2013 NATIONAL TECHNICAL ASSISTANCE

Risk Adjustment 101
July 22, 2013
Purpose

- Provide an introduction and overview of the risk adjustment process

- Address:
  - Connectivity/testing
  - Key data elements for submission
  - Risk Adjustment Processing System (RAPS)
  - Reports

- Introduce terminology, online resources, and contacts for risk adjustment
Risk Adjustment 101 Tools

- The materials provided in this training include:
  - Participant Guide
    - Provides additional material to support the session
    - Designed as a reference for future use
  - Presentation Slides
    - Highlight the information covered during the session
Questions & Answers

Your Questions are Important! Thank you!
Contact Information

For questions regarding logistics or registration by phone call **888-330-9994**.

After the webinar:  riskadjustment@cms.hhs.gov
RISK ADJUSTMENT 101

Introduction
Overview
Key Data Elements
Connectivity/Testing
RAPS
Reports
Resources
Overview Learning Objectives

- Learn the purpose and history of risk adjustment
- Define important risk adjustment terms and acronyms
Risk Adjustment Definition

- The method used to adjust bidding and payments based on the health status and demographic characteristics of an enrollee.
Risk Adjustment Data Flow

Physician or Facility

MAO
Medicare Advantage Organization

FERAS
Front-End Risk Adjustment System

RAPS
Risk Adjustment Processing System

RAS
Risk Adjustment System

MARx
Medicare Advantage Prescription Drug System
Risk Adjustment History

Balanced Budget Act (BBA) 1997

Medicare Prescription Drug, Improvement, and Modernization Act (MMA) 2003

2000 Benefits Improvement Act (BIPA)
Risk Adjustment Terms and Acronyms

- Demographics
- FERAS
- HCC
- MARx UI
- Model Run
- RAPS
- RAS
- Risk Adjustment Model
- Status
Questions & Answers

Your Questions are Important!
Thank you!
RISK ADJUSTMENT 101

Introduction Overview Connectivity/Testing
Key Data Elements RAPS Reports Resources
Connectivity Learning Objectives

- Access the Electronic Data Interchange (EDI) Agreement required for plans to participate in risk adjustment
- Describe connectivity options for plans to submit risk adjustment data
- Identify testing requirements for connectivity
RAPS Introduction Letter

- RAPS Introduction Letter
- EDI Agreement
- RAPS Submitter Information
- RAPS Connect:Direct Application

http://www.csscoperations.com
TO: Medicare Advantage Organizations Submitting Risk Adjustment Data

RE: EDI Enrollment and Submitter Application for Risk Adjustment Data Processing

Welcome to the Customer Service and Support Center (CSSC) for Medicare Advantage (MA) Organizations submitting Risk Adjustment Data. The CSSC and the Front-End Risk Adjustment System (FERAS) look forward to working with you in all aspects of the submission of risk adjustment data.

The following information must be completed and sent to the CSSC for enrollment for the submission of data for Risk Adjustment:

- EDI Agreement for Risk Adjustment Data collection
- Submitter Application
- Risk Adjustment Connect:Direct Specifications (For Connect:Direct users only)

Please note the following for submitting Risk Adjustment Data:

- A CMS Risk Adjustment Data EDI Agreement must be completed by each submitter and on file with CSSC, prior to submitting Risk Adjustment Data. The agreement must be signed by an authorized agent of the organization and returned to CSSC Operations at the address provided.

- Use of Third Party Submitters: If the submitter will be an entity other than an MA organization, the Submitter must complete the Submitter ID Application form and the MA organization must complete the EDI Agreement. This EDI Agreement must be completed, signed and returned for each Plan number submitting data. Regardless who submits the data, CMS holds the MA organization accountable for the content of the submission.

- A Submitter ID (STnnnn) will be assigned to you by the CSSC and will remain effective for ongoing submission of risk adjustment data. This is the unique ID assigned to the Plan or entity that will submit data and retrieve reports. Please complete the Submitter Application return it to CSSC Operations with the completed EDI Agreement.

