# DISTRIBUTED DATA COLLECTION (DDC) FOR REINSURANCE (RI) AND RISK ADJUSTMENT (RA): Preparing for November 9, 2016 Data Submission

## October 4, 2016

**Health Insurance Marketplace Program Training Series**

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

# Agenda

- Purpose
- Session Guidelines
- Preparing for November 9, 2016 Data Submission
- Thinking Ahead to December 15, 2016 Submission
- Getting Help
- Resources
- Closing Remarks

# Purpose

This External Data Gathering Environment (EDGE) Server Preparing for November 9, 2016 Data Submission session will provide information on the following topics:

- Preparing for November 9, 2016 Data Submission
- Thinking Ahead to December 15, 2016 Submission

# Session Guidelines

- This is a 90 minute webinar session.
- For questions regarding content, please submit inquiries to: EDGE_Server_Data@cms.hhs.gov.
  - Include EDGE Server and the Health Insurance Oversight System (HIOS) ID in the subject line.
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520.

# Intended Audience

- EDGE server issuers.
- Third Party Administrators (TPAs) and Support Vendors.

# Preparing for November 9, 2016 Data Submission

# 2016 Schedule Overview

- All issuers with enrollment in non-grandfathered, Individual and Small Group plans, both on and off the Marketplace, are required to set up an EDGE server and to submit enrollment and claims data for consideration in Risk Adjustment (RA) and Reinsurance (RI).
- The Centers for Medicare & Medicaid Services (CMS) has established a data submission schedule for the 2016 RA and RI Benefit Year.
  - https://www.regtap.info/uploads/library/DDC_2016EDGEDataSubmissionKeyMilestoneOutline_5CR_090716.pdf
- The data submission schedule was established to ensure sufficient data is submitted consistently and timely in order for CMS to provide interim RA reports in March 2017.
  - Submitting data early can lead to more complete and accurate data for the December 15, 2016 deadline.

# 2016 Schedule Overview (Continued)

- CMS expects all issuers to submit data to the production zone to meet the first quantity threshold of 90% enrollment and 25% claims for the 1st and 2nd quarters of 2016 by November 9, 2016.
  - Issuers may submit more data than the required quantities.
- CMS will compare summary data of accepted records to issuer reported baselines the week of November 9th to determine which issuers have not met the data submission requirements.
- CMS will conduct outreach efforts to issuer CEO Designates who do not meet the November 9th data submission deadline.
- Issuers who have not yet begun preparing for the November 9th submission deadline should begin preparing now.

# Preparing for November 9, 2016

- Issuers can begin preparing for the November 9, 2016 data submission in the following ways:
  - Meet regularly with internal business and technical partners and discuss upcoming activities.
    - If you submitted data last year, evaluate “lessons learned” and plan accordingly.
      - Identify the highest reject reasons from last year and verify you have implemented a fix or have scheduled a timeline for it to be fixed.
      - Assess the method used last year to collect errors and discuss methods to evaluate the data and coordinate the updates.
      - Evaluate data submission milestones and make adjustments to meet new deadlines.

# Preparing for November 9, 2016

- Issuers can begin preparing for the November 9, 2016 data submission in the following ways:
  - If this is your first year submitting data:
    - Register and provision your server as soon as possible.
    - Review the EDGE Server Interface Control Document (ICD) and EDGE Server Business Rules (ESBR) to properly build your XML file and to ensure data is submitted in accordance with CMS guidance.
    - CMS has made many Computer Based Training (CBT) videos available along with other documentation which can be found in the Registration for Technical Assistance Portal (REGTAP) Library under the Distributed Data Collection for Risk Adjustment and Reinsurance program area.
    - Email EDGE_Server_Data@cms.hhs.gov with any technical or data submission questions. CMS is here to help.

