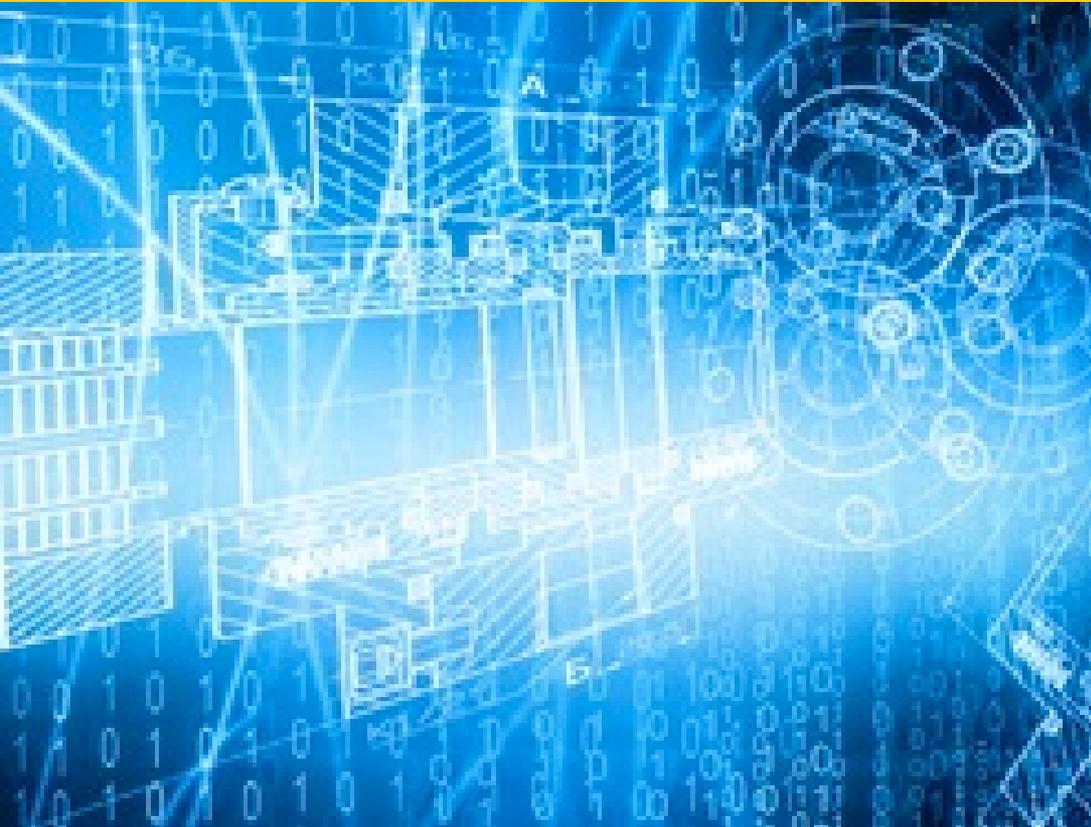


Risk Adjustment for EDS & RAPS User Group



March 23, 2017
2:00 p.m. – 3:00 p.m. ET

Session Guidelines

- This is a one hour User Group for MAOs submitting data to the Encounter Data System (EDS) and the Risk Adjustment Processing System (RAPS)
- There will be 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, session dates, and registration information

Agenda

- Introduction
- Updates
- Phase III MAO-004 Layout
- EDS and RAPS Parallel Processing
- FERAS and RAPS Reports Overview
- FERAS Reports
- RAPS Transaction Processing Reports
- MARx Reports
- MOR Updates for PY 2016 & PY 2017
- Q&A Session



Updates

Encounter Data Report Card Update

- Updated Report Cards will be distributed via HPMS in early April.
 - They can be viewed under the Risk Adjustment Module.
- The updated reports contain the same encounter data metrics included in the November 2016 release of the report cards.
- The April 2017 release contains data submitted through December 2016.
- The overall volume of encounter data continues to increase.
 - The 4th quarter of 2016 resulted in the highest volume of submissions to date.

Encounter Data Report Card Update (continued)

- CMS has a goal of releasing report cards on a quarterly basis in order to reflect all data submitted through the most recent quarter. We anticipate distributing the next round of report cards in June (to include submissions through Q1 of 2017).
- In response to MAO requests, CMS is considering moving to an Excel-based format. This will enable MAOs to ingest and analyze the report card data. We anticipate providing an Excel-based format beginning in September 2017.



Phase III MAO-004 Report Layout

Phase III MAO-004 Report Overview

- In response to suggestions provided by MAOs, CMS is making further revisions to the MAO-004 report, including both the layout and the data being provided on the report.
- More transparency into which diagnoses are identified as risk adjustment eligible
 - Improve MAOs' ability to reconcile MAO-002 reports to MAO-004 reports,
 - Provide increased level of detail into why diagnoses are or are not risk adjustment eligible, and
 - Minimize the processing needed for plans to track the risk adjustment eligibility of diagnosis codes across multiple encounter data record submissions.

Phase III MAO-004 Report Overview (continued)

- Key changes in the Phase III reports
 - Diagnoses on encounter data records that do not pass the CMS filtering logic are reported
 - Each reported encounter data record will have an indicator that the diagnoses on the record are allowed or disallowed for risk adjustment.
 - If applicable, a newly-provided reason code will indicate why diagnoses are not risk adjustment eligible.
 - A new field will provide information on the eligibility of diagnoses submitted on a prior record for risk adjustment.
- CMS will rerun all prior MAO-004 reports with the new layout, and with corrections to operational issues associated with the Phase II MAO-004 report.
 - We will send monthly reports with 2015 dates of service in the first week of April. Please look for an upcoming memo.
 - We will send all monthly reports with all dates of service, starting with January 2014, in late May.

Changes in Encounters Reported Between Phase II and Phase III

- Diagnoses submitted on inpatient and outpatient encounters and chart review records will be reported per the definitions below:
 - Inpatient – TOB 11x, 41x
 - Outpatient – TOB 12x, 13x, 14x, 43x, 71x, 72x, 73x, 74x, 75x, 76x, 77x, 79x, 83x, 84x, 85x
- Phase II processing errors have been corrected
 - Encounters or chart review records with non-1, 7, or 8 claim bill type codes will be reported as original records.
 - Diagnoses deleted as a result of replacement, chart review delete, and void encounter data records will be reported.

Changes Between Phase II and Phase III Layout

- **Encounter ICN field (Field #9) – *REVISED FIELD***: Decreased field length from 44 spaces to 20 spaces.
- **Encounter Type Switch (Field #11) – *REVISED FIELD***: Revised field values & descriptions, to allow for more encounter data record types. This field can take on 9 different values: "1" = Encounter, "2" = Void to an Encounter, "3" = Replacement to an Encounter, "4" = Chart Review Add, "5" = Void to a Chart Review Add, "6" = Replacement to a Chart Review Add, "7" = Chart Review Delete, "8" = Void to a chart review delete, "9" = Replacement to a chart review delete
- **ICN of Encounter Linked To (Field #13) – *REVISED FIELD***: Decreased field length from 44 spaces to 20 spaces.