Palmetto GBA
CSSC Operations AG-570
2300 Springdale Drive Bldg. One • Camden, South Carolina • 29020-1728
A CMS Contracted Intermediary and Carrier
EDI Agreement

http://www.csscoperations.com
Medicare Advantage Organization

Electronic Data Interchange Enrollment Form

MANAGED CARE ELECTRONIC DATA INTERCHANGE (EDI) ENROLLMENT FORM

ONLY for the Collection of Risk Adjustment Data and/or

With Medicare Advantage Eligible Organizations

The eligible organization agrees to the following provisions for submitting Medicare risk adjustment data electronically to The Centers for Medicare & Medicaid Services (CMS) or to CMS’s contractors:

A. The Eligible Organization Agrees:

1. That it will be responsible for all Medicare risk adjustment data submitted to CMS by itself, its employees, or its agents;

2. That it will not disclose any information concerning a Medicare beneficiary to any other person or organization, except CMS and/or its contractors, without the express written permission of the Medicare beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to Medicare, or as required by State or Federal law;

3. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:
   - Beneficiary’s name,
   - Beneficiary’s health insurance claim number,
   - Date(s) of service,
   - Diagnosis/Type of Illness

4. That the Secretary of Health and Human Services or his/her designee and/or the contractor has the right to audit and confirm information submitted by the eligible organization and shall have access to all original source documents and medical records related to the eligible organization’s submissions, including the beneficiary’s authorization and signature;

5. Based on best knowledge, information, and belief, that it will submit risk adjustment data that are accurate, complete, and truthful;

6. That it will retain all original source documentation and medical records pertaining to any such particular Medicare risk adjustment data for a period of at least 6 years, 3 months after the risk adjustment data is received and processed;

7. That it will affix the CMS-assigned unique identifier number of the eligible organization on each risk adjustment data electronically transmitted to the contractor;

8. That the CMS-assigned unique identifier number constitutes the eligible organization’s legal electronic signature;

9. That it will use sufficient security procedures to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access;

10. That it will establish and maintain procedures and controls so that information concerning Medicare beneficiaries, or any information obtained from CMS or its contractor, shall not be used by agents, officers, or employees of the billing service except as provided by the contractor (in accordance with §1106(a) of the Act); and

11. That it will research and correct risk adjustment data discrepancies.
RAPS Submitter Information

http://www.csscoperations.com
CSSC Risk Adjustment Data Submitter Application

<table>
<thead>
<tr>
<th>New Submitter ID:</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If no, please provide your existing submitter number:</td>
<td></td>
</tr>
<tr>
<td>If yes, please indicate who will submit your data:</td>
<td>☐ Self ☐ Third Party Submitter</td>
</tr>
<tr>
<td>If Third Party Submitter is selected, please provide the Third Party's name:</td>
<td></td>
</tr>
<tr>
<td>Plan Number:</td>
<td></td>
</tr>
<tr>
<td>Plan Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>Operations Contact Person:</td>
<td></td>
</tr>
<tr>
<td>E-Mail address:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Technical Contact Person:</td>
<td></td>
</tr>
<tr>
<td>E-Mail address:</td>
<td></td>
</tr>
</tbody>
</table>

Palmetto GBA
CSSC Operations, AG-570
2300 Springdale Drive, Bldg. One • Camden, South Carolina • 29020
www.cscoperations.com
A CMS Contracted Intermediary and Carrier
RAPS Connect:Direct Application

http://www.csscoperations.com
Risk Adjustment Connect:Direct Specifications

The Connect:Direct Node Connection Information for Palmetto is defined as follows:
NAT'd IP Address: 32.90.254.160
Listener Port: 1369
NODE ID: SCA.A70NDM.MC
AGNS ID: PGBA

PLEASE ENTER YOUR Connect:Direct INFORMATION (Required):

NAT'd IP Address
Listener Port
NODE ID
AGNS ID

Your Connect:Direct User ID and password (if datasets are racf protected)
User ID:
Password:

RAPS Transaction Submission
DSN: MAB.PROD.NDM.RAPS.PROD.submitter id(+1)
DISP: (NEW,CATLG,DELETE)
UNIT: SYSGD
SPACE: (CYL.(75,10),RLSE)
DCB: (RECFM=FB, LRECL=512, BLKSIZE=27648)

Note: For testing, use MAB.PROD.NDM.RAPS.TEST. submitter id(+1)
Please note that the test/prod indicator in the file, AAA 6, must also indicate "TEST" or "PROD", depending on the type of file being submitted.
Details for Topic: C. Connectivity Preparation

Topic
C. Connectivity Preparation

Description
Information and detailed instructions for physically connecting to CMS for electronic file transfers, MARX User Interface access, and MBD User Interface access.

File List

This information below provides brief detailed descriptions of each document in this section. The actual documentation is available toward the bottom of this page in the section titled “Downloads”.

