2013 NATIONAL TECHNICAL ASSISTANCE

Risk Adjustment 101

July 22, 2013

RISK ADJUSTMENT 101

Introduction > **Overview** > **Connectivity/Testing**

Key Data Elements > **RAPS** > **Reports** > **Resources**

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

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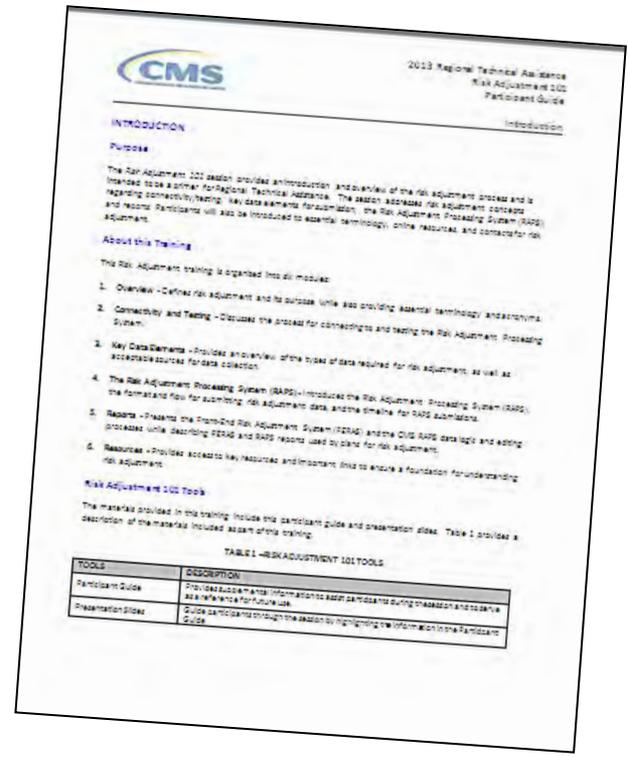
Questions & Answers

**Your Questions are Important!
Thank you!**

Contact Information

During the webinar

Q&A
Send to: **Host**

Type your question here.   Send

Connected

Call 1-866-229-3239 Press 1

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

After the webinar: riskadjustment@cms.hhs.gov

RISK ADJUSTMENT 101

Introduction > **Overview** > **Connectivity/Testing**

Key Data Elements > **RAPS** > **Reports** > **Resources**

Overview Learning Objectives

- Learn the purpose and history of risk adjustment

- Define important risk adjustment terms and acronyms
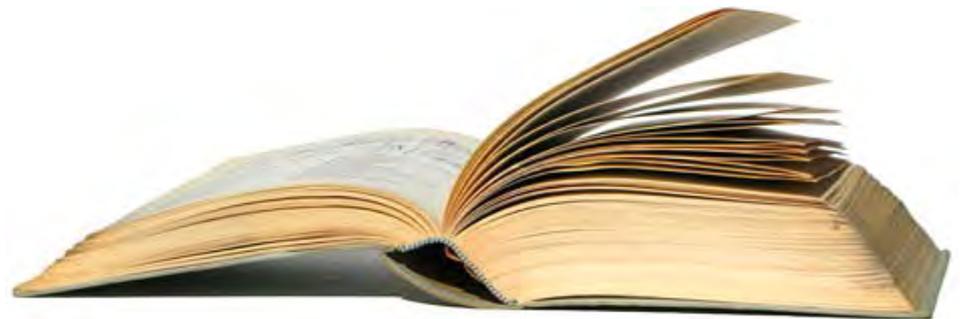
Risk Adjustment Definition

- The method used to adjust bidding and payments based on the health status and demographic characteristics of an enrollees

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
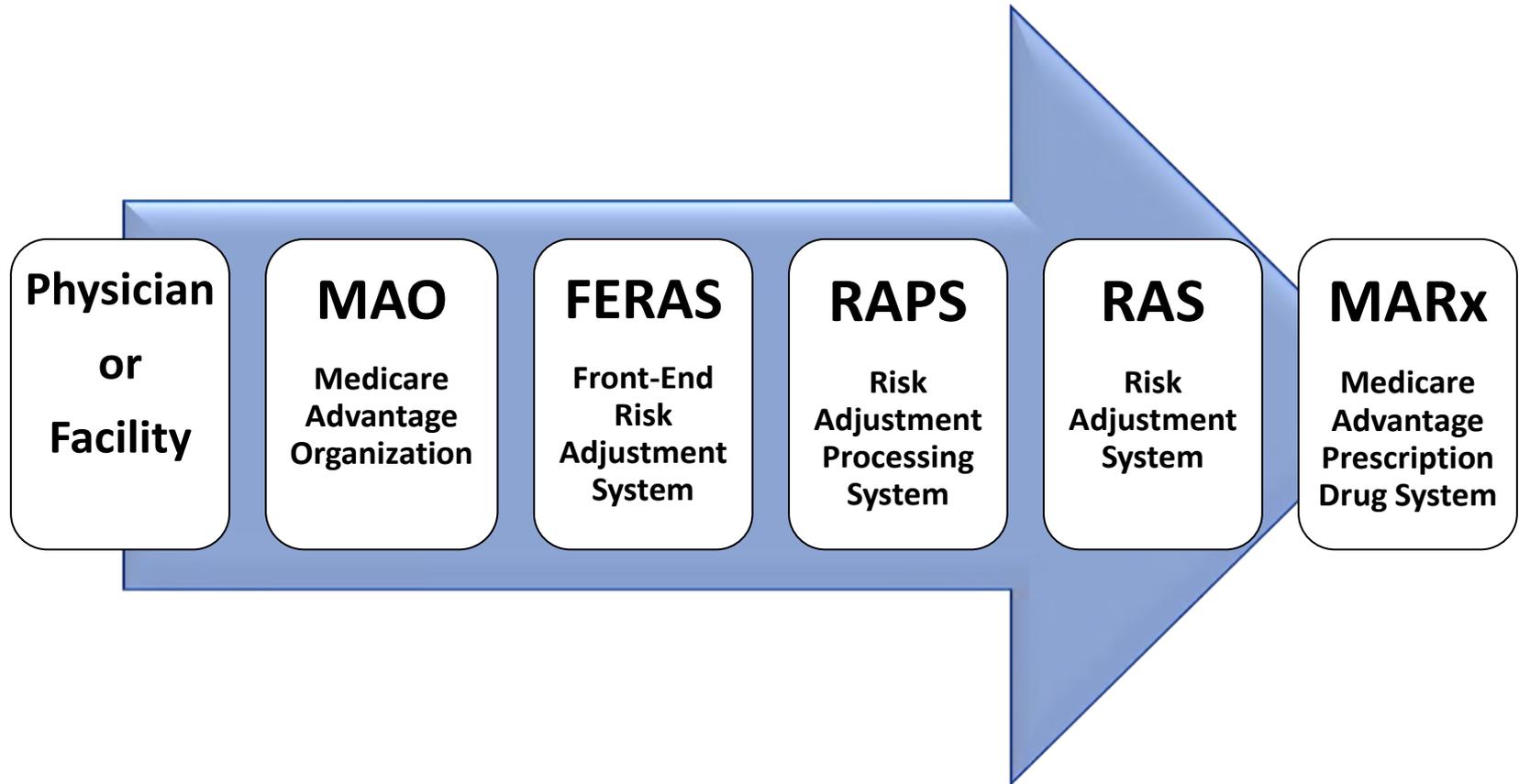
Risk Adjustment History

