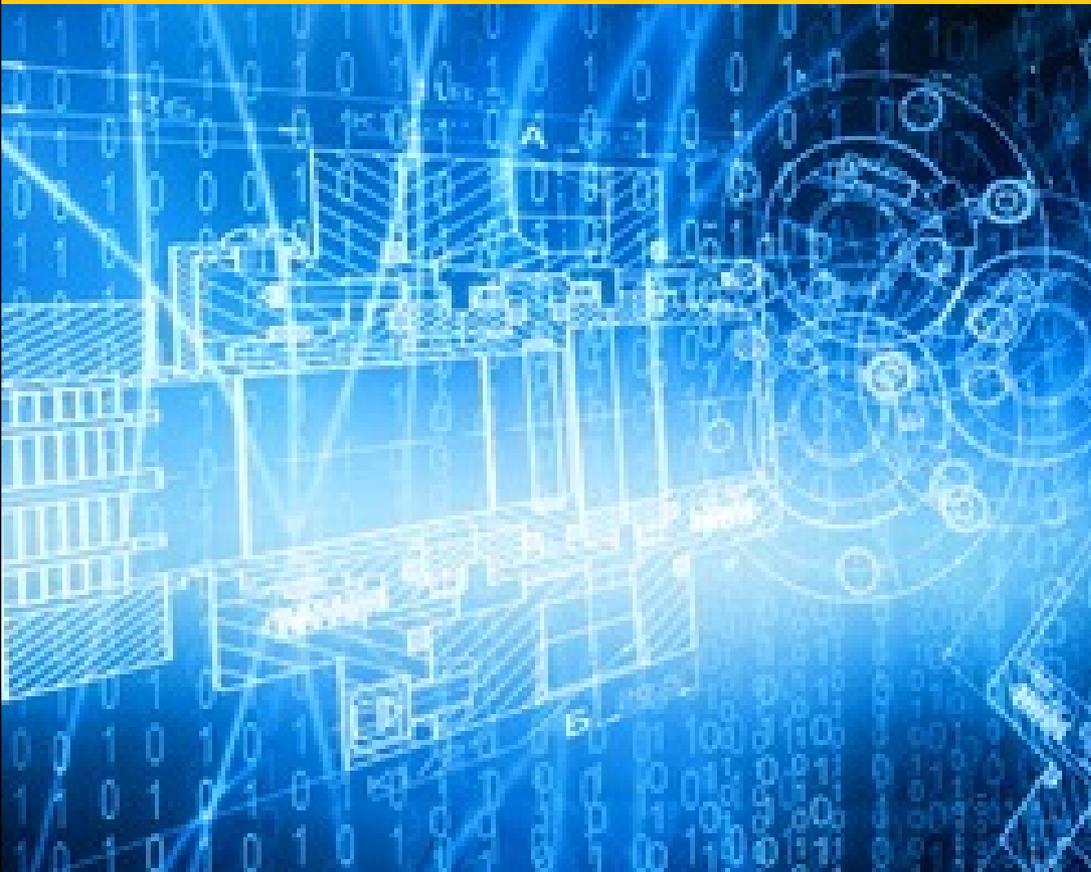


# Risk Adjustment for EDS & RAPS User Group



**April 19, 2018**  
**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).
- 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](mailto:RiskAdjustment@cms.hhs.gov) or [EncounterData@cms.hhs.gov](mailto: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.

# Technical Assistance



## Registration Support Contact Information

For questions or issues regarding logistics, registration, or materials, please contact Registration Support.

Phone: 1-800-290-2910

Email: [TARRegistrations@tarsc.info](mailto:TARRegistrations@tarsc.info)

When contacting Registration Support, please provide your name, phone number, and email address, along with a detailed description of your issue.

