2007/08 Risk Adjustment User Group

December 2008 Questions & Answers

Date: December 17, 2008

Payment Issues

1. **Q:** CMS instructs plans to report data once per enrollee in a data collection period, what if the enrollee does not generate data for a quarter?

   A: If there were no diagnosis reported for the beneficiary, the plan would not submit any data. The data collection period includes the initial, midyear, and final.

2. **Q:** Why does the Model Output Report (MOR) not include all beneficiaries enrolled in a plan?

   A: Members not included on the monthly MOR are those no longer enrolled in the plan however, CMS distributes the final MOR that includes all members enrolled in the plan in a 12 month period.

3. **Q:** Are the Medicaid status codes accurate on the Monthly Membership Report (MMR)?

   A: The fields are accurate. CMS published a November Payment letter that defines the values for the Medicaid Status codes.

4. **Q:** Is it the plan's responsibility to retrieve the taxonomy code or must the facility provide the code?

   A: The plan is responsible for determining if the facility is acceptable for risk adjustment purposes and plans can use the taxonomy code for this identification.

5. **Q:** Can plans pull all diagnosis codes on the CMS 1500 claims form or only those associated with a diagnoses pointer, Subfield E on the claims form?

A: Plans may submit all diagnoses codes submitted from an acceptable physician type for risk adjustment purposes.

6.   Q: When should plans expect to see the new ICD-9-CM codes, published on October 4, 2008, included in the SAS software?

A: Plans should expect the software update in February or March of 2009.

7. Q: When will the Enrollment and Payment, Risk Adjustment and Prescription Drug Event Technical Assistance manuals be available online?

A: The Enrollment and Payment is currently online at www.csscoperations.com and plans can expect the Risk Adjustment and Prescription Drug Event manuals available on the website in the near future.

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