

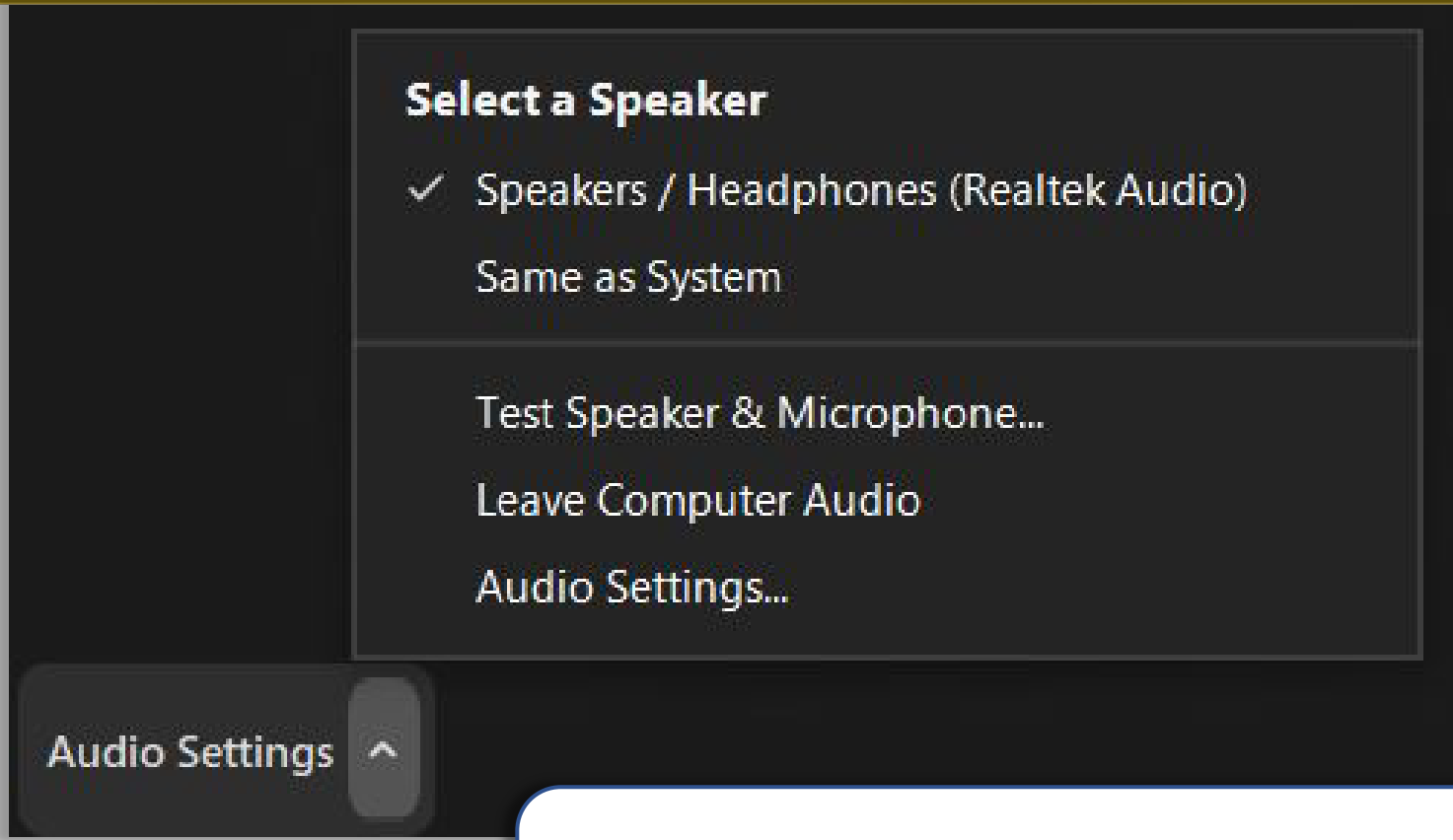


# Use of Encounter Data in Overpayment Reruns User Group

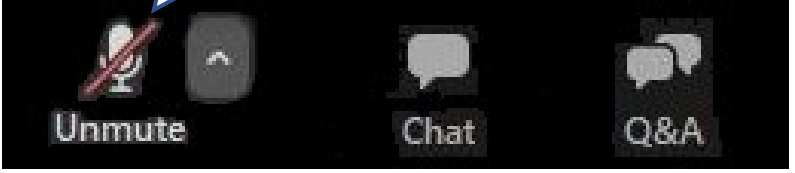
5/1/2024 | 2pm-3pm



# Select a Speaker



Throughout the User Group, your microphone will be muted, and you not be able to unmute yourself.



When you enter the User Group from the Waiting Room, you can test your audio using the Audio Settings button in the bottom right of your screen.

# Ask Questions in the Q&A Box

Your questions and any answered questions will appear here.

Type your question in the Q&A box and press the Send button.

Question and Answer

Welcome  
Feel free to ask the host and panelists questions

Where

Send anonymously

Cancel Send

Select the Q&A button on the toolbar at the bottom of your screen to open the Q&A box.

Unmute Chat Q&A

# Objectives

1

Notify stakeholders that CMS intends to conduct risk score reruns for purposes of payment recovery in Calendar Year 2024 that include encounter data.

