

2010

Risk Adjustment User Group



July Questions & Answers

Date: July 21, 2010

Payment

1. Q. When can plans see updates to the MOR Part C and Part D model file layout?
A. The MOR Part C and Part D model file layout is generally published in November timeframe.
2. Q. Please explain the rerun of 2006, 2007, and 2008.
A. The reruns for 2006, 2007, and 2008 were reruns CMS undertook to accommodate the approved deleted data that plans submitted after final submission deadlines for payment years 2006, 2007, and 2008.
3. Q. Will CMS consider plans involved in 2007 Targeted and Pilot RADV in the future 2006, 2007, and 2008 reruns?
A. The 2006, 2007, and 2008 reruns excluded plans involved in the 2007 Targeted and Pilot RADV.
4. Q. What is the Adjustment Reason Code (ARC) that will identify the rerun adjustments?
A. ARC 25 is the code displayed on the Monthly Membership Report (MMR) to identify the rerun adjustments.
5. Q. Is there a mid-year MOR?
A. The July MOR is the mid-year MOR.
6. Q. Can plans submit diagnosis for 2011?
A. Plans may submit data with dates of service July 1, 2009 through June 30, 2010, which will be applied towards their initial 2011 payment. Plans can locate the submission table on the CSSC Operations website at:
http://www.csscoperations.com/new/rapformat/raps-submission-timetable_030910.pdf.

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7. Q. Does the MOR change only one time a year?
A. No. The MOR will update three times a year for the Initial, Mid-year, and Final payment periods.
8. Q. Was the rerun a one-time event, or will it occurs annually?
A. The rerun is handled on a case-by-case basis, and plans must be approved to participate. Plans may send requests to analyst@askriskadjustment.com.
9. Q. Will ARC 25 on the MMR also identify 2009 final reconciliation adjustments?
A. Yes; ARC 25 on the MMR also identifies the 2009 final reconciliation adjustment.
10. Q. When will the Final MOR for 2009 payment be released?
A. The final reconciliation payment adjustment will be released in August 2010.
11. Q. Where can plans find the factors for Chronic Special Needs Plans new enrollees?
A. The factors for Chronic Special Needs Plans New Enrollees Plans were published on April 5, 2010 in the 2011 Final Payment Notice. The notice may be accessed on the CMS website at <http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2011.pdf>.
12. Q. When can plans receive information on the ICD-10 transition?
A. CMS anticipates providing guidance on the ICD-10 transition in the 2012 Advance Notice, which will be published in February 2011.

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Operations

1. Q. If another plan submits the same diagnosis code for the same beneficiary, will the plan receive a 502 error?

A. If every element in the diagnosis cluster remains the same, the plan will receive a 502 error.

2. Q. If two plans submitted the same diagnosis cluster for the same beneficiary, should one of the submitting plans receive a 408-error (Service From Date Not Within a MA Organizations Enrollment Period) or a 409-error (Service Through Date Not Within a MA Organizations Enrollment Period) rather than a 502-error (Diagnosis Cluster Accepted But Not Stored; A Diagnosis Cluster with the Same Attributes is Already Stored in the RAPS Database)?

A. Yes, it is possible that one plan may receive a 408 or 409 rather than a 502-error code.

3. Q. Can you submit diagnosis codes if the payment year in the diagnosis code file does not display the diagnosis code?

A. Plans should access the model software on the cms.gov website at http://www.cms.gov/MedicareAdvtgSpecRateStats/06_Risk_adjustment.asp#TopOfPage for valid diagnosis codes that may be submitted.

4. Q. Can plans submit diagnoses if valid, but not in the model?

A. Yes. However, the diagnoses that are not in the model will not be reflected in payment.

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