New RAPS Risk Assessment Code

• Effective for DOS starting 1/1/2014, risk adjustment data submitted by MAOs to FERAS and then to RAPS are accepted only if the new field “Risk Assessment” is populated.

• The Risk Assessment field must contain one of these values:
  A. Diagnosis code from a clinical setting.
  B. Diagnosis code from a non-clinical setting originating in a visit that meets all requirements specified at 42 CFR 410.15(a) for First Annual Wellness Visit or Subsequent Annual Wellness Visit.
  C. Diagnosis code from non-clinical setting originating in a visit that does not meet all requirements specified at 42 CFR 410.15(a) for a First Annual Wellness Visit or Subsequent Annual Wellness Visit.
New RAPS Risk Assessment Code

Reminders:

• All rules about acceptable sources of risk adjustment data apply to both clinical and non-clinical settings.

• The RAPS Format effective 2014 has been updated to reflect Risk Assessment Codes ‘A,’ ‘B,’ or ‘C’ as acceptable codes.

• The new RAPS file format requires assignment of one of the three acceptable Risk Assessment Codes to each cluster.
New RAPS Risk Assessment Code

• Errors are returned for anything other than an acceptable code in the Risk Assessment Code field for DOS 1/1/2014 or greater.
• There are no certification requirements for the new RAPS format submission.
• MAOs may begin submitting the Risk Assessment Codes immediately; however, the field is not required until DOS starting January 1, 2014.
November 29th HPMS Memo:

- For risk-adjustment purposes, whether a setting is clinical or non-clinical should be determined based on the place of service (POS).
- A setting is a POS, not a type of service or a type of provider.
- Further, we are clarifying that, for purposes of MA risk adjustment, a non-clinical setting is a beneficiary’s home.
  - This is referenced as code 12 “Home” in the existing POS Codes for professional services, which can be found at http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html.
- Thus, Risk Assessment code A should be used for diagnoses that come from clinical settings, and the Risk Assessment codes B and C should be used for diagnoses that come from non-clinical settings, that is, the beneficiary’s home.