# Technical Assistance

- **Browser Requirements**

- JavaScript and cookies enabled
- Java 6 and Java 7 (for web browsers that support Java) enabled
- Cisco WebEx plug-ins enabled for Chrome 32 and later and Firefox 27 and later
- Plug-ins enabled in Safari
- Active X enabled and unblocked for Microsoft Internet Explorer

- **Recommended Browsers**

- Internet Explorer: 8 - 10 (32-bit/64-bit)
- Mozilla Firefox: Version 10 through the latest release
- Google Chrome: Version 23 through the latest release

# Agenda

- **CMS Updates**

- HPMS Memos

- Phase III Version 3 MAO-004 Reports Update

- MOR Update

- 2019 Rate Announcement: Risk Adjustment Model Review

- Upcoming Deadlines

- **Q&A Session**

- February User Group Frequently Asked Questions

- Live Question and Answer Session

- **Closing**



# CMS Updates



# HPMS Memos



# PHASE III Version 3 MAO-004 REPORTS UPDATE

# Phase 3 Version 3 MAO-004 Reports

## Summary of Improvements

- Reporting diagnoses from nearly all Encounter Data Records (EDRs) and Chart Review Records (CRRs) submitted to and accepted by the Encounter Data System, as reported on the MAO-002 report, including all inpatient, outpatient, and DME records.
- Reporting diagnoses from accepted EDRs and CRRs with Health Insurance Claim Numbers (HICNs) that did not match the current HICN for the beneficiary.
- Clarifying how we apply the filtering logic to inconsistent and/or ambiguous submission patterns.
- Adding new disallow reason codes:
  - ‘D’ to indicate that the record was submitted “after the final risk adjustment deadline” and that any diagnoses added on the record are disallowed for risk adjustment; deleted diagnoses will be captured in an overpayment run for the payment year.
  - ‘N’ for diagnoses reported on records that are not applicable for risk adjustment, but are on the MAO-004 to provide complete reporting.

# Phase 3 Version 3 MAO-004 Reports

## Revised Field Descriptions

- **Beneficiary Identifier (Detail Field #7):** Field name changed from “Beneficiary HICN” to “Beneficiary Identifier” to accommodate the Medicare Beneficiary Identifier (MBI) transition.
- **Encounter Type Switch (Detail Field #11):** In the Phase III version 2 MAO-004 report, the Encounter Type Switch identified the type of record that was submitted. In the Phase III version 3 MAO-004 report, the Encounter Type Switch identifies how the record was processed.

Please reference Appendix A in the December 20, 2017 HPMS Memo titled, “Phase III Version 3 MAO-004 Report Release Date and Announcement Regarding Final Encounter Data Deadlines for Payment Years 2016 and 2017” for the complete list of Encounter Type Switch designations for each record and submission type.

# Phase 3 Version 3 MAO-004 Reports

## Revised Field Descriptions

- **Service Type (Previously 'Claim Type' - Detail Field #23):** New field values are added: 'D' for DME records, and 'N' for records types that are not professional, institutional inpatient, institutional outpatient, or DME, but are reported for completeness (see Appendix B in the December 20, 2017 HPMS Memo titled, "Phase III Version 3 MAO-004 Report Release Date and Announcement Regarding Final Encounter Data Deadlines for Payment Years 2016 and 2017").

# Phase III Version 3 MAO-004s

- CMS has started issuing Phase III Version 3 MAO-004 reports for encounter data records with dates of service on or after January 1, 2014 through March 2018, submitted on or after January 1st, 2014, beginning April 7, 2018. CMS will release sequential batches every other week by submission year. For example, 2014 submissions were released on 04/07; 2015 submissions will be by 04/21, and so on until reports for all submission months through March 2018 have been released.
- Separate reports will be sent for each month that encounter data records with 2014, 2015, 2016, 2017, or 2018 dates of service were submitted. For example, CMS will send a report with eligible diagnoses from encounter data submitted in January 2017, and another report with eligible diagnoses from encounters submitted in February 2017, etc.
- File names will differ by the timestamp portion of the file naming convention. MAOs can use the Header Field # 7 (Report Date) to determine which submission month and year an MAO-004 report corresponds to.
- MAOs can expect to receive a maximum of 51 (12 2014 submissions, 12 2015 submissions, 12 2016 submissions, 12 2017 submissions, 3 2018 submissions) files depending on the months that encounter data records were submitted.

