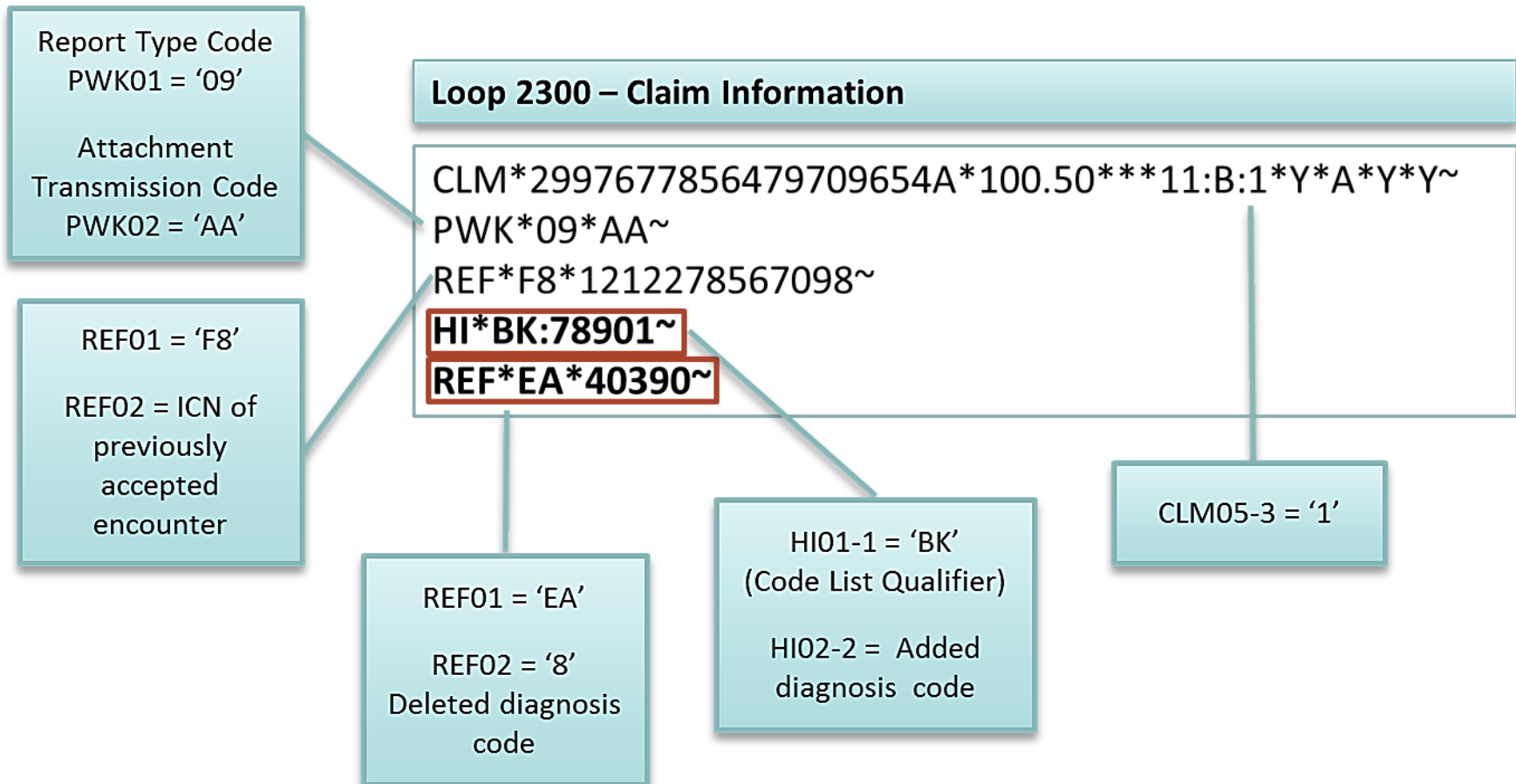
Delete Specific Diagnosis

- Data elements to delete a diagnosis code:



Add/Delete Specific Diagnosis

- Data elements to add and delete diagnosis codes in a single chart review encounter:



Correct/Replace Chart Review

- Correct/replace chart review encounters may only correct or replace previously submitted and accepted chart review encounters.
- Correct/replace chart review encounters must not be submitted to correct or replace full encounters.
- All correct data from the previous chart review submission, and any revised data must be submitted to ensure the final encounter stored in the EODS is valid and accurate.
- Once the correct/replace chart review is processed through the EDFES and EDPS, the original chart review encounter will be flagged as “inactive” and the correct/replace chart review encounter will be stored as the active record.