2

Provide support for how to identify deleted encounter data diagnoses using CMS reports.

3

Share a compilation of existing resources, including encounter data overpayment scenarios, to support Medicare Advantage and other organizations in understanding the risk adjustment eligibility status of the diagnoses they submit to the encounter data system.

# Agenda

- 1 2024 Risk Score Reruns for Purpose of Payment Recovery
- 2 Support for Use of Encounter Data in Overpayment Reruns
- 3 Encounter Data Overpayment Scenarios
- 4 Frequently Asked Questions
- 5 Resources

# 2024 Risk Score Reruns for Purpose of Payment Recovery

# 2024 Risk Score Reruns for Purposes of Payment Recovery

- Per the February 29, 2024, HPMS memo “2024 Risk Score Reruns for Purposes of Payment Recovery”, CMS intends to rerun risk scores for payment recovery for Payment Years (PY) 2016, 2017, and 2018 during Calendar Year 2024.
- CMS will be taking into account diagnoses deleted from the Risk Adjustment Processing System (RAPS) and the Encounter Data System (EDS), and as such “encounter data deletes” will be included in the processing of overpayments starting this year.
- CMS will provide advance notice to MA organizations regarding the scheduling of these reruns and payment adjustments, as we recently did for the PY 2016 rerun announced in the April 30, 2024, HPMS memo “Rerun of Payment Year (PY) 2016 - Second Deadline Extension.”

# Reminder of Existing Obligation to Submit Accurate Risk Adjustment Data

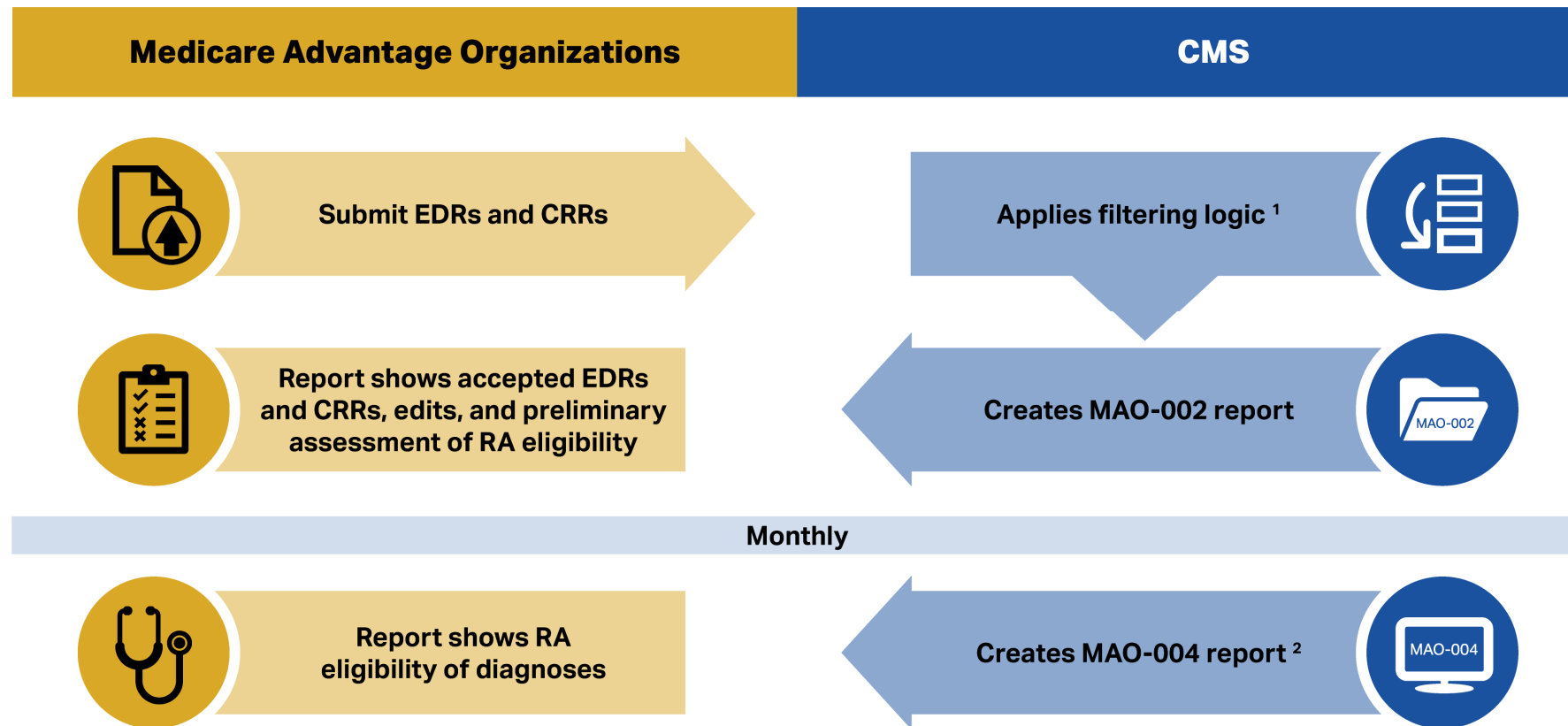
- The April 15, 2022 HPMS memo “Reminder of Existing Obligation to Submit Accurate Risk Adjustment Data,” reminds all MA organizations that submit risk adjustment data under 42 CFR 422.310 of their existing statutory, regulatory, and contractual obligations to submit accurate risk adjustment data and correct their risk adjustment data based on their best knowledge, information, and belief.
- Once an MA organization has identified that incorrect diagnosis data were submitted, the MA organization is responsible for deleting the incorrect diagnosis data through the established submission process for the Risk Adjustment Processing System (RAPS) and/or the Encounter Data Processing System (EDPS) (42 CFR 422.310(d)(2)).
- The obligation to delete incorrect diagnosis data applies regardless of whether the MA organization identifies the incorrect diagnosis data prior to the risk adjustment deadline (open period deletes) or after (closed period deletes).