Downloads
Data Exchange Preparation Procedures (DEPP), Version 7, July 3, 2012 [PDF, 292KB]
Connect:Direct Secure Point of Entry (SPOE) Form [PDF, 188KB]
Connect:Enterprise Secure Client (HTTPS examples), 2006-2007 [PDF, 25MB]
EFT Verisign Certificates, August 10, 2005 [PDF, 187KB]
Internet Security Certificate, August 2005 [ZIP, 1KB]
Secure FTP SSH Client Internet, Version 8, August 2006 [PDF, 6MB]

Help with File Formats and Plug-Ins
Connection Options

- Connect:Direct
  - Mainframe-to-mainframe
- File Transfer Protocol (FTP)
  - Modem-to-modem
- Gentran
  - Through vendor or web interface
- TIBCO MFT
  - IP Internet transmissions
Connectivity Testing

- Verifies successful flow of data from submitter to FERAS
- Ensures submitted data is valid and formatted correctly
Front End Risk Adjustment System

[ FERAS ]

User Guide

Requirements for Using the FERAS

For transfers and file locking, we maintain component separations of the FERAS. To access the FERAS main component, you must be registered in the FERAS community. The main component is the FERAS server and the Internet Explorer version. Upon successful registration, the user is automatically granted access to the FERAS server and Internet Explorer.

For transfers and file locking to the FERAS, you must be registered in the FERAS community. The user is automatically granted access to the FERAS server and Internet Explorer.

For transfers and file locking to the FERAS, you must be registered in the FERAS community. The user is automatically granted access to the FERAS server and Internet Explorer.

Production Cycle

Production Cycle starts at 5:00 pm EST. Changes submitted on the FERAS must be completed in accordance with the process in the production cycle. FERAS Reports will be available the following morning.

Testing Requirements

Submission testing is required to ensure the flow of data from the Submitter to the FERAS works properly. Testing uses the same data submitted in valid and erroneous format. If you receive a data error from the FERAS, you must correct the data error and re-validate the file. You may also test the file for errors prior to the production cycle. Testing will be processed at 5:00 pm EST and will be available the next morning. For further testing, the FERAS returns to the production cycle on the next production cycle, with all corrections and updates to the file being transferred.
Connectivity Testing (continued)

- Contact CSSC Operations to send data in test format

Call 1-877-534-2772

csscoperations@palmettoga.com
Test Your Knowledge

- What are the connectivity options?
  - Connect:Direct
  - FTP
  - Gentran
  - TIBCO MFT

- Which one of these does your plan have?
  - That depends...
Test Your Knowledge

- Who is the main contact for connectivity information and to arrange testing?
  - CSSC

- When do plans submit test data?
  - Within three months of their HPMS effective date
Questions & Answers

Your Questions are Important! Thank you!
RISK ADJUSTMENT 101

Introduction
Overview
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Key Data Elements
RAPS
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Resources
Key Data Elements Learning Objectives

- List the five (5) required data elements submitted for risk adjustment, plus the additional data element that will be required beginning with dates of service January 1, 2014
- Identify acceptable sources for data collection
Data Elements:

- include demographic and disease data
- are used to calculate a risk score for each beneficiary
Submitted Data Elements

Risk Adjustment requires five (5) minimum data elements:

- HIC (Health Insurance Claim) Number
- Provider Type
- “From” Date of Service
- “Through” Date of Service
- Diagnosis Code
**HIC Number Descriptions**

<table>
<thead>
<tr>
<th>HIC TYPE</th>
<th>DESCRIPTIONS</th>
</tr>
</thead>
</table>
| CMS            | • 9-Digit Social Security number   
|                | • alpha suffix                  
|                |   − “A” beneficiary             
|                |   − “B” spouse                  
|                |   − “C” children                
|                |   − “D” divorced spouse, widow, widower                                  
|                | • alpha-numeric suffix - indicates number of children                     
|                |   − “C1” first child            |
| RRB pre-1964   | • alpha prefix                  
|                | • 6-digit random numbers        |
| RRB post-1964  | • alpha prefix                  
|                | • 9-digit Social Security number |
Meaning of the letters after a Social Security or Medicare number

What do the letters after a Social Security or Medicare number mean?

The Social Security number followed by one of these codes is often referred to as a claim number. We assign these codes once you apply for benefits. The letter codes may appear on correspondence you receive from Social Security or on your Medicare card. They will never appear on a Social Security card.