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

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 (SHnnnn) 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

RAPS Introduction Letter

EDI Agreement

RAPS Submitter Information

RAPS Connect:Direct Application

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/nature 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).

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

RAPS Submitter Information

http://www.csscoperations.com

CSSC Risk Adjustment Data Submitter Application

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

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C O N N E C T I V I T Y

RAPS Connect:Direct Application

RAPS Introduction Letter

EDI Agreement

- RAPS Submitter Information
- **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:	SYSDG
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.

CONNECTIVITY

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CMS.gov
Centers for Medicare & Medicaid Services

Learn about your healthcare options   [Search field]   Search

| Medicare | Medicaid/CHIP | Medicare-Medicaid Coordination | Insurance Oversight | Innovation Center | Regulations and Guidance | Research, Statistics, Data and Systems | Outreach and Education |

MAPD Help Desk

Return to List

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   Data Exchange Preparation Procedures (DEPP), Connectivity and Access Configuration Process, CMS Connectivity for MA/PDP/MA-PD and 3rd Party Organizations, Connecting to the CMS Enterprise, MDCN Extranet DNS Reference for CMS Business Partners, Connect:Direct Setup Form, Connect:Direct Setup Checklist, Connect:Direct Secure Point of Entry (SPOE), Connect: Enterprise Secure Client (HTTPS examples), EFT Verisign Certificates, and Secure FTP SSH Client Internet reference.

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, Version8, August 2006 [PDF, 6MB]

Help with File Formats and Plug-Ins

CONNECTIVITY

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

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Front End
Risk Adjustment System

[FERAS]

User Guide

Palmetto GBA.
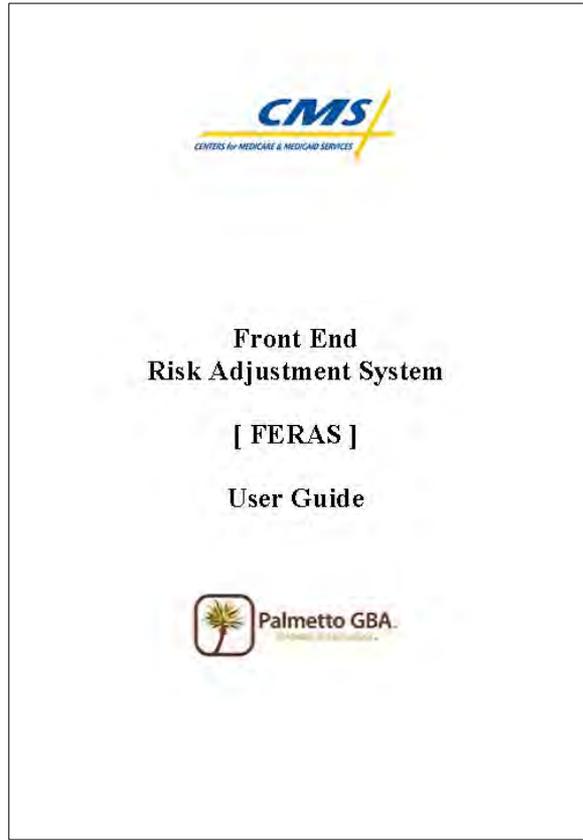
Centers for Medicare & Medicaid Services — Table of Contents

Table of Contents

Centers for Medicare & Medicaid Services — 2/22/2012

Introduction

Web services such as file transfers and file building are the main functions of the Front End Risk Adjustment System (FERAS). Using a browser, registered users may browse the FERAS site for Risk Adjustment related documentation and other useful information. The file transfer and building functions allow registered users to transfer and build electronic data using any type of platform (i.e. Windows 95, UNIX, Macintosh, etc.). Using a web browser or FTP Client software, you can connect to the FERAS, upload files, build files and download reports.

FERAS Overview

The FERAS contains the following menu options:

- **Home**
  Returns you to the FERAS Home Page.
- **Mailbox**
  Allows registered users to download/view/delete Risk Adjustment data files, reports and responses from their outbound mailbox.
- **Upload File**
  Allows registered users to upload Risk Adjustment data files for processing.
- **DDE**
  Allows registered users to create a RAPS formatted file on-line and submit it for processing.
- **Error Codes**
  Allows the user to look up descriptions for Error Codes.
- **Help**
  Lists the help available on-line for the FERAS.
- **News & Updates**
  Displays a list of the latest news and updates for RAPS and the FERAS.

Who to Call and Hours of Operation

If you have questions regarding the FERAS or the submission of Risk Adjustment data, you may access the **Help** menu option from the FERAS web site or call the CSSC Operations at (877) 534-2772. The CSSC hours of operation are 8:00 AM to 7:PM EST Monday through Friday. This information is also available by accessing the **Contact Information** from the FERAS web site.

FERAS Availability

The FERAS is available for use 24 hours a day 7 days a week. The CSSC Operations is unavailable on the following holidays:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the day after
- Christmas Eve Day and Christmas Day

Centers for Medicare & Medicaid Services — 2/22/2012

Requirements for Using the FERAS

File transfers and file building are two main components of the FERAS. To access the FERAS menu options such as File Submissions or Help, users must have a browser. Netscape Navigator version 3.0 or higher and Internet Explorer version 3.02 or higher are recommended and supported. Other browsers may be used; however, the FERAS technicians do not currently support browsers other than Netscape Navigator and Internet Explorer.

