DISTRIBUTED DATA COLLECTION (DDC) FOR REINSURANCE (RI) AND RISK ADJUSTMENT (RA): 2016 EDGE Server Baseline Data Submission: Definitions and Timeline

September 20, 2016

Health Insurance Marketplace Program Training Series

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

Agenda

- Purpose
- Session Guidelines
- Baseline Data Submission Overview
- Baseline Data Submission Elements
- Key Dates and Deadlines
- Resources
- Closing Remarks

Purpose

This External Data Gathering Environment (EDGE) server baseline data submission session will provide information on the following topics:

- Identify “new” data elements required for the 2016 Benefit Year.
- Define all data elements needed for baseline data submission.
- Provide key dates and deadlines.

Session Guidelines

- This is a 90-minute webinar session.
- For questions regarding content, please submit inquiries to the Registration for Technical Assistance Portal (REGTAP) at https://www.REGTAP.info/.
- For questions regarding logistics and registration, please contact the Registrar at (800) 257-9520.

Baseline Data Submission Overview

Overview: Baseline Data Submission

What is Baseline Data Submission?

Baseline data submission is the process in which issuers submit their baseline for enrollment, claims and premium information on a quarterly basis to the Centers for Medicare & Medicaid Services (CMS).

Why is Baseline Data Submitted?

All issuers participating in the Reinsurance (RI) and Risk Adjustment (RA) programs must submit baseline data, which CMS uses to determine if an issuer is meeting quantity and quality requirements/thresholds.

How is Baseline Data Submitted?

For the 2016 Benefit Year, CMS is collecting baseline data through a web form format. On October 11, 2016, CMS will hold a webinar to walk through completing the web form.

When is Baseline Data Submitted?

Baseline data is submitted three (3) times for the 2016 Benefit Year. The first baseline data submission is October 18, 2016, through November 2, 2016.

Baseline Data Submission Elements

Baseline Data Submission Elements: Comparison of 2015 to 2016 Elements

2015 Data Elements	2016 Data Elements
Enrollment Count	Enrollment Count
Paid Claims Count both Medical and Pharmacy by Market for each quarter	Paid Medical Claims *Count* and Paid Pharmacy Claims *Count* by Market for each quarter
Total 2016 Benefit Year Paid Claims	Total 2016 Benefit Year Paid Claims
Total 2016 Benefit Year Premium Revenue Collected	Total 2016 Benefit Year Premium Revenue Collected
Supplemental Files	Supplemental Files
	Paid Medical Claims *Amount* and Paid Pharmacy Claims *Amount* by Market for each quarter and each HIOS ID
	Total Member Months for both On-Marketplace polices and Off-Marketplace policies
	Estimated Total 2016 Benefit Year Claims to Date
	Total 2016 Benefit Year Premium Annualized Premium Revenue
	Company's 2016 Risk Score Estimate *(optional)*

Bold type items are new for 2016 Baseline Data Submission

Definition of Data Elements: Enrollment Count

Enrollment Count*

- The number of unique covered lives within each market, including the enrollees and their dependents, for the 2016 Benefit Year for the respective quarters reported.

*CMS recommends reaching out to the entity's financial departments to obtain the necessary information required for CMS. This information should not be derived from the information the entity has submitted to the EDGE server.

Definition of Data Elements: Claims Counts

Paid Medical Claims Count* and Paid Pharmacy Claims Count*

- The total number of unique paid (paid and adjudicated) claims separately for medical and pharmacy, with beginning Dates of Service within each respective quarter by market.
- Include cross-over claims count from prior benefit years in the first quarter count.
- Do not include denied, voided or replacement claims as part of the paid claims count totals.
- Provide the actual counts from your internal claims systems.

*CMS recommends reaching out to the entity's financial departments to obtain the necessary information required for CMS. This information should not be derived from the information the entity has submitted to the EDGE server.