Changes Between Phase II and Phase III Layout (continued)

- **Allowed/Disallowed Status of Encounter Linked To (Field #15) – *NEW FIELD*:** This is a new field to report whether or not the diagnoses on the encounter data record that the current encounter data record is linked to were allowed or disallowed for risk adjustment. This field will indicate the status of the previously submitted diagnoses at the time the record was submitted. Field #15 will be blank (1) if the current record is an original encounter data record, or (2) if the current record is an unlinked chart review record and no record is referenced in Field #13, or (3) if the record is a linked chart review with an invalid ICN in Field #13, or (4) if the diagnoses on the record whose ICN is in Field #13 did not pass the filtering logic and were not previously reported on a MAO-004 report.
- **Allowed/Disallowed Flag (Field #25) – *NEW FIELD*:** This new field will designate if the diagnoses on the current accepted encounter data record are allowed or disallowed for risk adjustment. Field #25 will be blank if (1) the current record is voiding the previous record, or (2) the current record is a chart review that is deleting diagnoses from the previous record.

Changes between Phase II and Phase III Layout (continued)

- **Allowed/Disallowed Reason Codes (Field #27) – *NEW FIELD*:** If the diagnoses on the current encounter data record are marked as disallowed in Field #25, this new field will indicate why the diagnoses are disallowed. In addition, Field #27 will indicate if the status of diagnoses on outpatient or professional encounter data records has changed from disallowed to allowed due to a quarterly update to the acceptable CPT/HCPCS list. Field #27 will be blank if (1) the current record is voiding the previous record, or (2) the current record is a chart review that is deleting diagnoses from the previous record, or (3) the current encounter data record is an original record (not linked to another record) and the diagnoses on the record are allowed. The only exception to (3) is when a record is being reprocessed due to an update in the CPT/HCPCS list. In this instance, this field would identify that the diagnoses were allowed with Reason Code “Q.”
- **Additional Diagnosis Codes (Field #35) – *REVISED FIELD*:** This field reports up to 37 additional diagnoses, for a total of 38 diagnoses per transaction line. If there are more than 38 diagnosis codes on a record, the remaining diagnoses will wrap around to the next line of the report with all elements of the detail line repeated except for the diagnoses.
- **Processing Date (Field on Phase I & II Reports) – *DELETED FIELD*:** This field has been deleted from the Phase III version of the MAO-004 report.

Phase III Layout Examples

Scenario 1: Replacement

January 1st, 2016 Happy Health Plan submitted an original professional encounter ICN 1234 with ICD-10 diagnoses AAA, BBB, CCC for date of service 3/5/2015. Encounter 1234 was accepted into EDS, but **does not pass** the CMS filtering logic. On October 1, 2016 a replacement encounter data record reporting ICD-10 diagnoses AAA, BBB, GGG was submitted for the original encounter with ICN 1234. Encounter 4568 **passes** the CMS filtering logic with an acceptable HCPCs.

- Detail beginning with field 11 from January 2016 Report for Original ICN 1234:
1*(blank)*(blank)*20160101*20150305*20150305*P*D*H*0*AAA*A*BBB*A*CCC*A
- Detail beginning with field 11 from October 2016 Report for Replacement ICN 4568:
3*1234*D*20161001*20150305*20150305*P*A*(blank)*0*AAA*(blank)*BBB*(blank)*CCC*D*GGG*A
 - Only diagnoses that are added and allowed are eligible for risk adjustment

Phase III Layout Examples (continued)

Scenario 2: Linked Chart Review

December 31st, 2016 Happy Health Plan submitted a linked chart review with ICN 9931 for replacement encounter 4568 with ICD-10 diagnosis code EEE. Chart review 9931 was accepted into EDS and **passes** the CMS filtering logic.

- Detail beginning with field 11 from October 2016 Report for Replacement ICN 4568 (*Scenario from slide 10 before*):
3*1234*D*20161001*20150305*20150305*P*A*(blank)*0*AAA* (blank)*BBB*(blank)*CCC*D*GGG*A
- Detail beginning with field 11 from December 2016 Report for Chart Review ICN 9931:
4*4568*A*20161231*20150305*20150305*P*A*(blank)*0*EEE*A

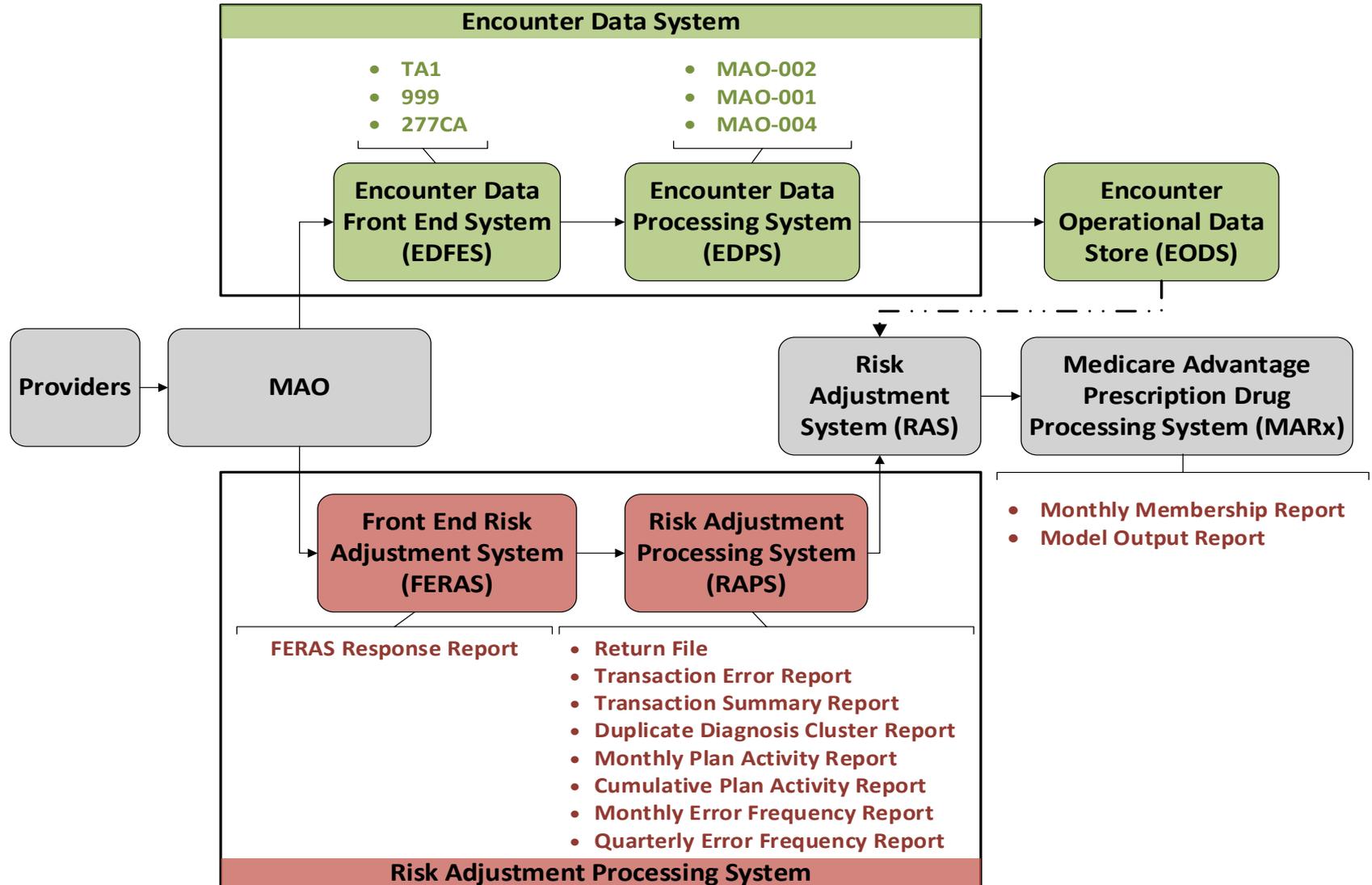
MAO-004 Related Questions

- Please submit any questions about the MAO-004 report to the Encounter Data mailbox at EncounterData@cms.hhs.gov.
 - Your questions are important to us.
- CMS will do a more detailed Phase III MAO-004 report training at a later date.

