HHS Risk Adjustment Data Validation (HHS-RADV)

Issuers Interpreting the Initial Validation Audit (IVA) Findings Report

November 28, 2018

HHS-RADV Webinar Series III

Session Agenda

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- Guidance for Package 1, 2, and 3 Issuer Senior Official (SO) Signoff Process
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- Referenced Documents
- Question and Answer (Q&A)
- Next Steps and Closing Remarks

Session Guidelines

- This is a 60 minute webinar session
- For questions related to content, please contact the RADV team at CCIIOACARADataValidation@cms.hhs.gov
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520

Intended Audience

- Issuers subject to the HHS-RADV Audit requirements under 45 CFR 153.630
- Initial Validation Audit (IVA) Entities
- Third Party Administrators (TPA) and support vendors

Session Purpose

- This presentation reviews and complements the Job Aid for Issuers - Interpreting the IVA Findings Report, highlighting sections of the Job Aid that the Issuer SO should utilize when conducting their review of Package 1, 2, and 3 (if applicable) signoff materials

HHS-RADV Timeline

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Benefit Year 2017 HHS-RADV Timeline

Date	Description
June 2018 – January 25, 2019	IVA is conducted.
December 3, 2018	IVA Results Submission period opens for Package 1 submission.
December 2018 – January 2019	CMS releases the Second Validation Audit (SVA) subsample to IVA Entities, upon issuer signoff of Package 1.
January 11, 2019	Final Issuer SO signoff of Package 1 due date. This closes the window for the 2017 benefit year HHS-RADV Package 1 submission.
January 25, 2019	Final day for Issuer SO signoff of Package 2 medical records.
January 25, 2019	IVA Entity Inter-rater Reliability (IRR) results submission deadline.
January 2019 – April 2019	SVA is conducted.
May 2019 – June 2019	CMS releases 2017 benefit year HHS-RADV error rates to issuers.

Announcements

Announcements

- The IVA System Generated Password page is currently available to IVA Entities
- The IVA Results Submission period for Package 1 opens Monday, December 3, 2018
- CMS strongly encourages IVA Entities to test at least one (1) file when the window opens, to ensure that your XML is formatted correctly and accepted by the Audit Tool
  - **CMS recommends that IVA Entities prepare files for submission prior to December 3rd to allow sufficient time to upload files and address errors or warnings**

Announcements (continued)

- CMS would like issuers and IVA Entities to take time now to confirm they have access to the Audit Tool by logging in and ensuring that their user name and password is working
- If you have a new computer and need to re-establish connectivity to WinAuth for two (2) factor authentication, you should email CCIIOACARADataValidation@cms.hhs.gov and provide availability for the help desk to work with you to resolve the issue

Announcements (continued)

- The Audit Tool will have a planned outage for all users starting on Wednesday, November 28th at 8:00 a.m. Eastern Time (ET)
- The Audit Tool will be available again with functionality for all users on Monday, December 3rd starting at 8:00 a.m. ET

Announcements (continued)

- For the 2017 benefit year, the IVA Submission process web forms do not work in the Safari web browser
- The IVA Submission forms are optimized for use with Google Chrome™ or Firefox®
- Internet Explorer® may be used, but some form features, such as error messaging and pop-ups, may not function as expected

Recommendations

Issuer Review and Signoff of IVA Findings

- Prior to final Issuer SO signoff, it is important to review the IVA Findings Report in a timely manner
- Issuers and their respective IVA Entities are responsible for working together to gather the information necessary for a complete RADV audit
- Given the contractual relationship between the issuer and IVA Entity, and the fact that HHS does not produce the IVA results, IVA Entity findings are not disputable through the CMS discrepancy reporting processes set forth in 45 CFR 153.630(d)(2) or appealable under 45 CFR 153.630(d)(3) and 45 CFR 156.1220
  - If the SVA Entity finds sufficient pairwise agreement between the SVA and IVA findings, then the IVA findings will be used for the error rate calculation and such findings will not be disputable or appealable

Submit Early

SUBMIT EARLY!

- Plan ahead and avoid the rush to make medical record requests of providers, as providers are inundated with medical record requests during this time of the year
- The deadlines below are final dates – issuers should ensure they are reviewing Packages 1 and 2 well in advance of these dates:
  - Final Issuer SO signoff on Package 1 (IVA Findings) is January 11, 2019
  - Final Issuer SO signoff on Package 2 (SVA Subsample Medical Records) is January 25, 2019
  - Issuer SO signoff of Package 3 (Submission of Remaining Medical Records) is due within **seven (7) calendar days** of receipt of the request from CMS

Submit Early (continued)

SUBMIT EARLY!

