

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

DATE: October 2, 2020

TO: All Medicare Advantage Organizations, PACE Organizations, Medicare-Medicaid Plans, Section 1833 Cost Contractors and Section 1876 Cost Contractors, and Demonstrations

FROM: Jennifer R. Shapiro, Director, Medicare Plan Payment Group

SUBJECT: Risk Adjustment Processing System (RAPS) and Risk Adjustment System (RAS) Updates

The purpose of this memorandum is to provide additional information on the 410 edit correction, as well as updates on several other RAPS and RAS processing updates: a processing issue with the 411 edit; an update to the diagnosis code reference data in the RAPS processing system; and the use of diagnoses from RAPS inpatient records in encounter data-based risk scores.

Updates

410 Edit

On May 6, 2020, The Centers for Medicare & Medicaid Services (CMS) released a Health Plan Management System (HPMS) memorandum with the subject “Risk Adjustment Processing System 408, 409, and 410 Edit Update and Risk Adjustment Model Run Impact.” In that communication, CMS described data processing issues with the 408, 409, and 410 RAPS reject edits, CMS’ process for correcting the issues and reporting corrections to MAOs and other organizations, and the impact of these issues on model runs.

CMS discovered a discrepancy in the correction we applied to the 410 edit. The discrepancy in the correction caused a subset of RAPS records impacted by this issue to be marked as deletions when they should have remained in their accepted status. CMS rectified this error on July 24, 2020 by reversing the deletion of affected records in our systems, thereby returning the disposition of these RAPS records to ‘accepted.’

In mid-October 2020, CMS will re-issue the “Corrected 408, 409, & 410 Edit Code Report” to reflect the corrected data. CMS will announce the availability of these reports via an HPMS announcement.

These reports will replace the previously issued reports in their entirety (i.e., they include the 408 and 409 corrections, which remain unchanged from the previous reports, in addition to the updated corrections for the 410 edit). Please disregard the previously issued reports. Please see the appendix below for details on the “Corrected 408, 409, & 410 Edit Code Report.”

411 Edit

With the transition to the Medicare Beneficiary Identifier (MBI) in April 2018, an issue with the 411 edit occurred in rare cases when a file contained a record with a Health Insurance Control Number (HICN), and the beneficiary was deceased. When such a record was immediately followed by a record for a different beneficiary using an MBI, the date of death for the beneficiary with the HICN was incorrectly applied to the beneficiary on the following record (with the MBI), thereby causing the 411 edit to post, even if the beneficiary was alive. This issue resulted in a small number of records being rejected with edit 411 when they should have been accepted.

CMS corrected the issue described above on July 13, 2020 to ensure that the submission pattern described above would not cause edit 411 to be triggered. The edit 411 is working as expected.

If your organization believes it submitted RAPS records that were incorrectly rejected with edit 411 due to the issue described above, please contact the RiskAdjustmentOperations@cms.hhs.gov mailbox and let us know how many records were affected. Please submit information regarding this issue with subject line “RAPS Edit 411 Issue” by Friday, October 30, 2020. Once this information is received, CMS will communicate directly with impacted organizations regarding next steps.

RAPS Diagnosis Code Table

CMS updated the diagnosis code reference data table in the RAPS processing system on September 24, 2020 to include U07.0 (COVID 19). If your organization submitted RAPS data with this diagnosis code and the data was rejected with edit 450, the data may be resubmitted.

Diagnoses from RAPS Inpatient Data in Encounter Data-Based Scores

CMS discovered an issue with the process for supplementing encounter data-based risk scores with diagnoses from RAPS inpatient data. In standard processing, the risk score file creation process contains code to generate an unduplicated list of diagnosis codes per beneficiary. The process of creating an unduplicated list resulted in an unintentional exclusion of the diagnoses from inpatient RAPS records in cases where a RAPS inpatient record and a RAPS professional record were submitted with the same diagnosis code and had the same date of service (through date for the RAPS inpatient record) and the inpatient record preceded the professional record in the file. CMS has implemented a change in the de-duplication logic to address this issue.

Next Steps

The corrections for the issues described above and re-submitted data will be used in upcoming risk adjustment model runs (PY2020 Interim Final), as well as reruns of PY2017, PY2018, and PY2019 final risk scores, as applicable. CMS will notify organizations regarding the timing of future risk adjustment model runs in HPMS correspondence.

Questions related to this memo should be sent to RiskAdjustmentOperations@cms.hhs.gov. Please use “RAPS and RAS Updates” as the subject in communications regarding this memo, except in regards to the RAPS Edit 411 issue, when the subject “RAPS Edit 411” should be used.