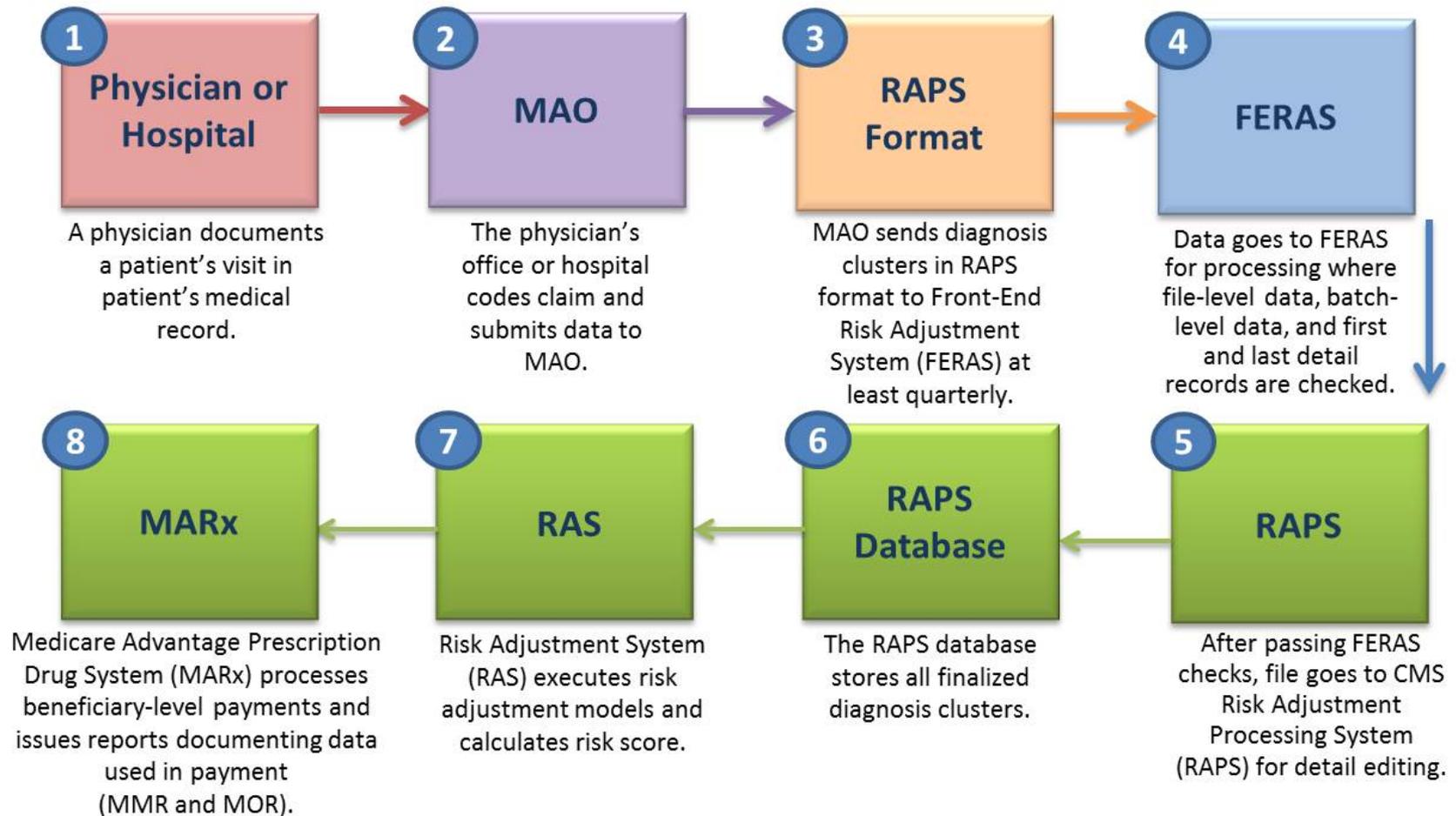


EDS & RAPS Parallel Processing

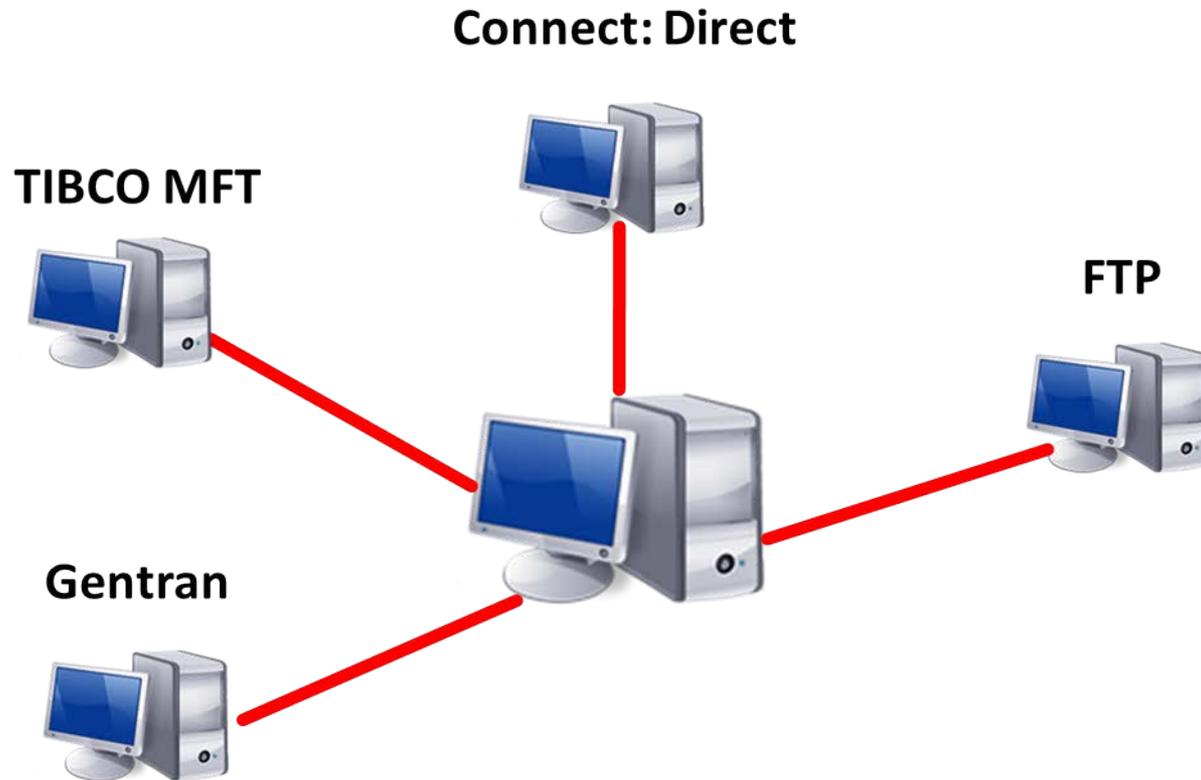
EDS & RAPS Processing Flow



RAPS Process Flow Overview



Accessing Reports



Translating RAPS Reports

- RAPS and FERAS reports are text reports
 - Notepad is the best way to view and print
- RAPS Return File Report is not a text report

