

2009

Risk Adjustment User Group



February 2009 Questions & Answers

Date: February 18, 2009

Payment Issues

1. Q. Will CMS release the 45-day notice on Friday the 20th?
A. Yes, it is statutorily required.
2. Q. To determine 2009 payment, should plans divide the risk score by the 1.03 normalization factor?
A. Yes, 1.03 is the normalization factor for 2009 CMS-HCC payment.
3. Q. A member enters the ER on the last day of 2006 and was transferred and subsequently admitted to the ICU in the next calendar year, can a plan submit the diagnosis from the ER visit for the 2006 date of service?
A. No. Plans must submit discharge data. In this case the member did not have a discharge date in 2006, and plans must not submit with calendar year 2006 data.
4. Q. In reviewing a member's medical record, the plan identified previous diagnoses were not yet submitted; can the plan submit this data to CMS?
A. Yes, as long as the final deadline has not passed, plans may submit data within the dates of service, from acceptable provider types and acceptable sources.

Operations

1. Q. What is the difference between RAPS error codes 410 and 408?
A. CMS communicates error code 410, "Beneficiary is not enrolled in Plan on or after Service From Date," is specific to the beneficiary's enrollment in a plan with the diagnosis date of service submitted.



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Whereas for code 408, “Service From date is not within MA enrollment period,” is specific to the plan’s enrollment as an MA organization.

2. Q. If a plan deleted a cluster and subsequently resubmitted the cluster as an “add” will this generate a 502 error code?
- A. No. When a plan deletes a cluster the cluster is stored in RAPS as a deleted cluster. If the plan resubmitted the cluster as an “add” it will not generate the 502 error code. Plans should avoid submitting “adds” and “deletes” to a cluster in the same batch. 502 errors are only generated when 2 or more clusters contain the same five attributes of
- Diagnosis Code
 - From Date of Service
 - Through Date of Service
 - Provider Type
 - Health Insurance Claim (HIC) Number
3. Q. Clarify the RAPS error code 451 (date of service is greater than diagnosis end date)?
- A. The diagnosis submitted is invalid for the date of service submitted. Sometimes the diagnosis code for the submitted date of service requires a 4th or 5th digit, or the diagnosis code may have been deleted, which generates the 451 error code.



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