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Centers for Medicare & Medicaid Services

U.S. Department of Health and Human Services

Center for Consumer Information and Insurance Oversight

Log of Updates to the 2016 Benefit Year Protocols

PPACA HHS - Operated Risk Adjustment Data Validation

Version 14.00.00

October 20, 2017

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Page #	Section	Summary of Update
Global	Global	International Classification of Diseases (ICD) Clinical Modification (CM) referred to as ICD-10-CM.
8	1.2 Regulatory References	CMS has been designated to implement the HHS-RADV program in accordance with regulations 45 CFR §153.350, 153.630 and final rules.
8	1.3 HHS-RADV Participants, Roles and Responsibilities	Issuers condensed to specifically issuers of risk adjustment covered plans.
13	1.5 HHS-RADV Process Activities Timeline	CMS released extension guidance for HHS-RADV activities to issuers affected by recent hurricanes.
23	3.1 Purpose and Reference Documentation	CMS provided screenshots from the Audit Tool where guidance related to HHS-RADV announcements and protocol updates can be located.
31	4.3.4 SVA Sample Size	The four (4) SVA sample sizes were expanded to include 24, 50 and 100 enrollees.
33	4.5.1 Review of Population (RADVPS)	The REGTAP Library link was provided for the *Job Aid for Validation of RADVPS Reports (5/19/17)*.
33	4.5.2 Review of RADV Sample – RADV IVA Statistics (RADVIVAS) Report	The REGTAP Library link was provided for the *Job Aid for Validation of RADVIVAS Reports (5/19/17)*.
45	5.2.4 Medical Record Documentation	Updated the medical record definition to clarify what is defined as “medical record documentation.”
52	5.5.1.1 Validating Data Elements – Additional Detail	Added detail to indicate that issuers must provide the IVA Entity an address, zip code or county information for Rating Area Validation.
53	5.5.1.1 Validating Data Elements – Additional Detail	Provided additional guidance regarding requirements for the validation of both the premium amount and Advanced Premium Tax Credit (APTC) data elements.
60	5.6.5 Acceptable Date of Medical Record or Claim	Added detail specifying that all medical records submitted for HHS-RADV must have a date of discharge that occurred during the benefit year audited.
65	5.6.8 Recommended Documents for Medical Record Abstraction Submission	CMS clarified that certain documentation alone cannot substantiate a diagnosis, but may be used in conjunction with other medical documentation.
67	5.6.10 Acceptable Medical Record Signature	Guidance provided regarding the length of time a medical record should be signed within the date of service.
68	5.6.10 Acceptable Medical Record Signature Table 10: Allowable Provider Signature Types	Expanded allowable provider signature types to include electronic signature with credentials to include “approved by.”
68	5.6.10.1 Key Considerations for Medical Record Attestations	Added guidance that Issuers and IVA Entities should establish a process to resolve conflicts if a medical record does not contain a valid signature and/or credentials.
70	5.6.11 Diagnosis Abstraction Coding	Provided clarification regarding the abstraction of diagnoses that may be considered chronic.

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72	5.6.11 Diagnosis Abstraction Coding	Guidance provided regarding abstracting diagnoses related to Neoplasms.
74	5.6.11 Diagnosis Abstraction Coding	CM Official Coding Guidelines for Coding and Reporting, Chapter 2 Neoplasms example removed.
102	8 Appendices – Appendix C Chronic Conditions HCCs	Updated table of chronic conditions (please note the table is not an exhaustive list).

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Page #	Section	Summary of Update
13	1.5 HHS-RADV Process Activities Timeline	Issuers and IVA Entities must complete submission of Package 2 by January 18, 2018. CMS will grant no extensions for this deadline.
18	2.5 Criteria for Assessing IVA Entity Capabilities	Attestations must be completed by the CEO for 2016 benefit year HHS-RADV, or by a person who is able to legally and financially bind the organization.
43	5.2.3.1 Tick-Marking Source System Documentation	Tick-marking example is available in the Audit Tool Document Library with the workpaper examples.
44	5.3 Create Mapping Documentation (Issuer) – Phase 1	Added language clarifying navigational steps, screen references and internal code sets. Added information regarding five (5) mandatory mapping documents.
45	5.3.1 Mapping EDGE Unique Enrollee ID to Source System Member ID & Demographic Information	Clarification regarding mapping data from source systems to the EDGE server includes a crosswalk between masked Unique Enrollee IDs, DOB, gender, Member ID, first name and last name.
47	5.5.1 Audit Steps	Updated report name from Risk Adjustment Data Validation Detailed Enrollee (RADVDE) to RADV Enrollee Extract (RADVEE) Reports. Added Demographics and Enrollment (D&E) subsample data elements.
48	5.5.1.1 Validating Data Elements – Additional Detail	Salesforce uninterpretable dates.
50	5.5.1.1 Validating Data Elements – Additional Detail	Clarified the data element 'Rating Area' required for subscriber enrollees only.
52	5.5.1.2 Key Considerations of Enrollment Data Validation	Updated documentation of enrollment periods requirements.
57	5.6.4 Documentation of Claims Not Acceptable in EDGE Server	Added specificity regarding cross year claims that were not accepted to the EDGE server.
60	5.6.7 Acceptable Medical Record Source	Clarified requirements for mental health records.
63	5.6.8 Recommended Documents for Medical Record Abstraction Submission	Clarified examples of acceptable sources from which reviewers can capture diagnosis codes.
64	5.6.10 Acceptable Medical Record Signature	Clarified that CMS will not provide a provider signature template for attestation.
67	5.6.11 Diagnosis Abstraction Coding	Clarified acceptable sources of documentation to support diagnosis codes.
72	5.7.1 Key Considerations for Recording Validation Results	Updated guidance regarding file naming conventions.
85	7.2.1 Phase One – Pair-Wise Test Between SVA and IVA	Added that CMS will prioritize enrollees with medical records in the initial subsample groups.