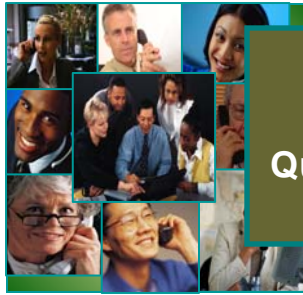**2009**

Risk Adjustment User Group

December 2009
Questions & Answers

Date: December 16, 2009

Payment

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1. Q. Can plans submit deletes at any time?

    A. Yes, plans may submit deletes whenever discovered. However, plans must submit documentation as to why the deletes are being submitted after the submission deadline.

2. Q. How long is a submitted diagnosis cluster paid by CMS before it needs to resubmit in the future?

    A. Diagnosis, as one of the elements of the risk score, is paid annually. CMS calculates risk scores based on dates of service in the prior year.

3. Q. Why would a member diagnosis data not appear on the MOR?

    A. New enrollees and beneficiaries with no diagnosis data for relevant period will not have diagnoses data on the MOR, only demographic information.

4. Q. When does CMS update the MOR?

    A   CMS updates the MOR for the applicable payment year in January (initial), July (mid-year) and Final (reconciliation).

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5. Q. Does the RAPS system reject codes when the fourth digit is submitted, when a fifth digit exists?

    A. CMS uses valid codes. For cases when a five digit code exists but a submitter submits a four digit code, CMS will communicate an error code to the submitter.

6. Q. What is the timeframe for the re-run date?

    A. CMS has not established the re-run date.

7. Q. Does the re-run affect revenue?

    A. Yes, it affects revenue based on the service year. For dates of service in:
        2005 it affects 2006 revenue
        2006 it affects 2007 revenue
        2007 it affects 2008 revenue

Other

1. Q. Does CMS have plans to conduct regional training?

    A. At this time there are no current plans to conduct regional training in 2010.

2. Q. Does CMS conduct training for coders?

    A. There is no current coder training through the payment division.

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