Risk Adjustment for EDS & RAPS User Group

November 30, 2017
2:00 p.m. – 3:00 p.m. ET
This is a one hour User Group for MAOs submitting data to the Encounter Data System (EDS) and the Risk Adjustment Processing System (RAPS).

We will be conducting a live Q&A session after the presentations today.

There remain opportunities to submit questions via the webinar Q&A feature.

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 and Q&A documents are posted on the CSSC Operations website under Medicare Encounter Data>User Group and Risk Adjustment Processing System>User Group.

Please refer to http://tarsc.info for the most up-to-date details regarding training opportunities.

User Group Evaluation.
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 remind you that you have an opportunity to suggest specific topics as part of the evaluation at end of each User Group call.

• 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.
Agenda

• **CMS Updates**
  – HPMS Memo Updates
    • Guidance for Encounter Data Submission
    • CMS Monitoring and Compliance of Encounter Data, Performance Metrics and Thresholds – For Comment
  – Submitting Telehealth Services to EDS
  – 2016 Final MOR Technical Issue
  – ICD-10 Mappings

• **Q&A Session**
  – Frequently Asked Questions
  – Live Question and Answer Session

• **Closing**
CMS Updates
These HPMS memos have been issued since the October 2017 webinar.

**Guidance for Encounter Data Submission – Issued October 30, 2017**

- Provides guidance and responses to questions from MAOs about information used by MAOs to create encounter data records (EDRs).
CMS Monitoring and Compliance of Encounter Data, Performance Metrics and Thresholds (For Comment) - Issued November 1, 2017

• Feedback was requested on performance measures and thresholds for MA encounter data:
  1. Excessive Submission of Encounter Data Records at End of Risk Adjustment Submission Window
  2. Extremely low volume of overall encounter data records
  3. Extremely low volume of inpatient encounter data records
  4. Extremely low volume of professional encounter data records
  5. Extremely low volume of outpatient encounter data records

• Feedback was due on November 27, 2017.
Submitting Telehealth Services to EDS

• We have received inquiries on how Medicare Advantage (MA) organizations should report encounters to the encounter data system (EDS) for telehealth services that are not considered Part A or Part B benefits under Original Medicare (i.e. FFS).

• For example, an MA organization may provide services to a beneficiary who may not be in a rural area, and therefore it would be misleading if the plan submits telehealth service codes with the GT (or GQ) modifier for telehealth services that do not meet the FFS originating site requirement.
• For telehealth services that do not meet FFS requirements (e.g. services provided in a large city), MA organizations should submit the relevant telehealth service codes to EDS along with the POS of ‘02’ code for all dates of service (i.e. both prior to and after January 1, 2017) but without the GT (or GQ) modifier.

On August 17, 2017, CMS released an HPMS memo titled, “Changes to Payment Year (PY) 2016 Final Model Output Report (MOR),” to provide information regarding changes being made to the MORs for the 2016 final payment.

Risk scores for the 2016 final went into October payment. The updated MORs described in the August 17, 2017 HPMS memo were released at the end of September.

There was a technical issue that resulted in blank fields instead of the HCC indicators that should have been populated.

We resolved the issue and will distribute all of the 2016 final MORs with correct values in the fields in late December.
We have completed our evaluation of the FY 2018 ICD-10 codes and have posted the finalized mappings in the “2018 Model Software/ICD-10 Mappings” folder on the risk adjustment website:

https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html
Questions & Answers
Frequently Asked Questions
Question:
We received the 2016 PY (2015 dates of service) Model Output Report, and several field positions contain blanks. Will CMS reissue these reports?

Answer:
As discussed earlier in this presentation, there was a technical issue that resulted in blank fields instead of the HCC indicators that should have been populated.
We resolved the issue and will distribute all of the 2016 final MORs with correct values in the fields in late December.

Note: The layouts that were included in the August 17, 2017 HPMS memo are accurate. The technical issue is isolated to how some of the fields were being populated in the reports.
Question:
What information will CMS include in the second PY 2016 final reconciliation run, with deadline of April 2, 2018?

Answer:
The second final PY 2016 payment will use diagnoses submitted to:
• Encounter Data Systems (EDS) through April 2, 2018.

The second final reconciliation of PY 2016 will also include any diagnosis deletions submitted to RAPS with 2015 dates of service (DOS) that have been submitted between January 31, 2017 and April 2, 2018.
Question:
Our contract appears to be missing risk adjustment eligible diagnoses on our MAO-004 Reports for certain months. Is there a reason for this?