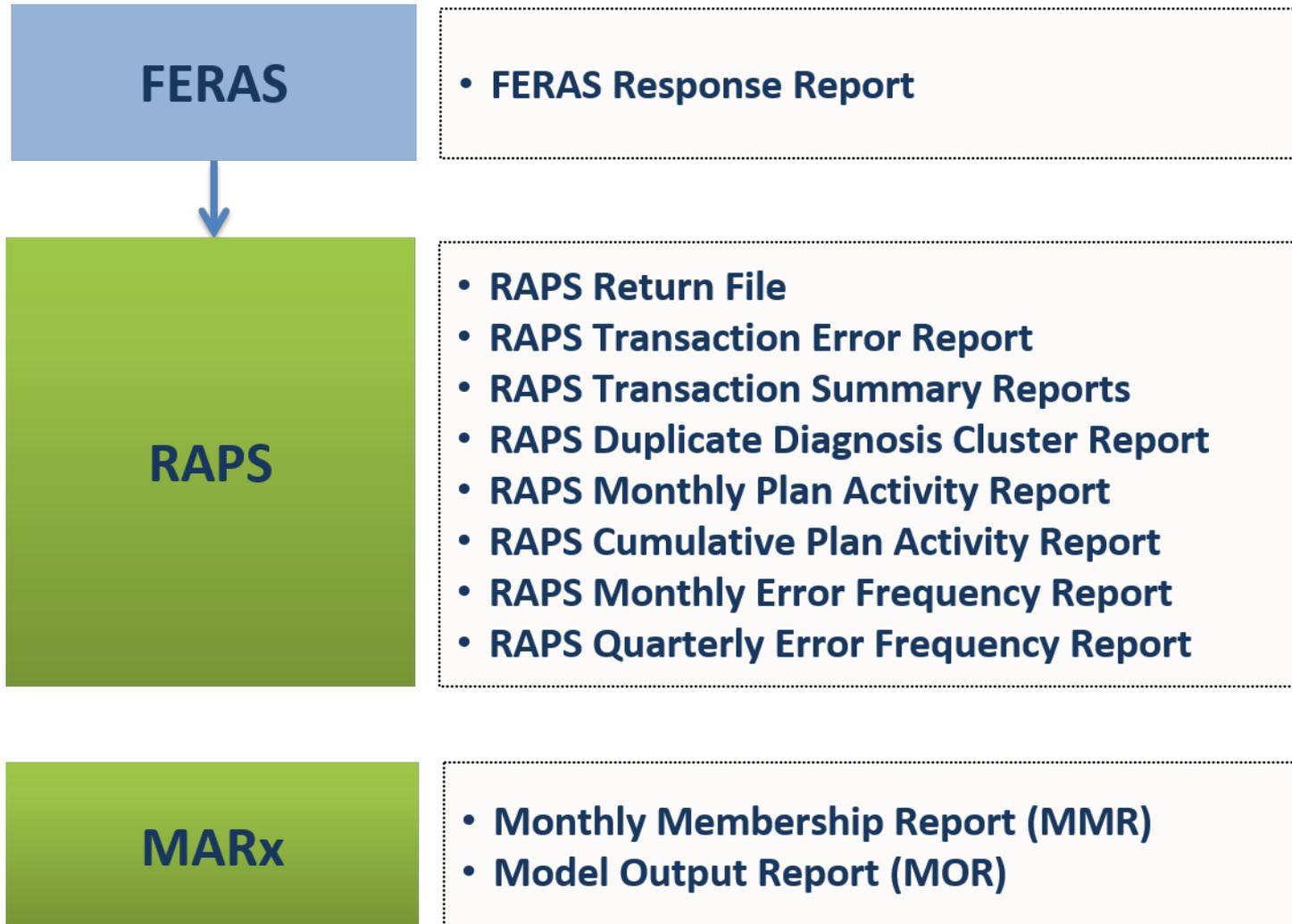
RAPS Reports Restoration

- MAOs are encouraged to save reports
- Copies of reports can be requested under exceptional circumstances
- Requests for copies of RAPS reports will be granted on a limited basis
 - Requests can be made to CSSC
 - CMS will provide details on these limitations in an upcoming plan communication
- Requests for copies of MMR and MOR reports can be made through the MARx User Interface or the MAPD helpdesk



FERAS and RAPS Reports Overview

Risk Adjustment Reports



Report Naming Conventions

| Report Name | Mailbox Identification |
|---|--------------------------------|
| FERAS Response Report | RSP#9999.RSP.FERAS_RESP_ |
| RAPS Return File | RPT#9999.RPT.RAPS_RETURN_FLAT_ |
| RAPS Transaction Error Report | RPT#9999.RPT.RAPS_ERRORRPT_ |
| RAPS Transaction Summary Report | RPT#9999.RPT.RAPS_SUMMARY_ |
| RAPS Duplicate Diagnosis Cluster Report | RPT#9999.RPT.RAPS_DUPDX_RPT_ |
| RAPS Monthly Plan Activity Report | RPT#9999.RPT.RAPS_MONTHLY_ |
| RAPS Cumulative Plan Activity Report | RPT#9999.RPT.RAPS_CUMULATIVE_ |
| RAPS Monthly Error Frequency Report | RPT#9999.RAPS_ERRFREQ_MNTH_ |
| RAPS Quarterly Error Frequency Report | RPT#9999.RAPS_ERRFREQ_QTR_ |

Report Naming Conventions (continued)

| Report Name | Mailbox Identification |
|--|-----------------------------|
| Monthly Membership Report Detail Report (Non-Drug) | ...MONMEMR.Dyymm01.Thhmsst |
| Monthly Membership Report (Drug) | ...MONMEMDR.Dyymm01.Thhmsst |
| Monthly Membership Report Detail Date File | ...MONMEMD.Dyymm01.Thhmsst |
| Monthly Membership Summary Report | ...MONMEMSR.Dyymm01.Thhmsst |
| Monthly Membership Summary Report Data File | ...MONMEMSD.Dyymm01.Thhmsst |
| RAS RxHCC Model Output Report | ...PTDMODR.Dyymm01.Thhmsst |
| Part C Risk Adjustment Model Output Report | ...HCCMODR.Dyymm01.Thhmsst |

- Plan Communications User Guide Appendices -

[CMS.gov](#) > [Research, Statistics, Data and Systems](#) > [CMS Information Technology](#) > [MAPD Helpdesk](#) > [Medicare Advantage and Prescription Drug Plans Communications User Guide](#) > [PCUG Appendices](#)



