RESOLVING COMMON REINSURANCE DISCREPANCIES

May 26, 2015

Payment Policy & Financial Management Group, Division of Reinsurance Operations Training Series

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

Agenda

- Session Guidelines
- Intended Audience
- Purpose
- Resolving Common Reinsurance (RI) Discrepancies
- Submission of Inquiries
- Frequently Asked Question (FAQ) Database
- Closing Remarks

Session Guidelines

- This is a 90-minute webinar session
- FAQs will be posted in the coming weeks
- For questions regarding content, please submit inquiries to 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

Intended Audience

- Issuers of Marketplace and Non-Marketplace plans, in states where the U.S. Department of Health & Human Services (HHS) operates the Transitional Reinsurance Program
- Third Party Administrators (TPAs) and Support Vendors
- Amazon and On-Premise EDGE server issuers (Exchange and Non-Exchange)

Purpose

- This training will provide guidance on how to address common questions about the RI calculation results.
- Specifically, this training will help issuers answer the following questions and concerns when investigating RI discrepancies:
  - Sometimes, the RIDE Report's Individual Claim Amount doesn't match my values
  - How to Identify Which Claims were Included for RI
  - Why was a Claim Excluded from RI?
  - Why is a Claim Orphaned?

The RIDE Report's Individual Claim Amount Doesn't Match My Values

- The claim amount may be spread across multiple lines in the RI Detail Enrollee (RIDE) Report
- The RIDE Report requires special attention for enrollees with overlapping enrollment periods.
  - If your data has claims that fall during a period of overlapping enrollment periods in the same 16-digit plan for the enrollee in the claim, then
    - The cost of the claim will be divided equally amongst the multiple overlapping enrollment periods.
    - The total claim value in the RIDE report is correct.

How to Identify Which Claims were Included for RI?

- **RIDE Report:** The Claim ID and claim paid amount for each claim included for RI are listed in the RIDE report, **RiDetailEnrolleeReportClaimCategory** category (as shown below)

```
<includedInsuredMemberIdentifier>
        <insuredMemberIdentifier>EDGE4.1_RICALC_ENRL_0001.1_A</insuredMemberIdentifier>
        <memberMonths>12.17</memberMonths>
        <totalAllowedClaims>20000.00</totalAllowedClaims>
        <totalPaidClaims>30000.00</totalPaidClaims>
        <moopAdjustedPaidClaims>27511.42</moopAdjustedPaidClaims>
        <cSRMOOPAdjustment>2488.58</cSRMOOPAdjustment>
        <estimatedRIPayment>0.00</estimatedRIPayment>
        <coinsurancePercentPayments>0.00</coinsurancePercentPayments>
        <includedPlanIdentifier>
            <planIdentifier>84639UT001000502</planIdentifier>
            <includedClaimIdentifier>
                <claimIdentifier>EDGE4.1_RICALC_MCLAIM_0001.1.1_A</claimIdentifier>
                <claimPaidAmount>10000.00</claimPaidAmount>
            </includedClaimIdentifier>
            <includedClaimIdentifier>
                <claimIdentifier>EDGE4.1_RICALC_MCLAIM_0001.1.2_A</claimIdentifier>
                <claimPaidAmount>20000.00</claimPaidAmount>
            </includedClaimIdentifier>
        </includedPlanIdentifier>
    </includedInsuredMemberIdentifier>
```

Why was a Claim Excluded from RI?

- If you expect a claim to be included for RI but it is not listed in the RIDE Report:
  - **Step 1:** Confirm the claim is for an Individual Market Plan
  - **Step 2:** Confirm the claim is active in the EDGE server database
  - **Step 3:** Confirm the claim is not an orphan claim

Step 1: Confirm the Claim is for an Individual Market Plan

- **Step 1:** Confirm the claim is for an Individual Market Plan
  - ➢ See Next Slide for how to query Individual Market Plan IDs
    a. If the claim is for a Small Group Plan, it is not included for RI.
    b. If the claim is for an Individual Market Plan, move to Step 2.