# Support for Use of Encounter Data in Overpayment Reruns

# Support for Use of Encounter Data in Overpayment Reruns Process

## Encounter Data Record (EDR) and Chart Review Record (CRR) Risk Adjustment (RA) Submissions



<sup>1</sup> See the December 22, 2015 HPMS memo "Final Encounter Data Diagnosis Filtering Logic."

<sup>2</sup> Only for the month EDRs and CRRs are submitted.

# Encounter Data Overpayment Scenarios

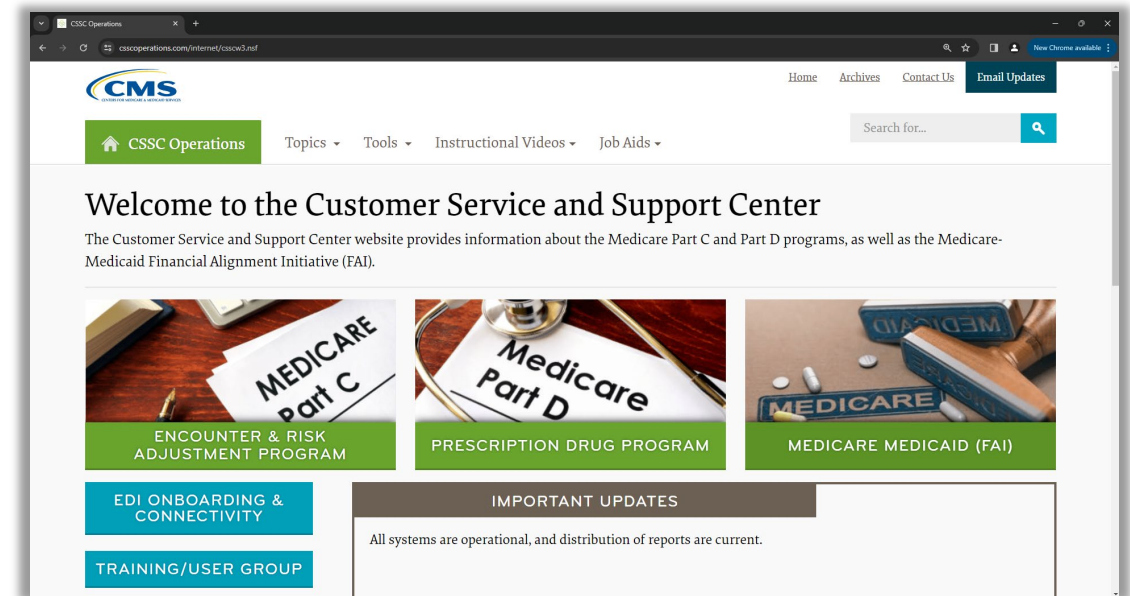
# Overview of Overpayment Scenarios

- CMS has reviewed various submission scenarios that MA organizations may experience and has provided examples of MAO-002 and MAO-004 report outcomes on the CSSC Operations website to assist plans with understanding the payment disposition of diagnoses in the processing of overpayments.
- The submission scenarios provided on the CSSC Operations website and discussed during this user group cover common submission scenarios that plans should be aware of when considering overpayments.
- MA organizations and other entities should note that these scenarios may or may not affect the applicable beneficiary risk scores given that the MAO-004 report contains information on the risk adjustment eligibility of diagnoses on all accepted records submitted in a given month (e.g., replacement records, Chart Review Record-Deletes, etc.).

# Access the Overpayment Scenarios

## To access the Overpayment Scenarios:

1. Navigate to:  
<https://www.csscooperations.com/internet/csscw3.nsf>
2. Select Job Aids (a dropdown will appear)
3. Select Encounter and Risk Adjustment Program
4. Scroll down to Encounter Data Overpayment Scenarios (list is in alphabetical order)



# Scenario 1: Diagnosis Change

The screenshot shows the CMS website interface. At the top left is the CMS logo. The top right navigation bar includes links for Home, Archives, Contact Us, and Email Updates. Below this is a search bar with the text 'Search for...' and a magnifying glass icon. A secondary navigation bar contains 'CSSC Operations' (highlighted in green), Topics, Tools, Instructional Videos, and Job Aids. The breadcrumb trail reads: Topics / Job Aids / Encounter and Risk Adjustment Program / Encounter Data Overpayment Scenarios. On the left side, there is a 'Job Aids' section with a sub-link for 'Encounter and Risk Adjustment Program'. The main content area is titled 'Encounter Data Overpayment Scenarios' and contains the text: 'The following job aids provide example scenarios regarding overpayment submissions.' Below this text are four links: 'Scenario 1 (Diagnosis Change)' (highlighted in yellow), 'Scenario 2 (Type of Bill Change)', 'Scenario 3 (CPT/HCPCS Change)', and 'Scenario 4 (Diagnosis and Type of Bill Change)'. At the bottom left of the content area, it says 'Last Updated: 03/11/2024'. On the right side of the content area, there are icons for bookmarking, email, printing, and font size adjustment.