# Preparing for November 9, 2016
## (Continued)

- Evaluate plan data and submit corrections timely:
  - Issuers should have already evaluated the plan data loaded on the EDGE server and submitted a plan template to add or correct any plan issues.
    - CMS will continue to accept plan templates now through October 21, 2016 for upload to issuers servers by Sunday, October 30, 2016.
- Establish a test schedule:
  - By submitting data to the test zone early, issuers can identify any problems in the data before submitting to production.
  - Issuers can truncate the test zone without CMS approval.
    - If you have not truncated the test zone in the past, email CMS_FEPS@cms.hhs.gov and request a truncation script for the test zone.
    - If you have truncated the test zone in the past, you can continue to use the same script that was previously provided.

# Preparing for November 9, 2016 (Continued)

- Evaluate rejections in the test zone to identify trends.
  - Outbound summary reports, associated with each submitted file, provide summarized counts of Error Codes.
  - CMS recommends issuers review the EDGE Server Data Management webinar slides presented on December 15, 2015 and December 22, 2015, which explain the Error Codes and offers suggestions on approaches to prioritizing errors.
    - Ignore “higher and lower level rejections”.
      - Filter on “Group” in the Error Code Job Aid to identify these Error Codes.
    - See the list of the most common data elements that cause reference check failures, such as:
      - Enrollment file: Error Code: 6.3.1: Plan IDs and Rating Areas
      - Medical claim line level: Error Code: 4.3.1 Revenue Codes and Service Codes
  - Resubmission of the same claim data without truncating prior data will result in high counts of duplicate rejections (Error Codes: 3.5.19, 4.5.36).

# Preparing for November 9, 2016
## (Continued)

- Make corrections to the most common errors.
  - For the November 9, 2016 deadline, issuers should resolve the most common and easily corrected errors first in order to increase the count of accepted records to successfully meet the data submission thresholds.
  - Issuers should become familiar with the Error Code Job Aid, which is useful for data management.
    - Error codes are categorized by “Group”, so issuers can determine if the majority of rejects are related to duplicates, void/replace logic or subscriber/dependent association issues to name a few.
    - “Actions” explain what issuers need to do to resolve the error including where “no action” is needed.
    - References to specific tables and pages in the ICD and the ESBR help clarify the requirements for data submission so that errors can be resolved.

# Preparing for November 9, 2016
## (Continued)

- Establish a production submission schedule.
  - Once data has been verified through the test zone, issuers should begin submitting to production.
  - Issuers should attempt to load the most accurate enrollment file by November 1st.
- Submit baseline timely and accurately.
  - Baseline collection will begin on October 18, 2016 and end on November 2, 2016.
  - Submit counts and amounts based on *expected* data submission for the period being reported.
  - DO NOT submit actual counts or totals of data submitted to the server as your baseline.
- Perform back-ups of production data in the event of system failure or disaster.

# Thinking Ahead to December 15, 2016 Submission

# Thinking Ahead to December 15, 2016

After meeting the data submission requirements for November 9th, CMS recommends that issuers consider the following:

- Perform root cause analysis on the types of enrollment and claims that are causing the most rejections and work with the necessary departments in your organization to plan the resolution.
- Identify enrollees who may have more complicated claims (i.e. interim bills, transplants, etc.) so you are prepared to take the necessary actions to combine claims in a manner that is acceptable for EDGE submission.
- Consider working with your medical management team to identify high risk patients that may have unique enrollment and/or claims that require special handling during data submission.

# Thinking ahead to December 15, 2016 (Continued)

- Begin working on an independent predictive model to perform internal calculations for RA and RI. This model can then be used to compare to the results you are getting on your EDGE server.
  - As a starting point, use only the data you believe has been submitted and accepted on the server to evaluate the accuracy of your model calculations.
- Review and assess if your data has anomalies in the data submitted.
  - This may help you prepare for any outreach from CMS related to outlier data and help you identify possible issues with your data that may go undetected by CMS analysis.
    - As a reminder:
      - CMS is not responsible for the identification of data errors and does not have the same knowledge that issuers have of their own data.
      - CMS cannot detect data quality anomalies that fall within the normal distribution of data (i.e., data that is not an outlier).