Plan Market Type Query

This query can be used to confirm if a plan is an Individual Market Plan:

```
SELECT
          INSRNC_PLAN_ID as 'Plan ID'
          MARKET_TYPE as 'Market Type'

FROM
          INSRNC_PLAN

WHERE
          ACTIVE_FL = 'Y‘ AND
          BENEFIT_YEAR = 2014 AND
          INSRNC_PLAN_ID = '43328VA013001401'
```

Plan ID	Market Type
43328VA013001401	1

Sample Output from query –
Market Type = 1 is for Individual Market Plans
Market Type = 2 …

Step 2: Confirm the Claim is Active in the EDGE Server Database

- **Step 2:** Confirm the Claim is Active in the EDGE server database
    a. See the following two (2) slides for how to search for active medical and pharmacy claims in the EDGE server database.
    b. If the query returns results for the Claim ID entered, then it is an active claim – move to Step 3.

Medical Claim Query

The below query can be used to confirm if a particular medical claim is active in the EDGE server database and what the value is for the coverage dates, Paid Amount, and Plan ID:

```
SELECT
        RECEIVED_INSURED_MEMBER_ID as 'Member ID',
        STATEMENT_COVERS_FROM_DATE as 'Statement Start',
        STATEMENT_COVERS_TO_DATE as 'Statement End',
        INSURANCE_PLAN_ID as 'Plan ID',
        CLAIM_PAID_TOTAL_AMOUNT as 'Paid Amount'
FROM
        EDGE_SRVR_PROD.MEDICAL_CLAIM
WHERE
        INACTIVATION_DT is NULL AND
        MEDICAL_CLAIM_ID = 'CADULT4SM00101';
```

Sample Output from query



Member ID	Statement Start	Statement End	Plan ID	Paid Amount
ARS001	2014-03-05	2014-03-06	39872VA013000101	100.00

Pharmacy Claim Query

This query can be used to confirm if a particular pharmacy claim is active in the EDGE server database and what the value is for the Fill Date, Paid Amount, and Plan ID:

```
SELECT
        RECEIVED_INSURED_MEMBER_ID as 'Member ID',
        PRESCRIPTION_FILL_DATE as 'Fill Date',
        INSURANCE_PLAN_IDENTIFIER as 'Plan ID',
        POLICY_PAID_AMOUNT as 'Paid Amount'
FROM
        EDGE_SRVR_PROD.PHARMACY_CLAIM
WHERE
        INACTIVATION_DATE IS NULL AND
        CLAIM_IDENTIFIER =  'CLAIM11';
```

Sample Output from query

```
+-----------+------------+-------------------+-------------+
| Member ID | Fill Date  | Plan ID           | Paid Amount |
+-----------+------------+-------------------+-------------+
| ENROLLEE6 | 2014-08-30 | 39872VA014000200 |    20000.00 |
+-----------+------------+-------------------+-------------+
```

Step 3: Confirm the Claim is Not an Orphan Claim

Step 3: Confirm the claim is not an orphan claim

a. Orphaned claims are listed in the Enrollee (Without) Claims Detail (ECD) report for each plan in the eXtensible Markup Language (XML) element: **activeClaimsIDsWithoutEnrolleeRecords**

```
<?xml version="1.0"?>
- <enrolleeClaimsWithWithoutDetailReport xmlns="http://vo.edge.fm.cms.hhs.gov">
  + <includedFileHeader>
    <issuerYear>2014</issuerYear>
  - <includedPlanIdentifier>
      <planIdentifier>16430UT001000202</planIdentifier>
      <totalNumberOfActiveEnrollmentRecords>2</totalNumberOfActiveEnrollmentRecords>
      <totalNumberOfStoredActiveClaims>2</totalNumberOfStoredActiveClaims>
      <totalNumberEnrolleesWithLinkedClaims>1</totalNumberEnrolleesWithLinkedClaims>
      <totalNumberEnrolleelinkClaimFlaggedRaClaimSelection>1</totalNumberEnrolleelinkClaimFlaggedRaClaimSelection>
      <totalNumberOfEnrolleesNoLinkedClaims>1</totalNumberOfEnrolleesNoLinkedClaims>
      <totalNumberOfClaimsNoLinkedEnrolleeID>1</totalNumberOfClaimsNoLinkedEnrolleeID>
    - <includedEnrolleeWithout>
        <activeEnrolleeIDswithoutClaims>JESSIE09</activeEnrolleeIDswithoutClaims>
      </includedEnrolleeWithout>
    - <includedClaimWithout>
        <activeClaimsIDsWithoutEnrolleeRecords>PCLAIM08</activeClaimsIDsWithoutEnrolleeRecords>
      </includedClaimWithout>
    </includedPlanIdentifier>
```

Why is a Claim Orphaned?

