

Frequently Asked Questions

1. What is changing for Payment Year 2027?

Beginning with the mid-year risk score run in Payment Year 2027, CMS will exclude diagnoses submitted through unlinked Chart Review Records from Medicare Advantage risk score calculations when those diagnoses are not tied to an eligible encounter.

2. What is a Chart Review Record, and what does it mean if it is unlinked?

A Chart Review Record (CRR) is a diagnosis submitted for Medicare Advantage risk adjustment based on a review of the member's medical record, such as ASM/Active DX or retrospective chart review. An unlinked CRR is not associated with a specific eligible encounter or claim and may not be included in Medicare Advantage risk score calculations.

3. Why is timely claims submission important?

Timely claims and encounter submissions enable Wellcare By Allwell to link chart review diagnoses to eligible encounters before CMS deadlines. Delayed submissions may prevent linkage and could result in diagnoses being excluded from member risk score calculations.

4. What is Wellcare By Allwell doing in response to this CMS policy change?

Wellcare By Allwell will hold all unlinked ASM/Active DX and retrospective chart review submissions until they can be linked to an eligible encounter. This approach helps ensure diagnoses are submitted appropriately and supports accurate risk score capture.

5. What action is required from providers or partners?

Providers and partners should submit claims and encounter data promptly after each date of service, ensure submissions are complete and accurate, and respond quickly to requests for additional information. They should also notify their Wellcare By Allwell representative immediately of any issues that may affect a claim submission or diagnosis linkage.

6. How early should claims and encounter data be submitted?

To support timely processing and linkage, claims and encounter data should be submitted at least 2 to 3 weeks before each CMS risk adjustment submission deadline.

7. What happens if claims are submitted late?

Late claims may not be processed in time to support diagnosis linkage before CMS deadlines. As a result, associated diagnoses may be excluded from risk score calculations, which could affect member risk scores and reimbursement accuracy.

8. Who should be contacted with questions or concerns?

If there are questions, anticipated delays, or issues that may affect claims, encounter submission, or linkage, providers and partners should contact their Wellcare By Allwell representative as soon as possible.

9. What is an eligible encounter?

An eligible encounter is a claim or encounter that meets CMS Medicare Advantage risk adjustment requirements, including a qualifying face-to-face visit with an eligible provider for an eligible service.

10. Will this change affect how providers submit claims or encounters?

No. Providers should continue to submit claims and encounter data using their existing processes. Timely submission remains critical to support diagnosis linkage before CMS deadlines.

11. Does this change affect CMS documentation or coding requirements?

No. Providers should continue to document and code diagnoses in accordance with CMS documentation and coding requirements. This policy affects how certain CRRs are considered for risk adjustment if they cannot be linked to an eligible encounter.

12. Why is Wellcare By Allwell asking for claims and encounters to be submitted earlier?

Earlier submission provides additional time to process claims and encounters, establish diagnosis linkage, and meet CMS submission deadlines.

13. What happens if a Chart Review Record cannot be linked to an eligible encounter?

If a CRR cannot be linked before the applicable CMS submission deadline, the associated diagnoses may not be included in the member's risk score calculation.