- No extensions will be provided
- Early submission benefits:
  - Receipt of pairwise results earlier, which may prove beneficial if there are substantial differences between SVA and IVA findings
  - Permits CMS to assist with technical issues that arise during the submission process earlier to meet your submission goals
  - Provides more time for issuers and IVA Entities to identify and address any issues identified during the submission and signoff process

Avoid the Risks of a Last Minute Submission

- CMS expects a 33% increase in Health Insurance Oversight System (HIOS) IDs for 2017 benefit year HHS-RADV
- Working with your IVA Entity early and often during the submission process can minimize technical problems
- Several IVA Entities may be submitting a large volume of records to the Audit Tool at the same time, potentially causing slowdowns in IVA Entity submissions
- Streamline the review and signoff from Issuer SO by communicating with the IVA Entity about the submission progress regularly

Introduction

Introduction

- After the Initial Validation Audit (IVA) is complete, IVA Entities are required to submit their findings and supporting documentation (i.e., screenshots, workpapers, medical records, etc.) to CMS for each HIOS ID and the corresponding sampled enrollees evaluated
- The IVA submission process can be separated into three (3) phases:
  - Phase 1: Submission of IVA Findings, Inclusive of the IVA Entity Audit Results Submission XML (Package 1)
  - Phase 2: Submission of Medical Records for SVA Subsample (Package 2)
  - Phase 3 (if requested by CMS): Submission of Remaining Medical Records (Package 3)
- For details regarding the IVA Submission timing and submission windows, please refer to the 2017 Benefit Year HHS-RADV Timeline document, found in the REGTAP (www.regtap.info) library at https://www.regtap.info/reg_librarye.php?i=2456

How to Use the Job Aid

- Issuer SOs should use the ‘Interpreting the IVA Findings Report Job Aid’ in conjunction with existing HHS-RADV resources, referenced in Table 5 of the Job Aid, during the Package 1, 2, and 3 submission signoff processes
- Issuer SOs should understand the signoff process expectations summarized in the Job Aid, including the following:
  1. Issuer SO responsibilities
  2. Guidance for the Issuer SO to follow when reviewing final signoff materials; and
  3. Policy and procedural resources for additional, comprehensive guidance

Guidance for Package 1, 2, and 3 Issuer SO Signoff Process

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Responsibilities – Issuer SO

- The Issuer SOs and RADV Coordinators will receive an email notification when the IVA Results for Package 1, 2, and 3 (if requested) are available for review and signoff
  - The files may be downloaded and reviewed by an Issuer SO or RADV Coordinator
- The **IVA Findings Report** and the **Files Report** for Package 1 and 2, respectively, are the two (2) reports that must be downloaded and reviewed by the Issuer SO or RADV Coordinators
- If a Package 3 submission is requested, only the **Files Report** must be downloaded and reviewed by the Issuer SO or RADV Coordinator. Issuer signoff for Package 3 must be completed within **seven (7) calendar days** of receiving the request to submit the requested medical records

Responsibilities – Issuer SO (continued)

- Only an Issuer SO has the ability to sign off on IVA Entity Submissions
- Issuer SOs can choose to sign off on individual or multiple HIOS IDs from the IVA Entity Package Submission Status page
- **Issuer SOs should review all "warnings" in the IVA Findings Report** and confirm that the information submitted in the file(s) is correct
- Warnings do not require remediation and resubmission, however, left unresolved they may result in a lower than anticipated risk score for one (1) or more enrollees

Issuer Guidance for Package Signoff

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Issuer Guidance for Package Signoff

Guidance	Description	What an Issuer SO Should Understand
1. Review all Warnings for Package 1	Warning notifications are found in the **IVA Findings Report** for Package 1 and indicate that IVA Entity Audit Results Submission XML may be incorrect or invalid	• Warnings indicate a variance between the IVA Findings and RADV Sampling reports or other reference documents and may impact enrollee risk scores • Warnings do not require remediation and resubmission, however they may result in a lower than anticipated risk score for one (1) or more enrollees • Warnings do not prevent the IVA Entity or issuer from advancing through the IVA Submission Process

Issuer Guidance for Package Signoff (continued)

Guidance	Description	What an Issuer SO Should Understand
2. Review all Warnings for Package 2 and 3	Warning notifications are found in the **Files Report** in the event a Medical Record identified in the Package 2 or 3 File Manifest is not uploaded or if an uploaded file does not match the characteristics of the Medical Record submitted in the XML	• Warnings indicate a variance between the Files Report and the IVA Audit Results Submission XML or other reference documents and may impact enrollee risk scores • Warnings do not require remediation and resubmission; however they may result in a lower than anticipated risk score for one (1) or more enrollees. Specifically, a Files Report warning may indicate that a medical record specified in the XML was not submitted, resulting in an unsubstantiated HCC • Warnings do not prevent the IVA Entity or issuer from advancing through the IVA Submission Process

Issuer Guidance for Package Signoff (continued)