FERAS Report

FERAS Response Report

- Indicates file is accepted or rejected into the system
- Identifies reasons for rejection
- Provided in a 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

Rejected FERAS Response Report

REPORT: FERAS-RESP

RUN DATE: 20140304

SUBMITTER ID: SH9999

FILE-ID: 0000000001

FRONT END RISK ADJUSTMENT SYSTEM

FERAS RESPONSE REPORT

REJECTED PROD



| RECORD TYPE | SEQ NO | ERROR CODE | ERROR CODE DESCRIPTION |
|-------------|---------|------------|--|
| AAA | | 113 | FILE NAME DUPLICATES ANOTHER FILE ACCEPTED WITHIN LAST 12 MONTHS |
| BBB | 0000002 | 203 | MISSING/INVALID PLAN NUMBER ON BBB RECORD |
| CCC | 0000001 | 310 | MISSING/INVALID HIC NUMBER ON CCC RECORD |
| YYY | 0000004 | 263 | PLAN NUMBER DOES NOT MATCH PLAN NUMBER IN BBB RECORD |

FERAS Edits Logic

| Error Series | Explanation |
|--------------|---|
| 100 | File level errors on the AAA or ZZZ records |
| 200 | Batch level errors on the BBB or YYY records |
| 300 & 400 | Check performed on first and last CCC records |

If FERAS finds any errors, the entire file will be rejected and returned to the submitter.

RAPS Error Code Listing and RAPS-FERAS Error Code Lookup found on the CSSC website > Risk Adjustment Processing System > Edits.



RAPS Transaction Processing Reports

RAPS Transaction Processing Reports

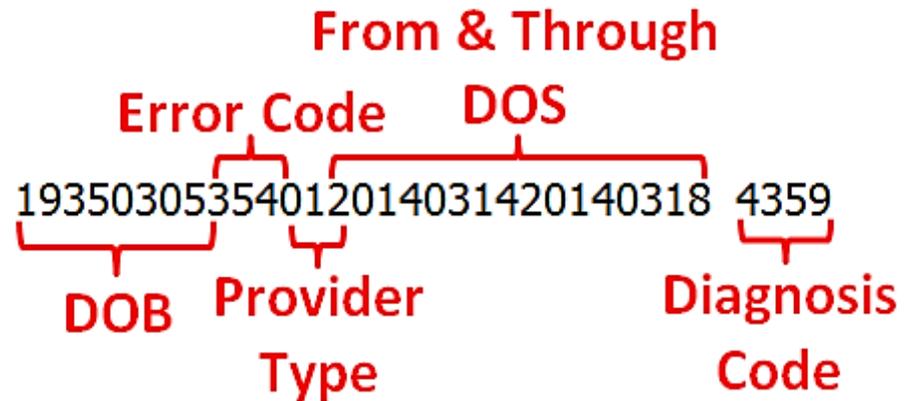
| Report | Description |
|---|---|
| RAPS Return File | <ul style="list-style-type: none">• Contains the entire submitted transaction• Identifies 300, 400, and 500-level errors• Provided in a flat file layout• Received by the end of the next processing day following submission |
| RAPS Transaction Error Report | <ul style="list-style-type: none">• Communicates errors found in CCC records during processing• Displays only 300, 400, and 500-level error codes• Provided in a report layout• Received by the end of the next processing day following submission |
| RAPS Transaction Summary Report | <ul style="list-style-type: none">• Summarizes the disposition of diagnosis clusters• Provided in a report layout• Received by the end of the next processing day following submission |
| RAPS Duplicate Diagnosis Cluster Report | <ul style="list-style-type: none">• Identifies diagnosis clusters with 502-error message• Clusters accepted into the system, but not stored in the RAPS database• Provided in a report layout• Received by the end of the next processing day following submission |

RAPS Return File Example

AAASH7777000000000120030411PROD
BBB0000001H9999
CCC0000001 7321430
YYY0000001H99990000003
ZZZSH777700000000010000001

**Patient Control
Number**

123456789A



Uses for RAPS Return File Format

Identify steps in the process where there may be data processing issues

Help physicians and providers submit clean data in a timely manner

Confirm that the right data and the right amount of data is being submitted



**Improve Data Submission
QUALITY and QUANTITY!**

RAPS Transaction Error Report

- Displays detail-level (CCC) record errors that occur in RAPS
- Available in report layout
- Received the next business day after submission

RAPS Transaction Error Report Example

REPORT: RAPS002 **ICD9**
 RUN DATE: 20040523

**RISK ADJUSTMENT PROCESSING SYSTEM
 TRANSACTION ERROR REPORT**

PAGE: 22
 TRANS DATE: 20040521

Identifier Information

SUBMITTER ID: SH9999 FILE ID: 0000000001 PLAN ID: H9999 BATCH NUMBER: 0000001

| SEQ NO | SEQ ERR | PATIENT CONTROL NUMBER | HIC NUMBER | HIC ERR | DOB | DOB ERR | PRVD TYPE | FROM DATE | THRU DATE | DEL IND | DGNS CODE | DGNS ERR1 | DGNS ERR2 | MAEA CD | MAEA ERR | CORRECTED HIC |
|---------|---------|------------------------|------------|---------|------------|---------|-----------|-----------|-----------|---------|-----------|-----------|-----------|---------|----------|---------------|
| 0000003 | | | 999999999A | 353 | 19301206 | | 01 | 20040101 | 20040105 | | 4823 | | | A | | |
| | | 00000000000000000000 | 1234567890 | | 1234567890 | | | | | | | | | | | |
| 0000005 | | | 888888888A | | 19260217 | | 01 | 20040212 | 20040225 | | 486 | 408 | | A | | |
| | | 00000000000000000000 | 1234567567 | | 5675675675 | | | | | | | | | | | |
| | | | | | | | 02 | 20040212 | 20040225 | | 2508 | 408 | | | | |
| | | | | | | | 02 | 20040312 | 20040325 | | 496 | | | | | |
| 0000007 | | | 666666666D | | 19301206 | | 20 | 20040101 | 20040105 | D | 25004 | 491 | | | | |
| | | | | | | | 20 | 20040411 | 20040422 | | 25004 | 408 | 409 | | | |

END OF FILE

Sequence No. Identifying CCC Record No.

