EDPS & RAPS: What is the Difference and What Should You Know?

Pam Klugman
SVP, Risk Adjustment
SCIO Health Analytics
<table>
<thead>
<tr>
<th><strong>RAPS Data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>AAASH0XXX123456789120160918PROD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EDPS Data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ISA<em>00</em> <em>00</em> <em>ZZ</em>SHOXXX <em>ZZ</em>R1234567</td>
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<tr>
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<td>ST<em>837</em>51001*005010X222A1~</td>
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<tr>
<td>BHT<em>0019</em>00<em>SCIO1234567890</em>20161121<em>1949</em>RP~</td>
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<tr>
<td>NM1<em>41</em>2<em>SCIO HEALTH ANALYTICS*****46</em>SENDER ID~</td>
</tr>
<tr>
<td>PER<em>IC</em>PAM KLUGMAN<em>TE</em>8887789899~</td>
</tr>
<tr>
<td>NM1<em>40</em>2<em>SMARTPLAN*****46</em>R1234567 ~</td>
</tr>
</tbody>
</table>
CMS will continue to calculate the 2017 risk score by blending two data sources with an increased emphasis on EDPS.
Encounter Data as a Diagnosis Source

RAPS/EDPS Blend

PY 2016
PY 2017
PY 2018*
PY 2019*
PY 2020*

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

EDPS and FFS  RAPS and FFS

*Projected based on indication from CMS
# Encounter Data – MAO-004 Reports

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/21/2015</td>
<td>Initial Filtering Logic from CMS Published</td>
</tr>
<tr>
<td>12/22/2015</td>
<td><strong>Initial Assumption:</strong> Plan to align their RAPS filtering logic with CMS EDPS filtering logic</td>
</tr>
<tr>
<td>12/23/2015</td>
<td>Final Filtering Logic Published</td>
</tr>
<tr>
<td></td>
<td><strong>Reality:</strong> CMS filtering logic does not filter based on physician specialty</td>
</tr>
<tr>
<td></td>
<td>Per the CMS FAQ relative to their final filter logic, they expect plans to continue to filter using allowable physician specialty</td>
</tr>
<tr>
<td></td>
<td><strong>Result:</strong> Inability to reconcile the two data sources</td>
</tr>
<tr>
<td>10/24-25/2016</td>
<td>Over the weekend, CMS reposted all MAO-004s, including corrections, from January 2014</td>
</tr>
</tbody>
</table>
Encounter Data vs. RAPS

**Perceived Benefits**
- Better Supports Value-Based Payment Models
- Better Accounts for Differences in Patient Populations

**Perceived Challenges**
- Complexity and Volume of Data Increases Chance of Errors
- Must Pass National Correct Coding Initiative Edits
- Possible Recalibration of Base Rates using MA Encounter Data Only
Data Flow Differences

RAPS
- Patient
- Physician
- Health Plan
- CMS

RAPS return file
1 Days

EDPS
- Patient
- Physician
- Health Plan
- CMS Step 1
- CMS Step 2

MAO-002 return file
MAO-004
1 X Month
Understanding How/Where Your Data Flows

- Encounter Claims Entry
- Claims Diagnosis Limitations
- Claims Entry Protocol
- Claim Volume
- EDI Vendor Oversight
- Feedback Reports
- Rejected Claims
- Claim Volume
Plotting a Smooth Transition Towards 100% Encounter Data

Ensure Data Accuracy.
By instituting a system of checks and balances in documentation, you can help ensure all services are documented correctly. This requires:

- In-depth knowledge of fee-for-service billing protocols
- Complete diagnoses with CPT coding and documentation

Track Rejections.
Most practice management systems have functionality that allows billers to generate reports on claims rejections on an ongoing basis. Tracking and trending rejections will allow practices to see where the data submission problems are occurring and correct them well ahead of full EDPS implementation.

Conduct regular audits.
Billing supervisors should review a sampling of charts quarterly to determine if the documentation protocols for correct coding are being applied appropriately.
What Have We Learned To Date about EDPS?

- This was never an easy process and it becomes more complex every year.
- We are seeing varying levels of understanding and varying levels of readiness across the industry.
- Many thought the disparity between the two data sources would be minimal.
- We most frequently see degradation in EDPS scores as opposed to RAPS scores.
Payer/Provider Collaboration and Data Sharing

Did I get paid correctly?

Did I get all the data I need?

Did CMS get all of the information?

Consistent and comprehensive data supports quality of care improvements
Specific Risk Adjustment and Quality Measurement Challenges

- Clinical Care Gaps
- Year End Crunch Tactics
- Incorrect Coding
- Missing HCCs
- Measuring Impact of Programs
- Lack of Data Transparency
- Purged Data
- Collecting Data
- Insufficient Staffing

↓ Risk Adjustment Factor Scores
↓ HEDIS, Stars & P4P Quality Scores