Correct/Replace Chart Review

- Data elements to correct/replace chart review:

Loop 2300 – Claim Information

```
CLM*2997677856479709654A*100.50***11:E:7*Y*A*Y*Y~  
PWK*09*AA~  
REF*F8*1212278567098~  
HI*BK:78901~
```

Report Type Code
PWK01 = '09'

Attachment
Transmission Code
PWK02 = 'AA'

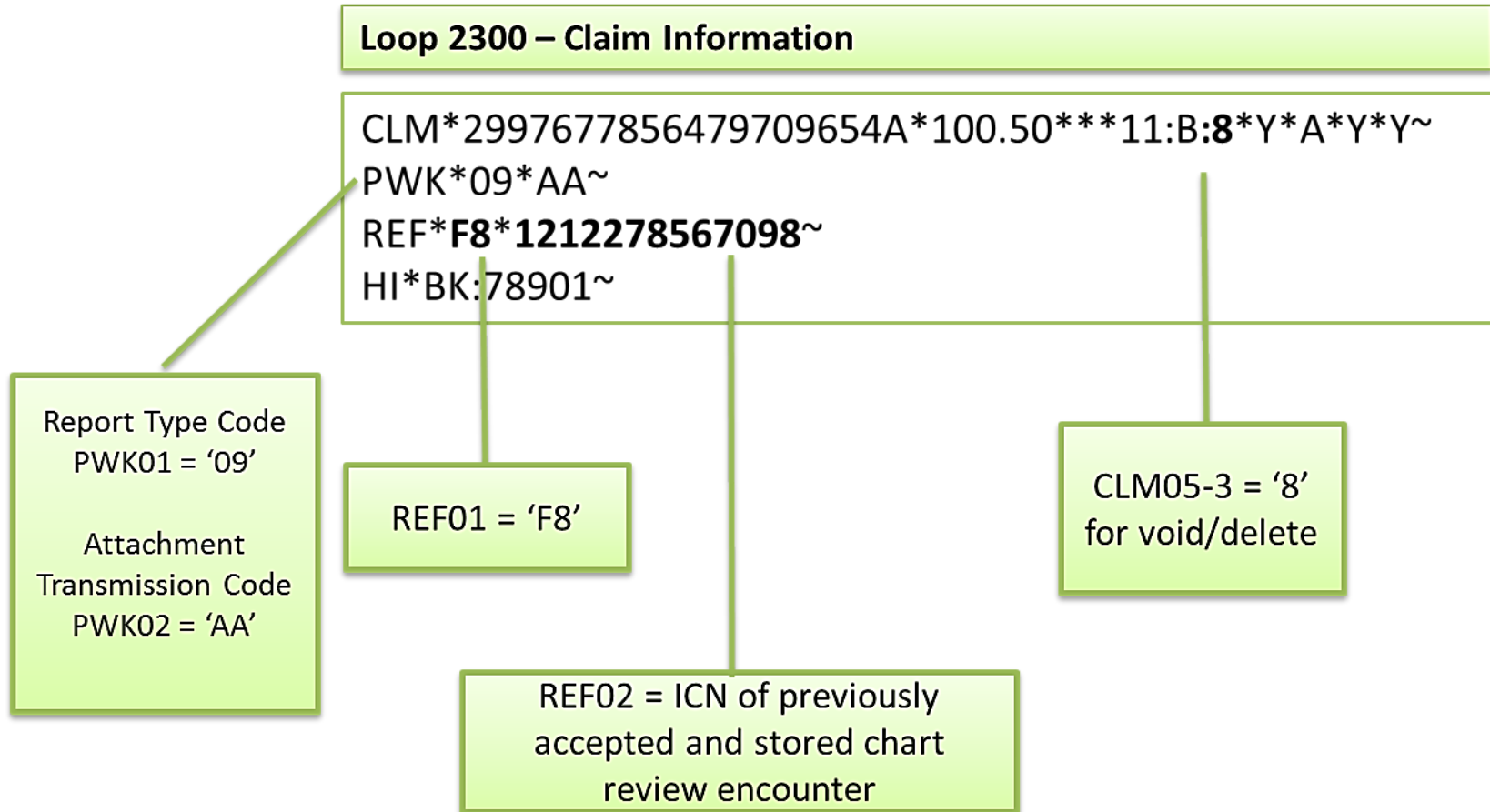
REF01 = 'F8'

REF02 = ICN of previously
accepted and stored chart
review encounter

CLM05-3 = '7'
for
correct/replace

Void/Delete Chart Review

- Data elements to void/delete chart review:





EDS and RAPS Inbox Questions

RAPS Question #1 - Coding

What resources are available for MAOs that have specific questions about diagnostic coding?

MAOs may reference the Center for Disease Control and Prevention (CDC):

- ICD-9 Guidelines:

http://www.cdc.gov/nchs/data/icd/icd9cm_guidelines_2011.pdf

- ICD-10 Guidelines:

http://www.cdc.gov/nchs/data/icd/icd10cm_guidelines_2014.pdf

CMS coding resources:

http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html?redirect=/ICD9ProviderDiagnosticCodes/01_overview.asp

RAPS Question #2 – Reports

What is the point of contact for MAOs to obtain risk adjustment reports related to RAPS from a prior month that are no longer in their mailbox?

MAOs may contact CSSC Operations at csscoperations@palmettogba.com to request a report be restored. When requesting a restored report, the MAO must provide the File ID and file submission date.

