2007/08 Risk Adjustment User Group

January 2008 Questions & Answers

Date: January 16, 2008

Payment Issues

1. Q: Can plans receive member-level detailed information on the Monthly Membership Report for the 2003 Final Reconciliation Payment made to some plans?
   A: CMS was required to run the 2003 Final Reconciliation Payment outside of the normal processing system, and was therefore unable to prepare a Monthly Membership Report with the corresponding member-level information. CMS will research some additional options.

2. Q: Is there a backlog at CMS in responding to payment questions from the raf_payment_questions@cms.hhs.gov mailbox?
   A: There is a backlog. However, if you have not received a response after several months, please resend the email and CMS will respond.

3. Q: When will plans see the payment adjustments for data submitted by 1/31/08 for Date of Service 01/01/06 through 12/31/06?
   A: CMS anticipates making payment in August 2008 for the 2006 Final Reconciliation.

Data Validation

1. Q: When will plans receive notification about CY 2007 Data Validation?
   A: CMS does not anticipate beginning the CY 2007 Data Validation sample until March 2008, and further anticipates contacting selected plans in early summer of this year.

2. Q: Can a plan submit X-ray and other diagnostic reports if the provider signs the report and indicates reviewing the report or does CMS require documentation in the progress notes?

   A: Risk adjustment requires confirmed diagnoses. X-rays and other diagnostic reports may indicate referral diagnoses or findings and impressions. A physician's progress notes typically identify the confirmed diagnoses. Thus, refer to the referring physician's progress notes for the confirmed diagnoses. Plans may utilize the Data Validation module in the 2007 Regional Risk Adjustment Training Materials as an additional resource of examples of acceptable and unacceptable medical record documentation. These materials are located at www.csscoperatios.com under the Risk Adjustment section. For additional questions and concerns regarding documentation, plans may contact the CMS Data Validation Team: Lateefah Hughes (Lateefah.Hughes@cms.hhs.gov), Chanda McNeal (Chanda.McNeal@cms.hhs.gov), or Mary Guy (Mary.Guy@cms.hhs.gov).

Operations Update

1. Q: Is it acceptable for a plan to report concerns on the Corrective Action Plan (CAP) when the potential for duplicate submissions primarily relates to submitting a claim for a beneficiary following a retroactive enrollment that another plan previously submitted?

   A: If a plan thinks that the major reason for a problem with duplicates relates to retroactive enrollments, the plan can inform CMS on the CAP.

2. Q: When responding to a letter for exceeding the 5 percent benchmark, can a plan inform CMS in a CAP that the plan's total production files for the year are below the benchmark, but that small files following chart reviews from a vendor exceed the benchmark?

   A: Yes, the plan may explain the situation in the CAP. In addition, CMS recommends putting measures in place to ensure internal editing of small files to reduce occurrences.

3. Q: Will plans receive response reports within a few days of submitting files, if the plan attempts to submit several files a week to submit information by the 01/31/08 Final Reconciliation Deadline?

   A: FTP users receive FERAS reports typically within 15 minutes of submission. Connect: Direct and Gentran users receive reports the following business day if the file transfer is complete by 5 p.m. Eastern Time (ET). If Palmetto receives the submission after 5:00 p.m. ET, Connect: Direct and Gentran users receive the report 2 business days after submission. Submitters receive RAPS Reports the next business day after submission.