- A claim is considered orphaned if is not linked to an active enrollment period:

  a. The Plan ID tag (insurancePlanIdentifier) and Unique Enrollee ID tag (insuredMemberIdentifier) on the claim file must match the Plan ID and Unique Enrollee ID on the active enrollment period.

  b. The claim date must fall within the enrollment period coverage ‘Start’ and ‘End’ dates (coverageStartDate) and (coverageEndDate).

     a. **Pharmacy Claims:** The prescription ‘Fill’ date (prescriptionFillDate) must be within the enrollment coverage dates.

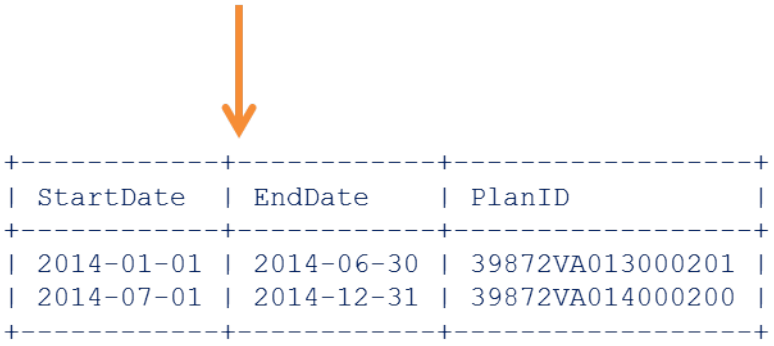
     b. **Medical Claims:** The claim ‘From’ date (statementCoverFromDate) must be within the enrollment coverage date.

Member Enrollment Periods Query

This query can be used to confirm the details for a specific member enrollment period to validate if a claim falls within the enrollment coverage dates for the same plan:

```
SELECT
        CVRG_EFCTV_STRT_DT AS StartDate,
        CVRG_EFCTV_END_DT AS EndDate,
        INSRNC_PLAN_ID as PlanID
FROM
        MMBR_INSRNC_PLCY_CVRG
WHERE
        INACTIVATION_DT is NULL AND
        INSRD_MMBR_ID = (
        SELECT
                INSRD_MMBR_ID
        FROM
                INSRD_MMBR
        WHERE
                INACTIVATION_DT IS NULL and
                RCVD_INSRD_MMBR_ID = 'ENROLLEE6');
```

Sample Output from query



```
+------------+------------+------------------+
| StartDate  | EndDate    | PlanID           |
+------------+------------+------------------+
| 2014-01-01 | 2014-06-30 | 39872VA013000201 |
| 2014-07-01 | 2014-12-31 | 39872VA014000200 |
+------------+------------+------------------+
```

Questions?

- To submit questions by phone:
  - *Dial ‘14’ on your phone’s keypad*
  - *Dial ‘13’ to withdraw your question*

Resources

HTTPS://WWW.REGTAP.INFO

Resources

Resource	Resource Link
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
Consumer website on Health Reform	http://www.healthcare.gov/
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info

Resources (continued)

Resource	Resource Link
Patient Protection and Affordable Care Act (ACA)	http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html
Standards Related to Reinsurance, Risk Corridors, and Risk Adjustment under the ACA	http://www.gpo.gov/fdsys/pkg/FR-2011-07-15/pdf/2011-17609.pdf
HHS Notice of Benefit and Payment Parameters for 2014 and Amendments to the HHS Notice of Benefit and Payment Parameters for 2014	http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf
HHS Notice of Benefit and Payment Parameters for 2015 and Amendments to the HHS Notice of Benefit and Payment Parameters for 2015	http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf

Resources (continued)

Resource	Resource Link
Standards Related to Reinsurance, Risk Corridors and Risk Adjustment under the ACA	http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf
Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards; Amendments to the HHS Notice of Benefit and Payment Parameters for 2014	http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf
Health Insurance Market Rules, Rate Review Final Rule	http://www.gpo.gov/fdsys/pkg/FR-2013-02-27/pdf/2013-04335.pdf
HHS-Developed Risk Adjustment Model Algorithm Instructions	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ra-instructions-4-16-13.pdf

Locating Reinsurance Documents in REGTAP

Stakeholders can access additional documents at https://www.REGTAP.info in the REGTAP Library.

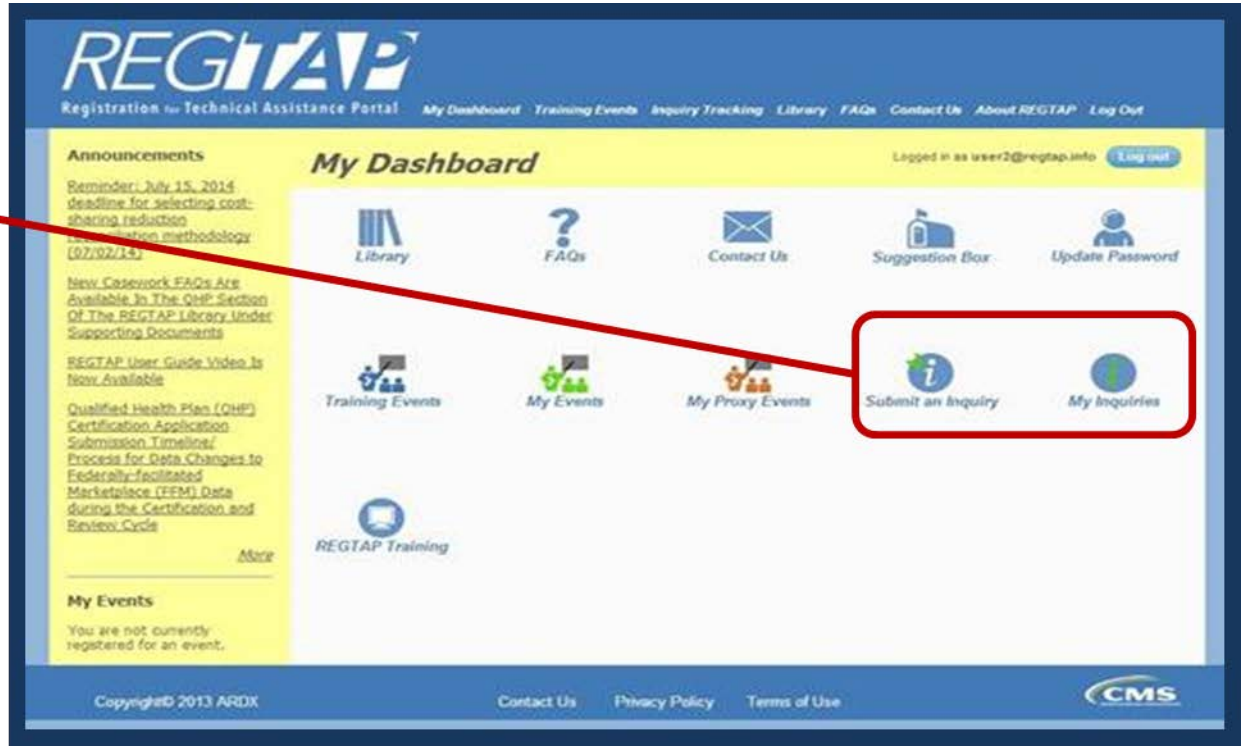
Under Program Area, select 'Reinsurance'