*The details discussed regarding this scenario during the User Group call can be found in the "Description" column of the scenario posted on the CSSC Operations website. Select the image to go to Scenario 1.*

# Scenario 2: Type of Bill Change

The screenshot shows the CMS website interface. At the top left is the CMS logo. The navigation bar includes 'Home', 'Archives', 'Contact Us', and 'Email Updates'. Below this is a search bar and a main navigation menu with 'CSSC Operations' highlighted. The breadcrumb trail reads: 'Topics / Job Aids / Encounter and Risk Adjustment Program / Encounter Data Overpayment Scenarios'. The page title is 'Encounter Data Overpayment Scenarios'. The main content area contains the text: 'The following job aids provide example scenarios regarding overpayment submissions.' followed by four links: 'Scenario 1 (Diagnosis Change)', 'Scenario 2 (Type of Bill Change)' (highlighted in yellow), 'Scenario 3 (CPT/HCPCS Change)', and 'Scenario 4 (Diagnosis and Type of Bill Change)'. A 'Last Updated: 03/11/2024' timestamp is at the bottom. On the right side of the content area, there are icons for bookmarking, email, printing, and font size adjustment.

*Details regarding this scenario can be found in the “Description” column of the scenario posted on the CSSC Operations website. Select the image to go to Scenario 2.*

# Scenario 3: CPT/HCPCS Change

The screenshot shows the CMS website interface. At the top left is the CMS logo. The navigation bar includes 'Home', 'Archives', 'Contact Us', and 'Email Updates'. Below this is a search bar and a menu with 'CSSC Operations', 'Topics', 'Tools', 'Instructional Videos', and 'Job Aids'. The breadcrumb trail reads: 'Topics / Job Aids / Encounter and Risk Adjustment Program / Encounter Data Overpayment Scenarios'. The main heading is 'Encounter Data Overpayment Scenarios'. Below the heading, it states: 'The following job aids provide example scenarios regarding overpayment submissions.' There are four links: 'Scenario 1 (Diagnosis Change)', 'Scenario 2 (Type of Bill Change)', 'Scenario 3 (CPT/HCPCS Change)', and 'Scenario 4 (Diagnosis and Type of Bill Change)'. The 'Scenario 3' link is highlighted with a yellow background. At the bottom left, it says 'Last Updated: 03/11/2024'. On the right side of the content area, there are icons for bookmarking, email, printing, and font size adjustment.

*The details discussed regarding this scenario during the User Group call can be found in the “Description” column of the scenario posted on the CSSC Operations website. Select the image to go to Scenario 3.*



# Scenario 4: Diagnosis and TOB Change

The screenshot shows the CMS website interface. At the top left is the CMS logo. Navigation links include Home, Archives, Contact Us, and Email Updates. A search bar is present with the text 'Search for...'. Below the navigation is a breadcrumb trail: Topics / Job Aids / Encounter and Risk Adjustment Program / Encounter Data Overpayment Scenarios. The main content area is titled 'Encounter Data Overpayment Scenarios' and contains the text: 'The following job aids provide example scenarios regarding overpayment submissions.' Below this text are four links: 'Scenario 1 (Diagnosis Change)', 'Scenario 2 (Type of Bill Change)', 'Scenario 3 (CPT/HCPCS Change)', and 'Scenario 4 (Diagnosis and Type of Bill Change)'. The last link is highlighted with a yellow background. At the bottom left of the content area, it says 'Last Updated: 03/11/2024'. On the right side of the content area, there are icons for bookmarking, email, printing, and font size adjustment.

*The details discussed regarding this scenario during the User Group call can be found in the “Description” column of the scenario posted on the CSSC Operations website. Select the image to go to Scenario 4.*

# Frequently Asked Questions

# Frequently Asked Question 1

**If a diagnosis is deleted from one encounter data record, but that same diagnosis exists on another encounter data record for the same beneficiary, will deleting the diagnosis result in an overpayment?**

The risk adjustment eligibility of a diagnosis on a single record may or may not have a risk score impact. A lower risk score and, therefore, an overpayment recovery occurs when a deleted diagnosis code is the only instance of a diagnosis triggering a Hierarchical Condition Code (HCC) in a beneficiary's diagnosis profile, or if the deleted diagnosis code maps to a higher HCC than an existing eligible diagnosis code in the beneficiary's diagnosis profile.

## Frequently Asked Question 2

### **How can we determine when looking at the MAO-004 if a diagnosis will be considered for payment?**

The MAO-004 report provides the status of diagnoses for the purposes of the initial, mid year, and final risk score calculations for a payment year. For any of these risk adjustment runs, prior to the applicable risk adjustment data submission deadline, diagnoses on the MAO-004 report must be in “add” status and on an allowable record to be considered risk adjustment eligible and included in the risk adjustment run and reconciliation payment.