# Accessing the MAO-004 Reports

System	Type	Frequency	Dataset Naming Conventions
MARx / EFT	Data File	Monthly	<p>Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MAO004PV.Dyymmdd.Thhmsst</p> <p>Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.MAO004PV.Dyymmdd.Thhmsst</p> <p>Connect:Direct (Non-Mainframe): [directory]Rxxxxx.MAO004PV.Dyymmdd.Thhmsst</p>
MARx UI	Data File	Monthly	P#MMA.@BGD5050.PLNxxxxx.Ryyyymm.Ddd.MAO004PV

# Accessing the MAO-004 Reports

## Where

- zzzzzzzz is the plan sponsor-provided high level qualifier
- xxxxx is the contract number
- ppppp is the contract number, representing the contract that the MAO-004 report is for
- P = Phase: The Phase can be 1 to 9 or A to Z (*'3' for this Phase*)
- V= Version: The version can be 1 to 9 or A to Z (*'3' for this Version*)
- yy is the two-digit year when the file was sent
- mm is the two-digit month when the file was sent
- dd is the two-digit day when the file was sent
- tttttt is the timestamp, representing the time the file was sent

# Accessing the MAO-004 Reports

To access and download archived MAO-004 Reports through MARx UI:

- Go to the “Reports” menu
- Select “Monthly” frequency
- Select “Start Month/Year”
- Select “End Month/Year”
- On the “Report/Data File” dropdown select “Risk Adjustment Eligible Diagnosis Report”
- Add your “Contract ID”
- Hit “Find.” The archived reports will populate and become available for download after 10-15 mins after the user logs out and back into the UI.

# Accessing the MAO-004 Reports – Inactive Contracts

- Beginning with the Phase III Version 3 MAO-004 reports, CMS will release MAO-004 reports for inactive contracts. The reports will be distributed through the EFT connection where the MAO currently receives reports for active contracts. MAOs that sponsored currently inactive contracts will receive reports if the inactive contract:
  1. Submitted encounter data records that were EDS accepted on or after January 1, 2014 for dates of service on or after January 1, 2014, and
  2. The MAO that sponsored the currently inactive contract has an active EFT connection to CMS.
- **NOTE:** MAOs with de-activated MARx system access for these contracts will not be able to access and retrieve these reports on the MARx UI.
- The MAO-004 reports for the inactive contracts will be distributed following the release of all reports for the active contracts.



# MOR UPDATES

# MOR Updates

- For PY 2017 Interim Final and Final (2016 dates of service), CMS will use a blended risk score, adding –
  - 25% of the risk score calculated based on HCCs from diagnoses filtered from encounter data and FFS claims with...
  - 75% of the risk score calculated based on HCCs from diagnoses submitted to RAPS and FFS claims.
- For PY 2018 Mid-Year / Final (2017 dates of service), CMS will use a blended risk score, adding –
  - 15% of the risk score calculated based on HCCs from diagnoses filtered from encounter data and FFS claims with...
  - 85% of the risk score calculated based on HCCs from diagnoses submitted to RAPS and FFS claims.
- On March 12, 2018, CMS released an HPMS memo titled, “Updates to Payment Years (PY) 2017 and 2018 Model Output Report (MOR),” to provide information regarding MORs for the 2017 Interim Final and Final Reconciliation, and the 2018 Mid-Year and Final reconciliation payment.

# 2017 Final and 2018 Midyear/Final MOR Record Types

Model Run Data Source	Model	Model Version	MOR Record Type
MOR Record Types for RAPS and FFS Based HCCs	ESRD and ESRD Post Graft	V21	E
	CMS-HCC Aged/Disabled (non-PACE and non-ESRD)	V22 (PY 2017)	D
	RxHCC	V05 (PY 2017)	2
MOR Record Types for Encounter Data and FFS Based HCCs	ESRD and ESRD Post Graft	V21	G
	CMS-HCC Aged/Disabled (non-PACE and non-ESRD)	V22 (PY 2017)	H
	RxHCC	V05 (PY 2017)	4
MOR Record Types for PACE Organizations (RAPS, FFS, and Encounter Data)	PACE and PACE-ESRD	V21	B
	RxHCC	V05 (PY 2017)	5

## MOR Updates (continued)

- We anticipate the MOR release will coincide with the payment month for the risk score runs.
- Information regarding the timing of the 2018 mid-year and final runs will be provided in the future.
- The PCUG Appendices linked below have been updated to reflect the interim final / final 2017 and mid-year 2018 MOR record types listed in the March 12, 2018 HPMS memo, “Updates to Payment Years (PY) 2017 and 2018 Model Output Report (MOR)”:  
[https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan\\_Communications\\_User\\_Guide.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan_Communications_User_Guide.html).