Answer:
If you believe there are risk adjustment eligible diagnoses not being reported on your MAO-004, or there are month(s) you should have received a MAO-004 report but did not, please confirm the following before sending a list of ICNs to review:

1. Was the data submitted after January 1, 2014?
2. Does the data in question have a date of service January 1, 2014 or later?
3. Is the encounter data record accepted at the header level by Encounter Data System, as reported on the MAO-002 report?
4. Does the encounter data record pass the CMS published filtering logic for each specific encounter type under consideration – Professional, Outpatient, Inpatient?
5. Does the encounter data record meet the parameters for being reported on the MAO-004 shared in the March 2017 user group call? (continued on next slide)
Answer (continued from previous slide):

To access and download MAO-004 Reports in the MARx UI:

- Go to the “Reports” menu.
- Select “Monthly” frequency.
- Select “Start Month/Year”.
- Select “End Month/Year”.
- Add your “Contract ID”.
- Select “Find”. The reports will populate and become available for download.

**NOTE**: Do not specify file type.

Please direct questions or concerns on MARx UI access to the MAPD Help Desk at MAPDHelp@cms.hhs.gov or 1-800-927-8069.

If questions remain, please send a description of what you are seeing, and what checks you have conducted, along with a sample of 13-digit ICNs in a Microsoft Excel document to encounterdata@cms.hhs.gov.
Question:
Where can MAOs find information regarding the New Medicare Cards?

Answer:
Information related to the New Medicare Card Project, previously known as the Social Security Number Removal Initiative (SSNRI), is available through the resources below:

**Health Plan Management System (HPMS) Memos:**
Search HPMS using key words: SSNRI, MBI, and Software Releases

**New Medicare Cards Home:**
Live Question and Answer Session
Logistics

Audio Features

– Dial “* #” (star-pound) to enter the question queue at any time
– If selected, your name will be announced and the operator will unmute your telephone line.
– Dial “* #” (star-pound) to withdraw from the queue
– Dial “0” on your phone to reach the operator
– For questions regarding logistics or registration, please contact the TARSC Registration Support Team

Phone: 800-290-2910
Email: TARegistrations@tarsc.info
## Resources

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<thead>
<tr>
<th>Resource</th>
<th>Resource Link</th>
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<td>Customer Support and Service Center (CSSC) Operations</td>
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<td></td>
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<td>EDS Inbox</td>
<td><a href="mailto:encounterdata@cms.hhs.gov">encounterdata@cms.hhs.gov</a></td>
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## Commonly Used Acronyms

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<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>BHT</td>
<td>Beginning Hierarchical Transaction</td>
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<tr>
<td>CEM</td>
<td>Common Edits and Enhancements Module</td>
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<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>DOS</td>
<td>Date(s) of Service</td>
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<td>EDDPPS</td>
<td>Encounter Data DME Processing and Pricing Sub-System</td>
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<td>EDFES</td>
<td>Encounter Data Front-End System</td>
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<td>EDIPPS</td>
<td>Encounter Data Institutional Processing and Pricing Sub-System</td>
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<td>EDPPPS</td>
<td>Encounter Data Professional Processing and Pricing Sub-System</td>
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<td>EDPS</td>
<td>Encounter Data Processing System</td>
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<td>EDS</td>
<td>Encounter Data System</td>
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<td>EODS</td>
<td>Encounter Operational Data Store</td>
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<tr>
<td>FERAS</td>
<td>Front-End Risk Adjustment System</td>
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<td>FFS</td>
<td>Fee-for-Service</td>
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<td>Acronym</td>
<td>Definition</td>
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<td>FTP</td>
<td>File Transfer Protocol</td>
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<td>HCC</td>
<td>Hierarchical Condition Category</td>
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<td>Home Health</td>
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<td>HIPPS</td>
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<td>ICN</td>
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<td>MAOs</td>
<td>Medicare Advantage Organizations</td>
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<td>MOR</td>
<td>Monthly Output Report</td>
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<td>PY</td>
<td>Payment Year</td>
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<td>RAPS</td>
<td>Risk Adjustment Processing System</td>
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<td>RAS</td>
<td>Risk Adjustment System</td>
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<td>Skilled Nursing Facility</td>
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<td>TPS</td>
<td>Third Party Submitter</td>
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A formal request for evaluation feedback will display at the conclusion of this session.

We are interested in learning how we can make the User Groups better for you. As part of this evaluation, we solicit Risk Adjustment topic(s) of interest for future User Groups. Topics can be technical or policy-related, related to the models or data submission, updates on various topics or trainings.

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

Your Feedback is important.

Thank You!