

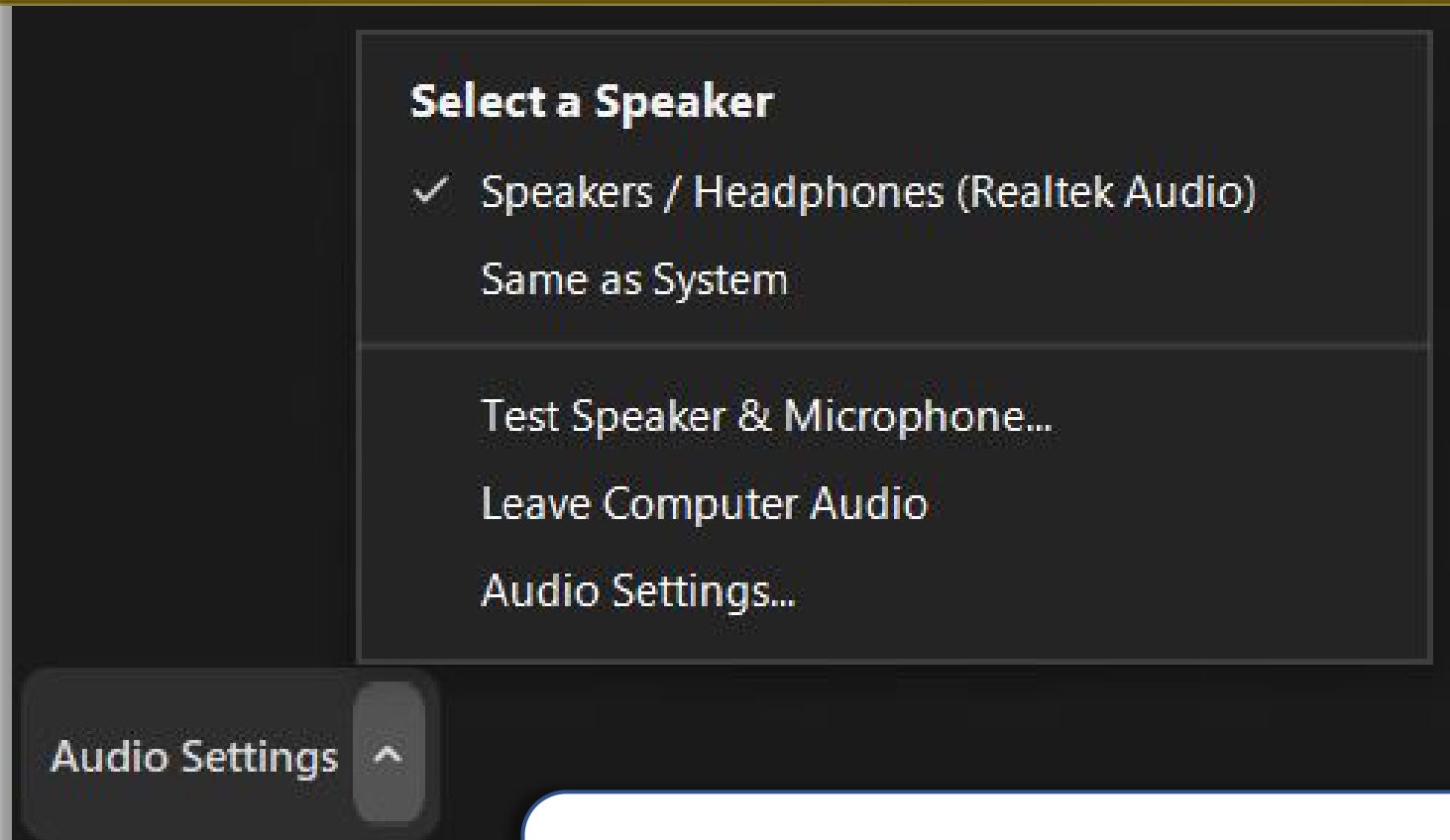


PACE Technical Assistance Call: Submission of Risk Adjustment Data to the Encounter Data System

6/13/2024 | 2:00 – 3:00 p.m.



