

2007/08 Risk Adjustment User Group



May 2008
Questions & Answers

Date: May 14, 2008

Payment Issues

1. Q: Which report, Monthly Membership Report (MMR) or Model Output Report (MOR), is a better source for Medicaid and original reason for entitlement when validating risk scores?
A: The MOR is the better source for OREC.

2. Q: Can a disabled member have Medicare and not have Medicaid?
A: Yes. A disabled Medicare beneficiary may be entitled to Medicare but ineligible for Medicaid.

3. Q: What is Adjustment Reason Code 25?
A: CMS uses Adjustment Reason Code 25 to indicate a Final Risk Adjustment Reconciliation payment, which generally appears in the August payment.

4. Q: Can plans determine Final Reconciliation Payments in advance of the August payment?
A: Plans may run the risk adjustment model using the data submitted for the reconciliation's dates of service to calculate a good estimate for their Final Reconciliation Payments. The risk model's SAS software is available on the CMS website at
http://www.cms.hhs.gov/MedicareAdvtgSpecRateStats/06_Risk_adjustment.asp.

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5. Q: Will plans receive payment for diagnoses submitted for a beneficiary following chart review for dates of service prior to the beneficiary becoming a member of the plan?
A: Plans cannot submit diagnoses for a member that was not in their plan on the date of service. The data should reject with either error code 408 or 409

6. Q: What email address should a plan send questions regarding the April 2005 Final ESRD payment?
A: Send emails about the April 2005 Final ESRD payment to raf_payment_questions@cms.hhs.gov and include examples.

7. Q: Can Final Reconciliation payments be negative?
A: While uncommon, Final Reconciliation payments can be negative.

8. Q: What is the source of Medicare Secondary Payer (MSP) information for the ESRD population?
A: There are three sources of data for determining MSP: 1) Social Security Administration (SSA)-Internal Revenue Service (IRS), 2) initial enrollment questionnaire (IEQ), and 3) the data match.

9. Q: Who should plans contact about discrepancies between the MSP flag and what a beneficiary reports for other insurance?
A: Plans should contact the COB contractor with discrepancies regarding the MSP flag.

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Data Validation

1. Q: How can plans determine if a physician signed an electronic medical record using an electronic signature?
A: There should be specific language on the record indicating a password-protected system generated the signature. Some providers put codes before or after the signature. Plans may refer, for addition details, to the Data Validation module in the 2007 Risk Adjustment Data Participant Guide, which may be found at www.csscooperations.com.

2. Q: Is it a CMS requirement that an electronic signature include the date as part of the signature line?
A: No, the date does not have to be on the signature line. However, the date must be on the medical record.

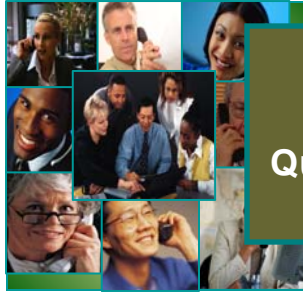
3. Q: Can a new plan in 2008 conduct a retro review of 2007 HCCs for current members?
A: Plans cannot utilize records for a period when a member was not in the plan. Each plan is responsible for the dates of service in which the beneficiary is a member.

4. Q: Is there a form letter available that plans may use to emphasize the importance of coding correctly to physicians?
A: CMS does not provide form letters that MA organizations may be used to reinforce network provider's correct coding. However, CMS recommends reviewing the Risk Adjustment Training Materials located at www.csscooperations.com. Plans may find the RAPS 2004 Regional Training Participant's Guide, Module 5 (Diagnoses Codes

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and Risk Adjustment) and Module 11 (Three C's of Risk Adjustment) helpful resources. This guide may be reviewed as follows:

- From the CSSC's home page on the Risk Adjustment side, click Training Information;
- Click Training Information Archives;
- Click "RAPS 2004 Regional Training, Participant Guide;
- and review the modules cited above.

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