Guidance	Description	What an Issuer SO should understand
3. Communicate with your IVA Entity	Work with your IVA Entity to determine timely corrective actions to be taken as a result of a package 'Rejection' by using the comments field in the Audit Tool or communicate outside the system with your IVA Entity	• Issuers and IVA Entities must review all warnings to ensure all data was entered as intended • During Package 1 submission, IVA Entities may remediate warnings by correcting and resubmitting the IVA Entity Audit Results Submission XML • During Package 2 and 3 submission, IVA Entities may remediate warnings by uploading the files identified as missing on the Files Report • **Rejection of Package 2 or 3 does not allow the IVA Entity to upload medical records not previously identified in the IVA Entity Audit Results Submission XML**

Issuer Guidance for Package Signoff (continued)

Guidance	Description	What an Issuer SO should understand
4. Understand the Enrollee Risk Scores	The IVA findings report contains the External Data Gathering Environment (EDGE) server generated risk score, the IVA generated risk score, and the variance between the two (2)	• **EDGE server risk scores are based on HCCs derived from diagnosis data submitted by issuers to the EDGE server** • IVA generated risk scores are based on IVA validated HCCs • Risk score calculations only consider the risk factors related with HCCs • A variation in risk scores between the IVA Findings Report for Package 1 and the recalculated Package 2 risk scores may be impacted if expected medical records are not submitted in Package 2

Issuer Guidance for Package Signoff (continued)

Guidance	Description	What an Issuer SO should understand
5. Calculate HCC Failure Rates	The failure rate methodology is described in detail in the Issuer Support Job Aid and Section 7.3 (Error Estimation) of the 2017 Benefit Year HHS-RADV Protocols	• CMS calculates issuer and national level HCC failure rates by grouping HCCs into the Low, Medium, and High failure rate groups for the current benefit year • Using these groups, issuers with outlier HCC failure rates are identified and an error rate is calculated for outlier issuers • Issuers can use the IVA Findings Report to simulate the HCC failure rates calculation; however, the simulated calculations are not indicative of final results and cannot be used to determine if an error rate will be assessed

Issuer Guidance for Package Signoff (continued)

Guidance	Description	What an Issuer SO should understand
6. Determine Chronicity of a Diagnosis	CMS considers a chronic condition as lasting for a year or more and requiring ongoing medical attention	• CMS has provided guidance and examples of the situations and HCCs that may be considered chronic conditions in the Protocols, noting that the coding of these conditions must be consistent with the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) coding guidelines

Issuer SO Signoff Process for Package 1

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Package 1 – Issuer SO Signoff Process

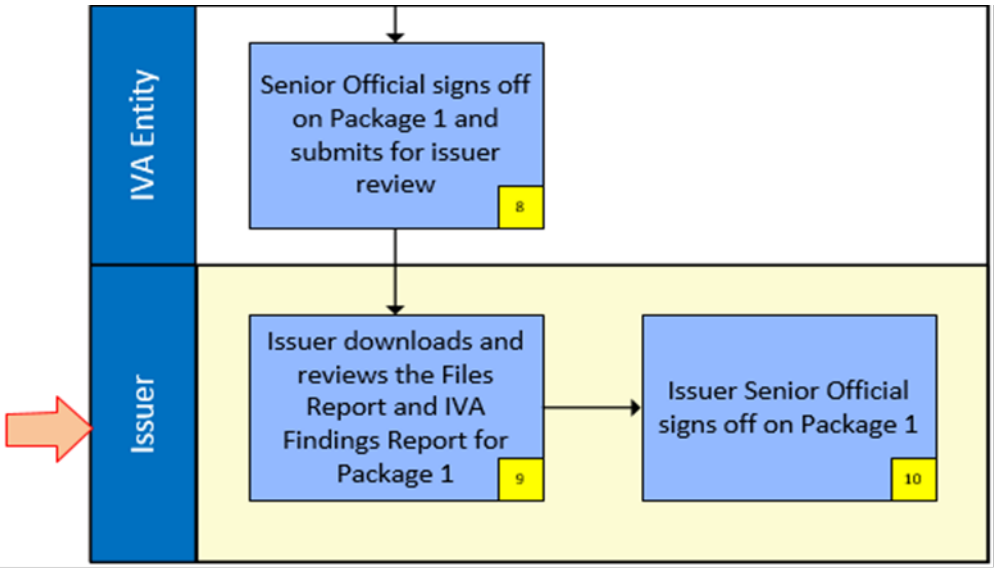

Figure 1: Issuer Responsibility in the IVA Results Submission Process - XML and Package 1

- As shown in Figure 1, the issuer reviews "warnings" off the IVA Findings Report and confirms the information submitted in the IVA Audit Results Submission XML is correct prior to final signoff

Responsibilities – Issuer SO (continued)

If the Issuer SO	Then
Approves the Package 1 Submission	IVA Entity SOs and RADV Coordinators will receive a confirmation email
Rejects the Package 1 Submission	The IVA Entity must review the issuer's rejection notes in the Audit Tool and remediate and resubmit the Package as necessary