For example, if the wage earner applying for benefits and your number is 123-45-6789, then your claim number is 123-45-6738A. This number will also be used as your Medicare claim number, once you are eligible for Medicare.

<table>
<thead>
<tr>
<th>Code</th>
<th>Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Primary claimant (wage earner)</td>
</tr>
<tr>
<td>B</td>
<td>Aged wife, age 62 or over</td>
</tr>
<tr>
<td>B1</td>
<td>Aged husband, age 62 or over</td>
</tr>
<tr>
<td>B2</td>
<td>Young wife, with a child in her care</td>
</tr>
<tr>
<td>B3</td>
<td>Aged wife, age 62 or over, second claimant</td>
</tr>
<tr>
<td>B5</td>
<td>Young wife, with a child in her care, second claimant</td>
</tr>
<tr>
<td>E</td>
<td>Divorced wife, age 62 or over</td>
</tr>
<tr>
<td>Y</td>
<td>Young husband, with a child in his care</td>
</tr>
<tr>
<td>C1-C3</td>
<td>Child - Includes minor, student or disabled child</td>
</tr>
</tbody>
</table>
Provider Type

- Hospital Inpatient
- Hospital Outpatient
- Physician Services
Acceptable Sources

Diagnoses submitted for risk adjustment must result from a face to face encounter with either:

- an acceptable physician specialty
- an acceptable facility
Hospital Outpatient Example

Q: Does a claim from an outpatient hospital encounter have to be accompanied by a face-to-face physician visit in order to be eligible for risk adjustment?

A: The diagnoses submitted to RAPS must result from a face-to-face encounter with an acceptable physician specialty OR from an encounter in an acceptable facility.
### Physician Data

**http://www.csscoperations.com**

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#### Acceptable Physician Specialty Types for 2014 Payment Year (2013 Dates of Service)
**Risk Adjustment Data Submission**

<table>
<thead>
<tr>
<th>CODE</th>
<th>SPECIALTY</th>
<th>CODE</th>
<th>SPECIALTY</th>
<th>CODE</th>
<th>SPECIALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Practice</td>
<td>25</td>
<td>Physical Medicine And Rehabilitation</td>
<td>67</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>2</td>
<td>General Surgery</td>
<td>26</td>
<td>Psychiatry</td>
<td>68</td>
<td>Clinical Psychologist</td>
</tr>
<tr>
<td>3</td>
<td>Allergy/Immunology</td>
<td>27</td>
<td>Geriatric Psychiatry</td>
<td>72*</td>
<td>Pain Management</td>
</tr>
<tr>
<td>4</td>
<td>Otolaryngology</td>
<td>28</td>
<td>Colorectal Surgery</td>
<td>76*</td>
<td>Peripheral Vascular Disease</td>
</tr>
<tr>
<td>5</td>
<td>Anesthesiology</td>
<td>29</td>
<td>Pulmonary Disease</td>
<td>77</td>
<td>Vascular Surgery</td>
</tr>
<tr>
<td>6</td>
<td>Cardiology</td>
<td>33*</td>
<td>Thoracic Surgery</td>
<td>78</td>
<td>Cardio Surgery</td>
</tr>
<tr>
<td>7</td>
<td>Dermatology</td>
<td>34</td>
<td>Urology</td>
<td>79</td>
<td>Addiction Medicine</td>
</tr>
<tr>
<td>8</td>
<td>Family Practice</td>
<td>35</td>
<td>Chiropractic</td>
<td>80</td>
<td>Licensed Clinical Social Worker</td>
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<tr>
<td>9</td>
<td>Intervventional Pain Management (IPM)</td>
<td>36</td>
<td>Nuclear Medicine</td>
<td>81</td>
<td>Critical care (intensivists)</td>
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<tr>
<td>10</td>
<td>Gastroenterology</td>
<td>37</td>
<td>Pediatric Medicine</td>
<td>82</td>
<td>Hematology</td>
</tr>
<tr>
<td>11</td>
<td>Internal Medicine</td>
<td>38</td>
<td>Geriatric Medicine</td>
<td>83</td>
<td>Hematology/Oncology</td>
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<tr>
<td>12</td>
<td>Osteopathic Manipulative Medicine</td>
<td>39</td>
<td>Nephrology</td>
<td>84</td>
<td>Preventive Medicine</td>
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<tr>
<td>13</td>
<td>Neurology</td>
<td>40</td>
<td>Hand Surgery</td>
<td>85</td>
<td>Maxillofacial Surgery</td>
</tr>
<tr>
<td>14</td>
<td>Neurosurgery</td>
<td>41</td>
<td>Optometry</td>
<td>86</td>
<td>Neuropsychiatry</td>
</tr>
<tr>
<td>15</td>
<td>Speech Language Pathologist</td>
<td>42</td>
<td>Certified Nurse Midwife</td>
<td>89*</td>
<td>Certified Clinical Nurse Specialist</td>
</tr>
<tr>
<td>16</td>
<td>Obstetrics/Gynecology</td>
<td>43</td>
<td>Certified Registered Nurse Anesthetist</td>
<td>90</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>17</td>
<td>Hospice And Palliative Care</td>
<td>44</td>
<td>Infectious Disease</td>
<td>91</td>
<td>Surgical Oncology</td>
</tr>
<tr>
<td>18</td>
<td>Ophthalmology</td>
<td>46*</td>
<td>Endocrinology</td>
<td>92</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>19</td>
<td>Oral Surgery</td>
<td>48*</td>
<td>Podiatry</td>
<td>93</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>20</td>
<td>Orthopedic Surgery</td>
<td>50*</td>
<td>Nurse Practitioner</td>
<td>94</td>
<td>Interventional Radiology</td>
</tr>
<tr>
<td>21</td>
<td>Cardiac Electrophysiology</td>
<td>62*</td>
<td>Psychologist</td>
<td>97*</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>22</td>
<td>Pathology</td>
<td>64*</td>
<td>Audiologist</td>
<td>98</td>
<td>Gynecologist/Oncologist</td>
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<tr>
<td>23</td>
<td>Sports Medicine</td>
<td>65</td>
<td>Physical Therapist</td>
<td>99</td>
<td>Unknown Physician Specialty</td>
</tr>
<tr>
<td>24</td>
<td>Plastic And Reconstructive Surgery</td>
<td>66</td>
<td>Rheumatology</td>
<td>00</td>
<td>Sleep Medicine</td>
</tr>
</tbody>
</table>