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Definition of Data Elements: Claim Amounts

Paid Medical Claims Amounts* or Pharmacy Claims Amounts*

- The total 2016 paid claims amount (paid and adjudicated) separately for medical and pharmacy, with beginning Dates of Service within each of the respective quarters by market.
- Include cross-over claims amount from prior benefit years in the first quarter amount.
- Do not include denied, voided or replacement claims as part of the paid claims amount totals.
- Provide the actual amounts from your internal claims systems.

*CMS recommends reaching out to the entity's financial departments to obtain the necessary information required for CMS. This information should not be derived from the information the entity has submitted to the EDGE server.

Definition of Data Elements: Member Months

On-Exchange Policies Member Months	Off-Exchange Policies Member Months
The member months for all enrollees/covered lives enrolled in plans on the Exchange for the 2016 Benefit Year as of the applicable quarter.	The member months for all enrollees/covered lives enrolled in plans outside the Exchange for the 2016 Benefit Year as of the applicable quarter.

Definition of Data Elements: Estimated 2016 Benefit Year Claims to Date

Estimated 2016 Benefit Year Claims Amount to Date

- The total estimated 2016 Benefit Year claims amount; i.e. paid and adjudicated claims, plus any Incurred But Not Reported (IBNR) amounts.

<u>NOTE:</u> This estimate includes qualified claims that are not yet submitted onto the EDGE server.

Definition of Data Elements: Premium Revenue

Premium Revenue:

- The total 2016 Benefit Year premium revenue collected as of the reporting quarter.

***NOTE:* This includes anticipated Advance Premium Tax Credits (APTCs) from CMS for all enrollees. Such that, if an issuer is receiving APTC for an enrollee, the issuer must report the premium to include both the enrollee's paid portion and the CMS paid APTC portion of the premium.**

Definition of Data Elements: 2016 Annualized Premium Revenue

Annualized Premium Revenue:

- The estimated 2016 annualized premium revenue amounts for subscriber's policies including the APTC amounts.

  NOTE: ***Annualized amounts are those premium amounts collected, plus anticipated to be collected through the end of the year. This includes APTCs from CMS for all enrollees. Such that, if an APTC is applicable for an enrollee, the issuer must report the premium to include both the enrollee's portion and the CMS APTC portion of the premium.***

Definition of Data Elements: Risk Score *(Optional)*

Risk Score *(Optional)*

- Provide an estimate of your plan's liability risk score (PLRS) for the 2016 Benefit Year based on qualified data for submission to EDGE for each respective Market.

***NOTE:* This is an optional data element and not required for completing baseline data submission.**

Definition of Data Elements: Supplemental File

Supplemental File

- Submit supplemental diagnosis files, when appropriate, as a result of medical record review and truncated Electronic Data Interchange (EDI) transactions for enrollee risk score calculations on the EDGE server.
- Select “yes” or “no” to indicate if you are submitting supplemental file(s).
- Applicable for all baseline data submission windows.

