

2009

Risk Adjustment User Group



September 2009
Questions & Answers

Date: September 16, 2009

Payment

1. Q. Are there new updates to risk adjustment?
2. A. Yes, plans can expect to access the updated diagnosis codes in October of 2009 and should update internal systems to reflect the changes. The codes will include an expanded list of diagnosis codes that plans must submit from January 2010 and forward. CMS is considering consolidating the future model codes and current codes into one document. CMS will also announce in the 2011 Payment Notice a new Part D payment model and modifications to the Part C model.
3. Q. Will the fix to hospice payments result in a negative or positive impact?
A. Plans may submit specific questions regarding impact to kim.miegel@cms.hhs.gov.
4. Q. How can a plan determine if there is a change in HIC number for a beneficiary?
A. CMS validates beneficiary's HIC numbers when the plan submits risk adjustment data, when a new HIC number is available CMS' systems will report the new HIC number to the plan.
5. Q. Plan received a physician attestation signature form for medical records. The header of the form states "2007 Medicare Advantage Risk Adjustment Data Validation", is there a form for the current payment year?
A. No, the RADV audit form is specific for the year CMS is currently auditing. MA Organizations must not use this form as a method to request physician attestation in the absence of a RADV review.
6. Q. Can a plan create an attestation form for an internal audit and use this form to obtain the physician signature when a signature is missing?
A. Plans may create an internal audit process. However, if CMS selects the plan for a RADV audit, CMS' current policy does not permit CMS to accept the plan's internal attestation form.

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7. Q. What is the status of the National Sample RADV audit?
 - A. CMS has completed the audit and is determining the information to distribute to the plans.
8. Q. Will the training for RADV be open for all plans?
 - A. Currently, the training is only open to plans that CMS selected for the targeted sample.

Operations

1. Q. If a plan receives error code 411 (Date of Service is Greater Than Date of Death) for data submitted when the through date of an inpatient stay equals the date of death, how can the plan successfully submit this claim?
 - A. If the through date of service is equal to the date of death the plan will not receive a 411 error code. Plans will only receive the 411 if the date of death is prior to the date of service. CMS receives the date of death from Social Security files. Contact the Social Security Administration to correct changes to date of death.
2. Q. Can a plan revise the discharge date of an inpatient stay if the hospital revised the discharge date to one day prior to the beneficiary's date of death?
 - A. Yes.

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