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Question and Answer

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Objectives

1

1. Review of PACE technical instructions for encounter data submissions

2

2. Review of Encounter Data System processing

3

3. Review of scenarios to support PACE encounter data submissions

Agenda

- 1 Introduction
- 2 Background
- 3 Overview of PACE technical instructions for encounter data submissions
- 4 Review of the Encounter Data System processing
- 5 Scenarios
- 6 Recently Asked Questions
- 7 Resources



Introduction - Transitioning from RAPS to the EDS

- Over the last several years CMS has fully transitioned Medicare Advantage (MA) organizations from submitting abbreviated risk adjustment data files to the legacy Risk Adjustment Processing System (RAPS) to submitting fulsome information about services provided to beneficiaries to the Encounter Data System (EDS).
- For MA organizations CMS is no longer utilizing data submitted to the legacy RAPS system for risk adjustment, except for prior-year corrections.
- To begin transitioning all PACE organizations to submitting risk adjustment data to the EDS rather than RAPS, CMS provided technical instructions that gives PACE organizations guidance on how to submit encounters to the EDS.

Introduction Continued

- Transitioning PACE organizations from RAPS to EDS submissions is necessary to modernize risk adjustment for PACE organizations
 - Alignment with updates made in the MA program
 - Submission of risk adjustment data to a single system.
 - Implementation of updated risk adjustment models - as we have said in the Rate Announcement, we cannot move PACE to the updated CMS-HCC risk adjustment model until all diagnoses are submitted to the encounter data system.

Background

PACE Submission to EDS

- In January 2024, CMS released an [HPMS memo](#) providing technical instructions to begin transitioning PACE organizations to submitting all risk adjustment data to the EDS rather than RAPS.
- PACE organizations should continue submitting encounter data records (EDRs) for Medicare-covered items and services for which the organization collects claims. This requirement has been in place for dates of service starting on January 1, 2013.
- Now, PACE organizations need to submit diagnoses for services from which they do not collect a claim, and only submit the service-level information (EDR) if they are set up to do so.
- The goal is for PACE organizations to be submitting data to one system only (EDS) rather than to two systems (EDS and RAPS).

Overview of PACE Technical Instructions for Encounter Data Submissions

Resource

[PACE Organization Risk Adjustment Submissions to the Encounter Data System HPMS Memo – January 29, 2024](#)

Overview

- PACE organizations are instructed to submit Unlinked Chart Review Records (CRRs) to report diagnoses from PACE center services that do not generate claims
 - If the PACE organization can submit an EDR, they should do so.
 - PACE organizations that are already submitting EDRs for services provided at the PACE center should continue to do so.
- These instructions do not change previously released guidance for submitting EDRs for items and services when a PACE organization receives a claim.

Technical Submission Instructions

- Historically, CRRs have only been used when:
 - A service generates more diagnoses than fit on an EDR,
 - A medical record review identifies additional risk adjustment eligible diagnoses, or
 - Diagnoses submitted on prior records are to be deleted.
- Under this new technical instruction, PACE organizations are no longer restricted to using CRRs for these purposes.
- Diagnosis codes on CRRs must meet risk adjustment criteria, including being derived from face-to-face visits, and supported by medical records.
- EDS filtering logic applies to identify risk adjustment eligible diagnoses.

Technical Submission Instructions, Continued

- Risk adjustment eligible diagnosis codes from any PACE center service (e.g., enrollee assessments, medical record reviews, internal medical clinic visits, and acute care encounters) should be submitted via an EDR or Unlinked CRR.
- There is no limit to the number of Unlinked CRRs that may be submitted.
- The option to submit Unlinked CRRs without an associated encounter only applies to services for which a claim is not generated.
- PACE organizations are required to submit EDRs for services provided for which they collect a claim.

Guidance for Specific Data Elements

- **Unlinked CRRs.** To designate a record as an Unlinked CRR, use the PWK01 and PWK02 data fields in loop 2300.
- **National Provider Identifier (NPI).** The billing NPI should be the NPI for the PACE center providing services to the enrollee or the NPI for a provider that provides services to the enrollee at the PACE center.
- **CPT/HCPCS Code for Unlinked CRRs.** PACE organizations must include a CPT/HCPCS code that is on the list of risk adjustment eligible CPT/HCPCS codes for the pertinent payment year
 - Diagnoses submitted on Unlinked CRRs must be from a service that is risk adjustment eligible.
 - As discussed above, PACE organizations can submit the codes for the actual services provided or are permitted to use a risk adjustment eligible CPT/HCPCS code that is representative of a service provided to their enrollee.
 - CMS applies EDS filtering logic to EDRs and CRRs.

