

2009

## Risk Adjustment User Group



November 2009  
Questions & Answers

Date: November 16, 2009

### Payment

1. Q. Is prior authorization required from CMS before submitting deletes for 2005, 2006 and 2007?  
A. No, but plans must submit documentation as to why the deletes are being submitted after the submission deadline.
  
2. Q. How can plans obtain the taxonomy code from the NPI number to map to the acceptable provider?  
A. Plans generally do not receive taxonomy codes on submitted claims. Plans should construct a database that maps the providers to the acceptable provider list for risk adjustment purposes. Plans should use the information from providers to determine what type of facility. The Risk Adjustment Participant Guide is a snapshot of some mappings to taxonomy codes however, CMS is not instructing plans to use only taxonomy codes to map to acceptable providers/facilities.
  
3. Q. Should plans send questions regarding ICD-9 codes on the risk model diagnosis codes file on the CMS website to [analyst@askriskadjustment.com](mailto:analyst@askriskadjustment.com)?  
A. Yes. CMS will research and if needed replace the file with an updated file.
  
4. Q. Should plans submit all questions to the [analyst@askriskadjustment.com](mailto:analyst@askriskadjustment.com) mailbox, if they cannot determine if the question is payment related or RADV question?  
A. Yes, plans can submit questions to the [analyst@askriskadjustment.com](mailto:analyst@askriskadjustment.com) and if the question is not payment related CMS will forward to the appropriate area.
  
5. Q. Can the plan use the SNF record if the attending physician is not employed by the SNF to validate his record?  
A. Yes, the plan may submit as a physician provider type.

*A training initiative presented by*



2009

## Risk Adjustment User Group



November 2009  
Questions & Answers

6. Q. What should plans include in the notification request to CMS submit reruns?
- A. Plans should contact Louis Johnson at [Louis.Johnson@cms.hhs.gov](mailto:Louis.Johnson@cms.hhs.gov) to obtain a form containing all the required information needed.
7. Q. Will CMS communicate the rerun date to plans?
- A. CMS will communicate the rerun date to plans.
8. Q. If a plan submitted diagnosis with dates of service prior to date of death that trigger an HCC should the plan receive payment?
- A. Yes, the plan will receive payment for the HCC.
9. Q. To what year does the coding intensity adjustment apply?
- A. Coding intensity adjustment will apply for the 2010 payment year.
10. Q. Is the rerun open to all MA organizations?
- A. Yes, for any organization that contacts Louis Johnson at [Louis.Johnson@cms.hhs.gov](mailto:Louis.Johnson@cms.hhs.gov).
11. Q. Were plans to receive a final MOR in August of 2009?
- A. Yes, CMS sent final MORs to plans in August of 2009.
12. Q. What is the status of expanding encounter data elements?
- A. There is no status update at this time on the expansion of encounter data elements.

*A training initiative presented by*

