DISTRIBUTED DATA COLLECTION (DDC) FOR REINSURANCE (RI) AND RISK ADJUSTMENT (RA): EDGE ISSUER CLARIFICATIONS AND ANNOUNCEMENTS

September 25, 2018

EDGE Server Webinar Series VIII

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HTTPS://WWW.REGTAP.INFO

EDGE Issuer Clarifications and Announcements

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EDGE Server Proposed Builds and Documentation Updates

- CMS is seeking issuer feedback regarding potential updates to the EDGE server and related documentation in order to reduce issuer burden.
  - Update to file ingest error handling
  - Update to Interface Control Document (ICD)- RA and RI Addendum format
- Specifically, CMS would like to know:
  - Would the proposed update be helpful or beneficial to your operations?
  - Are there any specific concerns with the proposed updates?
- CMS has not yet determined the timing for implementing the changes.

Proposed Update: File Ingest Error Handling

- Error Code Summary Report does not provide the detail needed to clearly identify reasons for rejections. CMS proposes to:
  - Add the offending element name to each generic error code (error messages with error type code 1, 2 or 3, for example 1.1.1, 1.2.1 or 1.3.1) to allow for easier identification of elements causing the claim rejection
- CMS is also considering improvements to the Error Code Detail Report
  - Does the report contain sufficient detail?
  - Do cascading error messages that cause circular references between the header and claim lines cause difficulty in resolving non-generic error codes (e.g. 1.4.X)?

File Ingest Error Handling Examples

- Current State – Error Code Summary Report
  - In this XML snippet, the current generic error code 1.1.1 is used to indicate a required field is missing but there is no information to indicate if the two (2) claims rejected were for the same missing required element.

```
<includedRecordCounts>
    <recordsReceived>11</recordsReceived>
    <recordsAccepted>0</recordsAccepted>
    <recordsResolved>0</recordsResolved>
    <recordsRejected>11</recordsRejected>
    <newRecordsAccepted>0</newRecordsAccepted>
</includedRecordCounts>
<includedErrorCodeFrequency>
    <offendingElementErrorTypeCode>1.1.1</offendingElementErrorTypeCode>
    <offendingElementErrorTypeCodeFrequency>2</offendingElementErrorTypeCodeFrequency>
</includedErrorCodeFrequency>
<includedErrorCodeFrequency>
    <offendingElementErrorTypeCode>1.2.1</offendingElementErrorTypeCode>
    <offendingElementErrorTypeCodeFrequency>1</offendingElementErrorTypeCodeFrequency>
</includedErrorCodeFrequency>
<includedErrorCodeFrequency>
    <offendingElementErrorTypeCode>3.3.1</offendingElementErrorTypeCode>
    <offendingElementErrorTypeCodeFrequency>11</offendingElementErrorTypeCodeFrequency>
</includedErrorCodeFrequency>
```

File Ingest Error Handling Examples
(continued)

- Proposed Solution – Error Code Summary Report
  - Add the offending element name to each generic error code (e.g. X.1.1, X.2.1, X.3.1) to allow for easier identification of required elements causing the claim rejection

```
<includedErrorCodeFrequency>
    <offendingElementErrorTypeCode>1.1.1</offendingElementErrorTypeCode>
    <offendingElementName>issuerPlanPaidTotalAmount</offendingElementName>
    <offendingElementErrorTypeCodeFrequency>1</offendingElementErrorTypeCodeFrequency>
</includedErrorCodeFrequency>
<includedErrorCodeFrequency>
    <offendingElementErrorTypeCode>1.1.1</offendingElementErrorTypeCode>
    <offendingElementName>issuerClaimDetailTotalQuantity</offendingElementName>
    <offendingElementErrorTypeCodeFrequency>1</offendingElementErrorTypeCodeFrequency>
</includedErrorCodeFrequency>
<claimLineCounts>
```

RARI ICD Addendum Update

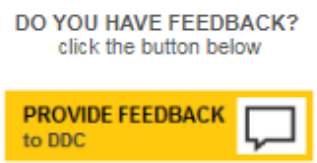
- The RARI ICD Addendum is a supplement to the RARI ICD that defines several key reports produced by EDGE servers.
  - Currently, it contains reports for several different functional areas within EDGE.
  - As a result the document is very large, which makes navigating between reports difficult.
- CMS is proposing to split the RARI ICD Addendum into separate documents by EDGE functionality (e.g. RA, RADV, HCRP, ECS & Frequency and RI).
  - CMS would post the documents in one (1) zip file to ease finding any of the ICD addendum

Providing Your Feedback on the Proposed Updates

- You are invited to provide feedback regarding the proposed updates. Please choose one (1) of two (2) ways.
  1. EDGE Server Webinar Series VIII Evaluation Survey
     - Your web page will be redirected to the survey following this webinar.
     - You will also receive an email inviting you to complete the survey.
  2. Registration for Technical Assistance Portal (REGTAP) DDC Program Area Page Feedback Button
- Feedback is requested by Close of Business (COB), Friday, October 5, 2018.