RAPS Transaction Summary Report

RISK ADJUSTMENT PROCESSING SYSTEM TRANSACTION SUMMARY REPORT

REPORT: RAPS001 **ICD9**
 RUN DATE: 20040503

TRANS DATE:20040430

Total Clusters Submitted

Plan Number(H number)

SUBMITTER ID SH7777

PLAN ID: H9999

FILE ID: 0000000001

Unidentified Clusters

Four Provider Types

| PROVIDER TYPE | Principal | Other | Outpatient | Physician | Unidentified | Total |
|--------------------|-----------|-----------|------------|-----------|--------------|-------|
| | Inpatient | Inpatient | | | | |
| TOTAL SUBMITTED | 870 | 3480 | 629 | 348 | 2 | 5329 |
| TOTAL REJECTED | 26 | 104 | 18 | 13 | 2 | 163 |
| TOTAL ACCEPTED | 842 | 3367 | 606 | 333 | 0 | 5148 |
| TOTAL STORED | 840 | 3335 | 581 | 320 | 0 | 5076 |
| TOTAL MODEL STORED | 295 | 1167 | 203 | 112 | 0 | 1777 |
| TOTAL DELETE ACPTD | 2 | 2 | 0 | 2 | 0 | 6 |
| TOTAL DELETE RJCTD | 0 | 7 | 5 | 0 | 0 | 12 |

RAPS Duplicate Diagnosis Cluster Report

- Lists diagnosis clusters with 502-error information message
- Reflects clusters previously submitted and stored in the RAPS database with the same:
 - ✓ HIC number
 - ✓ Provider type
 - ✓ From and through dates
 - ✓ Diagnosis
- Received the next business day after submission

RAPS Duplicate Diagnosis Cluster Report Example

REPORT: RAPS003 **ICD9**
RUN DATE: 20030523

RISK ADJUSTMENT PROCESSING SYSTEM DUPLICATE DIAGNOSIS CLUSTER REPORT

PAGE: 22
TRANS DATE: 20030521

SUBMITTER ID: SH9999 FILE ID: 0000000001 PLAN ID: H9999 BATCH NUMBER: 0000001

| SEQ NUMBER | PATIENT CONTROL NUMBER | HIC NUMBER | DOB | PVDR TYPE | FROM DATE | THRU DATE | DEL IND | DGNS CODE | DGNS ERR | CORRECTED HIC |
|---------------|---------------------------|---------------|----------|--------------|--------------|--------------|------------|--------------|-------------|------------------|
| 0000003 | | 999999999A | 19301206 | 01 | 20040101 | 20040105 | | 4823 | 502 | |



RAPS Resolution Steps

1. Determine the error level of the code to identify the nature of the problem
2. Look up the error code and related suggested resolution
3. Based on the error message, determine the next step
4. Take steps to resolve the error



The RAPS Error Code Listing and RAPS-FERAS Error Code Lookup tool, found on the CSSC website > Risk Adjustment Processing System > Edits, can help you with this step.

RAPS Management Reports

| REPORT | DESCRIPTION |
|---------------------------------------|---|
| RAPS Monthly Plan Activity Report | <ul style="list-style-type: none"> • Provides monthly summary of the status of submissions by Submitter ID and Contract Number • Provided in a report layout • Available for download the second business day of the month • Generated only when contract has activity for the month of the report |
| RAPS Cumulative Plan Activity Report | <ul style="list-style-type: none"> • Provides cumulative summary of the status of submissions by Submitter ID and Contract Number • Provided in a report layout • Available for download the second business day of the month • Generated only when contract has activity for the month of the report |
| RAPS Monthly Error Frequency Report | <ul style="list-style-type: none"> • Provides a monthly summary of all errors associated with files submitted in test and production • Provided in a report layout • Generated if data is received monthly • Available for download the second business day of the month |
| RAPS Quarterly Error Frequency Report | <ul style="list-style-type: none"> • Provides a quarterly summary of all errors on all file submissions within the 3-month quarter • Provided in a report layout • Generated if data is received quarterly • Available for download the second business day of the month following each quarter |

Analysis of RAPS Management Reports

RAPS MONTHLY PLAN ACTIVITY REPORT



RAPS Monthly Plan Activity Report

- Provides a summary of the status of submissions for a 1-month period
- Arrayed by provider type and month based on through date of service
- Reported by submitter ID and H number
- Allows tracking on a month-by-month basis for all diagnosis clusters submitted
- Available for download the second business day of the month



RAPS Monthly Plan Activity Report Example

RAPS Monthly Plan Activity Report

REPORT: RAPM0019 **ICD9**
 RUN DATE: 20040402

CMS RAPS ADMINISTRATION
 RAPS MONTHLY PLAN ACTIVITY REPORT

PAGE: 1
 SERVICE YEAR: 2004

PLAN NO: H7777
 SUBMITTER ID: SH7777

FOR THE MONTH OF MARCH, 2004

| PROVIDER TYPE/TOTALS | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | TOTAL |
|----------------------------|---------|----------|-------|-------|-----|------|-------|
| PRINCIPAL INPATIENT | | | | | | | |
| TOTAL SUBMITTED | 1297 | 1301 | 293 | 0 | 0 | 0 | 2891 |
| TOTAL REJECTED | 26 | 26 | 0 | 0 | 0 | 0 | 52 |
| TOTAL ACCEPTED | 1261 | 1275 | 288 | 0 | 0 | 0 | 2824 |
| TOTAL STORED | 1235 | 1269 | 283 | 0 | 0 | 0 | 2787 |
| TOTAL MODEL STORED | 432 | 444 | 99 | 0 | 0 | 0 | 975 |
| TOTAL DELE ACPTD | 10 | 0 | 5 | 0 | 0 | 0 | 15 |
| TOTAL DELE RJCTD | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER INPATIENT | | | | | | | |
| TOTAL SUBMITTED | 8431 | 13489 | 411 | 0 | 0 | 0 | 22331 |
| TOTAL REJECTED | 169 | 270 | 3 | 0 | 0 | 0 | 442 |
| TOTAL ACCEPTED | 8262 | 13219 | 405 | 0 | 0 | 0 | 21886 |
| TOTAL STORED | 8261 | 13216 | 404 | 0 | 0 | 0 | 21881 |
| TOTAL MODEL STORED | 2891 | 4625 | 141 | 0 | 0 | 0 | 7657 |
| TOTAL DELE ACPTD | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| TOTAL DELE RJCTD | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| OUTPATIENT | | | | | | | |
| TOTAL SUBMITTED | 23415 | 17342 | 84 | 0 | 0 | 0 | 40841 |
| TOTAL REJECTED | 351 | 260 | 3 | 0 | 0 | 0 | 614 |
| TOTAL ACCEPTED | 23064 | 17081 | 81 | 0 | 0 | 0 | 40226 |
| TOTAL STORED | 20989 | 15199 | 77 | 0 | 0 | 0 | 36265 |
| TOTAL MODEL STORED | 7346 | 5320 | 27 | 0 | 0 | 0 | 12693 |
| TOTAL DELE ACPTD | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL DELE RJCTD | 0 | 1 | 0 | 0 | 0 | 0 | 1 |

RAPS Cumulative Plan Activity Report

- Provides a cumulative summary of the status of submissions
- Report format similar to Monthly Plan Activity Report
- Service year “9999” indicates data have been rejected (not stored)
- Available for download the second business day of the month