EDS Filtering Logic

EDS filtering logic is similar to RAPS filtering logic but is not identical

- Same objective: identify risk adjustment eligible diagnoses
- EDS filtering logic uses the procedure code (i.e., CPT/HCPCS codes) in place of a provider specialty when identifying risk adjustment eligible diagnoses.
- In circumstances where an Unlinked CRR is submitted to add risk adjustment eligible diagnoses, submissions must be consistent with guidance in the [Final Encounter Data Filtering Logic HPMS Memo](#).
- PACE organizations should submit EDRs (i.e., service level submissions) in all circumstances they are able to do so.
- PACE organizations that submit all diagnoses to the EDS are no longer required to submit diagnoses to RAPS.

RAPS versus EDS Filtering for PACE Center Services

Feature	RAPS (Specialty Code)	EDS (CPT/HCPCS Codes)
Applicability	In RAPS, to apply risk adjustment rules to professional encounters, a list of eligible physician specialty type codes is utilized.	In ED, to apply risk adjustment rules to professional encounters, CMS utilizes a list of eligible CPT/HCPCS codes.
Code Set	Specialty codes are identified when a physician or other professional enrolls as a Medicare provider.	Level I codes are the Current Procedural Terminology (CPT) codes published by the American Medical Association; Level II codes are additional alpha-numeric codes maintained by CMS and other entities.
Risk Adjustment Eligibility	This list of risk adjustment eligible physician specialties and qualified health professionals is derived on the basis that a face-to-face service has been rendered with the patient to determine the diagnoses.	The list of risk adjustment eligible CPT/HCPCS codes are derived based on inclusion/exclusion criteria on the basis that a face-to-face service has been rendered with the patient to determine the diagnoses.
Location	The list can be found at CSSCOperations.com .	The list can be found on the risk adjustment webpage .
Filtering Logic	MAOs filter diagnoses and only submit risk adjustment eligible diagnoses to RAPS.	Plans submit all their data, and CMS applies the filtering logic to the submitted data. If there is an acceptable CPT/HCPCS code on at least one accepted line on the EDR, CMS will use all the header diagnoses on that record. CRRs are for submitting risk adjustment eligible diagnoses. Therefore, a risk adjustment allowable procedure code must be reported on the CRR for a diagnosis to be considered for risk score calculation.