File transfers and file building via the FERAS can be performed by use of a browser. You can also use other FTP software to upload your files. Before you can perform file transfers on the FERAS, you must have one of the following components available on your system:

Browser
Netscape Navigator version 3.0+ or Internet Explorer 3.02+. Other browsers may work, but will not be supported by the FERAS technicians at this time.

FTP Client Software
Windows 95+ includes Microsoft FTP software. If you are using FTP software other than Microsoft, you must refer to your FTP software documentation for correct FTP procedures. See the section titled "Using Other FTP Software."

NOTE: Although the FERAS is designed to be multi-platform, the FERAS technicians will only be equipped to support Windows 9x and Windows NT environments. In addition, the FERAS technicians will only be able to support Netscape Navigator version 3.0 or higher and Internet Explorer version 3.02 or higher browsers.

Production Cycle

Production Cycles run at 5:00 p.m. (EST). Claims submitted via the FERAS must be completely transmitted in order to process in the 5:00 p.m. production cycle. CMS Reports will be available the following morning.

Testing Requirements

Submitter testing is required to ensure the flow of data from the Submitter to the FERAS works properly. Testing also ensures the data submitted is valid and formatted correctly. If you would like to send data in a **test format**, please contact the CSSC Operations at (877) 534-2772 to notify them of your test submission. Test data will be processed at CMS and reports will be available the next morning. By calling the CSSC Operations prior to transmission of **your first production or test file**, a CSSC representative will be able to give you information on how to properly submit a test and/or production file.

Centers for Medicare & Medicaid Services — 02/22/12

Connecting to the FERAS

To establish an IP connection with the FERAS, you must be connected to the Medicare Data Communications Network (MDCN), which is provided by AT&T Global Network Services. The MDCN is the secure network linking the Risk Adjustment data processing entities. If you are not connected to the MDCN, please contact AT&T at 1-800-905-2069.

All submitters with IP network access have been authorized to connect to the FERAS.

In order to submit claims to the FERAS via the MDCN, you must be enrolled with the CSSC. If you are not enrolled, please contact the CSSC Operations at (877) 534-2772. Once enrolled with the CSSC to submit and retrieve data electronically, you will receive a Submitter ID and a password.

NOTE: This password is case sensitive. You must enter your original password exactly as it was assigned to you by the CSSC. See the Changing Passwords section for information on how to change your password.

Connecting to the MDCN

1. Refer to your MDCN instructions for dialing onto the MDCN.

2. Once you have dialed on to the MDCN, start your browser. At the Uniform Resource Locator (URL) or address field, type: https://32.77.242.4/feras as shown in Figure 1, and press **ENTER**. See the figure below for locating the FERAS site using Internet Explorer.

NOTE: If you type https://32.77.242.4/feras in the URL you will be reminded to use the secure version and then automatically be forwarded to the Secure Sockets Layer (SSL) version of the site.

Locating the FERAS

Enter the address of the FERAS into the browsers location or address bar and press the Enter key.

Figure 1 Entering the FERAS IP Address

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Connectivity Testing (continued)

- Contact CSSC Operations
to send data in test format

**Call
1-877-
534-2772**

Send

To... **csscoperations@palmettogba.com**

Cc...

Subject:

Test Your Knowledge

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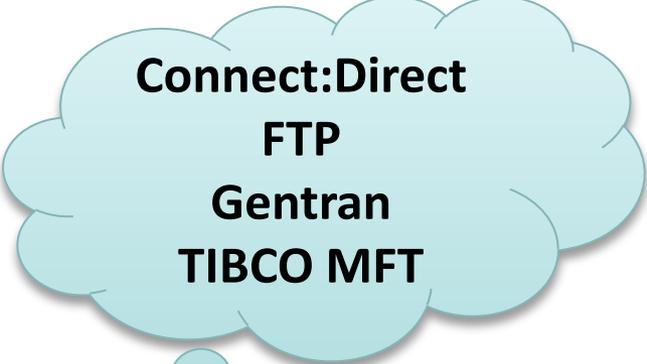
Connect:Direct
FTP
Gentran
TIBCO MFT

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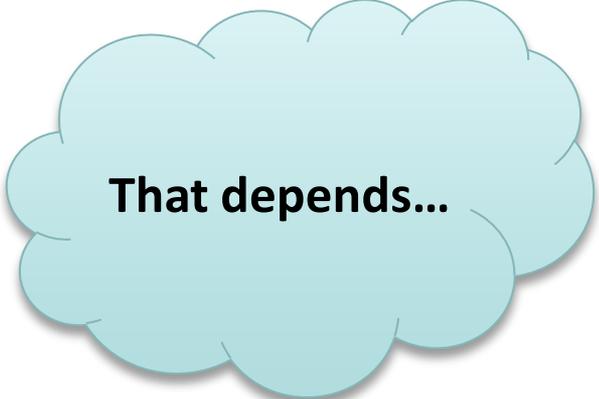
That depends...

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** > **Connectivity/Testing**

Key Data Elements > **RAPS** > **Reports** > **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

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

HIC TYPE	DESCRIPTIONS
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

http://ssa-custhelp.ssa.gov/app/answers/detail/a_id/1366/~/meaning-of-the-letters-after-a-social-security-or-medicare

Bing

File   Edit   View   Favorites   Tools   Help

Convert   Select

Favorites   Meaning of the letters after a Social Secu...

http://ssa.gov/

Social Security
The Official Website of the U.S. Social Security Administration

FAQ Home | All FAQs | Contact Us |

Social Security Home   FAQ Home

Search FAQs   Search

Help Topics

Social Security Card

Retirement

Disability

Supplemental Security Income [SSI]

Medicare

Checks and Payments

My Social Security

Employer Wage Reporting

All Topics

Updated 12/04/2012 12:03 PM | ID# 1366

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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. These 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 123-45-6789A. This number will also be used as your Medicare claim number, once you are eligible for Medicare.

Didn't find what you were looking for?

