Claims Linking in CY2027

What Plans Need to Know About the Unlinked Chart Review Exclusion

Presented By:

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Meet the Presenter



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Chad Wege is Vice President of Risk Adjustment Products at Datavant, where he leads product strategy across risk adjustment coding, analytics, and the Clinical Insights Platform. His team works with health plans to translate CMS policy changes, including the CY2027 change to unlinked chart review diagnoses, into practical updates to how charts are coded, linked, and submitted.

Chad brings more than 15 years of healthcare technology product leadership. He previously held product and program management leadership roles at UnitedHealth Group and Change Healthcare, focused on population management, value-based care, provider risk delegation, and government programs. He also led prospective risk adjustment product development at Datavant (legacy Apixio).

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AUDIENCE POLL · 1 OF 3

Where is your plan in assessing the impact of the CY2027 unlinked chart review exclusion?

Answer in the poll window.

- **A** Measured it
- **B** Measuring now
- **C** Planning to start
- **D** Not started
- **E** Not sure

AUDIENCE POLL · 2 OF 3

Where do you expect the most chart review diagnoses to go unlinked?

Answer in the poll window.

- **A** Capitated or delegated care with no claim on file
- **B** Claims or encounter data missing or incomplete
- **C** Chart and claim providers do not match
- **D** Not sure

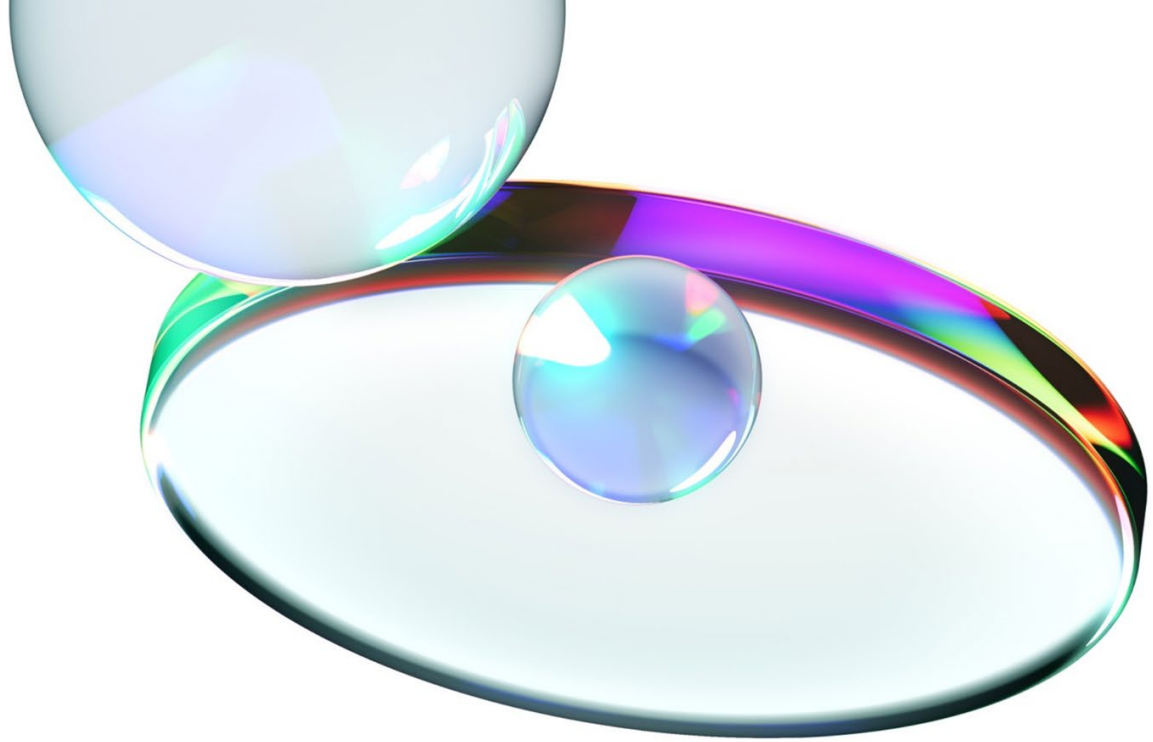
AUDIENCE POLL · 3 OF 3

Can your team get the ICN for the accepted encounter before chart review starts?

Answer in the poll window.

ICN: the claim number CMS assigns to an accepted encounter.