NOTE: Once the Issuer SO signs off on Package 1, the IVA Entity Audit Results Submission XML is finalized and can no longer be updated and/or resubmitted

Package 1 – Issuer SO Signoff Process (continued)

- The IVA Findings Report will display the final data that will be used for the issuer's Package 2 and 3 (if requested) submissions
- It is critical that issuers closely review the IVA Findings Report for Package 1 to ensure that all of the data submitted by the IVA Entity on the IVA Entity Audit Results Submission XML is correct
- While it is not a requirement to remediate the IVA Entity Audit Results Submission XML for warnings identified on the IVA Findings Report, unresolved warnings may result in a lower than anticipated risk score for one (1) or more enrollees, so all warnings should be reviewed before confirming the submission as final
- Once the Issuer SO signs off on Package 1, the IVA Entity Audit Results Submission XML is finalized and can no longer be updated and/or resubmitted

Package 1 – Issuer SO Signoff Process (continued)

- The Audit Tool does not currently check for duplicate simple elements within a complex element in the **IVA Entity Audit Results Submission XML**
  - The last value included in the duplicate simple elements will be stored in the system
- IVA Entities should carefully review their **IVA Entity Audit Results Submission XML** format prior to submission
- IVA Entities and issuers should carefully review the outbound files for deviations from the expected values

Review Submitted Information on the IVA Findings Report

- **Review all information on the IVA Findings Report**
  - CMS encourages IVA Entities and Issuer SOs to verify all submitted information on the IVA Findings Report
  - If an IVA Entity submits duplicate data element tags in the IVA Entity Audit Results Submission XML for data elements that must be unique (i.e. first name, last name, date of birth, medical record identifier, etc), the Audit Tool will only capture what is indicated in the second, or last tag
  - In the example below, the IVA Entity submitted the 'radvMceLinkedClaimId' in two (2) tags for the same enrollee
    - The Audit Tool will only capture what is in the second tag and will not produce errors or warnings for the information submitted in the duplicate tag

```
<medicalRecordDataValidationItem>
   <mrIdentifier>9906MRID9254</mrIdentifier>
   <mrDocumentItem>
      <fileName>MR Document575066.pdf</fileName>
      <fileType>Medical Record</fileType>
      <fileSize>201.98</fileSize>
   </mrDocumentItem>
   <mrFromDate>2017-03-05</mrFromDate>
   <mrThroughDate>2017-03-06</mrThroughDate>
   <primaryCoderDiagnosisCode>A0104</primaryCoderDiagnosisCode>
   <seniorCoderDiagnosisCode>A0104</seniorCoderDiagnosisCode>
   <radvmceOrNecIndicator>MCE</radvmceOrNecIndicator>
   <radvmceLinkedClaimId>EDGE5.0_RADVPS_MED_0992</radvmceLinkedClaimId>
   <radvmceLinkedClaimId>EDGE5.0_RADVPS_MED_0995</radvmceLinkedClaimId>
</medicalRecordDataValidationItem>
```

Review Submitted Information on the IVA Findings Report (continued)

- **Review all information on the IVA Findings Report**
  - There are some instances where duplicate and multiple element tags are allowable, for example 'SeniorCoderDiagnosisCode'
  - The 'PrimaryCoderDiagnosisCode' and 'SeniorCoderDiagnosisCode' may contain multiple tags, the Audit Tool will capture all tags in this instance

```
<medicalRecordDataValidationItem>
   <mrIdentifier>1411MRID6052</mrIdentifier>
   <mrDocumentItem>
      <fileName>MR Document121890.pdf</fileName>
      <fileType>Medical Record</fileType>
      <fileSize>201.98</fileSize>
   </mrDocumentItem>
   <mrFromDate>2017-03-05</mrFromDate>
   <mrThroughDate>2017-03-06</mrThroughDate>
   <primaryCoderDiagnosisCode>A984</primaryCoderDiagnosisCode>
   <primaryCoderDiagnosisCode>A0104</primaryCoderDiagnosisCode>
   <primaryCoderDiagnosisCode>C257</primaryCoderDiagnosisCode>
   <seniorCoderDiagnosisCode>A984</seniorCoderDiagnosisCode>
   <seniorCoderDiagnosisCode>A0104</seniorCoderDiagnosisCode>
   <seniorCoderDiagnosisCode>C257</seniorCoderDiagnosisCode>
```

Example of a Package 1 Warning

- **Package 1 "Warning" from the IVA Findings Report**
  - In the IVA Findings Report example below, a warning is indicated in the 'responseType' tag
    - The tag 'dataElement' indicates the data element causing the warning, 'seniorCoderDiagnosisCode'
  - The tag 'responseMessage' provides the warning message explaining the reason for the warning
    - In this case, the error is indicating that there is 'Not a valid ICD-10 code' as identified by the senior coder for a particular enrollee

```
<mrResponseItem>
    <responseType>Warning</responseType>
    <dataElement>seniorCoderDiagnosisCode</dataElement>
    <valueProvided>ABC123</valueProvided>
    <responseCode>3.5.3</responseCode>
    <responseMessage>Not a valid ICD-10 code.</responseMessage>
</mrResponseItem>
```