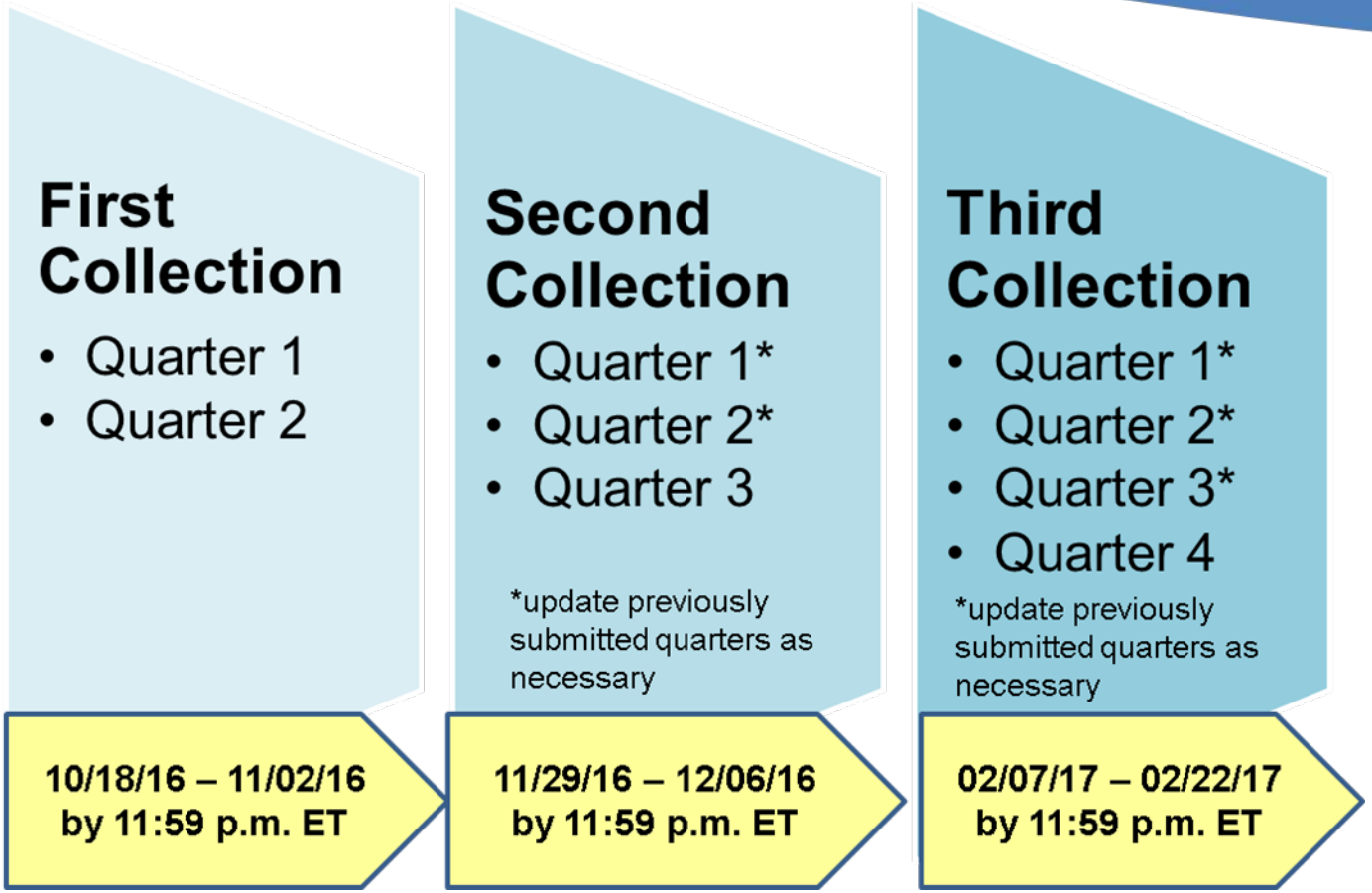
Definition of Data Elements: Attestation

Attestation

- In the 2016 Benefit Year, issuers must attest to their company's baseline data submission.
- CMS requires identification of your company's attester and financial officer or financial forecaster, to ensure that relevant individuals are aware of the potential risk scores, payments and charges to the entity, as it pertains to data submissions.

Baseline Data Submission Key Dates and Deadlines

Baseline Reporting Deadlines



Resources

HTTPS://WWW.REGTAP.INFO

Regulatory References

This list of regulatory references offers additional information and details on the Transitional Reinsurance Program.

