

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



**CENTER FOR MEDICARE  
MEDICARE PLAN PAYMENT GROUP**

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**DATE:** February 09, 2018

**TO:** All Medicare Advantage Organizations, PACE Organizations, Medicare-Medicaid Plans, and Section 1876 Cost Contractors, and Demonstrations

**FROM:** Jennifer Harlow, Deputy Director  
Medicare Plan Payment Group

**SUBJECT:** 2018 Risk Score Reruns for Purposes of Overpayment Recovery

Per Section 1128J(d) of the Social Security Act and the overpayment regulation 42 CFR §422.326, all MA Organizations are required to report and return overpayments. The purpose of this memo is to notify all MA Organizations of the payment years for which CMS intends to rerun risk scores during calendar year 2018 for overpayment recovery. These runs do not affect plan obligations to report and return overpayments within 60 days of identification of the overpayments.

Reruns will be completed for the following prior payment years:

<b>Payment Year</b>	<b>Dates of Service*</b>
2011	2010
2012	2011
2013	2012
2015**	2014

\*Risk scores applied to a payment year are calculated using diagnoses from dates of service in the previous calendar year.

\*\*For the CY2018 rerun of PY2015, only RAPS deletes will be included. We will also include updated Phase III v 3 filtering code for the diagnoses from encounter data.

We will notify MA Organizations at least 30 days in advance of the deadline for submitting deletes for each risk score run. CMS will incorporate deletes submitted for a prior payment year as of the deadline. MA Organizations should look to the monthly payment letters to determine when adjustments will be applied to payments.

For questions relating to this memo, please email [riskadjustment@cms.hhs.gov](mailto:riskadjustment@cms.hhs.gov) and specify “HPMS memo - 2018 Risk Score Reruns for Purposes of Overpayment Recovery” in the subject line.