# PY2016 Final MORs

- Based on questions we have received regarding the MOR record types for different model payment runs, we would like to provide some additional clarification:

Model Run	MOR Record Types	References
PY2016 1 <sup>st</sup> interim Final, PY2016 2 <sup>nd</sup> interim final, PY2016 final	RAPS/FFS based MORs: <b>E, C, 2</b>  ED/FFS based MORs: <b>G, F, 4</b>  ED/RAPS/FFS based MOR for PACE: <b>B, 5</b>	<ul style="list-style-type: none"> <li>11/29/2017 HPMS memo, “Technical Issue Concerning the Payment Year (PY) 2016 Final Model Output Reports (MORs)”</li> <li>Plan Communications User Guide (PCUG) Appendices sections F.14.2, F.14.3, and F.15.2</li> </ul> <p>(PCUG: <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan_Communications_User_Guide.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-technology/mapdhelpdesk/Plan_Communications_User_Guide.html</a>)</p>

# PY2017 MORs

Model run	MOR Record Types	References
PY2017 Initial and PY2017 Mid-year	RAPS/FFS based MORs only: <b>B, D, 2</b>	<ul style="list-style-type: none"> <li>2/22/2017, "CORRECTION – Changes to Payment Year (PY) 2017 Initial Model Output Report (MOR) "</li> <li>Plan Communications User Guide (PCUG) Appendices sections F.14.2, F.14.4, and F.16.2</li> </ul>
PY2017 Interim Final and PY2017 Final	RAPS/FFS based MORs: <b>E, D, 2</b>  ED/FFS based MORs: <b>G, H, 4</b>  ED/RAPS/FFS based MOR for PACE: <b>B, 5</b>	<ul style="list-style-type: none"> <li>3/12/2018, "Updates to Payment Years (PY) 2017 and 2018 Model Output Report (MOR)"</li> <li>4/3/2018, "Medicare Advantage/Prescription Drug System (MARx) April 2018 Payment – INFORMATION"</li> <li>Plan Communications User Guide (PCUG) Appendices sections F.14.2, F.14.4, and F.16.2</li> </ul>

# PY2018 MORs

- Based on questions we have received regarding the MOR record types for different model payment runs, we would like to provide some additional clarification:

Model run	MOR Record Types	References
PY2018 Initial	RAPS/FFS based MORs only: <b>B, D, 2</b>	<ul style="list-style-type: none"> <li>Plan Communications User Guide (PCUG) Appendices sections F.14.2, F.14.4, and F.16.2</li> </ul>
PY2018 Mid-year and Final	RAPS/FFS based MORs: <b>E, D, 2</b> ED/FFS based MORs: <b>G, H, 4</b> ED/RAPS/FFS based MOR for PACE: <b>B, 5</b>	<ul style="list-style-type: none"> <li>3/12/2018, "Updates to Payment Years (PY) 2017 and 2018 Model Output Report (MOR)"</li> <li>Plan Communications User Guide (PCUG) Appendices sections F.14.2, F.14.4, and F.16.2</li> </ul>



# 2019 Rate Announcement: Risk Adjustment Model Review

# PY 2019 Risk Adjustment Model Updates

- On April 2, 2018, CMS published the 2019 Announcement, which finalized the use of the following risk adjustment models for PY 2019:
  - **CMS-HCC (Part C) Model Without Count Variables**: We will blend 75% of the risk score calculated with the 2017 CMS-HCC model, using diagnoses from RAPS and FFS, summed with 25% of the risk score calculated with the updated CMS-HCC model without count variables (“2019 CMS-HCC model”), using diagnoses from encounter data, RAPS inpatient records, and FFS.
  - **ESRD Risk Adjustment Models**: We will calculate risk scores using the recalibrated ESRD dialysis and ESRD functioning graft models with concurrent Medicaid, as finalized in the 2019 Rate Announcement.
  - **The RxHCC (Part D) Model**: We will continue to use the 2018 RxHCC model
  - **PACE**: We will continue to use the current PACE model to calculate risk scores for 2019.