## Frequently Asked Question 3

**Our organization deleted a diagnosis after the final risk adjustment data submission deadline but see on the MAO-004 that the submission is “disallowed.” Does this mean that the encounter data system does not recognize that the diagnosis was deleted from this encounter data record?**

## Frequently Asked Question 3 (cont.)

No, the MAO-004 report does not provide the overpayment status of diagnoses, and the disallowed flag does not apply to the inclusion of deleted diagnoses in overpayment runs for the applicable payment year. If deletes were submitted after the final risk adjustment data submission deadline, they were disallowed for the relevant final payment year risk score calculation. However, they will be included when we process overpayments for that payment year. If the diagnoses are marked as a “delete” on the MAO-004 report, they have been removed from the next risk score run. For details related to the MAO-004 report flags, please refer to the July 21, 2020 HPMS memo, “Updated Version of MAO-004 Reports (Phase IV Version 0) and Re-issuing of Historical MAO-004 Reports in the New Version.”

## Frequently Asked Question 4

**If our organization has submitted encounter data deletes, should we also report an auditable estimate to the Risk Adjustment Overpayment Reporting module in HPMS?**

## Frequently Asked Question 4 (cont.)

The Risk Adjustment Overpayment Reporting (RAOR) module is used to facilitate the reporting and returning of all plan-identified overpayments (including the submission of auditable estimates as a means of returning an overpayment) under Section 1128J(d) of the Social Security Act and the regulations at 42 CFR 422.326.

To the extent that the contract is active and data corrections have been submitted to EDPS/RAPS, the organization should not submit an auditable estimate; however, the overpayment should be reported in the Risk Adjustment Overpayment Reporting (RAOR) module in HPMS.

Submission of an auditable estimate to the RAOR module only would be used:

- In rare circumstances when an MA organization that identifies incorrect data (after the final risk adjustment data submission deadline announced by CMS) may not have the data available to submit to RAPS and/or EDPS,
- When the data is outside the lookback period, or
- When the contract is no longer active (consolidated, terminated, or withdrawn).



## Frequently Asked Question 5

**If a risk adjustment eligible diagnosis is on an encounter data record prior to the final risk adjustment data submission deadline, is deleted after the deadline, and then added back prior to the overpayment data submission deadline, will this diagnosis remain eligible for payment?**

## Frequently Asked Question 5 (cont.)

Any diagnosis code submitted after the final risk adjustment data submission deadline will not be used in any future risk score calculation run. This is the case even if the resubmission adds a diagnosis code for a beneficiary's encounter where the diagnosis code or the encounter was previously submitted and then deleted. However, if that diagnosis code, or another diagnosis code mapping to the same HCC, is already submitted, the beneficiary's risk score will not be affected.

We strongly encourage organizations to submit their data throughout the data collection period and well in advance of the risk adjustment data submission deadlines to ensure ample time to resolve any data submission issues, such as validation errors, data rejections, or inaccuracies in submitted files by the relevant deadline (initial, mid-year, or final). We expect plans to take particular care before the final deadline, since per 42 CFR 422.310(g)(2), CMS does not include diagnoses submitted after this deadline, and will only process deletes submitted after this deadline, in later risk score runs.

## Frequently Asked Question 6

### **Does CMS have a schedule or estimate of when deletes should be submitted for the payment years noted in the February 29, 2024 HPMS memo?**

As has been our practice, CMS will notify plans in advance of the deadline for each overpayment run. Please note, CMS recently released an HPMS memo notifying plans of the deadline submission of deletes in the upcoming rerun of Payment Year (PY) 2016. Please continue to monitor HPMS for further information.

## Frequently Asked Question 7

### **When will the adjustments resulting from the reruns in the February 29, 2024 HPMS memo show up in payment?**

Please continue to monitor the MARx monthly payment letters in HPMS for information regarding payment updates related to upcoming reruns.

## Frequently Asked Question 8

### **Will CMS be processing deletes for terminated contracts after final settlement?**

If a contract has been non-renewed/terminated, and final settlement has occurred, CMS will not process deletes for that contract for risk score runs after the final settlement but will process overpayment recoveries through auditable estimates submitted to the Risk Adjustment Overpayment Reporting (RAOR) module in HPMS. Final settlement does not limit an MA organization or Part D sponsor's responsibility to comply with any other applicable statute or regulation. This includes Section 1128J(d) of the Social Security Act.

As a reminder, once an MA organization has identified that incorrect diagnosis data were submitted, the MA organization is responsible for deleting the incorrect diagnosis data through the established submission process (i.e., Risk Adjustment Processing System (RAPS) and/or Encounter Data Processing System (EDPS)) (42 CFR 422.310(d)(2)). The obligation to delete incorrect diagnosis data applies regardless of whether the MA organization identifies the incorrect diagnosis data prior to the risk adjustment deadline or after.

## Frequently Asked Question 8 (cont.)

Risk adjustment related overpayments (in both RAPS and EDPS) identified by non-renewing/terminating contracts must be reported to CMS in the Risk Adjustment Overpayment Reporting (RAOR) module in HPMS and include an auditable estimate of the overpayment amount (including how the estimate was derived) and the reason for the overpayment. When asked the reason the data is not available to submit, enter “terminating contract” in the module.