Things to Note

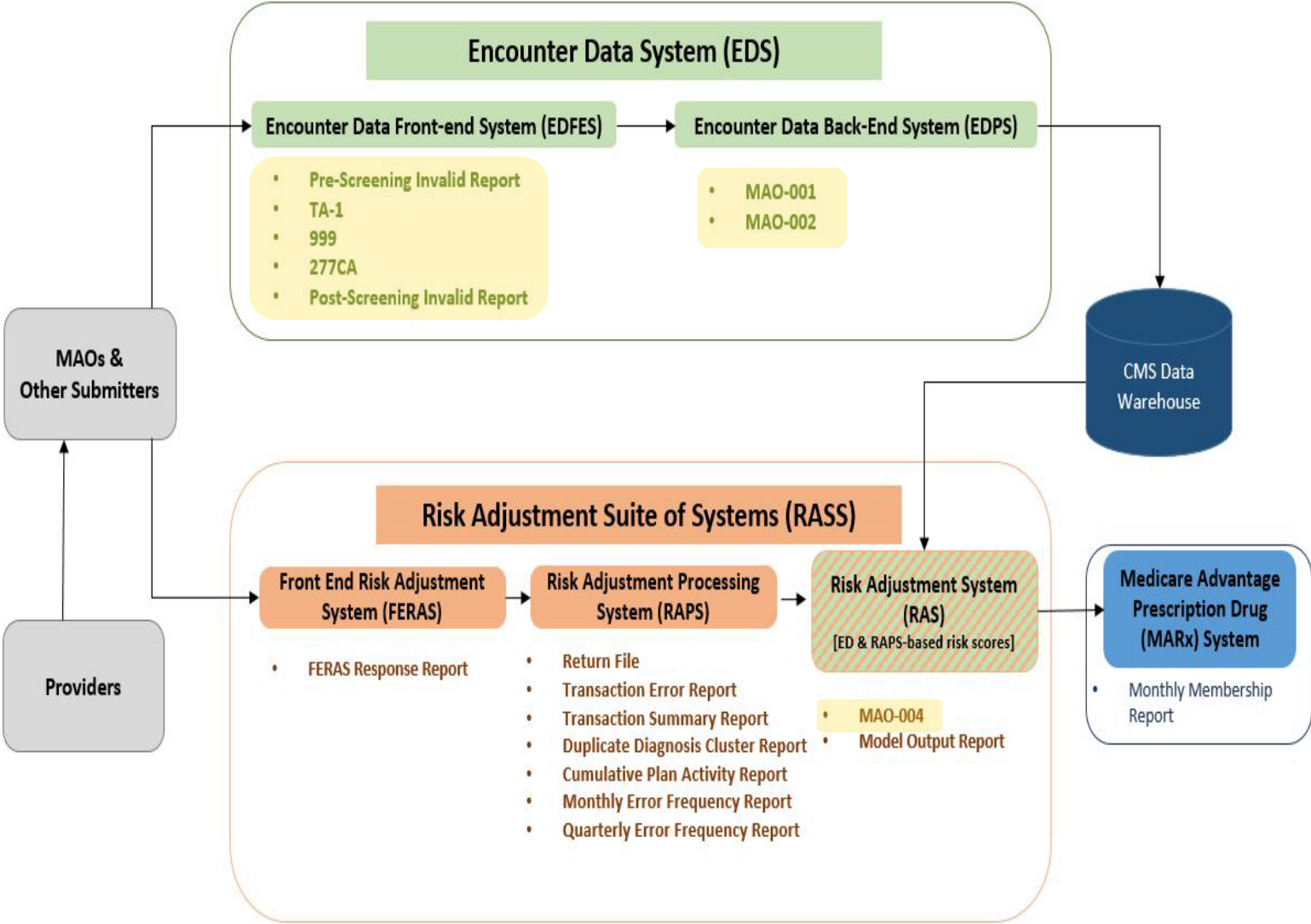
- While the method used for determining which diagnoses are eligible for risk adjustment is different between RAPS and encounter data, the same existing risk adjustment rules apply to both.
 - The long-standing established rules regarding which inpatient and outpatient facilities, and which professional encounters, are acceptable sources for risk adjustment-eligible diagnoses still apply.
- While we have not specified a timeline for full transition to EDS submissions, CMS is hopeful that all PACE organizations can submit all risk adjustment eligible diagnoses for 2025 dates of service.
- We encourage PACE organizations to begin submitting EDRs or at a minimum CRRs for services that do not generate a claim to the EDS as soon as possible.
- PACE organizations that submit all diagnoses to the EDS are no longer required to submit diagnoses to RAPS.

Review of the Encounter Data System Processing

Resource for Review of EDS Processing

[Encounter Data Technical Assistance Call for PACE Organizations - April 7, 2022](#)

Data Systems - Encounter Data & Risk Adjustment Suite of Systems



Encounter Data Front-End System Reports

Processing Phase	Report(s) Generated	Processing
Proprietary Pre-Screening Validation	Pre-Screening Invalid	File level failure. Processing stopped.
Commercial Off-the-Shelf (COTS) Translator	TA1 Acknowledgement 999 Acknowledgement	TA1 Failure – File level. Processing Stopped. 999 Failure – File level or Functional Group/Transaction Set Levels. One edit can affect several records. Only accepted data proceeds to CCEM processing.
Combined Common Edits Module (CCEM)	277CA Acknowledgement	Not File Level, but one edit can affect several records.
Proprietary Post Screen Validation	Post-Screening Invalid	File level failure. Processing stopped.