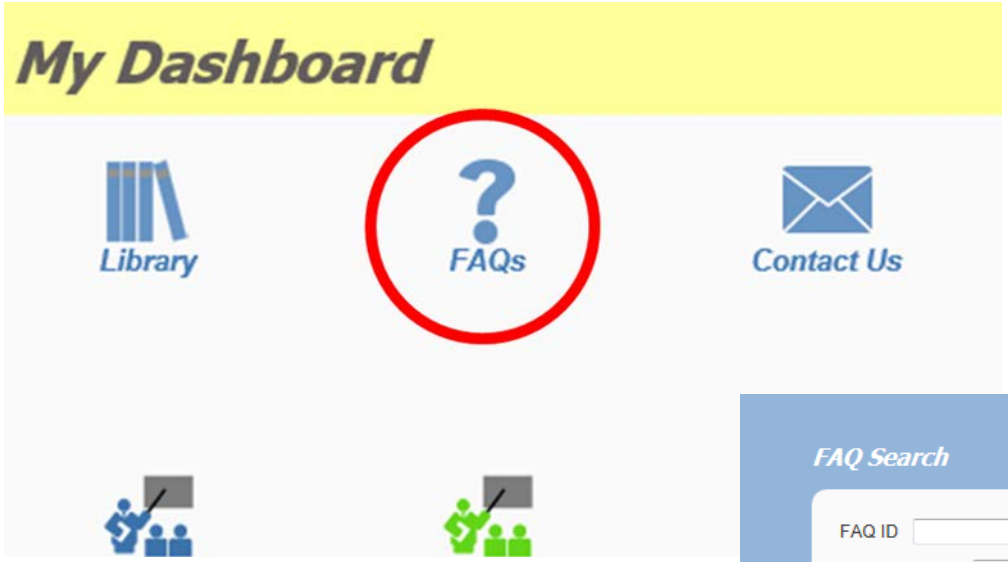
Inquiry Tracking and Management System (ITMS)

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

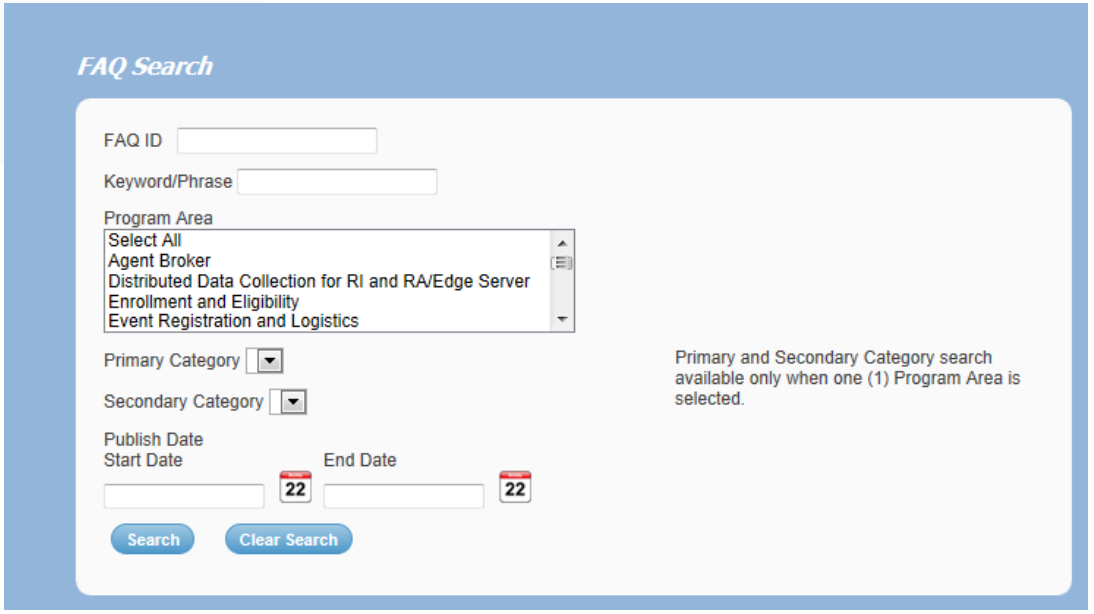
Select 'Submit an Inquiry' from My Dashboard.



FAQ Database on REGTAP



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



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

Closing Remarks