Try again with just the key words

Code	Identification
A	Primary claimant (wage earner)
B	Aged wife, age 62 or over
B1	Aged husband, age 62 or over
B2	Young wife, with a child in her care
B3	Aged wife, age 62 or over, second claimant
B5	Young wife, with a child in her care, second claimant
B6	Divorced wife, age 62 or over
BY	Young husband, with a child in his care
C1-C9	Child - Includes minor, student or disabled child

Provider Type

➡️ Hospital Inpatient

➡️ Hospital Outpatient

➡️ Physician Services
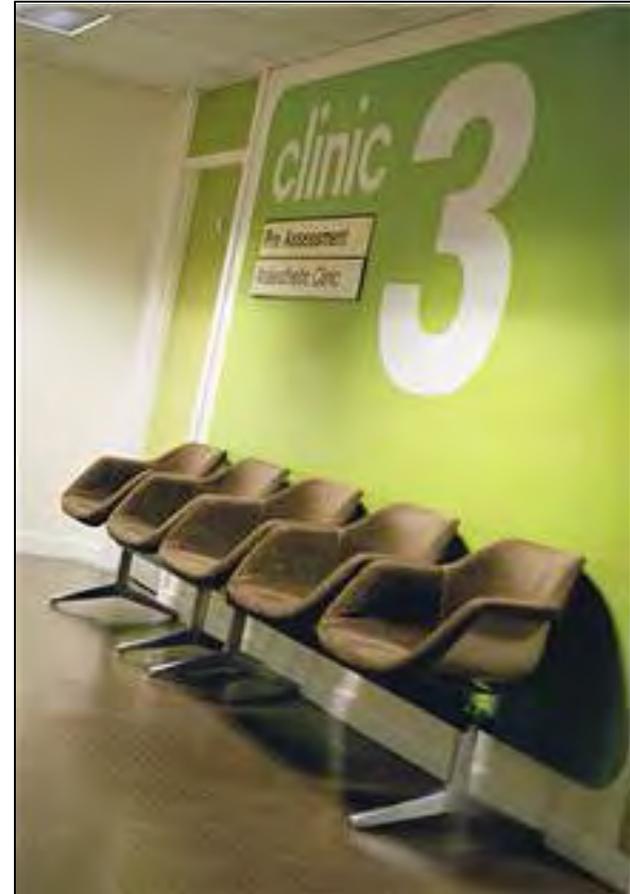
Acceptable Sources

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.

KEY DATA ELEMENTS

Physician Data

http://www.csscoperations.com

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

CODE	SPECIALTY	CODE	SPECIALTY	CODE	SPECIALTY
1	General Practice	25	Physical Medicine And Rehabilitation	67	Occupational Therapist
2	General Surgery	26	Psychiatry	68	Clinical Psychologist
3	Allergy/Immunology	27	Geriatric Psychiatry	72*	Pain Management
4	Otolaryngology	28	Colorectal Surgery	76*	Peripheral Vascular Disease
5	Anesthesiology	29	Pulmonary Disease	77	Vascular Surgery
6	Cardiology	33*	Thoracic Surgery	78	Cardiac Surgery
7	Dermatology	34	Urology	79	Addiction Medicine
8	Family Practice	35	Chiropractic	80	Licensed Clinical Social Worker
9	Interventional Pain Management (IPM)	36	Nuclear Medicine	81	Critical care (intensivists)
10	Gastroenterology	37	Pediatric Medicine	82	Hematology
11	Internal Medicine	38	Geriatric Medicine	83	Hematology/Oncology
12	Osteopathic Manipulative Medicine	39	Nephrology	84	Preventive Medicine
13	Neurology	40	Hand Surgery	85	Maxillofacial Surgery
14	Neurosurgery	41	Optometry	86	Neuropsychiatry
15	Speech Language Pathologist	42	Certified Nurse Midwife	89*	Certified Clinical Nurse Specialist
16	Obstetrics/Gynecology	43	Certified Registered Nurse Anesthetist	90	Medical Oncology
17	Hospice And Palliative Care	44	Infectious Disease	91	Surgical Oncology
18	Ophthalmology	46*	Endocrinology	92	Radiation Oncology
19	Oral Surgery	48*	Podiatry	93	Emergency Medicine
20	Orthopedic Surgery	50*	Nurse Practitioner	94	Interventional Radiology
21	Cardiac Electrophysiology	62*	Psychologist	97*	Physician Assistant
22	Pathology	64*	Audiologist	98	Gynecologist/Oncologist
23	Sports Medicine	65	Physical Therapist	99	Unknown Physician Specialty
24	Plastic And Reconstructive Surgery	66	Rheumatology	C0	Sleep Medicine

* 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

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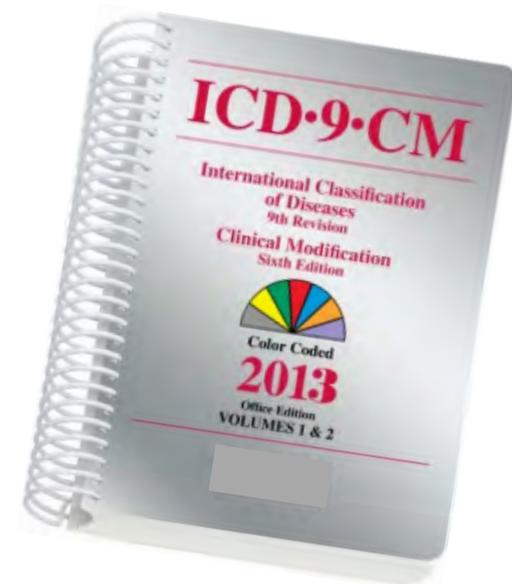
New Field – Enrollee Risk Assessment Code

- 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?
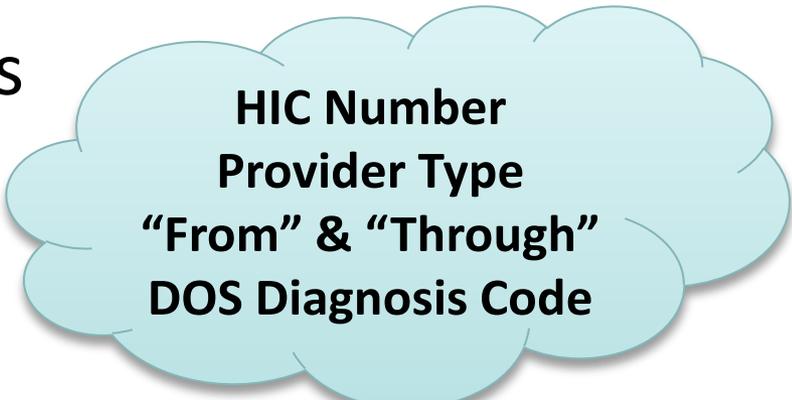
HIC Number
Provider Type
"From" & "Through"
DOS Diagnosis Code

