



## July 2007 Risk Adjustment User Group Questions & Answers

Date: July 18, 2007

### Payment Issues

1. Q: Is there an update on the NPI crosswalk?  
A: No additional information has been released at this time.
  
2. Q: What information will be displayed in the first field of the comprehensive Model on the Output file for the final 2006 and mid-year update for 2007?  
A: The first field will be populated once on the MOR. This information regarding the beneficiary is based on the data collection period.
  
3. Q: It was discussed in a conference call that CMS would consider charging interest for overpayments based on higher than expected risk adjustment factors. What will occur with plans that have members who are now being recognized through the reconciliation process and have to wait until January to receive payment for dates of service that occurred in the last half of 2006?  
A: As of now, the statement that CMS will charge interest for overpayments or underpayments has not been confirmed as valid.
  
4. Q: How would a plan research individuals in the July MOR file that are originally disabled but, in the MMR file, the previously disabled indicator is a zero.  
A: This is considered a disconnect. Contact Chanda McNeal at [chanda.mcneal@cms.hhs.gov](mailto:chanda.mcneal@cms.hhs.gov) to report these types of concerns.
  
5. Q: What is the best resource to confirm calculation of cap payment at a member level, assuming the risk score is known?  
A: This information can be found in the Verifying Risk Scores module of the participant guide.

*A training initiative presented by*





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6. Q: Who can plans contact to understand why plans receive particular cap payments?  
A: Contact Chanda McNeal at [chanda.mcneal@cms.hhs.gov](mailto:chanda.mcneal@cms.hhs.gov)

### Data Validation

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1. Q: Who in our organization would receive the 2004 Data Validation plan-specific findings?  
A: Your Medicare Compliance Officer would receive these findings.
2. Q: What should be included in the submission along with the 2005 Data Validation medical records?  
A: The medical records should be submitted based on the 2005 dates of service; and must be from acceptable risk adjustment providers. Organizations receive detailed submission instructions when they are selected.
3. Q: How do results of 2004 validations affect payments for members that were found to have discrepancies?  
A: At this time, CMS has not made any decisions regarding the impact of 2004 Data Validation discrepancies on potential payment adjustments.

### Operations Update

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1. Q: Will there be formal guidance on 502 duplicates and how they are calculated?  
A: Plans that are over the 5% threshold are contacted. Errors are determined by submission, not by batch size. CMS published guidance, via HPMS, that contains instructions to assist plans in determining the 5% threshold.