RAPS Cumulative Plan Activity Report Example

| 1REPORT: RAPM0020 **ICD10** | | CMS RAPS ADMINISTRATION | | | | | | |
|-----------------------------|-------|--------------------------------------|---------|-------|-------|-----|------|-------|
| PAGE: 1 | | RAPS CUMULATIVE PLAN ACTIVITY REPORT | | | | | | |
| RUN DATE: 20100818 | | | | | | | | |
| SERVICE YEAR: 2009 | | | | | | | | |
| PLAN NO: | H0000 | FOR PERIOD ENDING JULY 31, 2010 | | | | | | TOTAL |
| PROVIDER TYPE/TOTALS | | JANUARY | FEBUARY | MARCH | APRIL | MAY | JUNE | |
| PRINCIPAL INPATIENT | | | | | | | | |
| TOTAL SUBMITTED | | 2 | 8 | 18 | 196 | 0 | 0 | 224 |
| TOTAL REJECTED | | 2 | 8 | 18 | 196 | 0 | 0 | 224 |
| TOTAL ACCEPTED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL STORED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL MODEL STORED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL DELE ACPTD | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL DELE RJCTD | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER INPATIENT | | | | | | | | |
| TOTAL SUBMITTED | | 18 | 66 | 98 | 1284 | 0 | 0 | 1466 |
| TOTAL REJECTED | | 18 | 66 | 98 | 1284 | 0 | 0 | 1466 |
| TOTAL ACCEPTED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL STORED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL MODEL STORED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL DELE ACPTD | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL DELE RJCTD | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OUTPATIENT | | | | | | | | |
| TOTAL SUBMITTED | | 40 | 44 | 246 | 876 | 0 | 0 | 1206 |
| TOTAL REJECTED | | 40 | 44 | 246 | 876 | 0 | 0 | 1206 |
| TOTAL ACCEPTED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL STORED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL MODEL STORED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL DELE ACPTD | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL DELE RJCTD | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PHYSICIAN | | | | | | | | |
| TOTAL SUBMITTED | | 70 | 110 | 284 | 714 | 2 | 0 | 1180 |
| TOTAL REJECTED | | 70 | 110 | 284 | 714 | 2 | 0 | 1180 |
| TOTAL ACCEPTED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL STORED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL MODEL STORED | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL DELE ACPTD | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL DELE RJCTD | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

RAPS Error Frequency Reports

- Are sent to MAOs monthly and quarterly
 - ✓ Monthly summary
 - ✓ Three-month summary
- Summarize errors received in test and production
- Display frequencies for all errors received by provider type
- Provided in report layout
- Available for download the second business day of the month/quarter

RAPS Error Frequency Reports Example

REPORT: RAPS004M
RUN TIME: 13.31.06

PALMETO GBA
RISK ADJUSTMENT PROCESSING
ERROR FREQUENCY SUMMARY

1 PAGE: 1
RUN DATE: 20050219

SUBMITTER ID: SH9999
PLAN NO: H9999

FOR THE MONTH OF APRIL, 2005

TOTAL CCC RECORDS: 4,647 TOTAL DIAGNOSIS: 17,660 TOTAL ACCEPTED: 15,403 TOTAL REJECTED: 2,257

Error Codes

| ERROR CODE | <==PROVIDER TYPE XX==> | <==PROVIDER TYPE 01==> | <==PROVIDER TYPE 02==> | <==PROVIDER TYPE 10==> | <==PROVIDER TYPE 20==> |
|------------|-------------------------|------------------------|------------------------|------------------------|------------------------|
| | <==UNKNOWN PROV TYPE==> | <PRINCIPAL INPATIENT> | <==OTHER INPATIENT==> | <====OUTPATIENT====> | <====PHYSICIAN====> |
| 353 | 75 | 0 | 0 | 0 | 0 |
| 354 | 0 | 7 | 38 | 108 | 618 |
| 403 | 0 | 1 | 0 | 0 | 0 |
| 408 | 0 | 14 | 79 | 132 | 859 |
| 409 | 0 | 0 | 0 | 116 | 782 |
| 410 | 0 | 12 | 67 | 110 | 980 |
| 460 | 0 | 0 | 0 | 5 | 12 |
| 500 | 6 | 0 | 0 | 0 | 0 |
| 501 | 0 | 18 | 148 | 578 | 2,297 |
| 502 | 0 | 5 | 63 | 97 | 1,741 |

Correcting Rejected Data

- When plans correct data that originally received an error, the originally rejected data are reflected in cumulative totals for the appropriate month and in number of total rejections
- When a cluster is counted as stored, it remains part of the stored count on the Cumulative Plan Activity Report, even if it is deleted
- Deleted clusters are included in total stored and total deleted
- Reports can help identify internal processes affecting data collection and submission, as well as external issues affecting data collection



MARx Reports

MMR Example

1RUN DATE:20120610 MONTHLY MEMBERSHIP REPORT - NON DRUG PAGE: 1
 PAYMENT MONTH:201207 PLAN(H9999) PBP(001) SEGMENT(000) SAMPLE REPORT

| ----- REBATES ----- | | | | | | | | | | | | | | |
|---|--------|----------------|----------|-------------------|-----|-----|---------------------|--------------|----------------------|-----|----------------------|---------|----------------|-----------|
| BASIC PREMIUM | | COST SHR REDUC | | MAND SUPP BENEFIT | | | PART D SUPP BENEFIT | | PART B BAS PRM REDUC | | PART D BAS PRM REDUC | | | |
| PART A | \$0.00 | \$00.00 | | \$0.00 | | | \$0.00 | | \$0.00 | | \$0.00 | | | |
| PART B | \$0.00 | \$00.00 | | \$0.00 | | | \$0.00 | | \$0.00 | | \$0.00 | | | |
| ----- PAYMENTS/ADJUSTMENTS ----- | | | | | | | | | | | | | | |
| CLAIM NUMBER | E AGE | STATE | P P | M F | A D | S C | MTHS | PAYMENT DATE | | LAG | FTYPE | FACTORS | | AMOUNT |
| | X GRP | CNTY | A A | H E | I C | R O | D E | E O | M A | B | START | END | FRAILITY-SCORE | MSP |
| ----- | | | | | | | | | | | | | | |
| SURNAME F DMG BIRTH O T T S R S H I I E O A H R S A P I P ADJ | | | | | | | | | | | | | | |
| I | RA | DATE | A A | B P | D T | C D | L C | N U | P C | P I | DCG | REA | FCTR-A | FCTR-B |
| ----- | | | | | | | | | | | | | | |
| 111111111A | M | 8085 | 12345 | | | | | | 1 | 1 | 201207 | 201207 | | |
| | C | 8085 | 19281008 | Y | Y | 1 | N | O | 2 | D | N | | 1.7230 | 1.7230 |
| 222222222A | F | 6064 | | | | | | | 1 | 1 | 201207 | 201207 | | |
| | L | 6064 | 19481027 | Y | Y | | Y | Y | O | B | N | | 2.4600 | 2.4600 |
| | | | | | | | | | | | | | \$873.30 | \$787.20 |
| | | | | | | | | | | | | | | \$1660.50 |

Amount Here Should Match Plan Payment Report

MOR Example

1RUN DATE: 20161214
PAYMENT MONTH: 201701

RISK ADJUSTMENT MODEL OUTPUT REPORT
PLAN: H9999 SAMPLE MOR REPORT

PAGE: 1

RAPMOSEA

| 0 HIC | LAST NAME | FIRST NAME | I | DATE OF BIRTH | SEX & AGE GROUP | ESRD |
|----------|--------------|---------------|---|------------------|-----------------|------|
|----------|--------------|---------------|---|------------------|-----------------|------|

| | | | | | | |
|-------------|------|-------|--|----------|-------------|---|
| AXXXXXXXXXX | NAME | FIRST | | 19101000 | Female75-79 | N |
|-------------|------|-------|--|----------|-------------|---|

