

2009

Risk Adjustment User Group



July 2009
Meeting Notes

Meeting Date: July 15, 2009

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

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

Topics:

Payment Process

Payment Research

The CMS press release states the 2010 MA rates reflect a provision requiring phase-out of the inclusion of costs of indirect medical education (IME), with a maximum reduction of about 0.6% per year. Thus, is this phase-out already incorporated into the county rate books for 2010, or is it an additional adjustment? If an additional adjustment is made, how can the plans estimate the impact of the inclusion costs?

Yes, the phase-out rate is incorporated into the county ratebook for 2010. According to Section F of the 2010 Advanced Notice released February 20, 2009, CMS separately identified in the rate calculation data, the amount for IME for each county. CMS also published the rates with and without the IME reduction for the year in the rate calculation data. The rates without the IME reductions are equal to the Program for All-Inclusive Care for the Elderly (PACE) rates. Plans can locate the ratebook and rate calculation data at the CMS website at <http://www.cms.hhs.gov/MedicareAdvtgSpecRateStats/RSD/list.asp#TopOfPage>.

Payment Information

Plans will notice the final 2008 payments amounts reflected in their August Monthly Membership Report (MMR).

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Data Validation

2007 Data Validation Updates

- Pilot - CMS is currently analyzing the findings related to the medical record reviews from contracts that CMS selected to participate in the sample. CMS will contact the piloted contracts to advise them of any further actions needed.
- Targeted – CMS is working on release of the instruction packet and selected contracts should receive the packets within the next four weeks.
- Random – CMS has not made a definite decision on the random sample. CMS will provide any update to this status in future UG calls.
- National Sample – CMS is currently analyzing the findings and will provide updates to the status of the findings.

Operations Update

Frequently Asked Question

Can MA Organizations submit denied claims?

Yes, information should be sent whether or not the claim is paid. However, if the MA organization denies a claim due to inaccuracies in core data elements (i.e., from date, through date, diagnosis); the data should not be submitted until the correct information is verified.

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When submitting data for a beneficiary previously enrolled with another MA organization, will the resulting report be returned to the current or previous MA Organization?

The reports will be returned to the current MA organization or the new designated submitter who is submitting the data. However, the previous MA organization/submitter will only receive the Cumulative Monthly Report, representing all data submitted prior to date of the plan change or submitter change.

Technical Assistance Update

Next User Group meeting scheduled Wednesday, August 19, 2009, at 1:30 p.m. EST.

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