Figure 2: Package 1 Warning from an IVA Findings Report

Example of a Package 1 Warning from the IVA Findings Report (continued)

- **Package 1 "Warning"**
  - Issuers and IVA Entities can utilize the HHS-RADV Interface Control Document (ICD) to verify the warning type and action necessary to remediate or resolve the warming as shown below
  - To resolve or remediate the warming in this illustrative example, the issuer may, if it chooses, reject Package 1 and work with their IVA Entity to enter a valid ICD-10-CM code supported by the corresponding medical record(s) and resubmit the IVA Entity Audit Results Submission XML

XML Data Element	Error Level	Error Type	Unique ID	Response Code	Error Message	Error Description	Action	Error Type	Report(s)
seniorCoderDiagnosisCode	3	5	3	3.5.3	Not a valid ICD-10 code.	The Senior Coder diagnosis code provided is not a valid ICD-10 code as listed in the HHS-Developed Risk Adjustment Model Algorithm Software or No Sr Diag.	Confirm the information submitted in the file. If the information is incorrect, make the appropriate corrections and resubmit. If the information in the file is correct, no further action is required.	Warning	IVA Findings Report

Table 3: Table 35 of the HHS-RADV ICD

Issuer SO Signoff Process for Packages 2 and 3

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Package 2 – Issuer SO Signoff Process

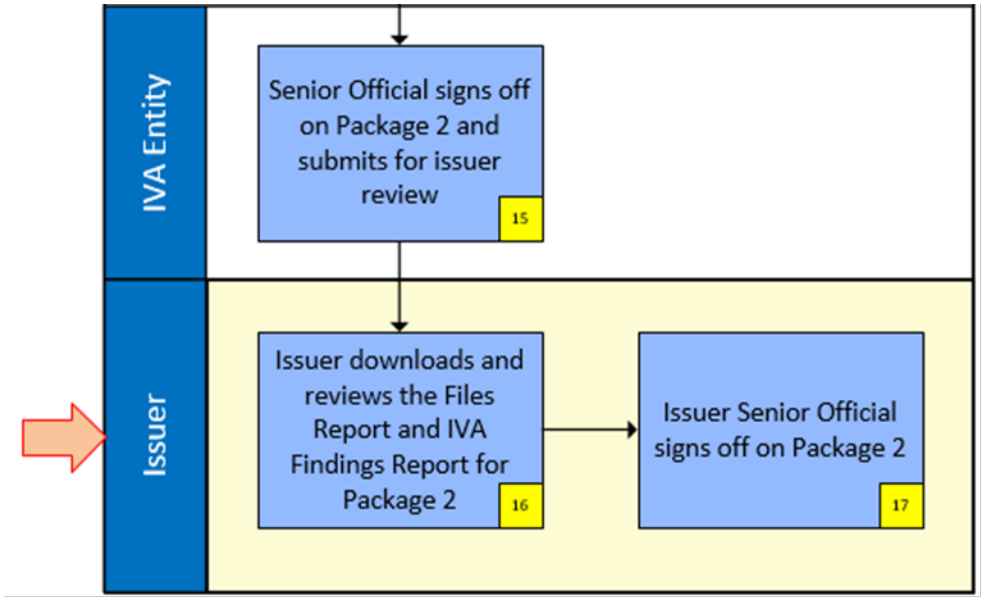

Figure 3: Issuer Responsibility in the IVA Results Submission Process - XML and Package 2

- As shown in Figure 3, the issuer reviews warnings from the IVA Findings Report for Package 2 and confirms that the information submitted is correct

Responsibilities – Issuer SO (continued)

If the Issuer SO	Then
Approves the Package 2 or 3 Submission	IVA Entity SOs and RADV Coordinators will receive a confirmation email
Rejects the Package 2 or 3 Submission	The IVA Entity must review the issuer's rejection notes in the Audit Tool and remediate and resubmit the Package as necessary

NOTE: Issuer rejection of Package 2 and 3 does not allow the IVA Entity to upload Medical Records not previously identified in the IVA Entity Audit Results Submission XML