* Indicates that a number has been skipped.
Dates of Service

- When a beneficiary received medical treatment from a physician/facility
- “From” and “through” dates may be identical for outpatient/physician services
- Reflect admission and discharge dates for inpatient services
**Diagnosis Codes**

- Procedure codes (CPTs or HCPCS) not allowed
- Medical record documentation required
- RAPS format
- ICD-9-CM through 9/30/14
- ICD-10-CM replacing ICD-9-CM effective 10/1/2014
New Field – Enrollee Risk Assessment Code

• Beginning with dates of service January 1, 2014, MAOs are required to populate a new field to identify diagnoses obtained from enrollee risk assessments

• More information and guidance will be provided on the process for flagging enrollee risk assessments in the Risk Adjustment Processing System submissions
Test Your Knowledge

- What five data elements must plans submit for risk adjustment?
  - HIC Number
  - Provider Type
  - “From” & “Through” DOS Diagnosis Code

- What about the demographic data?
  - It is already in the system
Test Your Knowledge

- Where do the diagnoses come from?
  - Hospital Inpatient
  - Hospital Outpatient
  - Physician Services

- Can diagnoses from a sports medicine specialist be submitted for risk adjustment?
  - Yes - Beginning with 2011 Dates of Service
Questions & Answers

Your Questions are Important!
Thank you!
RAPS Learning Objectives

- Define RAPS
- Describe the elements contained within a diagnosis cluster in the RAPS format
- Follow the data flow for Risk Adjustment
- Access the RAPS submission timeline
Risk Adjustment Processing System (RAPS) Definition

- System that processes risk adjustment data
- Data passes through FERAS before going to RAPS
- RAPS edits all detail records and stores them in RAPS database
  - HIC Number
  - Date of Birth (if submitted)
  - Provider Type
  - From Date
  - Through Date
  - Diagnosis Code
Risk Adjustment Data Flow

- Hospital/Physician
- MA Organization
- RAPS Format or DDE
- Palmetto Front-End Risk Adjustment System (FERAS)
- FERAS Response Reports
Risk Adjustment Data Flow (continued)