Encounter Data Related Reports

Report Type	Report Description	Timing of Reports
MAO-001	<p>Lists all encounters that received duplicate errors (98300, 98325, 98320, and 98315)</p> <ul style="list-style-type: none">• MAOs and other entities will not receive the MAO-001 report if there are no duplicate errors received on submitted encounters.• MAOs will not receive the MAO-001 report on test files; MAO-001 reports are generated for Production files only.	Within 5 business days of the files receipt date
MAO-002	Data Validation checks and lists the accepted and rejected status of all encounters at the claim (header) and line levels, along with edit codes and brief edit descriptions.	Within 5 business days of the files receipt date
MAO-004	CMS reports Risk Adjustment Eligible Diagnoses from Encounter Data Records and Chart Review Records, after Risk Adjustment Filtering, on the MAO-004 Report.	Monthly

Submission Frequency

Organizations are required to submit encounter data to the EDPS on a frequency based on the contract's enrollment

Number of Medicare Enrollees in a Contract	Recommended Submission Frequency
Greater than 100,000	Weekly
50,000 – 100,000	Bi-weekly*
Less than 50,000	Monthly

*Bi-weekly means every two weeks.

Submission Edits

- For information on encounter data system edits
 - Submitters should first consult the TR3, then the edits spreadsheets ([Edits Spreadsheet](#)) and finally the Guide for instructions on populating encounter data 837s.
 - If broader options are expressed in the TR3 or the edits spreadsheets than the options identified in the Guide and its appendices, MA organizations and other entities must use the rules identified in the Guide.

UPDATE: New PACE Place of Service (POS) Code

- The POS code number for the PACE Center is 66.
- POS Code 66 description: A facility or location providing comprehensive medical and social services as part of the Programs of All-Inclusive Care for the Elderly (PACE). This includes, but is not limited to, primary care; social work services; restorative therapies, including physical and occupational therapy; personal care and supportive services; nutritional counseling; recreational therapy; and meals when the individual is enrolled in PACE.
- Effective date will be August 1, 2024.
- PACE organizations are encouraged to use POS code 66 on submissions to the EDS when the service was provided at the PACE Center.

Example Scenarios

Scenario Overview

CMS is providing several scenarios and submission instructions based on questions we've received.

- **EDR**

- PACE organizations are required to submit EDRs for services provided for which they collect a claim.
- For PACE center services for which a claim is not collected, if the PACE organization can submit an EDR, the actual or a representative CPT/HCPCS code can be utilized (refer to scenario #1).

- **Unlinked CRR**

- PACE organizations should submit an Unlinked CRR to report risk adjustment eligible diagnoses from services provided in the PACE center for which a claim is not generated in circumstances where an EDR cannot be submitted (refer to scenario #2).
- Unlinked CRRs are for the submission of risk adjustment eligible diagnoses and must include a CPT/HCPCS code that is included on the list of eligible CPT/HCPCS codes.
 - Risk adjustment eligible CPT/HCPCS codes should not be utilized for services that are not risk adjustment eligible.

Scenario 1. Service Code Selection

- Scenario 1:
 - A participant assessment or reassessment occurred at a PACE center. The PACE organization is trying to determine which CPT/HCPCS code should be entered on the EDR for these types of PACE center services since there is not a PACE center-specific participant assessment CPT/HCPCS code.
- Submission Instructions:
 - PACE organizations are permitted to use a CPT/HCPCS code that is **representative** of a service provided to their enrollee, when reporting the data from the encounter to CMS.
 - For example, in circumstances where the services provided are consistent with services that would be provided during an office visit
 - It is acceptable to use an office visit CPT/HCPCS code included on the [list of risk adjustment eligible CPT/HCPCS codes](#) for EDS submission.
 - In addition, PACE POS code 66 indicates the services were provided at a PACE center.

Scenario 2. Service Timeframe Differences

- Scenario 2:
 - An Unlinked CRR is being submitted. A risk adjustment eligible service was provided to a beneficiary at a PACE center. There is a specific CPT/HCPCS code for the service provided. However, there is a difference in the time spent during the encounter versus the time noted in the CPT/HCPCS code description.
- Submission Instructions:
 - Again, PACE organizations are permitted to use a CPT/HCPCS code that is **representative** of a service provided to their PACE participant.
 - Diagnoses submitted on Unlinked CRRs must be from a service that has a CPT/HCPCS code that is included on the list of risk adjustment eligible CPT/HCPCS codes for the pertinent payment year.
 - The CPT/HCPCS code for the service is acceptable even if the timeframe duration is not identical to the CPT/HCPCS description.
 - PACE POS code 66 indicates the services were provided at a PACE center.

