

## Memorandum

To: Cheri Rice, Director, Medicare Plan Payment Group, CMS

From: Jane Galvin, Managing Director, Regulatory Affairs

Date: August 20, 2015

Re: Comments from BCBSA on the Filtering of Encounter Data Records for Risk Adjustment

### Section I. CPT code-based Filtering of Professional Encounter Records

There are restrictions in several EHR/EMR systems that prevent the ability to submit more than 8 or 12 diagnosis codes on a claim. Based on the following statement, "CMS will not use any diagnosis codes; if there are no acceptable service lines on the record" how does CMS propose data be submitted when the member has more than the maximum number of diagnosis codes that are being measured, evaluated, assessed and treated during the visit?

### Section IV. Incorporation of Chart Reviews

The last sentence states "we will not consider the deleted diagnoses as eligible for risk adjustment." Plans request clarification on this statement. Many plans are reviewing sample medical records against claims submission and they send deletes for diagnosis codes that are not supported in the medical records. The statement indicates that CMS is not considering the deletes and Plans feel the deletes should be removed and considered in the risk adjustment payment as a reduction when the diagnosis codes align with the CMS HCC model. Also, typically when a chart review is completed the CPT codes are not documented during the review. Will all chart reviews be filtered that do not contain the bill type and CPT/HCPCS codes?

If BCBSA gets additional comments from Plans, we will forward them to you.

Thank you for the ability to comment.