1. CMS Risk Adjustment Processing System (RAPS)
   - Risk Adjustment Processing System (RAPS) Database

2. CMS Risk Adjustment System (RAS)
   - CMS Medicare Advantage Prescription Drug System (MARx)
RAPS File Logic

AAA Record

File Level

BBB Record

Batch Level

CCC Record

Detail Level

ZZZ Record

BBB Record

Batch Level

CCC Record

Detail Level

YYY Record

YYY Record

YYY Record

YYY Record
# RAPS Format

## File Layout Record Types:
- **AAA** – File Header
- **BBB** – Batch Header
- **CCC** – Detail
- **YYY** – Batch Trailer
- **ZZZ** – File Trailer

![Table](http://www.csscooperation.com)
RAPS Format – Data Elements

- Data Elements:
  - HIC Number
  - Date of Birth (optional)
  - Provider Type
  - From and Through Dates of Service
  - Delete Indicator
  - Diagnosis Code
# RAPS Submission Timeline

<table>
<thead>
<tr>
<th>Payment Year</th>
<th>Model Run</th>
<th>Dates of Service</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>Initial</td>
<td>7/1/2011 – 6/30/2012</td>
<td>9/7/2012</td>
</tr>
<tr>
<td>2013</td>
<td>Mid-year</td>
<td>1/1/2012 – 12/31/2012</td>
<td>3/1/2013</td>
</tr>
<tr>
<td>2013</td>
<td>Final</td>
<td>1/1/2012 – 12/31/2012</td>
<td>1/31/2014</td>
</tr>
</tbody>
</table>
RAPS Submission Deadline Example

Q: We received a diagnosis from a provider 12/2012, but we didn’t submit it to RAPS by the 3/2013 deadline. When will the beneficiary’s risk score be adjusted?

A: Since the plan missed the March deadline, the diagnosis will not be included when the beneficiary’s risk score is updated in July 2013. In this case, the payment adjustment based on that diagnosis will not be included in the plan’s payment until the final reconciliation payment in August of 2014.
Test Your Knowledge

- What are the three levels of data in the RAPS file layout?
  - File-level
  - Batch-level
  - Detail-level

- Which of these data levels contains the key data elements?
  - Key data elements are stored in the CCC (detail) record file
Test Your Knowledge

- What dates of service are included in the Mid-Year Model Run for the 2013 Payment Year?
  1/1/12 – 12/31/12

- Where can the Risk Adjustment Submission Timetable be found?
  http://www.csscoperations.com
Questions & Answers

Your Questions are Important!
Thank you!
Reports Learning Objectives

- Discuss the editing logic applied by FERAS and RAPS
- Identify RAPS transaction and management reports
FERAS and RAPS Edit Logic

FERAS:
• Checks file and batch level for errors
• Checks first and last detail record to see if totals agree
• Rejects complete file if errors are found

RAPS:
• Checks all detail records for format, integrity, and validity
FERAS and RAPS Edit Logic

**FERAS**
- format checks
- integrity checks
- validity checks
  ...on A, B, Y, Z, and first and last CCC records

**RAPS**
- format edits
- integrity edits
- validity edits
  ...on all CCC records

Errors, file rejected

Resolve

File accepted

Resolve
# FERAS Error Codes

<table>
<thead>
<tr>
<th>FERAS ERROR CODE LEVEL</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>File-level errors on the AAA or ZZZ records</td>
</tr>
<tr>
<td>200</td>
<td>Batch-level errors on the BBB or YYY records</td>
</tr>
<tr>
<td>300 and 400</td>
<td>Detail-level errors on the CCC records</td>
</tr>
</tbody>
</table>
FERAS Error Example

**Q:** Why did FERAS reject an entire file with error message 100?

**A:** The plan submitted a file with “AA1” entered in the record type AAA, field 1. This field must be populated with “AAA.”
# RAPS Error Codes

<table>
<thead>
<tr>
<th>ERROR SERIES</th>
<th>EXPLANATION AND CONSEQUENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>300-399</td>
<td>Record-level errors</td>
</tr>
<tr>
<td>400-489</td>
<td>Diagnosis cluster errors</td>
</tr>
<tr>
<td>490-499</td>
<td>Diagnosis delete errors</td>
</tr>
<tr>
<td>500-599</td>
<td>Informational message</td>
</tr>
</tbody>
</table>
RAPS Error Code Example

Q: Why did we receive a RAPS error code 411?