■ What about the demographic data?
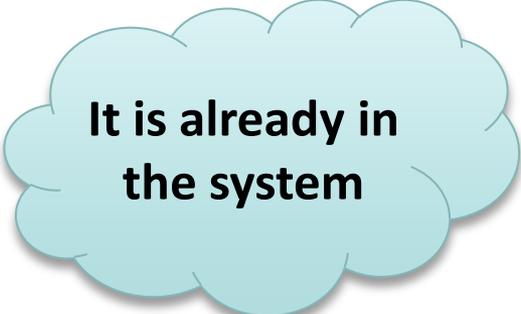
It is already in the system

KEY DATA ELEMENTS

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

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Questions & Answers

Your Questions are Important!
Thank you!

RISK ADJUSTMENT 101

Introduction > **Overview** > **Connectivity/Testing**

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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       │
└─────────────────────────────────┘
                 ↓
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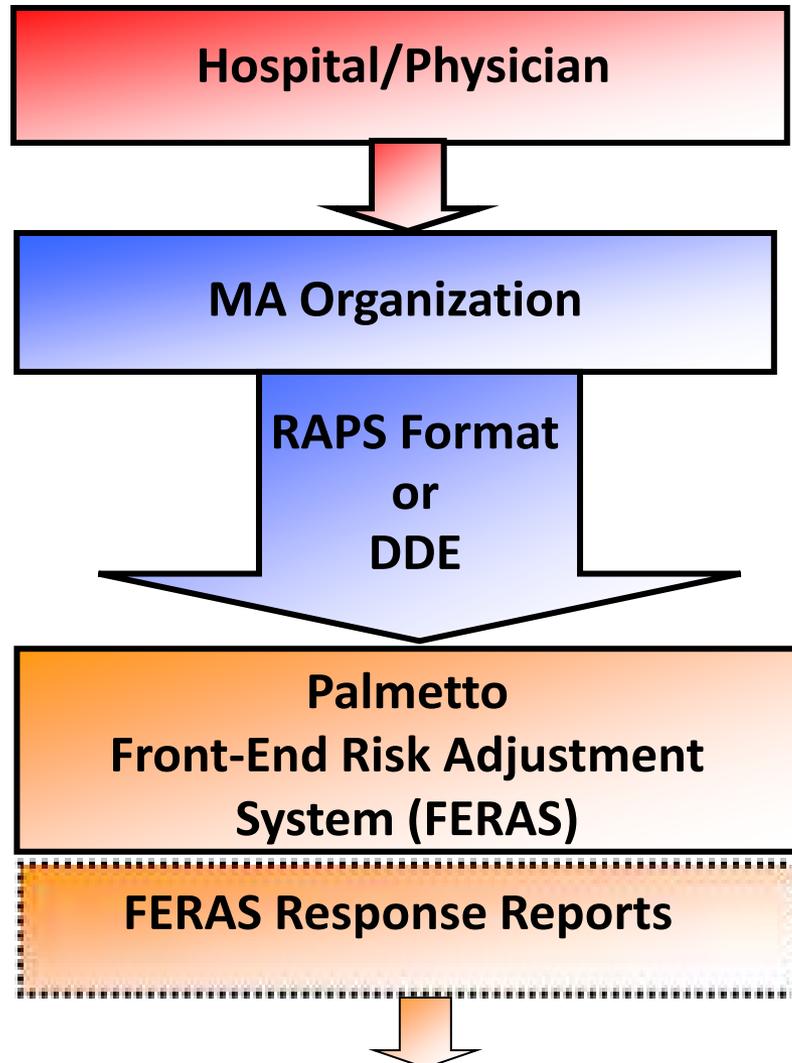
Risk Adjustment Data Flow (continued)

