January 2007 Risk Adjustment User Group Questions & Answers

Date: January 17, 2007

Payment Issues

1. Q: Can plans contact the CMS Division of Risk Adjustment Operations with questions about payment?

   A: Yes. Plans can send risk adjustment payment-related questions to Chanda McNeal and "copy" Sean Creighton.

2. Q: Why are members and HCCs not appearing on the MOR?

   A: There are legitimate reasons why members may not appear on the MOR. The members, for example, do not have 12 months of part B eligibility during the data collection period and, therefore, are not defined as "full risk". The members do not have any valid, model stored CMS-HCC diagnosis codes. The members may have switched plans.

3. Q: When can the plans expect final reconciliation payment for 2006?

   A: Plans can expect to receive the midyear update in the July payment cycle and the final reconciliation payment in the August payment cycle.

4. Q: Can the plans expect risk corridor payment for Part D at the same time?

   A: Part D Risk Corridor payment is scheduled in the August/September period.

5. Q: When will CMS release the Final MOR for 2005/2006?

   A: The final MOR will be sent to plans with the March payment cycle.

6. Q: How will the Final MOR show up?

   A: Plans will receive the Final MOR via email with a unique naming convention. CMS will provide information on the naming convention at a later date.

7. Q: How are issues being fixed in regards to members' information being included in some reports, but not in other reports where the information is required?

A: CMS is looking into the issue. While the reporting issues are important, the most critical focus for CMS right now is payment issues.

8: Q: Will a new attestation be sent out or will the same form be used?

A: Plans should contact Christine Perenich at christine.perenich@cms.hhs.gov regarding this matter.

Data Validation

1. Q: How will validation communication be provided to MA plans?

   A: CMS disseminates validation outcomes through teleconferencing and in writing via overnight delivery to the Medicare Compliance Officer at the selected MA organization.

2. Q: How is Quality Assurance communicated?

   A: Quality Assurance (QA) is done internally. An explanation of QA activities is provided to the plans when the data validation outcomes are released to the selected MA organization.

Operations Update

1. Q: Are health care prepayment plans under Section 1833 required to submit RAPS data?

   A: No. CMS is considering this in the future, however.

2. Q: Are 502 errors measured by file or by total submission?

   A: The 502 error benchmark is based on file submission. The error rate (percent) is calculated by dividing the number of 502 errors by the number of diagnoses submitted.