*See the 2025 Medicare Advantage and Part D Final Rule, as well as the August 28, 2015, HPMS memo, “Reporting and Returning Medicare Advantage Organization and/or Sponsor Identified Overpayments to the Centers for Medicare & Medicaid Services – Frequently Asked Questions.”*

# Resources – CSSC Operations

The screenshot shows the CSSC Operations website interface. At the top left is the CMS logo. The navigation menu includes Home, Archives, Contact Us, and Email Updates. A search bar is located on the right. Below the navigation is a green button for 'CSSC Operations' and a menu with Topics, Tools, Instructional Videos, and Job Aids. The main heading reads 'Welcome to the Customer Service and Support Center', followed by a paragraph: 'The Customer Service and Support Center website provides information about the Medicare Part C and Part D programs, as well as the Medicare-Medicaid Financial Alignment Initiative (FAI)'. Below this are three large tiles: 'ENCOUNTER & RISK ADJUSTMENT PROGRAM' (with a Medicare Part C image), 'PRESCRIPTION DRUG PROGRAM' (with a Medicare Part D image), and 'MEDICARE MEDICAID (FAI)' (with a Medicare/Medicaid image). At the bottom left, there are two teal buttons: 'EDI ONBOARDING & CONNECTIVITY' and 'TRAINING/USER GROUP', with a black arrow pointing to the latter. To the right is an 'IMPORTANT UPDATES' section with a grey header and a white box containing the text: 'All systems are operational, and distribution of reports are current.'

# CSSC Operations Resources

Resource	Description
CSSC Operations Help Desk	<a href="mailto:csscoperaions@palmettogba.com">csscoperaions@palmettogba.com</a>
Encounter Data Submission and Processing Guide	Topics > Encounter and Risk Adjustment Program (Part C) > Encounter Data Submission and Processing Guide
Job Aids	<ul style="list-style-type: none"> <li>• Encounter Data Overpayment Scenarios</li> <li>• MAO-004: Encounter Data Diagnosis Eligible for Risk Adjustment</li> <li>• MAO-004: User Guide</li> </ul>
User Group Slide Decks	<ul style="list-style-type: none"> <li>• 5/1/2024: Use of Encounter Data in Overpayment Reruns</li> <li>• 8/27/2020: Risk Adjustment for EDS &amp; RAPS User Group</li> <li>• Annual Rate Announcement User Groups</li> </ul>
Instructional Videos	<ul style="list-style-type: none"> <li>• Risk Adjustment Overpayment and Reporting Computer Based Training</li> <li>• Accessing Archived Reports using the MARx UI CBT</li> </ul>



# Resources – HPMS

The screenshot shows the HPMS (Health Plan Management System) website. At the top left is the HPMS logo and the text "Health Plan Management System". To the right are input fields for "CMS User ID" and "Password", followed by a "Login" button. Below the header is a main heading: "Helping plans navigate the Medicare Advantage and Part D programs". Underneath is a paragraph explaining that HPMS is a full-service website for health and drug plans, plan consultants, third-party vendors, and pharmaceutical manufacturers. Below this is a link to "Subscribe to the Listserv". To the right is an illustration of a person reviewing a "Medicare Part C & D" checklist. At the bottom left are four navigation buttons: "Announcements", "FAQs", "Memos", and "Documentation". At the bottom right is an "Announcements" section with two items: "Release of the CY 2025 Plan Creation Module, Plan Benefit Package (PBP), and Bid Pricing Tool (BPT) software in HPMS. 4/5/2024" and "CY 2025 VBD Model applications due by 11:59 PM PT. 4/12/2024". Two black arrows point to the "Subscribe to the Listserv" button and the "Login" button.

HPMS memos can be found at [hpms.cms.gov](https://hpms.cms.gov). You can subscribe to the listserv to receive HPMS memos when they are released, or log in using your CMS User ID and password to search for memos by name and date.

The Risk Adjustment Overpayment Reporting module can also be found on the HPMS website. To access the Risk Adjustment Overpayment Reporting module, first log in to the Health Plan Management System from the HPMS home page using your credentials.

# Risk Adjustment Overpayment Module

The screenshot shows the HPMS (Health Plan Management System) interface. At the top left is the HPMS logo and name. A search bar is located at the top center. On the top right, there are icons for user profile, email, calendar, and log out. The main navigation bar includes 'Contract Management', 'Risk Adjustment', 'Analytic Tools', and 'User Resources'. The 'Risk Adjustment' link is underlined and has a dropdown menu open, with 'Risk Adjustment Overpayment Reporting' highlighted and a black arrow pointing to it. Below the navigation bar, there are three sections: 'Announcements' with three entries, 'Recently Used' with a list of items, and 'Memos' with one entry.

Announcements	
4/5/2024	Release of the CY 2025 Plan Creation Module, Plan Benefit Package (PBP), and Bid Pricing Tool (BPT) software in HPMS.
4/12/2024	CY 2025 VBID Model applications due by 11:59 PM PT.
5/3/2024	Release of the CY 2025 bid submission functionality in HPMS.

Recently Used	
Risk Adjustment Overpayment Reporting	
My Account	
Data Extract Facility	
Basic Contract Management	
Risk Adjustment	
Contract Reports	
D-SNP Management	

Memos	
4/15/2024	Prescription Drug Event Record Reporting Instructions for the Implementation of the Inflation Reduction Act for Contract Year 2025

Next, select the Risk Adjustment navigation link toward the top of the page and then select Risk Adjustment Overpayment Reporting from the dropdown menu.