# CMS-HCC Model PY 2019 Risk Score Calculation Overview

# Payment Year 2019 Risk Score Calculation

- In PY 2019, CMS will continue calculating risk scores by blending two risk scores:
    1. The risk score calculated using diagnoses from the Risk Adjustment Processing System (RAPS) and FFS.
    2. The risk score calculated using diagnoses from the Encounter Data System (EDS) supplemented with RAPS inpatient and FFS.
  - The blend of RAPS-based and encounter data-based risk scores will apply to risk scores calculated with the following models:
    - CMS-HCC model
    - ESRD dialysis model
    - ESRD functioning graft model
    - RxHCC model (PY 2018 RxHCC model)
- \* Risk scores for PACE organizations will be calculated using the same method as used for PY 2018.

# CMS-HCC Risk Adjustment Model

- CMS-HCC Risk Adjustment Model:
  - For PY 2019, CMS will blend the 2017 CMS-HCC model and the updated CMS-HCC model without count variables.
  - The risk adjustment factors for the 2019 CMS-HCC model were published in the 2019 Rate Announcement.
  - For more information on the 2019 CMS-HCC model, please refer to the documents listed here, as well as the resource materials listed at the end of this presentation.
    - 2019 Advance Notice Part 1
    - 2019 Announcement

# Risk Score Calculation -- Overview

Risk Adjustment Model Variables and Adjustments	
<b>Demographic Variables:</b> <ul style="list-style-type: none"> <li>• Age / Sex</li> <li>• Originally Disabled</li> </ul>	There are relative factors associated with each demographic variable.
<b>Disease Variables:</b> <ul style="list-style-type: none"> <li>• Disease Hierarchical Condition Categories (HCCs)</li> <li>• Disease / Disabled Interactions</li> </ul>	CMS uses diagnoses submitted by plans to assign HCCs and interactions for each beneficiary. There are relative factors associated with each HCC and interaction.
<p><b>Sum of Factors</b>  <b>Demographic + Disease</b>  <i>The relative factors for all of the demographic variables, HCCs, and interactions are added together. The result is the raw risk score.</i></p>	
<ul style="list-style-type: none"> <li>• <b>Normalized Score</b></li> </ul>	A normalization factor is applied to keep the average FFS risk score at 1.0 each year.
<ul style="list-style-type: none"> <li>• <b>MA Coding Pattern Adjusted Score</b></li> </ul>	A coding pattern adjustment is applied to account for differential coding patterns between MA and FFS.
<p><b>Final product is the payment risk score</b></p>	

# Risk Score Calculation for PY 2019

For PY 2019, risk scores will be calculated independently and then blended:

- **Portion of risk score from 75% RAPS & FFS using the 2017 CMS-HCC model**
  - $[(\text{raw risk score from RAPS} + \text{FFS diagnoses}) / (\text{PY 2019 normalization factor for 2017 model})] \times (1 - \text{PY 2019 coding adjustment factor}) \times 75\% = \text{portion of the risk score from RAPS \& FFS .}$
- **Portion of risk score from 25% ED, RAPS inpatient records & FFS using the 2019 CMS-HCC model (i.e. updated CMS-HCC model without count variables)**
  - $[(\text{raw risk score from ED} + \text{RAPS inpatient records} + \text{FFS diagnoses}) / (\text{PY 2019 normalization factor for 2019 model})] \times (1 - \text{PY 2019 coding adjustment factor}) \times 25\% = \text{portion of the risk score from ED \& FFS.}$
- **Blended risk score** = 2017 CMS-HCC model (RAPS & FFS) portion of the risk score + 2019 CMS-HCC model (ED, RAPS inpatient, and FFS) portion of the risk score.

