

2009

Risk Adjustment User Group



March 2009
Questions & Answers

Date: March 18, 2009

Payment Issues

1. Q. If a member's RA Factor Type code equals blank on the Monthly Membership Report (MMR) should the beneficiary not have a risk score?
 - A. CMS will apply a risk score to every beneficiary as a result of the model run or the assignment of the new enrollee default risk factor. If the MMR RA Factor Type code equals blank, CMS assigned the default risk factor otherwise the risk score is the result of the model run.

2. Q. When the member initially entered the emergency room and is discharged to an inpatient stay, can the plan submit the physician claim received as the result of the emergency room visit?
 - A. Yes, if the plan receives a separate physician claim for the emergency room. However, if there is no separate claim for the emergency room the plan must only submit the claim as an inpatient stay with the discharge diagnoses and the plan may not submit the emergency room diagnoses.

3. Q. A plan along with the CMS regional office was able to resolve a member's retroactive enrollment issues. Can the plan now submit RAPS data going back to 2006 dates of service?
 - A. Plans must resolve enrollment discrepancies within 45 days. CMS has completed submission for all dates of service for 2006 and 2007; however, the plan may submit the beneficiary 2008 RAPS data.

4. Q. The Model Output Report (MOR) reports a HCC for the beneficiary however the MMR indicates a new enrollee default factor member, is this correct?
 - A. CMS has identified this issue, and will resolve this issue with the April payment. Plans should look for the adjustment under reason code 25.



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5. Q. Must inpatient admission and discharge date occur in the same reporting year to submit inpatient data?
 - A. CMS based submission on the inpatient discharge. For example, if a patient's admission date is December 25th and discharge occurs in January, the plan must submit this data within the 2nd year, since the discharge occurred in the 2nd year.
6. Q. Plan submits claims through Gentran, following the submission the plan receives a notification email indicating the file was accepted, however once the plan attempts to retrieve the file the following day, FERAS indicates the file was not received, what should the plan do?
 - A. The plan should submit a remedy ticket to the MMA helpdesk.
7. Q. Did the issue with the defaulted risk factor begin in January?
 - A. Yes, the issue occurred during the January initial submission run.

Operations

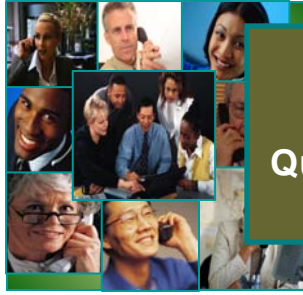
1. Q. What are the requirements for new plans for submitting risk adjustment data?
 - A. Within the 1st month new plans must submit an EDI Agreement, and within the 2nd month submit testing. The third month the new plan must submit a production file. CMS provides the details of this information in the new contract packet.
2. Q. Is there official CMS documentation supporting the quarterly submission requirement?
 - A. Yes, plans can locate this documentation on the www.csscooperations.com website in the resource guide. CMS is currently developing a report that identifies plans that fail to submit quarterly and will begin taking correction action. Failure to submit will become a compliance issue.



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Other

1. Q. Will CMS conduct a regional training session for 2009?
 - A. CMS has no plans to conduct the annual regional training for 2009.



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