# Getting Help



HTTPS://WWW.REGTAP.INFO

# Getting Help

- CMS has several email addresses that issuers should use to receive assistance. These are published in the EDGE Server Updates 2016 Data Submission document in the REGTAP Library.
- Remember to allow 48 hours for a response during peak periods. CMS and the Financial Management Coordination Center (FMCC) team evaluates the open cases daily to prioritize the most critical issues first.

| Issue | Email Address |
|---|---|
| **EDGE Server – Technical assistance, data submission and processing results, EDGE reports, EDGE calculations** | EDGE_server_data@cms.hhs.gov |
| **CEO Designation updates** | EDGE_server_data@cms.hhs.gov |
| **EDGE Server – RA / RI policy , payments/charges, general program questions and assistance with any EDGE web form (i.e. EDGE Status, baseline, etc.).** | RARIPaymentOperations@cms.hhs.gov |
| **Quality Outliers – Justification/explanation submission for EDGE server data quality assessment** | EDGEdatareply@cms.hhs.gov |
| **EDGE Server Data Truncation** | CMS_FEPS@cms.hhs.gov |

# Resources

# 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/ |

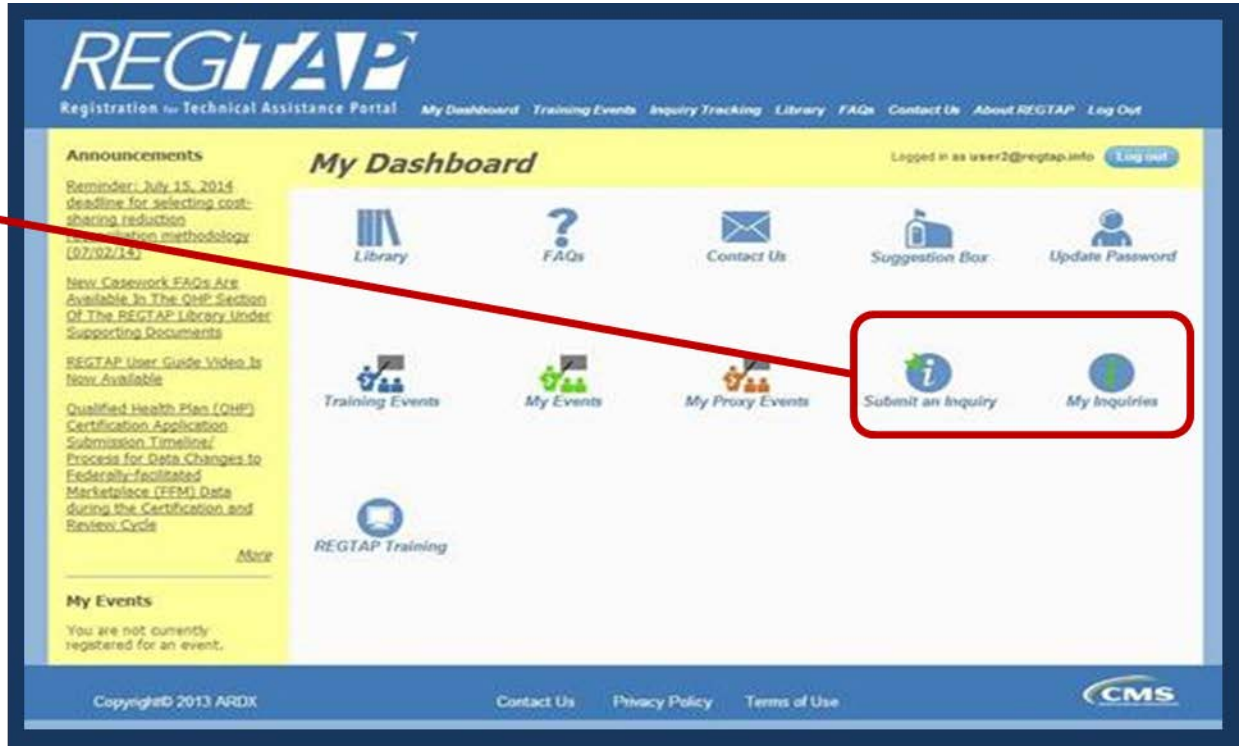


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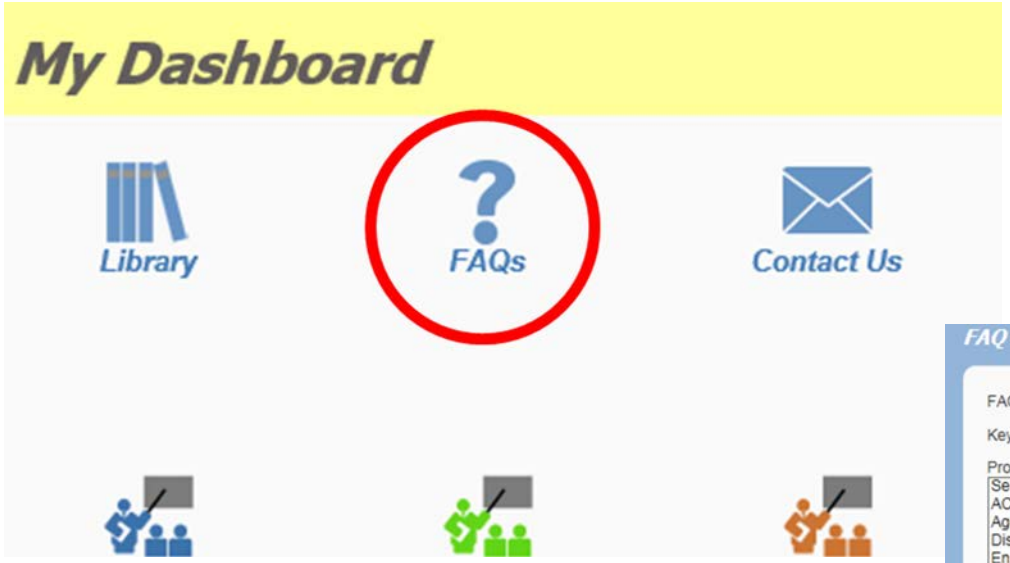
# Inquiry Tracking and Management System (ITMS)

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

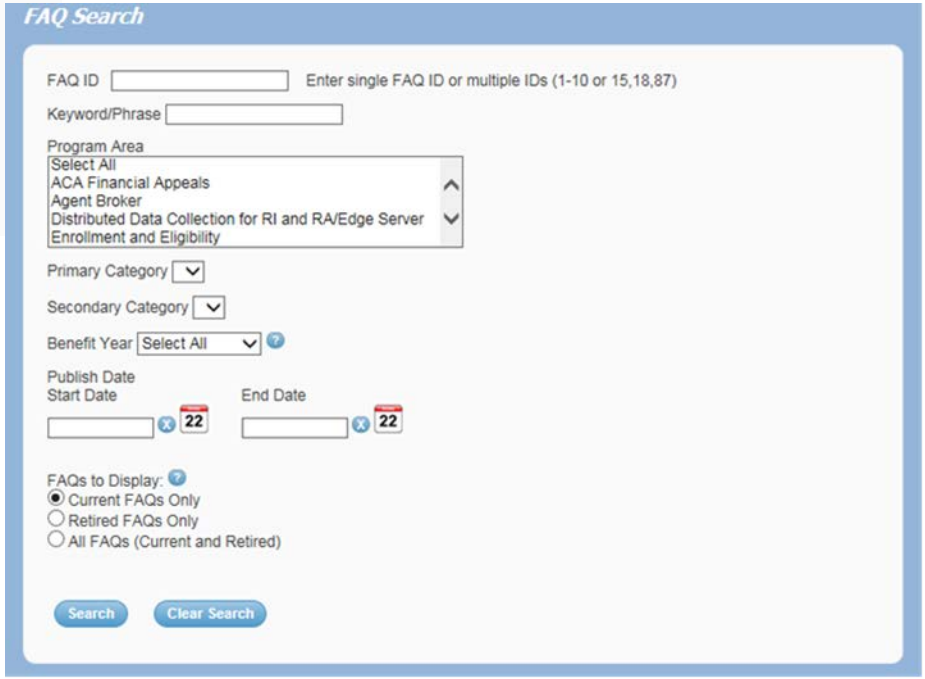
Select ‘Submit an Inquiry’ from My Dashboard.



# 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