A: Error code 411 refers to the date of death, and plans receive the 411 error code if the date of death is prior to the service through date.
RAPS Editing Process

- Stage 1 – Field Validity and Integrity Edits
- Stage 2 – Field-to-Field Edits
- Stage 3 – Eligibility Edits
- Stage 4 – Diagnosis Code Edits
Stage 1 – Field Validity and Integrity Edits

- Checks format and integrity on all CCC-level fields
- Entire record is rejected if data in the “HIC Error Code” or “Diagnosis Code - Filler” fields
- Dates within a diagnosis cluster must be valid
Stage 2 – Field-to-Field Edits

- “From Date” ≤ “Through Date”
- Hospital outpatient and physician provider types comply with 31-day span rule
- Reconciliation data submitted properly
Stage 3 – Eligibility Edits

- Cross-checks fields against common tables between MBD and MARx
- Checks HIC Number, date of birth, and Medicare entitlement
- Ensures HIC Number exists on common tables
Stage 4 – Diagnosis Code Edits

- Ensures each diagnosis code is valid
- Checks each diagnosis code against service dates and sex
- Checks to see if diagnosis codes are in the risk adjustment model
Duplicate Submissions

Original Submission

HIC Number = HIC Number
From Date of Service = From Date of Service
Through Date of Service = Through Date of Service
Diagnosis Code = Diagnosis Code
Provider Type = Provider Type

Duplicate Submission

HIC Number
From Date of Service
Through Date of Service
Diagnosis Code
Provider Type
Duplicate Diagnosis Cluster Example

**Q:** If a beneficiary goes to a doctor on separate occasions and receives the same diagnosis each time, is that diagnosis code stored each time it is sent to RAPS? Can diagnosis clusters be duplicated over time?

**A:** Each of the clusters is a unique diagnosis cluster because they have different dates of service. However, it will only be counted once in the risk score calculation.
# FERAS Response Report

**Report:** FERAS-RESP  
**Run Date:** 20040304  
**Submitter ID:** SH9999  
**File ID:** 0000000001  

**Front End Risk Adjustment System**  
**FERAS Response Report**

<table>
<thead>
<tr>
<th>RECORD TYPE</th>
<th>SEQ NO</th>
<th>ERROR CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA</td>
<td>113</td>
<td></td>
<td>FILE NAME DUPLICATES ANOTHER FILE ACCEPTED WITHIN LAST 12 MONTHS</td>
</tr>
<tr>
<td>BBB</td>
<td>0000002</td>
<td>203</td>
<td>MISSING/INVALID PLAN NUMBER ON BBB RECORD</td>
</tr>
<tr>
<td>CCC</td>
<td>0000001</td>
<td>310</td>
<td>MISSING/INVALID HIC NUMBER ON CCC RECORD</td>
</tr>
<tr>
<td>YYY</td>
<td>0000004</td>
<td>263</td>
<td>PLAN NUMBER DOES NOT MATCH PLAN NUMBER IN BBB RECORD</td>
</tr>
</tbody>
</table>
RAPS Transaction Processing Reports

- RAPS Return File – flat file layout
- RAPS Transaction Error Report
- RAPS Transaction Summary Report
- RAPS Duplicate Diagnosis Cluster Report

![Report Layout](image-url)
Return File Example

**Q:** We received 502 errors for a member, but cannot locate where the diagnosis cluster was sent on the return file. What should we do?

**A:** Plans may contact the Customer Service and Support Center (CSSC) to assist in locating the files that triggered the duplicate diagnosis cluster.

Send

<table>
<thead>
<tr>
<th>To...</th>
<th><a href="mailto:csscoperations@palmettogba.com">csscoperations@palmettogba.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cc...</td>
<td></td>
</tr>
<tr>
<td>Subject:</td>
<td>Duplicate Diagnosis Clusters</td>
</tr>
</tbody>
</table>
RAPS Management Reports

- RAPS Monthly Plan Activity Report
- RAPS Cumulative Plan Activity Report
- RAPS Monthly Error Frequency Report
- RAPS Quarterly Error Frequency Report
Analysis of RAPS Management Reports

RAPS MONTHLY PLAN ACTIVITY REPORT

Read the management reports left to right and then top to bottom.
Plan Considerations

• Is my organization collecting enough data from physicians and providers?

• Is my organization collecting the correct data from physicians and providers?

• Are external issues affecting data collection?