RAPS Question #3 – RAPS Submissions

Will all RAPS submissions require that the BBB fields be populated after 2015, even if the submission is not for an overpayment?

The BBB fields are conditional. If the PROD-TEST-IND field in the AAA record is populated with “OPMT” for Overpayment, then the OVERPAYMENT-ID field in the BBB record must be populated with the assigned Remedy ticket number, the payment year, and the date assigned.

RAPS Question #4 – Dates of Service

Can an MAO submit diagnoses for a currently enrolled beneficiary for DOS prior to the beneficiary's enrollment in that MAO?

No, MAOs must not submit diagnoses for DOS prior to a beneficiary's enrollment in their organization.

RAPS Question #5 – Sweep Data

Does the final risk adjustment data submission deadline in regulation apply to encounter data submissions of risk adjustment eligible diagnoses?

Risk adjustment data includes diagnosis data submitted into both the RAPS and the EDS. Therefore, the final risk adjustment data submission deadline established in regulation applies to both the diagnosis data plans submit to RAPS and EDS.

EDS Question #1 – Treatment Authorization Code

Is it required for MAOs to populate encounters with the Treatment Authorization Code for Home Health billing?

Yes, the Treatment Authorization Code is required to report Plan of Treatment information for Home Health services and is used to link the encounter record to the assessment used to derive the HIPPS code.

Please reference the Medicare Claims Processing Manual, Chapter 10 – Home Health Agency Billing for additional information:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c10.pdf>.

EDS Question #2 – Acceptable Data

What types of claims, providers, diagnosis codes, etc. are acceptable for risk adjustment via the EDS?

All rules for risk adjustment that apply to RAPS submissions also apply to EDS submission (face-to-face, supported by a medical record, types of institutions and provider specialties, etc.)

CMS will provide further information regarding risk adjustment filtering for encounter data at a later time.

EDS Question #3 – Diagnostic Services

Does the EDS require that encounters be populated with an ordering/referring provider name and National Provider Identifier (NPI) for diagnostic services?

The submission of the ordering/referring provider name and NPI is situational. If the MAO populates this data, then EDFES will edit encounters to validate ordering/referring provider name and NPI are present for diagnostic services.

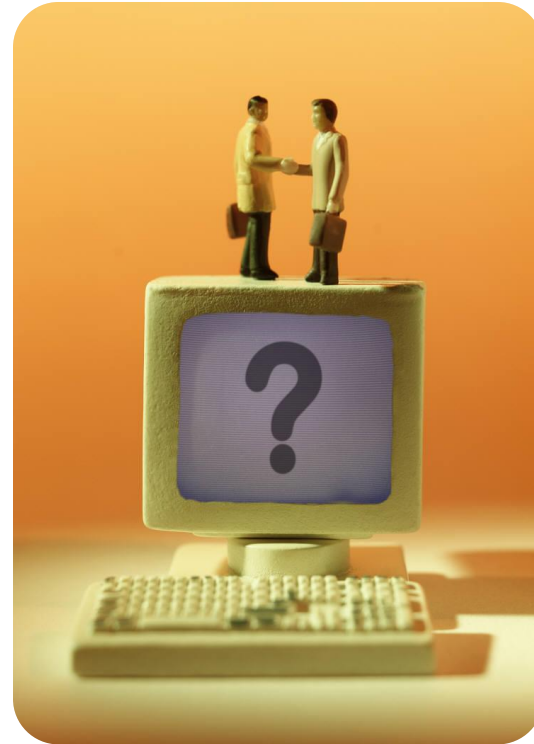
EDS Question #4 – HIPPS Codes

Are SNFs required to submit HIPPS codes?

All SNF encounter data submissions populated with Revenue Code 0022 and DOS on and after July 1, 2014 must include HIPPS codes.

Please reference the May 23, 2014 and December 4, 2014 HPMS Memos regarding HIPPS Codes.

Questions & Answers



**Your Questions are Important!
Thank You!**



Closing Remarks

Resources

Resource	Resource Link
CEM/CEDI Technical Reporting Formats	http://www.cms.gov/MFFS5010D0/20_Technical_Documentation.asp
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
Technical Assistance Registration Service Center (TARSC)	http://www.tarsc.info/
X12 Version 5010 Standards	https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Versions5010andD0/index.html?redirect=/Versions5010andD0/
Washington Publishing Company	http://www.wpc-edi.com/content/view/817/1

Resources (continued)

Resource	Link
Medicare Managed Care Manual, Chapter 7 – Risk Adjustment	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-Items/CMS019326.html?DLPage=2&DLSort=0&DLSortDir=ascending
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
CMS.gov Fact Sheet	http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-05-19.html
Medicare Program Contract Year 2015 Policy and Technical Changes (CMS-4159-F)	https://www.federalregister.gov/articles/2014/05/23/2014-11734/medicare-program-contract-year-2015-policy-and-technical-changes-to-the-medicare-advantage-and-the

Evaluation

A formal request for evaluation feedback will be sent at the conclusion of this session.

Please take a moment to note any feedback you wish to give concerning this session.

Your Feedback is Important.



Thank You!

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