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CMS
Risk Adjustment Processing System (RAPS)
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↓

```
CMS
Risk Adjustment Processing System (RAPS)
Database
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CMS Risk Adjustment System (RAS)
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```
CMS Medicare Advantage Prescription
Drug System (MARx)
```
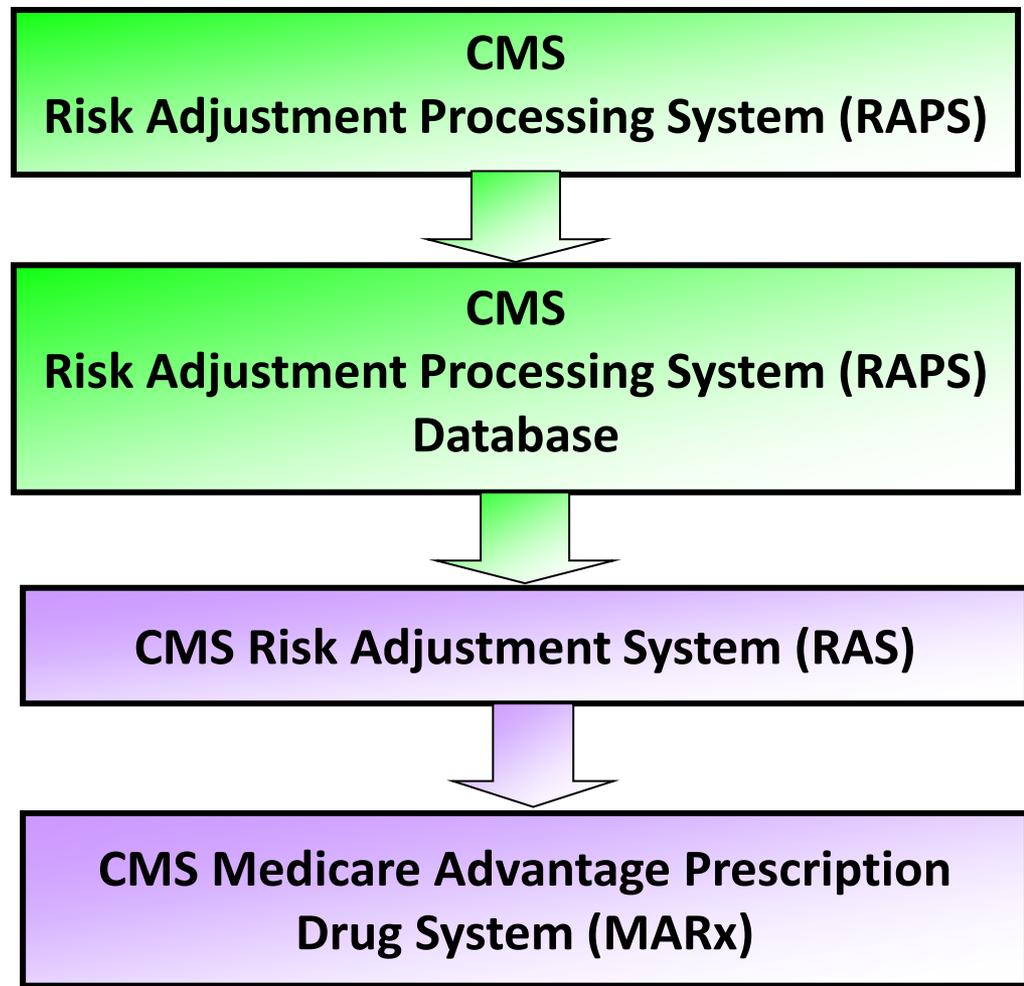
RAPS File Logic
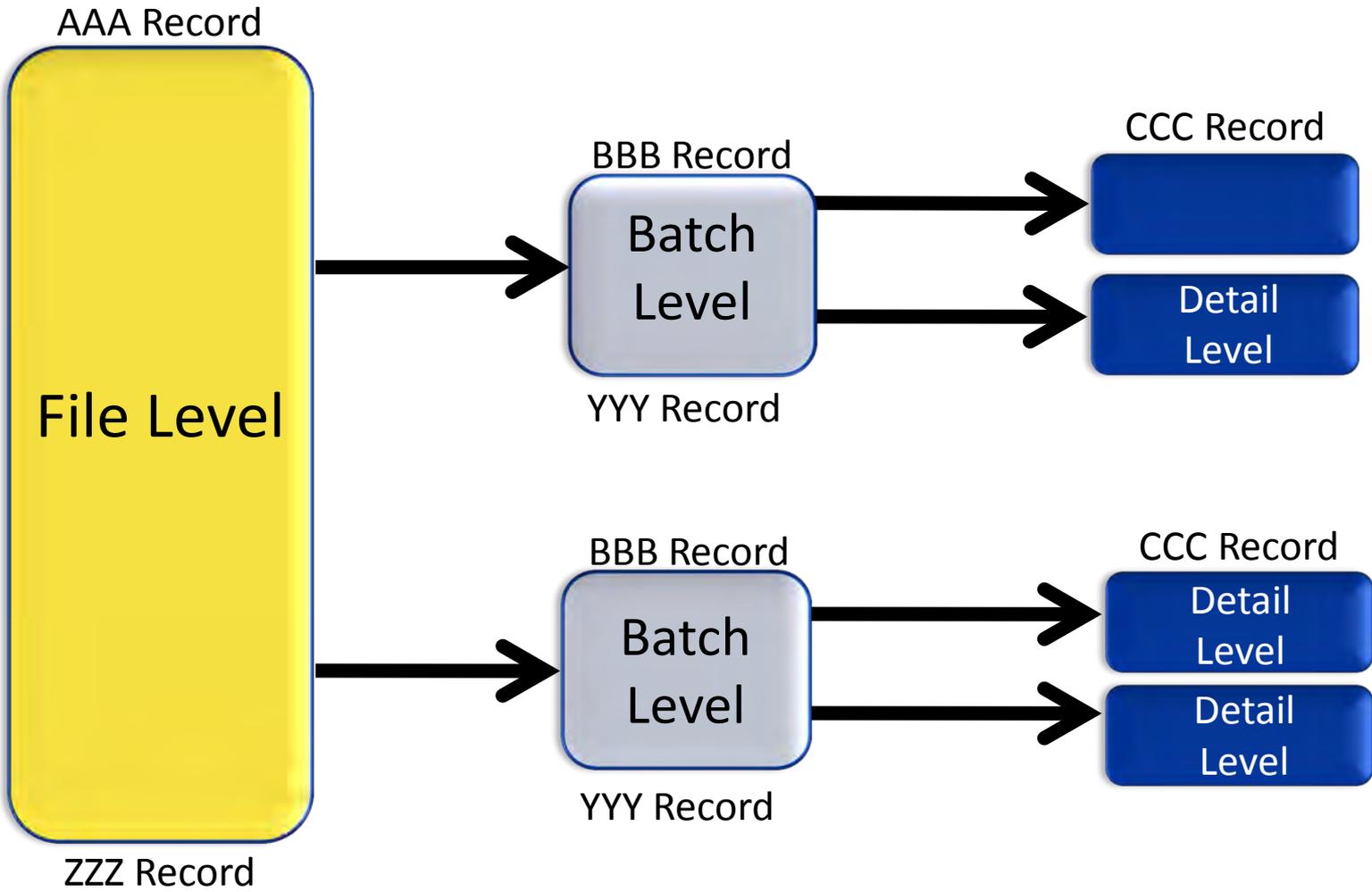
RAPS Format

File Layout Record Types:

- AAA – File Header

- BBB – Batch Header

- CCC – Detail

- YYY – Batch Trailer

- ZZZ – File Trailer

http://www.csscoperations.com

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

BBB RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'BBB'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	FILLER	16 – 512	X(497)	SPACES

CCC RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'CCC'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	SEQ-ERROR-CODE	11 – 13	X(3)	SPACES
4	PATIENT-CONTROL-NO	14 – 53	X(40)	Optional
5	HIC-NO	54 – 78	X(25)	
6	HIC-ERROR-CODE	79 – 81	X(3)	SPACES
7	PATIENT-DOB	82 – 89	X(8)	'CCYYMMDD'
8	DOB-ERROR-CODE	90 – 92	X(3)	SPACES
9 – 15	DIAGNOSIS-CLUSTER (10 OCCURRENCES)	93 – 412		
9.0	PROVIDER-TYPE		X(2)	HOSPITAL IP PRINCIPAL = 01 HOSPITAL IP OTHER = 02 HOSPITAL OP = 10 PHYSICIAN = 20
9.1	FROM-DATE		9(8)	'CCYYMMDD'
9.2	THRU-DATE		9(8)	'CCYYMMDD'
9.3	DELETE-IND		X(1)	SPACE or 'D'
9.4	DIAGNOSIS-CODE		X(7)	ICD-9 or ICD-10
9.5	DIAG-CLSTR-ERROR-1		X(3)	SPACES
9.6	DIAG-CLSTR-ERROR-2		X(3)	SPACES
16	CORRECTED-HIC-NO	413 – 437	X(25)	SPACES
17	FILLER	438 - 512	X(75)	SPACES