# CMS-HCC Risk Model

## Example Risk Score Calculation for PY 2019

Demographics	2017 CMS-HCC model (RAPS & FFS)	2019 CMS-HCC model (ED, RAPS inpatient & FFS)
Male, Age 82 (aged), FB-Dual, Community	0.816	0.837
Diagnoses:		
Diabetes w/o complications	0.097	0.108
COPD	0.422	0.430
Total Raw Risk Score (Demographic Factors + Diagnostic factors)	1.335	1.375

# Adjustments to Risk Scores

## 2019 MA Coding Pattern Adjustment:

For PY 2019, CMS will implement an MA coding pattern difference adjustment of **5.90%**.

## 2019 Normalization Factors:

Model	Factor
2019 CMS-HCC model (without count variable)	1.038
2017 CMS-HCC model	1.041
PACE model	1.159
ESRD dialysis model	1.033
ESRD functioning graft model	1.048
RxHCC model (2018 RxHCC model)	1.019

# CMS-HCC Risk Model

## Example Risk Score Calculation for PY 2019

Demographics	2017 CMS-HCC model (RAPS & FFS)	Updated CMS-HCC model without count variable (ED, RAPS inpatient & FFS)
Total Raw Risk Score	1.335	1.375
Adjustments:		
Normalization factor	$1.335/1.041 = 1.282$	$1.375/1.038 = 1.325$
Coding differences (5.90%)	$1.282 \times (1 - 0.0590) = 1.206$	$1.325 \times (1 - 0.0590) = 1.247$
Blending of the Risk Scores	$1.206 \times 0.75 = 0.905$	$1.247 \times 0.25 = 0.312$
<b>Payment Risk Score</b>	<b><math>0.905 + 0.312 = 1.217</math></b>	



# Upcoming Deadlines

# Upcoming Risk Adjustment Deadlines

Payment Year	Encounter Data Deadline	RAPS Deadline	RAPS Delete Deadline for the respective risk score run	Are RAPS Deletes submitted by the "RAPS Delete Deadline" Considered Overpayments?
PY 2015- Rerun/update	February 1, 2016	February 22, 2016	June 7, 2018	Yes
PY 2011 Overpayment Run	N/A	N/A	July 6, 2018	Yes
PY 2016 – Final Reconciliation	August 2, 2018	January 31, 2017	August 2, 2018	No
PY 2019 Initial (RAPS & EDS)	September 7, 2018	September 7, 2018	N/A	N/A
PY 2017 – Final Reconciliation	September 14, 2018	May 4, 2018	September 14, 2018	No
PY 2012 Overpayment Run	N/A	N/A	October 19, 2018	Yes



# February User Group Frequently Asked Questions

# Frequently Asked Questions

## Question:

Why do some records on the Monthly Membership Reports (MMR) have a blank Risk Adjustment Factor (RAF) Type Code?

## Answer:

There are several reasons why Field 46 (Risk Adjustment Factor Type code) in the MMR may be NULL. One is if the monthly payment is calculated with a “default risk score,” in which case the risk score used is in Field 23 (Default Risk Factor Code). In addition, Field 46 will be NULL if the record is an adjustment for a reason not associated with risk adjustment. All prospective payment records or adjustment records (for a reason associated with risk adjustment) should have a non-null value in this field when the corresponding risk adjustment payment field is populated.

# Frequently Asked Questions

## **Question:**

When viewing the monthly Medicaid Status file, if the MMR and the Medicaid status files display different Medicaid status, which file's data should take precedence?

## **Answer:**

Prior to final reconciliation for a payment year, the Medicaid status on the MMR reflects the rolling anchor month's status for use in prospective payment, while the monthly Medicaid Dual Status file identifies the most recent monthly Medicaid status information CMS has for the beneficiary. Plans can also utilize the MARx UI to identify the most recent beneficiary dual status. At final reconciliation, CMS uses the most recent information about a beneficiary's dual status from each payment month, and makes payments adjustments where the dual status is updated.