Scenario 3. Plan Paid Amount Field

- Scenario 3:
 - A PACE organization is submitting an EDR. The PACE organization is trying to determine how to populate the plan paid amount field when there is no-pay or zero-dollars associated with the service.
- Submission Instructions:
 - Services offered under salaried, capitated, staff model arrangements can be identified using the flags for capitated encounters.
 - For capitated or staff model arrangements, EDPS will accept a zero-dollar amount for the billed and paid amounts on encounter submissions (Loop 2300 CN101 = '05') if billed and/or payment amount information is not available.
 - Refer to the Encounter Data Submission and Processing Guide, the MA Companion Guide, or the TR3 submission guidance when specifications are not made in the Encounter Data Processing and Submission Guide.

Scenario 4. Service Level Submissions

- Scenario 4:
 - There are many different types of services occurring at the PACE center (e.g., PACE acute care encounters, PACE center assessments, etc.). The PACE organization is trying to determine if they need to complete service level submissions for the various PACE center encounters.
- Submission Instructions:
 - PACE organizations should submit EDRs (i.e., service level submissions) when they are able to do so.
 - In circumstances where a service level EDR cannot be submitted, the PACE organization is permitted to submit risk adjustment eligible diagnoses on an Unlinked CRR.
 - It is the organization's responsibility to ensure the integrity of the information being submitted.

Scenario 5. Diagnosis Submission to EDS

- Scenario 5:
 - A PACE organization is trying to determine which diagnoses should be submitted to the EDS.
- Submission Instructions:
 - If submitting an EDR, then all diagnoses related to the specific encounter should be reported.
 - The CPT/HCPCS code(s) reported for the encounter should be the actual code or one representative of the service.
 - If submitting an Unlinked CRR, then the organization needs to determine whether the diagnoses are risk adjustment eligible using the filtering logic used for encounter data.

Scenario 6. Non-Risk Adjustment Services

- Scenario 6:
 - A PACE organization provides services that does not produce diagnoses that are risk adjustment eligible (e.g., DME services). The PACE organization is trying to determine whether or not they are required to submit encounter data records for these services.
- Submission Instructions:
 - To the extent the PACE organization has the information to populate an EDR it should submit the 837 record.
 - Refer to the Encounter Data Submission and Processing Guide for additional information.

Recently Asked Questions

Recently Asked Question 1

Where are the User Group slides posted?

The User Group slides will be posted on the [CSSC Operations website](#). Click on Training/User Group on the lefthand side of the main page, or the Topics menu at the top of the page, then select the Encounter and Risk Adjustment Program (Part C) option, and then User Group from the left side menu.

Recently Asked Question 2

Which EDS report can be used to identify diagnoses that have been determined to be risk adjustment eligible?

The MAO-004 report can be used to determine which diagnoses are identified as risk adjustment eligible. Refer to the MAO-004 user guide for additional information.

[MAO-004 User Guide](#)

Recently Asked Question 3

When can PACE expect to transition away from the 2017 CMS-HCC risk adjustment model?

We have not specified a timeframe for transition. As previously stated, we are hopeful that all PACE organizations can submit all risk adjustment eligible diagnoses to the EDS for 2025 dates of service.

Recently Asked Question 4

What CMS-HCC risk adjustment model will CMS use for PACE once the transition from RAPS is complete?

Risk adjustment model updates are proposed and finalized through the Advance Notice and Announcement process. It is CMS' intention to ultimately align PACE with the MA program.

Recently Asked Question 5

Where can a PACE organization locate the frailty score that is being applied in payment?

Frailty score information is posted in HPMS. The monthly membership detail report includes the frailty score applied in payment in field 80, Part C Frailty Score Factor. In addition, PACE organizations can refer to the monthly MARx payment HPMS memos for the most recent updates to payment.

Recently Asked Question 6

Which risk adjustment HPMS memos apply to PACE organizations?

We are mindful of the volume of HPMS memos released daily. As such, we ensure PACE organizations are identified in the “TO” line of every HPMS memo related to risk adjustment policy and operations that is relevant to you.