- **A** Yes, routinely
- **B** Yes, with extra effort or delay
- **C** No
- **D** Not sure / not my area



In CY2027, unlinked diagnoses will not contribute to risk scores.

A technical overview of how claims linking works in practice: the method, the reporting, and where the hard edges are, for any plan coding Medicare Advantage.

THE CY2027 REQUIREMENT

What CMS finalized, and what it puts at stake.

In the CY2027 Rate Announcement, CMS finalized the exclusion of unlinked chart review records. A diagnosis found in chart review contributes to the risk score only if it links to a claim the plan has submitted and CMS has accepted. Each linked submission carries the claim's ICN, the ID CMS assigns to an accepted encounter. If a diagnosis cannot be linked, it is excluded. This applies to Medicare Advantage coding for CY2027; programs coding 2026 dates of service are the first affected.

> **The one exception:** plan switchers. If the date of service was with a different parent organization than the Medicare Advantage Organization (MAO) submitting the diagnosis, no link is required. Members new to Medicare Advantage from FFS Medicare are not exempt.

-1.53%

Average MA risk score impact CMS projects from the linking policy alone, after the plan-switcher exception. CY2027 Rate Announcement, April 2026.

88.8M

Chart review records submitted in 2023 that were not linked to an encounter, about 42% of all chart reviews.

SOURCES: CMS CY2027 RATE ANNOUNCEMENT, APRIL 2026 · MEDPAC COMMENT LETTER ON THE CY2027 ADVANCE NOTICE, FEBRUARY 2026

WHY IT MATTERS

Three public numbers, three different questions.

The government record measures different things, and none of it is a market link rate. Until CY2027, linking was optional, so public data shows what plans chose to submit, not what could be matched.

SAME RECORDS, TWO MATCH TESTS · 2023

~85%

CMS could not match. Same member, same billing provider, dates within three days.

80 to 86%

MedPAC found a match. Same member and dates, with no provider requirement.

The 88.8 million unlinked chart review records did not change. The test did.

MEDPAC · THE EXPECTED REAL EFFECT

Much lower

"The actual effect of excluding unlinked chart reviews for 2027 payments would be much lower than previously estimated due to the ability of plans to convert unlinked chart reviews to linked chart reviews."

MedPAC gives no number. CMS's -1.53% remains the official estimate.

NOT YET IN THE PUBLIC RECORD

1. **A market average link rate.** CMS and MedPAC publish program-wide figures only.
2. **Plan switcher counts.** The only public figure is the gap between -1.78% and -1.53%.
3. **Realized impact.** On October 29, CMS delayed the reissued MAO-004 reports that show the exclusions. Retroactive payment adjustments come in July 2027.

FOR SCALE: CHART REVIEWS ACCOUNTED FOR ABOUT $24B IN 2023 MA PAYMENTS (MEDPAC). SOURCES: CMS CY2027 RATE ANNOUNCEMENT, APRIL 2026 · MEDPAC COMMENT LETTER ON THE CY2027 ADVANCE NOTICE, FEBRUARY 2026 · MEDPAC REPORT TO THE CONGRESS, MARCH 2026 · CMS MARX PAYMENT MEMO, OCTOBER 29, 2026

WHAT CLAIMS LINKING IS

Which claim does this diagnosis belong to?

A coder reviews a chart and confirms that a diagnosis is supported. Claims linking connects that diagnosis back to the specific claim the provider billed, so the code is traceable to a real, billed service.

Without a link to a claim, the diagnosis stands alone, and under CY2027 payment policy it is excluded from risk scores. Linking is a plan-side step: CMS does not perform the link for the plan, and the plan decides what to submit.

CMS has not published explicit guidance on how linking can be performed. We employ best practices to link each supported diagnosis to the appropriate claim where a risk adjustable service was provided.

The input

A supported diagnosis: the code, the date of service the coder observed, and the provider on the chart.

↓

The universe

The member's claims around each coded date of service. For payment year 2027, the coded dates fall in 2026.

↓

The output

Traceability from each coded diagnosis to its related claim, with the match evidence shown, to support accurate submission.

ONE DIAGNOSIS, FOLLOWED THROUGH

What linking looks like in practice.

CODED DIAGNOSIS

E11.42

Type 2 diabetes mellitus with diabetic polyneuropathy, mapping to V28 HCC 37.