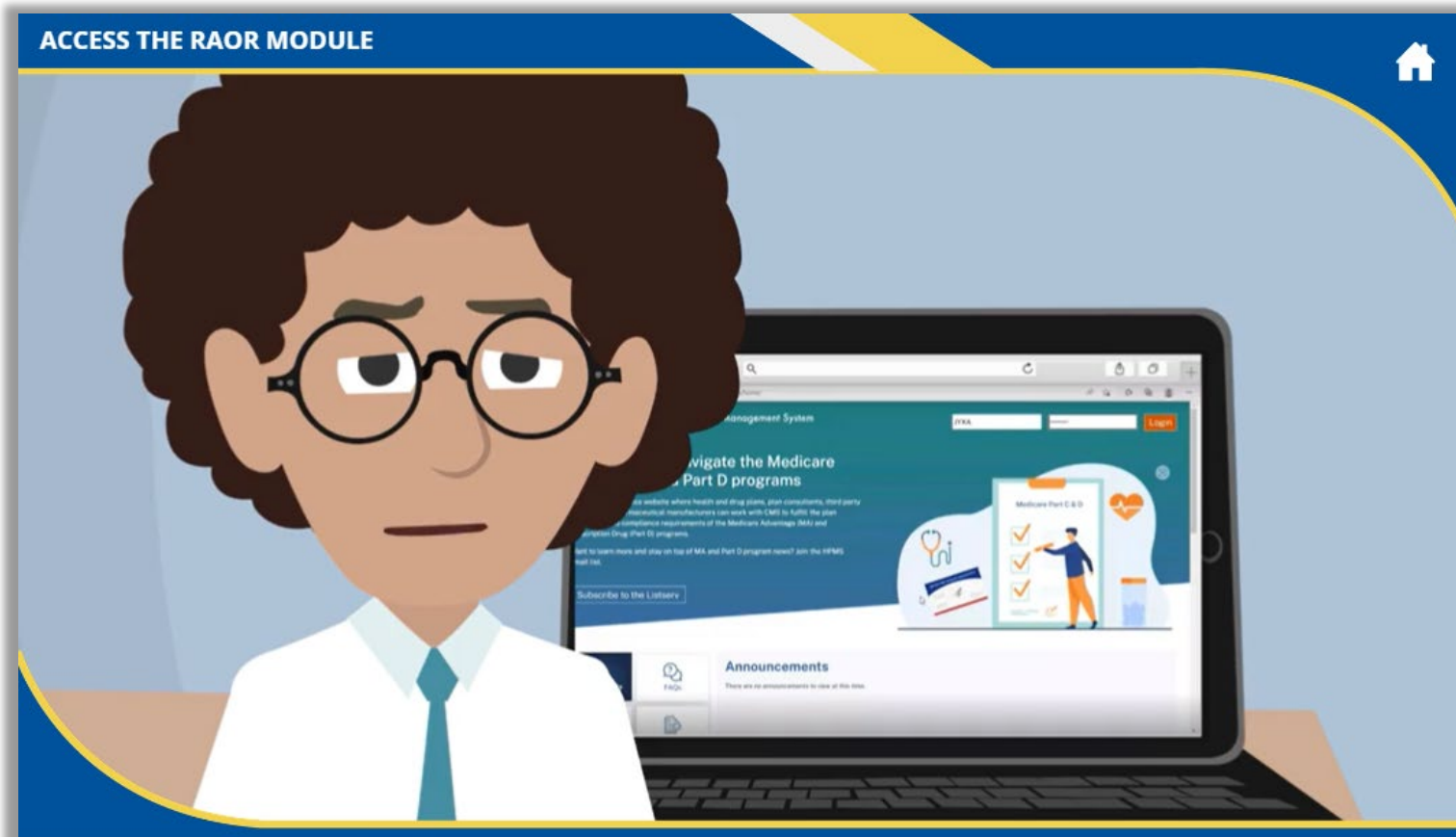
# RAOR Start Page

The screenshot shows the HPMS (Health Plan Management System) interface. At the top left is the HPMS logo and 'Health Plan Management System'. On the top right are navigation icons for Home, My Account, FAQs, Contact Us, and Log Out. A breadcrumb trail reads 'HPMS > Risk Adjustment Overpayment Reporting'. The main content area is titled 'Risk Adjustment Overpayment Reporting Start Page'. It contains the following text: 'The HPMS Risk Adjustment Overpayment Reporting (RAOR) module is used to facilitate the reporting and returning of plan-identified overpayments under Section 1128J(d) of the Social Security Act and the regulations at 42 C.F.R. §422.326.' Below this is another paragraph: 'The RAOR module should not be used to submit letters addressing any other topics. For questions or additional guidance, please contact CMS via the [RiskAdjustmentPolicy@cms.hhs.gov](mailto:RiskAdjustmentPolicy@cms.hhs.gov) mailbox.' At the bottom of the content area is a link: 'RAOR Computer Based Training Video: [Click here](#)'. On the left side, there is a navigation menu with items: 'RA Overpayment Reporting', 'Overpayment Reporting', 'Reports', and 'Documentation'. A black arrow points to the 'Documentation' item.