Thank you.

APPENDIX

Reports Reflecting Impacted Diagnoses

- CMS will issue reports to inform organizations of the impacted diagnoses on or before mid-October 2020.
- Reports will be delivered through the same data transfer protocols used for transmission of all the RAPS transaction reports.
- The reports will use the format of the RAPS Daily Transaction Error Report¹ but will be renamed as the Corrected 408, 409, & 410 Edit Code Report in the Header segment.
- The filenames for these reports will be the same as those used for the Daily Transaction Error Reports.
- The addendum below presents information on how the RAPS Daily Transaction Error Report data fields will be populated for the purpose of presenting the diagnoses that were affected by this issue and were subsequently deleted.
- Changes to the content of the header and sub-header data fields have been made to reflect the purpose of the Corrected 408, 409, & 410 Edit Code Report. These are shown in the addendum below.
- At the report detail line level, only the following data fields will be populated on the Corrected 408, 409, & 410 Edit Code Report Detail Line: Sequence Number (SEQ), Beneficiary ID (BENE ID), Provider Type (PRVD TYPE), From Date (FROM DATE), Thru Date (THRU DATE), Diagnosis Code (DGNS CODE), Diagnosis Error Code (DGNS ERR1), Submission Date (SUBMITTED DATE).
- The CORRECTED MBI data field will be renamed SUBMITTED DATE and be repurposed to hold the submission date of the diagnosis code.
- The beneficiary ID will be the latest MBI that existed at the time of submission (it could be the one submitted on the record originally or a corrected MBI populated by the RAPS system during processing).
- If a diagnosis code triggered more than one of the three edits (408, 409, and 410), only the first of the edits will be reported in the Diagnosis Error Code (DGNS ERR1) field.
- MAOs should use the information in the Thru Date (THRU DATE) field to determine the service year of the diagnosis.

¹ Additional information on the RAPS Daily Transaction Error Report can be found in the March 2017 User Group Slides.

Addendum 1: Report Layout for Corrected 408,409, & 410 Edit Code Report

Report Header 1

Field Name	Production Transaction Error Report	Corrected 408, 409 & 410 Edit Code Report
Report ID	RAPS002	RAPS408
ICD Version ID	**ICD10**	**ICD10**
Application Name	RISK ADJUSTMENT PROCESSING SYSTEM	RISK ADJUSTMENT PROCESSING SYSTEM
Page Number	Report page number	Report page number

Report Header 2

Field Name	Production Transaction Error Report	Corrected 408, 409 & 410 Edit Code Report
Run Date	RAPS Processing Date	Date of Report Generation
Report Name	TRANSACTION ERROR REPORT	CORRECTED 408, 409 & 410 EDIT CODE REPORT
Trans Date	From AAA	20100102

Report Sub Header 1

Field Name	Production Transaction Error Report	Corrected 408, 409 & 410 Edit Code Report
Submitter ID	From AAA	The Submitter ID of the bene 408 409 & 410 edit error
File ID	From AAA	Blank
Plan ID	From BBB	The Submitted Plan Number of the bene 408 409 & 410 edit error
Batch Number	From BBB	0000000

**Report Sub Header
2 & 3**

Field Name	Production Transaction Error Report	Corrected 408, 409 & 410 Edit Code Report
Last field sub header	CORRECTED MBI	SUBMITTED DATE

Report Detail Line

Field Name	Production Transaction Error Report	Corrected 408, 409 & 410 Edit Code Report
SEQ	From CCC record	Start with 0000001 on report break
SEQ ERR	From RAPS	Blank
PATIENT CONTROL ID	From CCC record	Blank
BENE ID	From CCC record	Bene MBI
BENE ERR	From RAPS	Blank
DOB	From CCC record	Blank
DOB ERR	From RAPS	Blank
PRVD TYPE	From CCC record	Provided
FROM DATE	From CCC record	Provided
THRU DATE	From CCC record	Provided
DEL IND	From CCC record	Blank
DGNS CODE	From CCC record	Provided
DGNS ERR1	From RAPS	Provided (408, 409 or 410)
DGNS ERR2	From RAPS	Blank
MAEA CD	From CCC record	Blank
MAEA ERR	From RAPS	Blank
SUBMITTED DATE*	From RAPS	Submitted date

* renamed from CORRECTED MBI as noted under Report Subheader 2 & 3 table for the Corrected 408, 409, & 410 Edit Code Report