- Standards Related to Reinsurance, Risk Corridors and Risk Adjustment (77 FR 17220) provided a regulatory framework
  http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf
- HHS Notice of Benefit and Payment Parameters for 2014 (78 FR 15410)
  http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf
- Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards (78 FR 65046) established oversight standards
  http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf
- HHS Notice of Benefit and Payment Parameters for 2015 (78 FR 13744)
  http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf
- Exchange and Insurance Market Standards for 2015 and Beyond (79 FR 30240)
  http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf
- HHS Notice of Benefit and Payment Parameters for 2016 (80 FR 10750)
  http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf

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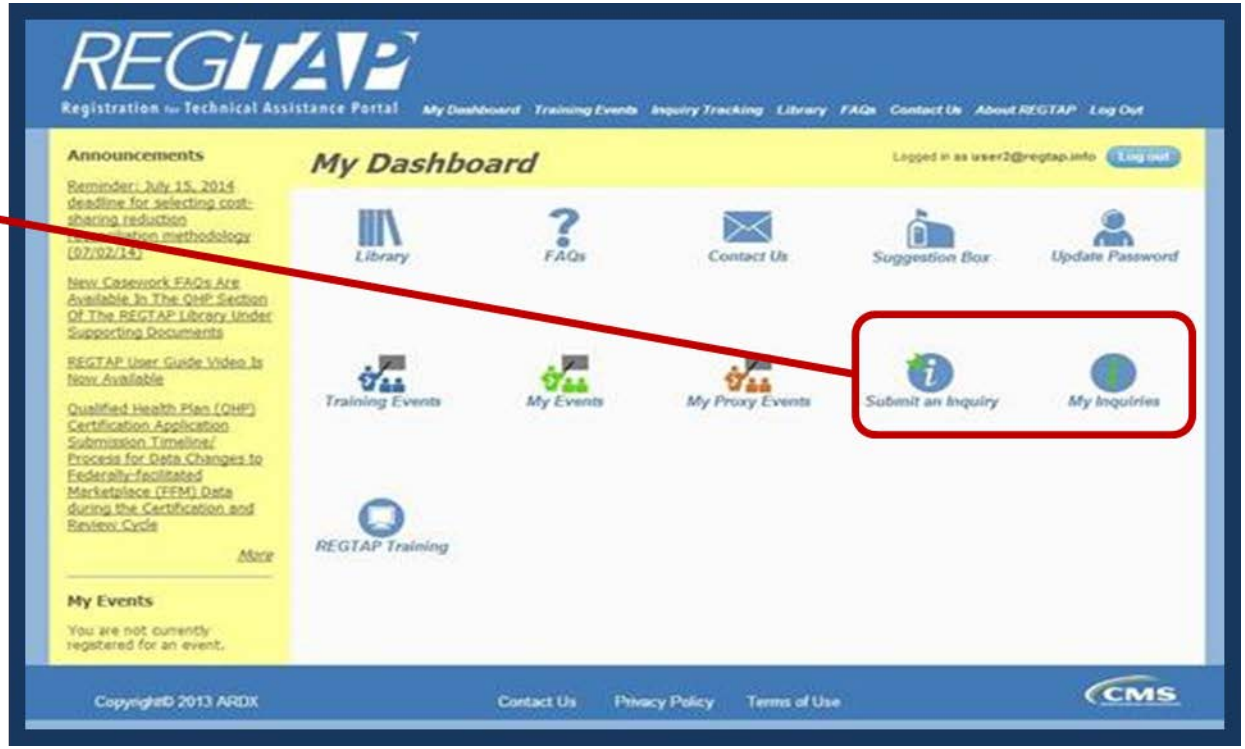
Resources

Resource	Link/Contact Information
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://www.cms.gov/cciio
Registration for Technical Assistance Portal (REGTAP) – presentations, FAQs	https://www.REGTAP.info
Registration and Form on Pay.gov	https://pay.gov/paygov/