Resources

Referenced Resources

Resource	Description
<u>January 29, 2024, HPMS Memo PACE Organization Risk Adjustment Submissions to the Encounter Data System.</u>	This HPMS memo provides technical instructions to begin transitioning PACE organizations to submitting all risk adjustment data to the EDS rather than RAPS.
<u>ED Submission Guide and MA Companion Guide.</u>	The Encounter Data Submission and Processing Guide is a technical guide that assists with the submission to the EDS. Refer to sections 2.2 and 2.3 for information regarding Unlinked CRRs. The MA Companion Guide, Appendix 3A, provides supplemental instructions for EDR and CRR elements.
<u>X12 5010 TR3 Guides.</u>	More information regarding the X12 5010 can be found in the X12 5010 TR3 implementation guides.
<u>December 22, 2015, HPMS Memo Final Encounter Data Filtering Logic.</u>	This HPMS memo provides information about how CMS extracts risk adjustment eligible diagnoses from encounter data records for use in calculating risk scores.
<u>April 7, 2022, Encounter Data Technical Assistance Call for PACE Organizations Slide Deck.</u>	The slide deck for the April 7, 2022, technical assistance call conducted for PACE organizations.

Related Resources

Resource	Description
<u>RAPS Specialty Code List on CSSC Operations.</u>	The list of acceptable physician specialty type codes utilized in RAPS to apply risk adjustment rules to professional encounters.
<u>Place of Service Code Set.</u>	A list of the codes to be used on professional claims to specify the entity where service(s) were rendered.
<u>Medicare Risk Adjustment Eligible CPT/HCPCS Codes.</u>	Provides the list of MA risk adjustment eligible services for encounter data filtering for each applicable payment year.
<u>April 9, 2018, HPMS Memo Guidance for Chart Review Record (CRR) Submissions.</u>	Discussed the role of chart review records as part of the Encounter Data System, and reflected existing requirements for the submission of encounter data.
<u>April 28, 2018, HPMS Memo Additional Guidance for Chart Review Record (CRR) Submissions.</u>	Provided clarification for the April 9, 2018 HPMS memo about the submission of EDRs and CRRs.

Resources, continued

Resource	Description
<u>Customer Support & Service Center (CSSC) Operations.</u>	The CMS CSSC website includes a wealth of resources including training, job aids, and slide decks from previous user groups.
<u>277 CA Edit Lookup.</u>	The 277 Claim Acknowledgement (CA) Edit Lookup provides easy-to-understand descriptions associated with the edit code(s) returned on the 277 CA.
<u>MA & Part D Communications Handbook.</u>	The MA & Part D Communication Handbook is a technical guide that assists with the submission of data to the Encounter Data Front End System.
<u>User Group Slide Decks.</u>	The slide decks for previous user groups on various topics, including the Rate Announcement, Risk Adjustment for PACE Organizations, and the MAO-004 report are located on the CMS CSSC Operations website.
<u>Annual Rate Announcement and Advance Notice.</u>	These documents comprise the MA, and Medicare+Choice (M+C) advance notices of methodological changes; announcements issued with MA or M+C rates; and special reports.
<u>Health Plan Management System (HPMS).</u>	Memos and emails sent from CMS to MA plans are archived on the HPMS website. Sign up for the listserv to receive announcements.
<u>MAO-004 User Guide.</u>	The MAO-004 User Guide reviews the filtering process and explanations for the various indicators on the MAO-004 report.

Questions – Operations & Policy

Operational Questions

Encounter Data and Risk Adjustment Operational
Communications/Inquiry Inbox:

RiskAdjustmentOperations@cms.hhs.gov

Policy Questions

Risk Adjustment Policy Communications/Inquiry Inbox:

RiskAdjustmentPolicy@cms.hhs.gov

Please reference the August 19, 2022 HPMS memo “Medicare Advantage Risk Adjustment Support Resources” for clarification regarding where to direct risk adjustment questions based on the type and subject of the inquiry.



Questions – Technical Support

CSSC Operations Help Desk

1-877-534-2772

csscooperations@palmettogba.com

MAPD Help Desk

1-800-927-8069

mapdhelp@cms.hhs.gov



Question and Answer Session



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Question and Answer

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