

2007/08

Risk Adjustment User Group



January 2008
Meeting Notes

Meeting Date: January 16, 2008

Meeting Time: 1:30 p.m. – 2:30 p.m. EST

In Attendance:

Panelists: Henri Thomas, Sean Creighton, Chanda McNeal, Joyce Pedigo,
Sheila Young, and Tiffany Valery.

(Participants should reference the PowerPoint slides when reviewing the notes from the User Group Session.)

Topics:

Payment Process

Mapping HCCs

If CMS recalibrates the payment model, the Advance Notice and Final Notice of Payment Changes for 2009 will include an announcement of a change. If the payment model changes, CMS will finalize the new mapping of HCCs to diagnosis codes after the release of the Final Payment notice and update the files on the CMS website.

Data Validation

Calendar Year (CY) 2006

Medical record reviews for CY 2006 are in progress. CMS reminds plans that missing medical records represent a violation of the 42CFR and may result in payment adjustment.

CY 2005

CMS anticipates disseminating CY 2005 medical record review findings to the selected MA organizations by mail, in late January 2008.

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Operations Update

CSSC Responds to Plan's Questions:

Question	Answer
1. What size test file can a plan submit to ensure that the plan's duplicate logic is appropriate?	CMS requests plans to limit test files to 3,000 or less CCC records per file.
2. Is there a hierarchy for error codes in the diagnosis cluster?	No, the claim goes through the normal edit processing. The system will return the first two edits created, which is two edits per cluster.
3. When a diagnosis is rejected and then resubmitted, how is that counted?	When a plan corrects and resubmits a diagnosis that RAPS accepts, it counts as either stored or model stored. <ul style="list-style-type: none">• Stored is a valid diagnosis code, but not relevant for risk adjustment payment.• Model stored is a valid diagnosis code that is in the CMS-HCC model and relevant to risk adjustment payment. If a plan corrects and resubmits a diagnosis that rejects again, the plan receives an error edit and the diagnosis counts as a rejection on the plan's reports.
4. During the edit process, would there be a reason for rejection of a diagnosis cluster by a provider type?	Yes, if a plan submits a missing or invalid provider type code; not 01- hospital inpatient, 02 - hospital inpatient other, 10 - hospital outpatient, or 20 – physician; the plan will receive a 400-error code. Please note: <i>In the event that a plan submits a duplicate CCC record, the 502 duplicate logic applies to the cluster.</i>

Submission Deadline

The final data submission deadline for 2007 payment is January 31, 2008, which covers Dates of Service January 1 through December 31, 2006.

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CSSC Holiday Observance

CSSC Operations reminds participants that the CSSC will close in observance of Martin Luther King Jr.'s birthday on January 21, 2008. However, the Front-End Risk Adjustment System (FERAS) will accept and process risk adjustment data.

Technical Assistance Update

Monthly Technical Assistance Sessions

At the Enrollment and Payment Technical Assistance Session scheduled on January 29, 2008, participants will learn about CMS requirements for collecting and submitting enrollment data. In addition, participants will learn about some systems and reports that are instrumental in processing enrollment information, which supports timely and accurate payments.

The next monthly Risk Adjustment Technical Assistance Session is scheduled for Wednesday, February 27, 2008. This session will focus on information important to staffs that are new to the risk adjustment process.

To register for monthly Technical Assistance Sessions, plans should do so at www.TARSC.info.

Technical Assistance Registration Service Center

The User Group Schedule, monthly Technical Assistance session registration, and other resource information regarding the 2008 IT Technical Assistance Program may be located at www.TARSC.info.

Next User Group meeting scheduled: Wednesday, *February 13, 2008*, at 1:30 pm EST.

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