Example of a Package 2 Notification from the IVA Findings Report

- **"Expected File Missing" Notification**
  - In the IVA Findings Report below, a warning is indicated in the 'deltaRSRadvdeIvaPk2' tag
  - The tag 'deltaRSRadvdeIvaPk2' indicates there is a variation in risk score between the IVA Entity Audit Results Submission XML and medical record files submitted as a part of Package 2

```
- <enrlResponseItem>
    <mrCount>2</mrCount>
    <uniqueDiagCount>3</uniqueDiagCount>
    <uniqueHccCount>1</uniqueHccCount>
    <radvdeRiskScore>2.359</radvdeRiskScore>
    <ivaRiskScorePk1>2.541</ivaRiskScorePk1>
    <deltaRSRadvdeIvaPk1>0.182</deltaRSRadvdeIvaPk1>
    <ivaRiskScorePk2>1.320</ivaRiskScorePk2>
    <deltaRSRadvdeIvaPk2>-1.039</deltaRSRadvdeIvaPk2>
  </enrlResponseItem>
```

Example of a Package 2 Notification from the IVA Findings Report (continued)

- **"Expected File Missing" Notification**
  - In this case, the Files Report error is indicating that "Expected file is missing" for all files from the Package 2 submission for a particular medical record identifier

issuerIden	uniqueEnrolleeId	mrIdentifier	necIdentifi	fileName	expectedF	receivedFil	responseC	responseMessage
1234	82353ETD	01234MR8235302		MR456785	23.64		5.3.3	Expected file missing.
1234	82353ETD	01234MR8235302		MR456785	75.45		5.3.3	Expected file missing.
1234	82353ETD	01234MR8235302	01234NEC	NEC86753	86.24		5.3.3	Expected file missing.
1234	82353ETD	01234MR8235302	01234NEC	NEC12468	76.14		5.3.3	Expected file missing.
12345				INVALID_FILE.pdf		25	5.3.2	No file name match found.

  - To resolve or remediate, the issuer may, if it chooses, reject Package 2 and work with their IVA Entity to identify the missing file and resubmit Package 2 with the file included

NOTE: A lower risk score on the IVA Findings Report for Package 2, compared to the IVA Findings Report for Package 1, may be explained by medical record files that were expected, but not included in the Package 2 submission

Package 3 – Issuer SO Signoff Process

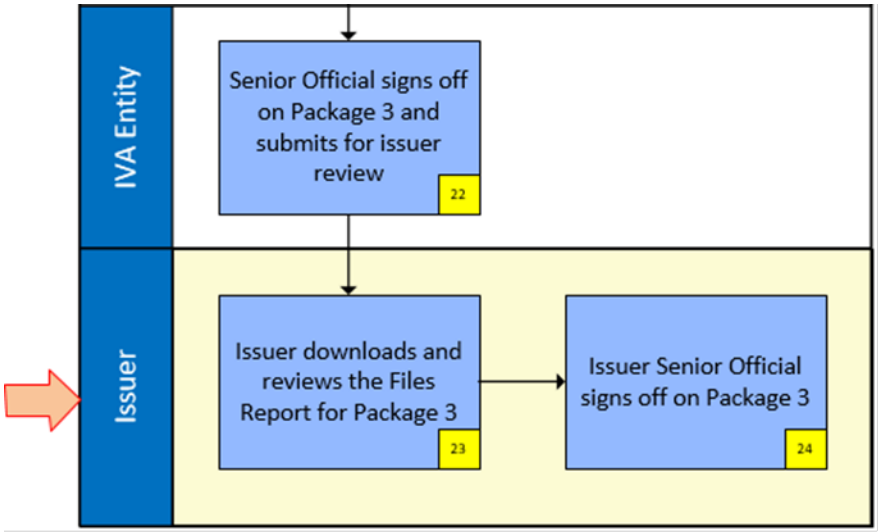

Figure 5: Issuer Responsibility in the IVA Results Submission Process - XML and Package 3

- As shown in Figure 5, for the small subset of issuers that receive a request to submit Package 3, the Issuer SO must review warnings off the Files Report for Package 3 and confirm the information submitted is correct
- Issuer SO signoff for Package 3 **must be completed within seven (7) calendar days** of receiving the request from CMS to submit the requested medical records

NOTE: No additional files may be uploaded after the Package 3 signoff

Guidance for Issuer SO Signoff

- While it is not a requirement to remediate the warnings identified on the IVA Findings Report, unresolved warnings may result in lower than anticipated risk scores, so all warnings should be reviewed before confirming submissions as final
- Issuer rejection of Package 2 or Package 3 (if requested) does not allow the IVA Entity to upload medical records not previously identified in the IVA Entity Audit Results Submission XML

Calculating HCC Failure Rates

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Calculating HCC Failure Rates

- Issuers may independently simulate the calculation of failure rates for each HCC in the IVA sample using the IVA Findings Report
- It is important to note that the HCC Failure Rates calculated using IVA Findings are not necessarily indicative of final results and cannot be used to determine if an error rate will be assessed
  - Due to the HCC Failure Rate Methodology, issuers with outlier HCC failure rates resulting in issuer error rates cannot be identified until final results have been determined for all issuers and HIOS IDs

Calculating HCC Failure Rates (continued)

