

2007/08 Risk Adjustment User Group



November 2008
Questions & Answers

Date: November 19, 2008

Payment Issues

1. Q: Will CMS consider changes with recalibration of the Risk Adjustment models for 2010?
A: CMS recalibrates the model on a 2-year cycle; therefore, plans can expect a recalibration in 2011 for the risk adjustment, ESRD and Part D models.

3. Q: Does CMS expect changes with coding intensity or frailty factors?
A: CMS updates the FFS normalization factors each year in the annual payment notice. Frailty factors remain the same for 2009; however, there are changes as a result of Health Outcome Survey (HOS) results, which generate new plan level frailty scores. CMS posts new frailty scores.

4. Q: What does it mean when a diagnoses code is listed as “no” for year 2008 and for 2009 the same code is listed as “yes”?
A: In an operational sense, the listing defines validity, and affirmation describes model status. Thus, in reference to your example, the listed code is valid for 2008 and 2009. And, the code is not in the model for 2008, but is in the model for 2009.

5. Q: If a diagnosis code is effective 10/1/07, and the model indicates the code is valid for payment year 2008 and 2009, does this indicate the diagnosis code is valid from 10/1/07 – 12/31/09?
A: The code is valid until the National Center for Health Statistics and CMS provides an end date.

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6. Q: When will CMS post the RAPS and PDE training manuals on the Palmetto website?
- A: CMS is reviewing the documents now and will post within the next month or so.
7. Q: Can a plan submit a diagnosis code to CMS, when the medical record indicates the diagnosis, but the claim does not include the diagnosis because the number of diagnoses documented exceeded the number that can be submitted on the claim?
- A: Yes, it is true that claim systems can only support a specified number of diagnosis codes. However, plans may submit diagnoses in the RAPS format, for dates of service for the appropriate data collection year, and from the appropriate risk adjustment sources, if the codes were for services that were based on face-to-face visits, which are documented in the medical record.
8. Q: MARx displays an adjustment reason code 25, is this for the 2007 final reconciliation?
- A: There are a number of plans that will receive a 25 on the MMR as a result of a cleanup of prior years and not the 2007 reconciliation.
9. Q: Can plans receive payments in the same year as the date of service year?
- A: No, risk adjustment payment is a perspective payment system. Thus, payment is made in the year after the year of service.

Data Validation

Please submit questions to Ann Marshall at: ann.marshall@cms.hhs.gov.