

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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**CENTER FOR MEDICARE**

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**DATE:** September 6, 2019

**TO:** All Medicare Advantage, Cost, PACE, and Demonstration Organizations

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

**SUBJECT:** Risk Adjustment Suite of Systems (RASS) Medicare Beneficiary Identifier (MBI) Related Enhancements

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the systems related to accepting and processing risk adjustment data<sup>1</sup> to support the Medicare Advantage (MA) program. This memorandum provides detailed information regarding the release of systems changes to the Risk Adjustment Processing System (RAPS) system that will be implemented on October 7, 2019.

**Updated Error Code 500**

**Error Code 500 BENEFICIARY HIC NUMBER HAS CHANGED ACCORDING TO CMS RECORDS; USE CORRECT HIC NUMBER FOR THE FUTURE SUBMISSIONS**

Currently, this informational error code returns the most recent Health Insurance Claim number (HICN) for a beneficiary if a historical HICN was submitted on a cluster. Error code 500 will now be updated to return the most current MBI for a beneficiary if a HICN is submitted. The RAPS Return File will henceforth contain the current MBI and not the current HICN as appropriate. This update will allow submitters to obtain the most current MBI of their beneficiaries in instances where they have submitted an outdated identifier. This change will impact all RAPS records submitted as of October 7, 2019, regardless of the date of service.

The error description for error code 500 will also change to:

**500 BENEFICIARY HIC NUMBER HAS CHANGED ACCORDING TO CMS RECORDS;  
USE CORRECT MBI FOR FUTURE SUBMISSIONS**

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<sup>1</sup> Under 42 C.F.R. § 422.310, Medicare Advantage Organizations (MAOs) and other entities under Part C rules are required to submit encounter data for each item and service provided to an MA enrollee. As required under § 422.310(b): Each MA organization must submit to CMS (in accordance with CMS instructions) the data necessary to characterize the context and purposes of each item and service provided to a Medicare enrollee by a provider, supplier, physician, or other practitioner. Additionally under § 422.310(d): MA organizations must submit data that conform to CMS' requirements for data equivalent to Medicare fee-for-service data, when appropriate, and to all relevant national standards.

## **Updated Report Field Name Description**

Finally, there will be a slight modification to the RAPS report field name description for the following reports: The RAPS Transaction Error Report and The RAPS Duplicate Diagnosis Cluster Report. These reports will now use “Corrected MBI” instead of “Corrected bene id” for the field name description that contains the corrected beneficiary identifier data. This change will impact all reports released after October 7, 2019.

***Note that CMS does not require or need an MAO to update RAPS records when only the beneficiary identifier changes.***

- CMS would like to remind submitters that they should NOT resubmit subsequent versions of a diagnosis cluster when a beneficiary is assigned a new identifier.
- Submitters are also reminded that they can continue to submit both add and delete transactions with either the MBI or the HICN, although the MBI should be used when it is available.

Questions related to the implementation of these enhancements can be emailed to [riskadjustment@cms.hhs.gov](mailto:riskadjustment@cms.hhs.gov). Please specify “Risk Adjustment Suite of Systems (RASS) Medicare Beneficiary Identifier (MBI) Related Enhancements” in the subject line.