V22 HCC DISEASE GROUPS: HCC108 Vascular Disease

| | | | | | | |
|-------------|------|-------|--|----------|-------------|---|
| AXXXXXXXXXX | NAME | FIRST | | 19101000 | Female85-89 | N |
|-------------|------|-------|--|----------|-------------|---|

V22 HCC DISEASE GROUPS: HCC087 Unstable Angina and Other Acute Ischemic Heart Disease
HCC096 Specified Heart Arrhythmias
HCC100 Ischemic or Unspecified Stroke
HCC108 Vascular Disease

MARx Reports - MMR and MOR

- The following factors from the Monthly Membership Report (MMR) and Model Output Report (MOR) may apply when calculating beneficiary risk scores:

| Demographic/ Diagnostic Information | Description | MMR | MOR |
|--|---|-----|-----|
| Sex | Male or Female | ✓ | ✓ |
| Age/RA Age Group | Age as of February 1 st of payment year, with the exception of beneficiaries recently aged into Medicare and may have been 64 on February 1 st . These beneficiaries are treated as 65. | ✓ | ✓ |
| Medicaid | Beneficiary Medicaid status is reflected in the risk score. | ✓ | ✓ |
| Disabled | Beneficiary disabled status is reflected in the risk score. | | ✓ |

MARx Reports - MMR and MOR (continued)

| Demographic/ Diagnostic Information | Description | MMR | MOR |
|---|--|-----|-----|
| Originally Disabled | Beneficiary's original Medicare entitlement was due to disability. | | ✓ |
| Hospice | MAOs are not paid risk payments for the months when their enrollees are in hospice. Risk score on the MMR will be zero (0.000). | ✓ | |
| Default Risk Factor Code | Assigned for new enrollment in Medicare after the model run, change in status (i.e., new to ESRD), a change in HIC number, or in rare cases when there is a lapse in Part B coverage. Generally, used when a calculated risk score is unavailable. | ✓ | |
| Risk Adjustment Factor Type (RAFT) Code or Part D RA Factor Type Code | Communicates which risk adjustment model was used to calculate the risk score for a beneficiary for a month. | ✓ | |
| Frailty Indicator (if applicable) | Flag indicates if beneficiary receives additional factor because of enrollment in PACE or qualifying FIDE SNP and qualifies for frailty. | ✓ | |

MARx Reports - MMR and MOR (continued)

| Demographic/ Diagnostic Information | Description | MMR | MOR |
|--|--|-----|-----|
| Frailty Factor (if applicable) | Factor added to risk score. | ✓ | |
| Original Reason for Entitlement Code (OREC) | A number that represents the beneficiary's reason for entitlement to Medicare. 0 = due to age, 1 = disability, 2 = ESRD, 3 = disability and current ESRD, and 9 = none of the above. | ✓ | |
| Part C Long Term Institutional (LTI) | The LTI status is based on 90 day or longer stays in an institutional setting; determines which risk score to use for the month. | ✓ | |
| HCC/RxHCC Groupings | HCCs or RxHCCs applicable to a beneficiary and used in calculating the risk score for initial, mid-year, or final reconciliation payments. Only the HCCs used to calculate a risk score are reports; RAS applies the hierarchies prior to generating the MOR, so that only the most severe condition of a disease is used. | | ✓ |
| Interactions | Applicable disease or disabled interactions reported on the MOR. | | ✓ |

MOR Updates

- Updated MORs are run after each RAS Model Run.
- Changes were made to the Part C and Part D MORs for 2017 Initial & Mid-year Risk Score runs due to recent updates to these risk adjustment models.
- Changes will be made to the 2016 final MORs to reflect the risk score blend of both Risk Adjustment Processing System (RAPS)-based risk scores and Encounter Data-based risk scores.
- Additional Record Types will be added to reflect separate sets of HCCs.

2017 Initial & Mid-Year Model Run MORs

- For both the 2017 initial and 2017 mid-year model runs, CMS has created a new Part C MOR Record Type “D” to account for changes made to the CMS-HCC Part C (non-PACE and non-ESRD) aged/disabled model.
 - Updates have been made to account for revised disease interactions in the 2017 CMS-HCC model:
 - Revised interaction terms for all six aged/disabled segments
 - One new interaction term for the three disabled segments
 - The HCCs in the 2017 CMS-HCC model remain the same.

CORRECTION - Changes to PY 2017 MOR Report

- The updated HPMS memo “CORRECTION – Changes to Payment Year (PY) 2017 Initial Model Output Report (MOR)” was distributed to plans on February 22, 2017. The memo provided updated layouts for the 2017 Type “D” and Type “2” MORs.
- No changes were made to the data file itself, but the layout contained the following changes:
 - Part C MOR Record Type “D” layout
 - Corrected/updated field names, and/or the format/comments column for several fields, including some of the interaction terms
 - Clarified that plans should disregard the indicators displayed in the “filler” fields 115, 116, and 117. These fields are duplicative of other fields and will be blank in future runs
 - Part D MOR Record Type “2” layout
 - Updated the format/comments column for field #1

CORRECTION - Changes to PY 2017 MOR Report (continued)

- The current Plan Communication User Guide (PCUG) Appendices Version 11.0 (dated February 28, 2017) does not include the Part C Record Type “D” and Part D Record Type “2” MOR layouts published in the February 22, 2017 HPMS memo “CORRECTION – Changes to Payment Year (PY) 2017 Initial Model Output Report (MOR).”
- The PCUG Appendices will be updated to include the new Part C MOR Record Type “D” and the new Part D MOR Record Type “2”. The new PCUG Appendices will be posted to the CMS website (https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html) in the near future.

2016 Final Model Run MOR

- The MOR that will be produced for the 2016 final model run will include two separate MOR layouts for each model type (C, ESRD/PACE, D).
 - This will allow separate reporting of the HCCs for the RAPS-based risk scores and the encounter data-based risk scores.
- HCCs for PACE risk scores will still be reflected in a single MOR layout, since their risk scores will continue to have a combination of all three data sources (FFS, RAPS, encounter data).

Questions & Answers





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/Version_5010.html |
| Washington Publishing Company | http://www.wpc-edi.com/content/view/817/1 |
| Plan Communications User Guide Appendices | https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/PCUG-Appendices-v103-November-30-2016.pdf |

Resources (continued)

| Resource | Link |
|---|---|
| Medicare Advantage and Prescription Drug Plans Plan Communications User Guide | http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html |
| RAPS Error Code Listing and RAPS-FERAS Error Code Lookup | http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&expand=1&navmenu=Risk^Adjustment^Processing^System |
| CMS 5010 Edit Spreadsheet | http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits?open&expand=1&navmenu=Medicare^Encounter^Data |
| EDFES Edit Code Lookup | https://apps.csscooperations.com/errorcode/EDFS_ErrorCodeLookup |
| EDPS Error Code Look-up Tool | http://www.csscooperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&navmenu=Medicare^Encounter^Data |
| RAPS Error Code Listing | http://csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&expand=1&navmenu=Risk^Adjustment^Processing^System |
| RAPS-FERAS Error Code | |

Commonly Used Acronyms

| Acronym | Definition |
|---------|--|
| BHT | Beginning Hierarchical Transaction |
| 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 |
|---------|---|
| FTP | File Transfer Protocol |
| 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 |

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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