



1700 Bent Creek Blvd.
Suite 200
Mechanicsburg, PA 17050

September 29, 2026

CMS Risk Score Policy Change

Effective for Dates of Service in 2026, Payment Year 2027

Beginning with the mid-year risk score run in PY2027, CMS will exclude DOS 2026 diagnosis submissions on unlinked Chart Review Records (CRRs) from Medicare Advantage risk score calculations. Diagnoses not linked to an eligible encounter may no longer be reflected in member risk scores.

Wellcare's Operational Approach

In response, Wellcare will hold all unlinked ASM/Active DX and retrospective chart review submissions until they can be linked to an eligible encounter. To ensure accurate risk score captures, timely claim submission is now essential so diagnoses can be appropriately linked before submission to CMS.

What Providers Need to Do

The following immediate actions are needed to help ensure 2026 chart review diagnoses can be linked before CMS deadlines:

- Submit claims and encounter data promptly after each 2026 date of service. Delays in submission directly risk excluding diagnoses from risk score calculations.
- Ensure claims are complete and accurate to avoid processing delays that could prevent timely linkage.
- Respond immediately to any requests for additional information needed to resolve claim or encounter issues.
- Contact your Wellcare representative without delay if there are any issues that could affect claim submission or diagnosis linkage.



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Key CMS Risk Adjustment Dates

Risk Score Run	Dates of Service	Deadline for Submission of Risk Adjustment Data	Anticipated Payment Month
2027 Initial	07/01/2025-06/30/2026	Friday, 09/04/2026	January 2027
2026 Final Run	01/01/2025-12/31/2025	Monday, 02/01/2027	Monitor MARx monthly payment letters in HPMS
2027 Mid-Year	01/01/2026-12/31/2026	Friday, 03/05/2027	Monitor MARx monthly payment letters in HPMS
2028 Initial	07/01/2026-06/30/2027	Friday, 09/03/2027	January 2028
2027 Final Run	01/01/2026-12/31/2026	Monday, 01/31/2028	Monitor MARx monthly payment letters in HPMS

Important: CMS Implementation Timeline

Per CMS guidance issued on May 7, 2026, CMS will exclude all remaining unlinked diagnoses and reissue applicable MAO-004 reports accordingly, beginning with the mid-year risk score run.

To avoid exclusion, submit claims and encounter data at least 2 to 3 weeks before each CMS deadline. Data received after that window may not be processed in time.

Example: The CMS deadline for the PY2027 mid-year risk score run is March 5, 2027. To allow time for processing and linkage, target submitting claims by **February 12 – 19, 2027**.

If you have questions or need assistance, please see the attached FAQs or contact Wellcare Provider Services at:

- Dual Special Needs Plans (D-SNPs): [1-844-796-6811](tel:1-844-796-6811) (TTY: [711](tel:717-711-7111))
- All other Medicare Advantage plans: [1-800-977-7522](tel:1-800-977-7522) (TTY: [711](tel:717-711-7111))



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References

Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2026, 2027, and 2028.

<https://www.cms.gov/files/document/deadline-submission-risk-adjustment-data-use-risk-score-calculation-runds-payment-years-2026-2027.pdf>

Risk Adjustment Policy and Operations User Group: 2027 Rate Announcement.

<https://csscoperations.com/cssc/did/pzs9clwqdc?cat=cssc-encounter-and-risk-adjustment-program-part-c>

Advance Notice of Methodological Changes for Calendar Year (CY) 2027 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies.

<https://www.cms.gov/files/document/2027-advance-notice.pdf>

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 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 doing in response to this CMS policy change?

Wellcare 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 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 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 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.