

2009

Risk Adjustment User Group



May 2009
Questions & Answers

Date: May 20, 2009

Payment Issues

1. Q. If a member enrolls in a MA Organization (Plan A) on August 1, 2008, can “Plan A” submit dates of service from January 2008 through July 2008, or can only dates of service after August 1, 2008 be submitted?

A. Plans may only submit data during the period that beneficiaries are enrolled in their plans.
2. Q. Will data submitted by a previous MA plan reflect the member’s risk score if the member enrolls in a new plan?

A. Yes, CMS considers all data submitted for the beneficiary in the risk score.
3. Q. Does CMS have plans to increase the number of data elements collected for data submission (beyond the 5 data elements currently collected)?

A. Yes, CMS has plans to collect additional data. The 2010 Final Notice communicates CMS’ intentions to collect addition data. However, no further guidance has been issued.
4. Q. If a member visits a Medicare Advantage and Commercial provider and switches from the provider’s Commercial services to Medicare Advantage services can the Medicare Advantage plan submit the diagnoses from both the Commercial and Medicare Advantage plans in the same year?

A. No, a MA organization may only submit MA risk adjustment data for MA beneficiaries.
5. Q. How will ICD-10 work with the risk adjustment process?

A. CMS has not distributed official guidance. However, we anticipate issuing official guidance that includes instructions on submission and information on payment. CMS intends to use a mapping process of ICD-9 and ICD-10. CMS may possibly modify the data collection period to a fiscal year in order to allow for the collection of ICD-10 for verification of mapping and then adjust accordingly.

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6. Q. Is there a variance with the Model Output Report (MOR) and Monthly Membership Report (MMR), and which report should plans use?
- A. The reports serve two different purposes. The MMR contains all members enrolled and provides member risk scores while the MOR lists all full risk members and the HCC assigned to the member. Plans should use both to verify payment.
7. Q. Do current model diagnoses, which are available on the CMS site, include ICD-9 diagnoses for calendar year 2009, and are diagnoses available for 2010?
- A. Yes; CMS has not posted the 2010 current model diagnoses, and plans to do so in October of 2009.
8. Q. If a member originally received a community factor and later moved from community to ESRD should the plan received new enrollee default payment, for the remainder of the year, although member had prior HCC history?
- A. When CMS runs the ESRD model it captures known ESRD members. New ESRD members receive the New Enrollee ESRD and during final reconciliation CMS runs the risk scores and assigns the appropriate risk scores.
9. Q. Is the only instance the default risk score should equal zero is when the MMR flag for Hospice is marked "Y"?
- A. Yes.

Other

1. Q. Will CMS conduct another Risk Adjustment training, and if so, where?
- A. CMS has no plans to conduct the annual regional training for 2009 or 2010.

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2. Q. If CMS has no plans for a regional training in 2009 or 2010 how will plans train new staff members?
 - A. Organizations can address concerns to the Center for Health Plan Choices (CPC). However, plans may access the CSSC site for the Risk Adjustment Participant Guide (<http://www.csscooperations.com/new/usergroup/traininginfo.html>), and CMS is in the process of creating a Risk Adjustment manual chapter to assist plans in training new staff.
3. Q. When will CMS post the latest version of the Risk Adjustment Training materials?
 - A. CMS anticipates posting the updated materials by the end of May 2009.

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