• Are internal processes supporting data submissions?
Reminders

• Plans are responsible for downloading and maintaining reports.
• Plans should correct errors and resubmit as soon as possible.
• The cut-off time for data submission and completion of file transfer is 5:00 PM ET, Monday through Friday.
Test Your Knowledge

- What does RAPS check that FERAS does not check?
  - All the detail records

- What happens if FERAS finds any errors?
  - The entire file is rejected
Test Your Knowledge

- Which RAPS report has a flat file layout?
  - The RAPS Return File

- Why are the reports important?
  - Error notification
  - Data management
  - Process improvement
Questions & Answers

Your Questions are Important!
Thank you!
Resources Learning Objectives

- Know how to access risk adjustment resources
- Identify appropriate contacts for risk adjustment
CMS Website

http://www.cms.gov
**CMS Website**

- Risk Adjustment
- Announcements and Documents
- Ratebooks and Supporting Data
- Medicare Advantage and Prescription Drug Plans Communications User Guide (PCUG)
  - ICD-9-CM
  - ICD-10-CM
Centers for Disease Control and Prevention (CDC)

ICD-9-CM: http://www.cdc.gov/nchs/icd/icd9cm.htm
ICD-10-CM: http://www.cdc.gov/nchs/icd/icd10cm.htm
The Health Plan Management System (HPMS)

https://gateway.cms.hhs.gov/

EUA Access Form available on CMS website.
Welcome to CSSC Operations

The CSSC website is the gateway to Medicare Advantage and Prescription Drug Programs. Visitors to the site can access information about Risk Adjustment, Encounter Data and Prescription Drug Programs; including opportunities to enroll to submit data and obtain comprehensive information about data submission and reporting. In addition, the site provides valuable links to CMS instructions and other official resources.

News

- Encounter Data
  User Group Materials now available!
- Prescription Drug Event
  PDE Monthly Reports Status
- New Prescription Drug Event (PDE) File Layouts

System Status

- All systems and report distribution are current.
CSSC Website - Risk Adjustment Information

- Enroll to Submit Risk Adjustment
- Front-End Risk Adjustment System (FERAS)
- Job Aids
- References
- Risk Adjustment Processing System (RAPS)
- Training
- Training (archived)
Technical Assistance Registration Service Center (TARSC)

Welcome to CMS' Technical Assistance Registration Service Center.

Welcome to CMS’ Technical Assistance Registration Service Center.

Register Now

- Encounter Data 101 – July 29, 2013
- Risk Adjustment User Group – August 1, 2013

2013 TECHNICAL ASSISTANCE

- Sessions delivered by webinar for your convenience
- 101 sessions provide an introduction for those new to Risk Adjustment and Encounter Data, and serve as a foundation for more detailed National Technical Assistance sessions
- 101 participants will gain valuable introductory information needed to understand and comply with the various Medicare Programs
- Risk Adjustment User Group includes current highlights and updates for Risk Adjustment

This website provides the most current industry outreach efforts for the following:

- Encounter Data User Groups
- National Technical Assistance
- Risk Adjustment 101/Encounter Data 101
- Encounter Data Industry Updates
- Encounter Data Work Groups
- EDPS Bulletin
- Risk Adjustment User Groups

Upcoming Event
Encounter Data User Groups

2013
JULY
18
THURSDAY
3:00 PM – 4:00 PM, ET

General Information

Registration Open
Encounter Data 101
Risk Adjustment User Groups
ED User Groups

Have Questions?
Registrar
TARregistrations@tarsc.info
1-888-330-9994
Encounter Data Representative

http://www.tarsc.info
Medicare Advantage & Prescription Drug System User Interface

MARx UI

Individuals Authorized Access to the CMS Computer Services (IACS)
IACS User Guide

Plan Communications
User Guide
Main Guide
Version 7.0

February 28, 2013
Risk Adjustment Points of Contact

- CMS Medicare Plan Payment Group (MPPG)
- MAPD Helpdesk
- Customer Service and Support Center (CSSC)
- Technical Assistance Registration Center (TARSC)
- ICD-10 PMO Mailbox
- Risk Adjustment Data Validation (RADV) Mailbox
Risk Adjustment Acronyms
Summary

- Defined Risk Adjustment
- Introduced the process for connecting to RAPS
- Described the data elements submitted for Risk Adjustment
- Explained the format, flow, and timeline for RAPS
- Discussed the data logic, editing processes and reports for the FERAS and RAPS
- Identified key resources and contacts for risk adjustment
Questions & Answers

Your Questions are Important!
Thank you!
Evaluation

Please take a moment to complete the evaluation form for Risk Adjustment 101.

http://www.ardx.net/RA101TAEvaluation

Your Feedback is Important! Thank you!

Stay Connected with CMS