YYY RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'YYY'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	CCC-RECORD-TOTAL	16 – 22	9(7)	
5	FILLER	23 – 512	X(490)	SPACES

ZZZ RECORD

FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'ZZZ'
2	SUBMITTER-ID	4 – 9	X(6)	'SHnnnn'
3	FILE-ID	10 – 19	X(10)	
4	BBB-RECORD-TOTAL	20 – 26	9(7)	
5	FILLER	27 – 512	X(486)	SPACES

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

Payment Year	Model Run	Dates of Service	Deadline
2013	Initial	7/1/2011 – 6/30/2012	**9/7/2012**
2013	Mid-year	1/1/2012 – 12/31/2012	**3/1/2013**
2013	Final	1/1/2012 – 12/31/2012	**1/31/2014**

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.

http://www.csscoperations.com

CSSC Operations / Risk Adjustment Processing System / Risk Adjustment Processing System...

Risk Adjustment Processing System
Risk Adjustment Processing System (RAPS)

RAPS Sweep - March 15, 2013	04/01/2013
RAPS Error Code Listing	01/07/2013
RAPS Format Effective 2012	04/13/2011
Risk Adjustment Submission Timetable	03/09/2010
RAPS-FERAS Error Code Lookup	07/13/2009
RAPS Report Names	07/13/2009
Risk Adjustment System Reports	07/13/2009

Risk Adjustment Submission Timetable

CY	Dates of Service	Initial Submission Deadline	First Payment Date	Final Submission Deadline
09	7/1/07 – 06/30/08	9/5/08	1/1/09	N/A
09	1/1/08 – 12/31/08	3/6/09	7/1/09	1/31/10
10	7/1/08 – 06/30/09	9/4/09	1/1/10	N/A
10	1/1/09 – 12/31/09	3/5/10	7/1/10	1/31/11
11	7/1/09-6/30/10	9/3/2010	1/1/2011	N/A
11	1/1/10-12/31/10	3/4/2011	7/1/2011	1/31/2012
12	7/1/10-6/30/11	9/2/2011	1/1/2012	N/A
12	1/1/11-12/31/11	3/2/2012	7/1/2012	1/31/2013
13	7/1/11-6/30/12	9/7/2012	1/1/2013	N/A
13	1/1/12-12/31/12	3/1/2013	7/1/2013	1/31/2014
14	7/1/12-6/30/13	9/6/2013	1/1/2014	N/A
14	1/1/13-12/31/13	3/7/2014	7/1/2014	1/31/2015

Risk Adjustment Process Overview

- Hospital/Physician
- MA Organization
- RAPS Format DDE
- Palmetto Front-End Risk Adjustment System (FERAS)
- CMS Risk Adjustment Processing System (RAPS)
- CMS RAPS Database
- CMS Risk Adjustment System (RAS)
- Medicare Advantage Prescription Drug System (MARx)
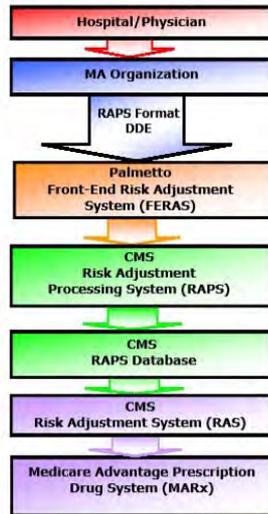
Test Your Knowledge

- 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?
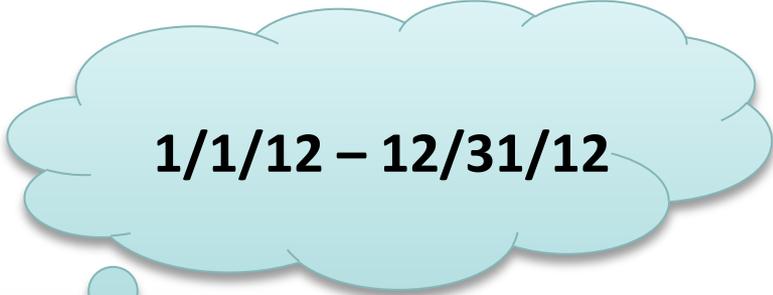
1/1/12 – 12/31/12

- Where can the Risk Adjustment Submission Timetable be found?

http://www.csscoperations.com

Questions & Answers

Your Questions are Important!
Thank you!

