



## September 2007 Risk Adjustment User Group Questions & Answers

Date: September 19, 2007

### Payment Issues

1. Q: When converting to the UB-04 format, are plans required to submit the diagnosis present on admission and all the additional diagnoses for RAPS submissions?  
A: Plans are required to submit the discharge diagnoses, which are the diagnoses assigned after the clinical evaluation. Admission diagnoses are not acceptable for risk adjustment
  
2. Q: What is the status of reconciliation for 2005 and 2006 ESRD and the social HMO?  
A: 2005 ESRD reconciliation is pending and should be complete in the next couple of months. 2006 ESRD reconciliation has been completed. CMS is currently working on the social HMOs and will keep plans updated on the status.
  
3. Q: How does the RAPS system determine the Medicaid status and original reasons for Medicare entitlement due to disability?  
A: The RAPS system does not determine the Medicaid status and original reasons for Medicare entitlement due to disability (OREC). This information is stored in the Common User Interface (CU) system.
  
4. Q: For auditing and verifying risk scores, is there a report that tracks the determination of Medicaid status and original reason for Medicare entitlement?  
A: The MMR communicates the Medicaid status and original reason for Medicare entitlement to the plans.

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5. Q: Is there a system issue creating a discrepancy between the data in the OREC field on the MMR and the calculations on the MOR?  
A: The risk score and model output file are sourced exactly the same way. There should rarely, if ever, be a conflict. CMS will investigate this issue.
6. Q: What is CMS' policy regarding submitting risk adjustment data for claims that the plans have not adjudicated?  
A: There are a lot of different reasons why claims are denied. If a claim is absolutely denied, plans probably should not submit the diagnosis associated with the claim. The situation is different if the claim is denied pending final adjudication.
7. Q: Has CMS run the model to determine the 2008 initial payments?  
A CMS has not run the model and will inform plans when the sweep has been run.

### Data Validation

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1. Q: Does CMS plan to provide updated copies of the Physician CD currently dated 2004?  
A: CMS does not have plans to update the 2004 Physician CD. However, Plans may find useful provider education information in the Data Collection module of the current Risk Adjustment Participant Guide.

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### Operations Update

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1. Q: Is a cluster considered a duplicate if the diagnosis has been stored for the beneficiary once during a data collection period?  
A: If the same diagnosis was submitted for a beneficiary with a different date of service or provider type, RAPS will not consider the cluster to be a duplicate. However, duplicate diagnoses for the same beneficiary for the same reporting period will only be used once for the purpose of calculating the risk score.
  
2. Q: Are the diagnoses that are returned with informational edits stored in the RAPS database?  
A: Diagnosis clusters returned with the 500 and/or the 501 edits are stored in the RAPS database. Diagnosis clusters returned with the 502 edit are not stored in the RAPS database.
  
3. Q: Are plans required to submit "01" provider types with any records that include "02" provider types?  
A: RAPS does not require that record include a "01" provider type if there is a cluster with a "02" provider type.

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### Training Update

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1. Q: What are the dates of the future Regional training conferences?  
A: The 2008 Regional training dates have not been established. Once the dates are secured, Plans will be notified during the User Group calls and on the medicaretraining.net website.

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