- Issuers can use the following steps to simulate the calculation of the failure rate of each HCC:
  - Revisit and download the IVA Findings Report after you receive your final results in the Audit Tool following IVA Package 2 Submission
  - Identify final IVA HCCs for each enrollee
  - Calculate total HCC counts across all enrollees
  - Calculate HCC Failure Rate using the following formula:

$$HCC\ Failure\ Rate = 1 - \left(\frac{Total\ IVA\ HCC\ count\ for\ HCC}{Total\ EDGE\ HCC\ count\ for\ HCC}\right)$$

Referenced Documents

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Referenced Documents

Document Name	Description	Where to Find
HHS-RADV IVA Submission Process User Manual	The RADV IVA Submission Process User Manual provides issuers and IVA Entities with a step-by-step guide for the HHS-RADV IVA Submission process The Manual provides instructions on how to conduct all required IVA submission and signoff tasks within the Audit Tool	Audit Tool
HHS-RADV Interface Control Document (ICD)	The ICD contains procedural steps for the submission of Package 1, 2, and 3 documents in the Audit Tool	Audit Tool

Referenced Documents (continued)

Document Name	Description	Where to Find
Benefit Year 2017 HHS-RADV Protocols	Guidance pertaining to issuer requirements for HHS-RADV, best practices when working with your IVA Entity, IVA Entity requirements for conducting the IVA, and the risk score error estimation	Audit Tool, REGTAP library under "HHS Risk Adjustment Data Validation (HHS-RADV)"
Patient Protection and Affordable Care Act (PPACA), as amended by the Health Care Education and Reconciliation Act (HCERA)	This document is of the PPACA (Public Law 111–148) consolidating the amendments made by title X of the Act and the HCERA of 2010 (Public Law 111–152)	https://housedocs.house.gov/energycommerce/ppacacon.pdf

Referenced Documents (continued)

Document Name	Description	Where to Find
HHS-RADV Webinars	• XML Package 1, 2, and 3 Checks Overview Webinar – presented on 10/17/18 • IVA Results Submission Process Package 1 and 2 Webinar – presented on 11/7/18 • IVA Results Submission Package 3 Webinar – presented on 11/14/18 • Issuer Support Interpretation of IVA Finding Report Webinar – presented on 11/28/18	Audit Tool, REGTAP library under "HHS Risk Adjustment Data Validation (HHS-RADV)"
HHS-RADV IVA Results Submission XML Data Elements Job Aid	This document is intended to provide IVA Entities with additional clarification and situational guidance related to the population of the IVA Entity Audit Results Submission XML with data validation findings.	Audit Tool

Q&A

- Type your question in the text box under the “Q&A” tab located to the left-hand panel of your screen
  - To submit your question, click “Submit”

If your question does not receive a response during this webinar session, please submit your question to the HHS-RADV team at CCIIOACARADataValidation@cms.hhs.gov

Next Steps

Next Steps: Training Sessions (continued)

Topic	Date
Q&A	December 5, 2018

Resources

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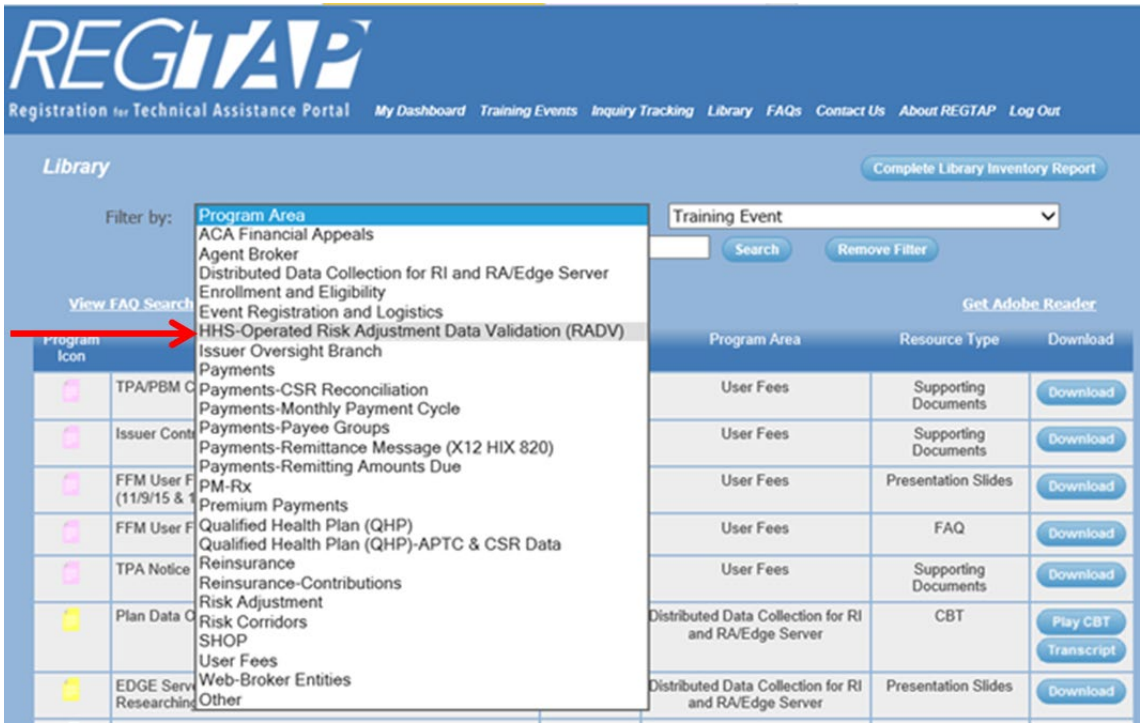
Locating HHS-RADV Documents in REGTAP