Date of service **03/12/2026**
Provider **Dr. A. Rivera**
Rendering NPI **2994736182**
Source **Chart review annotation**

MATCH ON

✓ RA eligibility
procedure code

✓ Date of service
claim service dates or tolerance window

✓ Provider NPI
applicable claim NPIs

→

BILLED CLAIM LINKED

CLM-8842107

Professional office visit, CPT 99214, same date of service, rendering provider match, risk adjustment eligible.

Date of service **03/12/2026**
Claim type **Professional (office visit)**
Applicable NPIs evaluated **rendering · billing**
Rendering NPI **2994736182, match**
Billing NPI **2981504734 (group)**

Linked. The diagnosis traces to a risk adjustment eligible claim, so it can be submitted linked to that claim. Documentation support is still required.

ILLUSTRATIVE DATA ONLY · NO CLIENT DATA SHOWN

THE METHOD, RUNNING

One diagnosis, five claims evaluated, one link.

Every claim in the member's history is weighed on three factors: risk adjustment eligibility, date of service within a tolerance window, and provider NPI. The strongest match becomes the one link.

CODED DIAGNOSIS

E11.9

Type 2 diabetes mellitus without complications, mapping to V28 HCC 38.

Date of service **05/08/2026**
Provider **Dr. L. Okafor**
Member **Illustrative member A**

CLM-77031	Office visit, CPT 99214, POS 11 05/08/2026 · Dr. Okafor	RA ELIGIBLE	DOS EXACT	NPI MATCH	LINKED
CLM-77105	Follow-up office visit, CPT 99213, POS 11 05/09/2026 · Dr. Okafor	RA ELIGIBLE	DOS WITHIN WINDOW	NPI MATCH	NOT LINKED
CLM-76944	Office visit, CPT 99214, POS 11 05/08/2026 · Dr. Chen	RA ELIGIBLE	DOS EXACT	NPI DOES NOT MATCH	NOT LINKED
CLM-77088	In-office laboratory panel, CPT 80053, POS 11 05/08/2026 · Dr. Okafor	~~RA ELIGIBLE~~	DOS EXACT	NPI MATCH	NOT LINKED
CLM-76512	Follow-up office visit, CPT 99213, POS 11 03/19/2026 · Dr. Okafor	RA ELIGIBLE	DOS OUTSIDE WINDOW	NPI MATCH	NOT LINKED

WHAT THE MATCH IS DOING, CLAIM BY CLAIM

- **CLM-77031** · exact date, same provider, eligible. It is the strongest match, so it is the linked claim.
- **CLM-77105** · eligible, same provider, inside the tolerance window. A stronger match was already found, so not linked or offered as an alternative.
- **CLM-76944** · eligible, exact date, but a different provider. A stronger match was already found, so not linked.
- **CLM-77088** · right date and provider, but a lab panel is not risk adjustment eligible. An eligible claim is chosen first, so not linked.
- **CLM-76512** · eligible, same provider, but the date falls outside the tolerance window. Not linked.

ILLUSTRATIVE DATA ONLY · NO CLIENT DATA SHOWN

THE DESIGN PRINCIPLE

One link, chosen by evidence.

When more than one claim matches, the method returns one: a risk adjustment eligible claim first, then the strongest date and provider match. The basis for the link is shown with it.

The matching is deterministic logic a plan can audit. The output supports the plan's linking determinations; the plan maintains control of what is submitted to CMS.

1 **Risk adjustment eligibility**

Eligibility checks the procedure code (CPT/HCPCS) for professional claims, bill type for institutional claims, and both for outpatient claims. If the only match is not RA eligible, it is still returned and flagged, not dropped.

↓

2 **Date of service, with tolerance**

Exact matches rank first. A configurable tolerance window catches legitimate near matches, and every link is labeled exact or approximate.

↓

3 **Provider NPI**

The rendering, billing, or attending provider on the claim matched against the provider the coder identified on the chart. A provider match ranks a claim higher; the output shows which provider matched, or none.

THE OUTPUT, AT SCALE

Linking across a claims set.

Mocked-up view of six members. Illustrative records only: no client data, no real members, no real claims.