RISK ADJUSTMENT 101

Introduction > Overview > Connectivity/Testing

Key Data Elements > RAPS > **Reports** > Resources

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

Errors, file rejected

Resolve

File accepted

RAPS
- format edits
- integrity edits
- validity edits

  …on all CCC records

Resolve
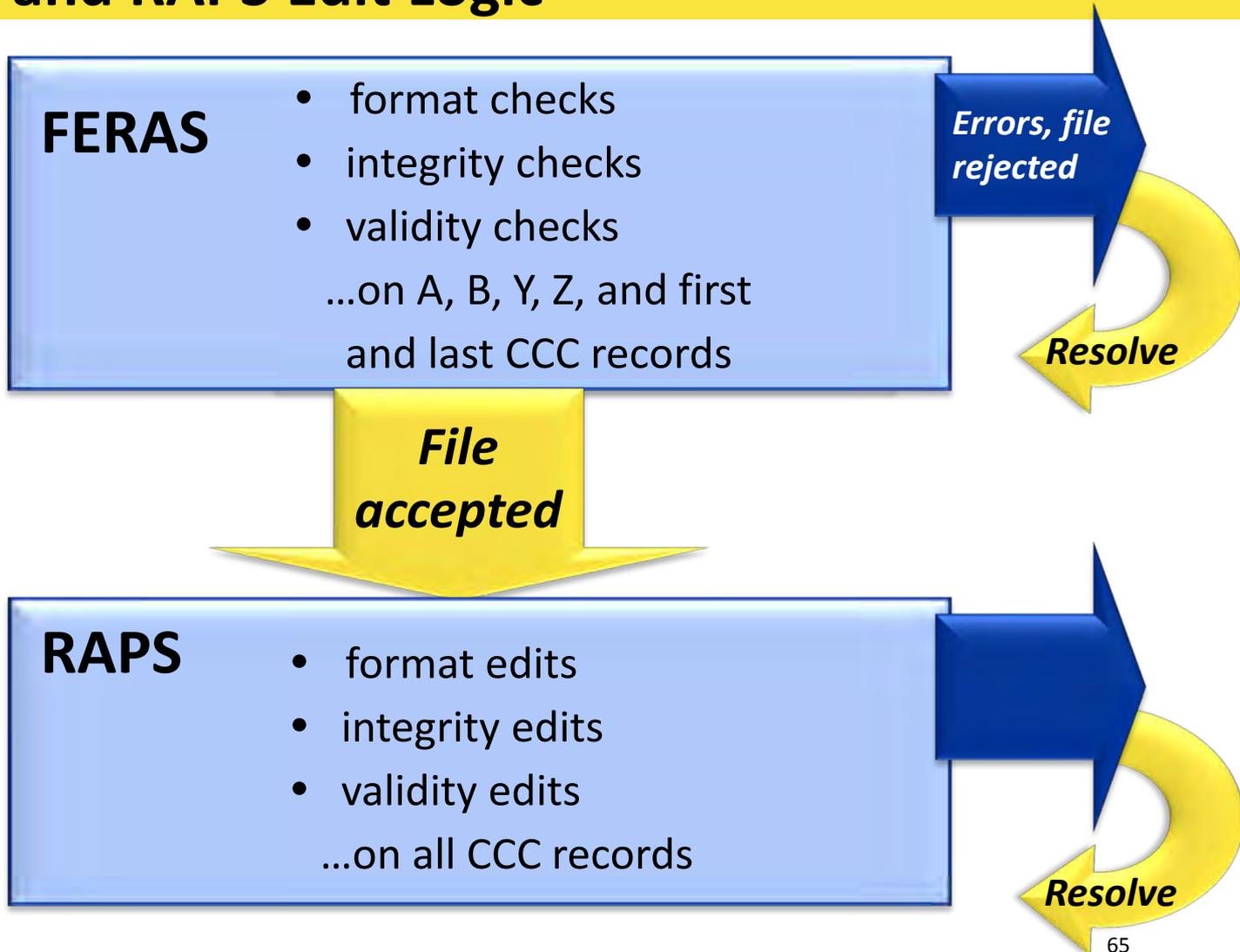
FERAS Error Codes

FERAS ERROR CODE LEVEL	EXPLANATION
100	File-level errors on the AAA or ZZZ records
200	Batch-level errors on the BBB or YYY records
300 and 400	Detail-level errors on the CCC records

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

ERROR SERIES	EXPLANATION AND CONSEQUENCES
300-399	Record-level errors
400-489	Diagnosis cluster errors
490-499	Diagnosis delete errors
500-599	Informational message

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		Duplicate 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 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   **FRONT END RISK ADJUSTMENT SYSTEM**
RUN DATE: 20040304   **FERAS RESPONSE REPORT**

SUBMITTER ID: SH9999
FILE-ID: 0000000001   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

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


```
REPORT: RAPS002                    RISK ADJUSTMENT PROCESSING SYSTEM
RUN DATE: 20040523                     TRANSACTION ERROR REPORT                    PAGE: 22
                                                                          TRANS DATE: 20040521

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

SEQ   SEQ  PATIENT CONTROL   HIC      HIC    DOB      DOB   PVDR  FROM      THRU      DEL   DGNS   DGNS   DGNS   CORRECTED
NO    ERR    NUMBER          NUMBER   ERR             ERR   TYPE  DATE      DATE      IND   CODE   ERR1   ERR2   HIC

0000003                      999999999A 353 19301206        01    20040101 20040105        4823
       00000000000000000012345678901234567890
0000005                      888888888A     19260217        01    20040212 20040225        486    408
       00000000000000000012345675675675675675
                                                            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
```

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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	To...	csscoperations@palmettogba.com
	Cc...	
	Subject:	**Duplicate Diagnosis Clusters**

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

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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!

RISK ADJUSTMENT 101

Introduction > **Overview** > **Connectivity/Testing**

Key Data Elements > **RAPS** > **Reports** > **Resources**

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.

CMS Customer Service and Support Center (CSSC)

http://www.csscoperations.com/

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)

http://www.tarsc.info

Medicare Advantage & Prescription Drug System User Interface

MARx UI
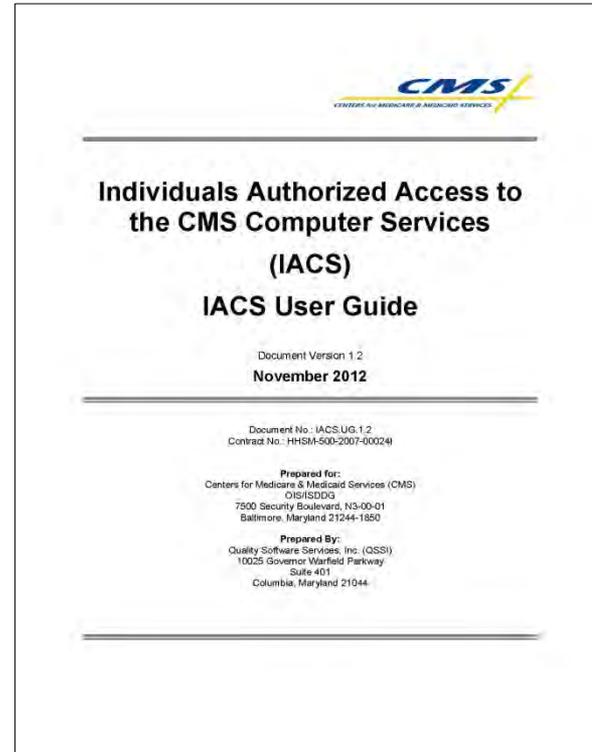
Risk Adjustment Points of Contact

- 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