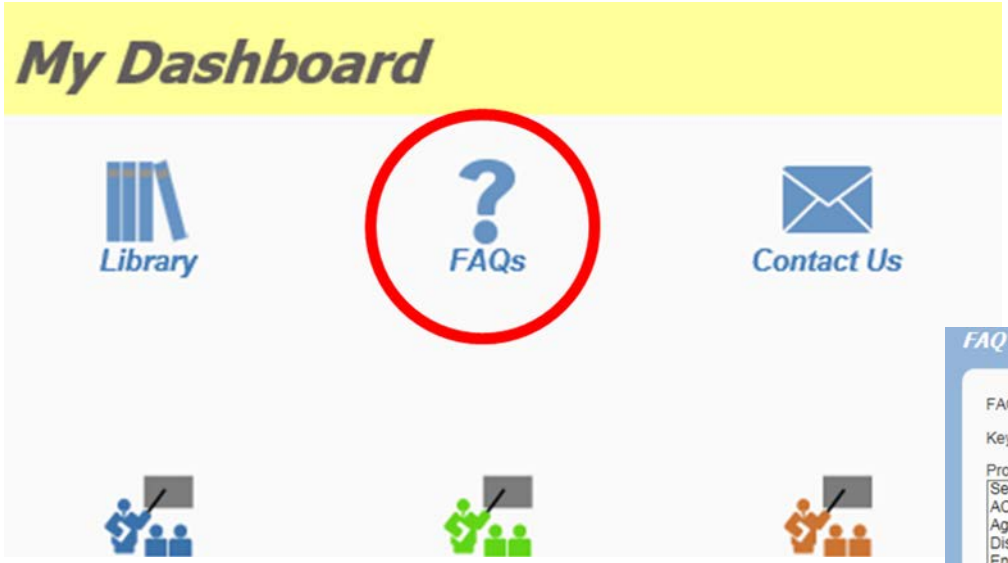
Inquiry Tracking and Management System (ITMS)

Stakeholders can submit inquiries to ITMS at https://www.REGTAP.info.

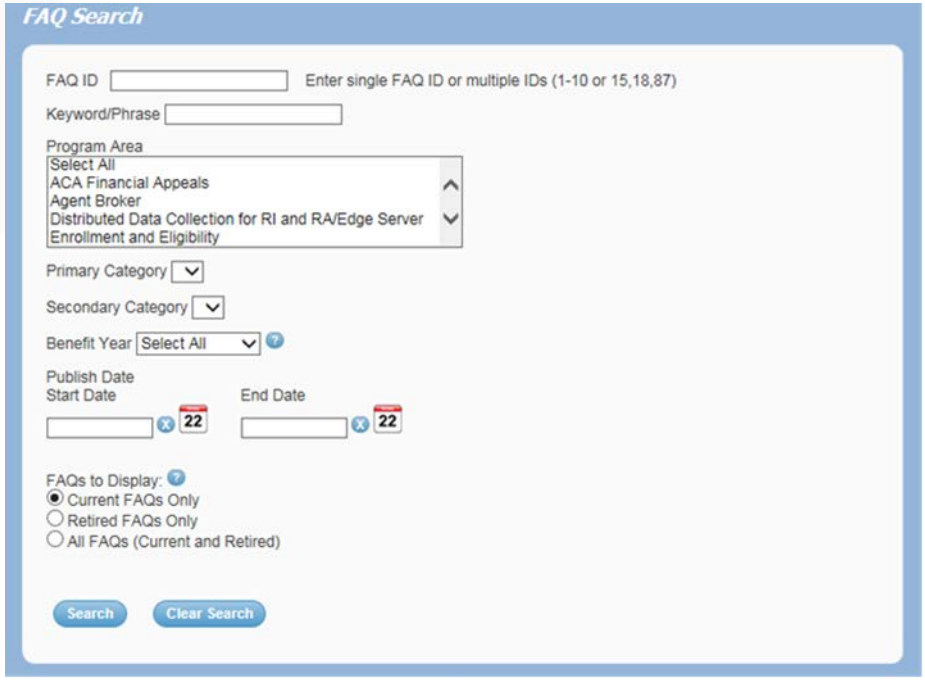
Select ‘Submit an Inquiry’ from My Dashboard.



FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary categories, Benefit Year and Publish Date.



FAQ Database is available at https://www.regtap.info/.

Closing Remarks