

2009

Risk Adjustment User Group



July 2009
Questions & Answers

Date: July 15, 2009

Payment Issues

1. Q. In the case of a fracture, should plans submit RAPS data if the only available record is for aftercare?
A. The plan should determine using their certified coders if the medical record supports the diagnosis cluster, and if so, then the plan should submit the diagnosis cluster.
2. Q. Can a plan submit a status code when a beneficiary received subsequent treatment for a procedure, since plans only submit status codes on the initial procedure claims?
A. Plans should consult with their certified coders to determine if it is appropriate to code the claim with a status code.
3. Q. Is there a new model in the SAS software that contains new coefficients, particularly for Medicaid Aged?
A. The last model update was in 2009 and is available on the CMS website. However, there has always been a Medicaid coefficient for Medicaid aged.
4. Q. What should a plan do if it notices when running the SAS software, CMS applied the aged coefficient to members under 65?
A. The plan should verify they have not inadvertently cross coded the values for aged and disabled, as well as the plan inputs used. If the problem is not resolved, forward the issue to analyst@askriskadjustment.com email address and include the plan inputs and SAS outputs.
5. Q. What payment year should the August 2009 Monthly Membership Report (MMR) display?
A. CMS will report the 2008 final payment on the August 2009 MMR.

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6. Q. On the midyear adjustment, there was an adjustment for Part D. Is there a certain percentage CMS applies to Part D from Part C?
- A. No. There are two different payment models for Part C and Part D. As with Part C, the Part D Direct Subsidy (capitated amount of Part D payment) portion of the payment, is risk adjusted. When CMS updates the risk scores the direct subsidy is also risk adjusted, and CMS reports any adjustments under Part D.
7. Q. Are there updates to the encounter data file plans would need to submit to support the RAPS file?
- A. CMS is working internally to develop a process and will schedule a public meeting with the plans. CMS will also consult with a contractor to develop an outreach program.
8. Q. When will the encounter data be required for submission of risk adjustment data?
- A. No date available at this time.
9. Q. What encounter data will CMS require for submission of risk adjustment data?
- A. CMS will form the basis of the encounter data file from the elements included on the standard ANSI 837-X12 claims format.
10. Q. Will the encounter file be in addition to the RAPS file?
- A. Initially CMS may run the encounter and RAPS files simultaneously, to accommodate retroactive transactions, etc. However, prospectively the encounter data file will replace the RAPS file.
11. Q. Is there a difference between a Risk Adjustment Data Validation (RADV) and Data Validation?
- A. No. The only changes made are operational changes on how CMS will use the findings.
12. Q. When is the effective date for the ICD-10?
- A. October 1, 2013.
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Data Validation

Email questions to ann.marshall@cms.hhs.gov.

Operations

1. Q. What should a plan do when they receive the 408 and 409 rejections for the RAPS data submitted, and there is no discrepancy with the plan's dates of enrollment and the dates of enrollment in MARx?
 - A. Plans should contact the Customer Support and Service Center (CSSC) and provide some examples.

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