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

Under Program Area, select "**HHS Risk Adjustment Data Validation (HHS-RADV)**"



Resources: Links

- ICD, XML & Job Aids
  - Log in to the Audit Tool
- HHS-RADV Timeline
  - 2017 Benefit Year HHS-RADV Timeline https://www.regtap.info/reg_librarye.php?i=2456
- HHS-RADV Protocols
  - HHS-RADV 2017 Benefit Year Protocols V.2 (8/10/18) https://www.regtap.info/reg_librarye.php?i=2629
  - HHS-RADV 2017 Benefit Year Protocols Log of Updates V.2 (8/10/18) https://www.regtap.info/reg_librarye.php?i=2630

Resources: Links (continued)

- HHS-RADV Presentation Slides
  - 2017 Benefit Year HHS-RADV Introduction https://www.regtap.info/reg_librarye.php?i=2457
  - HHS-RADV Report Updates (3/28/18) https://www.regtap.info/reg_librarye.php?i=2468
  - IVA Entity Selection and Conflict of Interest (3/28/18) https://www.regtap.info/reg_librarye.php?i=2467
  - HHS-RADV Issuer Participation Requirement (4/11/18) https://www.regtap.info/reg_librarye.php?i=2498
  - Issuer Senior Official Designation (4/11/18) https://www.regtap.info/reg_librarye.php?i=2499
  - IVA Entity Designation (4/11/18) https://www.regtap.info/reg_librarye.php?i=2501
  - HHS-RADV Reports (4/25/18) https://www.regtap.info/reg_librarye.php?i=2521
  - HHS-RADV Sampling Report Distribution and Discrepancy Reporting Process (5/9/18) https://www.regtap.info/reg_librarye.php?i=2531

Resources: Links (continued)

- HHS-RADV Presentation Slides (continued)
  - Error Estimation (5/23/18) https://www.regtap.info/reg_librarye.php?i=2557
  - HHS-RADV 2017 Benefit Year Protocols Updates (5/30/17) https://www.regtap.info/reg_librarye.php?i=2562
  - IVA Entity Audit Results Submission ICD, XSD & XML Guidance (7/11/18) https://www.regtap.info/reg_librarye.php?i=2601
  - HHS-RADV XML, Package 1, 2, 3 Checks Overview (10/17/18) https://www.regtap.info/reg_librarye.php?i=2687
  - IVA Entity IRR Submission Process (10/24/18) https://www.regtap.info/reg_librarye.php?i=2696
  - IVA Results Submission Package 1 and 2 (11/7/18) https://www.regtap.info/reg_librarye.php?i=2709
  - IVA Results Submission Package 3 (11/14/18) https://www.regtap.info/reg_librarye.php?i=2714

Resources: Links (continued)

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
Patient Protection and Affordable Care Act (PPACA)	http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html

Resources: Links (continued)

Resource	Resource Link
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	http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf
HHS Notice of Benefit and Payment Parameters for 2016	http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf
HHS Notice of Benefit and Payment Parameters for 2017	https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf
HHS Notice of Benefit and Payment Parameters for 2018	https://www.gpo.gov/fdsys/pkg/FR-2016-12-22/pdf/2016-30433.pdf
HHS Notice of Benefit and Payment Parameters for 2019	https://www.gpo.gov/fdsys/pkg/FR-2018-04-17/pdf/2018-07355.pdf

Resources: Contact Information

Resource	Contact Information
For RADV policy questions, contact the RADV Team.	CCIIOACARADataValidation@cms.hhs.gov
EDGE server questions, please contact your Financial Management (FM) Service Representative directly and copy the Centers for Medicare & Medicaid Services (CMS) Help Desk.	EDGE_server_data@cms.hhs.gov and copy CMS_FEPS@cms.hhs.gov

Resources: Contact Information
(continued)

- Email
  - To contact us, please email the RADV team at CCIIOACARADataValidation@cms.hhs.gov
- Audit Tool
  - To contact us within the HHS-RADV Audit Tool, use the Inquiries tab and select “Submit Inquiry”

Closing Remarks