On the Risk Adjustment Overpayment Reporting Start Page you will find a brief description of the RAOR module as well as contact information in case you have questions or require additional support. In addition, there is a link to the RAOR Computer Based Training Video.

You will also find a navigation menu on the left, which is your gateway to several critical features of the RAOR module, such as reporting, editing, and viewing an overpayment ID; accessing overpayment data reports; and reviewing important documentation, such as the RAOR Quick Reference Guide.

# Accessing the RAOR Module



The [RAOR Computer Based Training](#) covers how to access and navigate the RAOR Module and is located on the [CSSC Operations](#) website under Instructional Videos.

# HPMS Resources

Resource	Description
HPMS Memos	<ul style="list-style-type: none"> <li>• 3/15/2024: Support for Use of Encounter Data in Overpayment Reruns</li> <li>• 2/29/2024: Risk Score Reruns for Purposes of Payment Recovery</li> <li>• 8/19/2022: Medicare Advantage Risk Adjustment Support Resources</li> <li>• 4/15/2022: Reminder of Existing Obligation to Submit Accurate Risk Adjustment Data</li> <li>• 2/10/2022: Announcement of Enhancements to MAO-002 Report</li> <li>• 7/21/2020: Updated Version of MAO-004 Reports (Phase IV Version 0) and Re-issuing of Historical MAO-004 Reports in the New Version</li> <li>• 9/22/2016: Reporting and Returning Risk Adjustment Related Overpayments - Encounter Data</li> <li>• 12/22/2015: Final Encounter Data Diagnosis Filtering Logic</li> </ul>
Risk Adjustment Overpayment Reporting module	<p>To access –</p> <ol style="list-style-type: none"> <li>1. Navigate to: <a href="https://hpms.cms.gov/app/ng/home/">https://hpms.cms.gov/app/ng/home/</a></li> <li>2. Log in</li> <li>3. Select OK when prompted</li> <li>4. Select Risk Adjustment (a dropdown will appear)</li> <li>5. Select Risk Adjustment Overpayment Reporting</li> </ol>

# Questions – Technical Support

## CSSC Operations Help Desk

1-877-534-2772

[csscooperations@palmettogba.com](mailto:csscooperations@palmettogba.com)

## MAPD Help Desk

1-800-927-8069

[mapdhelp@cms.hhs.gov](mailto:mapdhelp@cms.hhs.gov)

# Questions – Operations & Policy

## Operational Questions

Encounter Data Communications/Inquiry Inbox:

[RiskAdjustmentOperations@cms.hhs.gov](mailto:RiskAdjustmentOperations@cms.hhs.gov)

## Policy Questions

Risk Adjustment Policy Communications/Inquiry Inbox:

[RiskAdjustmentPolicy@cms.hhs.gov](mailto:RiskAdjustmentPolicy@cms.hhs.gov)

*Please reference the August 19, 2022 HPMS memo “Medicare Advantage Risk Adjustment Support Resources” for clarification regarding where to direct risk adjustment questions based on the type and subject of the inquiry.*

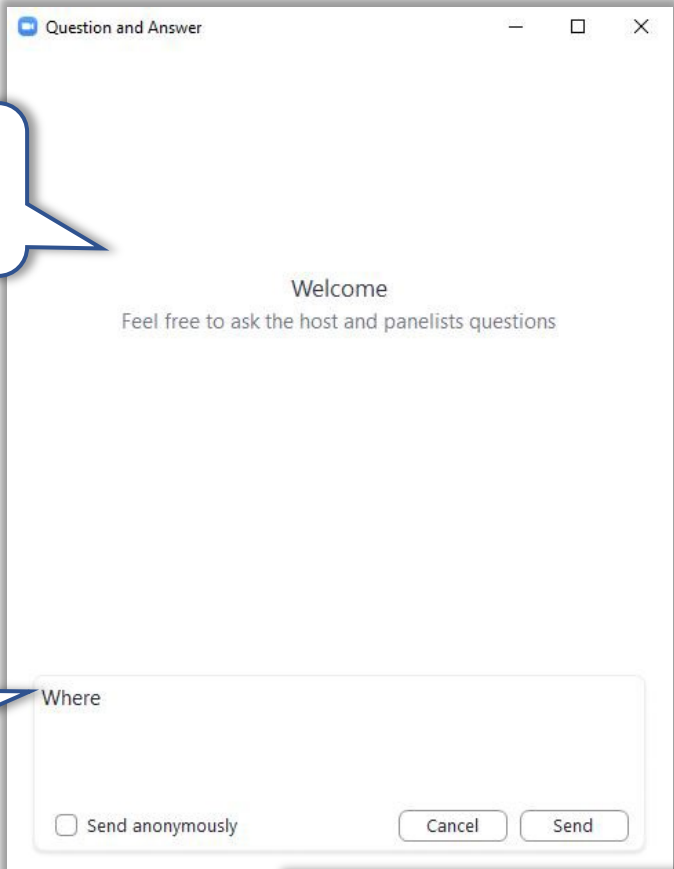
# Question & Answer Session



# Ask Questions During the Q&A Session

Your questions and any answered questions will appear here.

Type your question in the Q&A box and press the Send button.



Select the Q&A button on the toolbar at the bottom of your screen to open the Q&A box.