Providing Your Feedback on the Proposed Updates (continued)

- REGTAP DDC Program Area Page Feedback Button
  - Log into REGTAP and access the DDC Program Area page (https://www.regtap.info/ddc.php).
  - Click on the PROVIDE FEEDBACK TO DDC button, located near the bottom of the left side panel.
  - Please include "EDGE Proposed Builds and Document Updates" at the beginning of your feedback in the *Question* field.
  - Please select "EDGE Server Webinar Series VIII (08/28/2018 – 12/18/2018)" for *Event Title.*



User Group Clarification: Questions and Answers

- Can you further define the requirements for the baseline cross-year (CY) claims request, specifically pharmacy?
  - In the BY2018 Baseline Submission web form, CMS added three (3) new fields requesting CY claims information be provided separately from other claims information.
    - This is in contrast to previous years where CY claims information was requested to be submitted as part of the Quarter 1 baseline data.
  - The new fields are the (1) total CY medical claims count, (2) total CY Rx claims count, and (3) total CY claims paid amount.
    - For all three (3) fields, cross year claim is defined as a claim with a date of service beginning in 2017 and an end date in 2018.
  - For total CY Rx claims count, CMS is requesting that issuers provide the total number of HCPCs for pharmacy that are in the CY medical claims count and being submitted for an issuer's BY2018 EDGE server data.
  - The Healthcare Common Procedure Coding System (HCPCS) may or may not map to an RXC.

User Group Clarification: Questions and Answers (continued)

- Can you further define the requirements for the baseline CY claims request, specifically pharmacy? (continued)

Claim Service	Cross year?	Pharmacy?	Include count and paid amount in:
Inpatient Hospital	No	No	Medical claims
Inpatient Hospital	No	Yes	Medical claims
Inpatient Hospital	Yes	No	• CY medical claims • CY total paid amount
Inpatient Hospital	Yes	Yes	• CY medical claims • CY Rx claims where count represents the number of HCPCs for pharmacy in the CY medical claim • CY total paid amount

Example to report CY information:

Medical claims count (excludes cross year)	6000
CY medical claims count (with or without pharmacy services)	500
CY Rx claims (HCPCs count for pharmacy services derived from the CY medical claims with pharmacy service, these are a subset of the 'cross year medical claims count')	40
Total Medical Claims	**6500**

User Group Clarification: Questions and Answers (continued)

- How do I split the claim lines when breaking up an outpatient CY claim?
  - Issuers may either (1) submit a final, aggregated claim or (2) submit a claim for each benefit year for CY outpatient claims.
  - The ESBR *Section 7.18.3* provides details of how to submit CY outpatient claims including examples of how to apply the statement coverage dates and claim-line paid claim amounts when splitting the CY outpatient claims.

User Group Clarification: Questions and Answers (continued)

- In addition to the National Drug Code (NDC) Serial Presence Detect (SPD) file, is CMS using a secondary source for NDCs in the EDGE reference table?
  - At this time, CMS is not using a secondary source for NDCs in the EDGE reference table. CMS is aware of the concern issuers have raised regarding NDCs' start and end dates.
  - If there is a modification to the NDCs in the future, it would be to better address concerns raised regarding the start and end dates, as opposed to the NDCs themselves. We are reviewing these concerns and considering possible solutions.
  - The NDC SPD Data Elements will remain the sole source file for the 11 digit NDC codes.

User Group Clarification: Questions and Answers (continued)

- Can issuers submit a default diagnosis code for medical claims (akin to dental/vision)?
  - The EDGE Server Business Rules (ESBR) *Section 7.4* describes the limited circumstances in which default values are permitted.
  - While the use of default diagnosis codes for dental and vision services is permitted as outlined in ESBR *Section 7.7*, the use of default diagnosis codes for medical services is NOT permitted.
  - Unless otherwise specified in the ESBR *Section 7*, issuers cannot use default diagnosis as a general business practice for medical claims.