13	9	2	1	1
DIAGNOSES CODED	LINKED, EXACT DATE	LINKED, APPROXIMATE	FLAGGED, NOT RA ELIGIBLE	UNLINKED

MEMBER	DIAGNOSIS	V28 HCC	DATE OF SERVICE	PROVIDER MATCH	LINKED CLAIM	PROCEDURE · SETTING	DATE MATCH	RESULT (ILLUSTRATIVE)
M-10418	I48.91	238	03/03/2026	Billing NPI	CLM-80440	CPT 99214 · POS 11	Exact	LINKED
M-10418	E11.42	37	03/12/2026	Rendering NPI	CLM-8842107	CPT 99214 · POS 11	Exact	LINKED
M-10533	J44.9	280	04/22/2026	Attending NPI	CLM-79210	Inpatient · TOB 111	Approximate	LINKED
M-10533	E11.9	38	05/08/2026	Rendering NPI	CLM-77031	CPT 99214 · POS 11	Exact	LINKED
M-10671	F33.1	155	02/27/2026	Rendering NPI	CLM-80115	CPT 90837 · POS 11	Exact	LINKED
M-10671	E11.65	38	06/16/2026	Rendering NPI	CLM-86230	CPT 83036, 36415 · POS 11 lab draw only, not RA eligible	Exact	FLAGGED
M-10802	N18.4	327	05/22/2026	No NPI match	CLM-85120	CPT 99214 · POS 11	Exact	LINKED
M-10802	E11.22	37	06/02/2026	none	none	none	No claim on or near 06/02	UNLINKED
M-10947	I69.354	253	04/02/2026	Rendering NPI	CLM-84511	CPT 99214 · POS 11	Exact	LINKED
M-10947	C50.911	23	04/10/2026	Rendering NPI	CLM-81202	CPT 99215 · POS 11	Exact	LINKED
M-11026	G35.D	198	03/26/2026	Rendering NPI	CLM-82615	CPT 99214 · POS 11	Exact	LINKED
M-11026	M05.79	93	05/19/2026	Attending NPI	CLM-82077	Outpatient · TOB 131, HCPCS G0463	Approximate	LINKED
M-11026	K50.90	80	06/11/2026	Rendering NPI	CLM-83914	CPT 99213 · POS 22	Exact	LINKED

Flagged and unlinked rows appear on the standard weekly coding extract with their match fields shown. The plan decides what goes to CMS; Datavant does not handle submissions.

THE RULE AND WHAT IT TAKES

Where linking has hard edges, for any plan.

RULE STIPULATION

01

Existing members without linked encounters

Chart review diagnoses that cannot be linked to a claim are excluded from risk scores.

RULE STIPULATION

02

Members new to Medicare Advantage

Members joining from FFS Medicare get no exception. Their unlinked chart review diagnoses are excluded.

RULE STIPULATION

03

Plan switchers: the exception

If the date of service was with a different parent organization than the MAO submitting the diagnosis, unlinked chart review diagnoses may still count toward risk scores if they meet risk adjustment criteria.

RUNNING CLAIMS LINKING

04

Claim data integrity and completeness

> Complete records and a complete claim set drive match rates.

Linking depends on submitted and accepted claims for the relevant dates of service, provided by the plan in the specified format. Capitated providers may not bill a claim for every visit, so those visits have no claim to link to.

RUNNING CLAIMS LINKING

05

Timeliness and applicability

Links reflect the claims on hand when each report is generated. Only risk adjustment eligible claims for those dates of service support a usable link.

RUNNING CLAIMS LINKING

06

Match details and flags on the extract

Each link appears on the coding extract with how it matched, and matches that are not RA eligible are flagged, for the plan's review. The plan decides what goes to CMS.

THE POLICY CONVERSATION

CMS has not published a linking standard.

UNSETTLED IN POLICY

What counts as a reliable link

CMS has not provided standard guidance on how to link diagnoses to encounters. Plans and vendors apply their own approaches, and plans may differ on how much flexibility they prefer.

How complete the claims universe must be

Link rates are a function of the encounter and claims data behind them. Completeness expectations remain open.

The clock is set. The method is not.

CMS's July 2026 implementation memo set the timing: the exclusion starts with the CY 2027 Midyear run. On how to link, it points plans to existing encounter data guidance, with no new standards.

FEEDBACK TO PROVIDERS

Linking results can surface provider claim gaps, such as incorrect procedure codes, for provider education.

As the policy develops, we can discuss where gaps and opportunities remain.

Questions?

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