# Frequently Asked Questions

## **Question:**

Does a linked chart review delete need a primary diagnosis code?

## **Answer:**

Yes, however, MAOs should include only the diagnosis codes they want to delete on linked chart review delete records. The primary diagnosis on a chart review is not required to match the primary diagnosis on the encounter it is associated with.

# Frequently Asked Questions

## **Question:**

When will MAOs receive the next MAO-004 reports?

## **Answer:**

Due to the impending release of the Phase III version 3 MAO-004 reports, the December 2017 MAO-004 report, released on January 2018, was the last Phase III version 2 MAO-004 report that will be produced. The next run of the MAO reports will be the Phase III version 3 MAO-004 reports in April 2018. Please reference the February 23, 2018 HPMS memo, “Phase III Version 3 MAO-004 reports Distribution Update” for more information.

# Frequently Asked Questions

## **Question:**

Who should MAOs contact to obtain a missing MAO-004 report?

## **Answer:**

Please send all MAO-004 report inquiries to the [riskadjustment@cms.hhs.gov](mailto:riskadjustment@cms.hhs.gov) with a sample of ICNs that are either missing or identify the problem in question.

# Frequently Asked Questions

## **Question:**

Will the Payment Year 2019 Initial payment run include encounter data submissions? If so, what is the percentage?

## **Answer:**

Per the April 25, 2017 HPMS memo, Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2017, 2018, and 2019, Initial 2019 will include RAPS and encounter data. 25% of the encounter data-based risk score will be blended with 75% of the RAPS-based risk score, as finalized in the 2019.

# Frequently Asked Questions

## **Question:**

How should Medicare Advantage plans submit encounters for a supplemental gym membership? Should specific HCPCS codes be used?

## **Answer:**

Plans are responsible for determining the best way to complete the encounter data report. Not all HCPCS codes reported on encounter data records need to be Medicare A or B services, but they should be valid HCPCS codes that are appropriately be related to the service provided. You can access the full list of Medicare HCPCS by using this link:

<https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html> and a full list of all HCPCS codes can be found

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html>



# 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: [TARRegistrations@tarsc.info](mailto:TARRegistrations@tarsc.info)



# Closing

# Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	<a href="http://www.cms.gov/">http://www.cms.gov/</a>
Customer Support and Service Center (CSSC) Operations	<a href="http://www.csscooperations.com">http://www.csscooperations.com</a> <a href="mailto:csscooperations@palmettogba.com">csscooperations@palmettogba.com</a>
EDS Inbox	<a href="mailto:encounterdata@cms.hhs.gov">encounterdata@cms.hhs.gov</a>
Risk Adjustment Mailbox	<a href="mailto:riskadjustment@cms.hhs.gov">riskadjustment@cms.hhs.gov</a>
Technical Assistance Registration Service Center (TARSC)	<a href="http://www.tarsc.info/">http://www.tarsc.info/</a>
Washington Publishing Company	<a href="http://www.wpc-edi.com/content/view/817/1">http://www.wpc-edi.com/content/view/817/1</a>
Medicare Advantage and Prescription Drug Plans Plan Communications User Guide (PCUG)	<a href="http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html">http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan Comm unications User Guide.html</a>

# Resources *(continued)*

Resource	Link
RAPS Error Code Listing and RAPS-FERAS Error Code Lookup	<a href="http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&amp;expand=1&amp;navmenu=Risk^Adjustment^Processing^System">http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Edits?open&amp;expand=1&amp;navmenu=Risk^Adjustment^Processing^System</a>
CMS 5010 Edit Spreadsheet	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/">https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/</a>
EDFES Edit Code Lookup	<a href="https://apps.csscooperations.com/errorcode/EDFS_ErrorCodeLookup">https://apps.csscooperations.com/errorcode/EDFS_ErrorCodeLookup</a>
EDPS Error Code Look-up Tool	<a href="http://www.csscooperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&amp;navmenu=Medicare^Encounter^Data">http://www.csscooperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Edits~97JL942432?open&amp;navmenu=Medicare^Encounter^Data</a>

# 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 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!**

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