# 2017 Benefit Year HHS-Operated Risk Adjustment Data Validation (HHS-RADV) Introduction

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## March 14, 2018

Health Insurance Marketplace Program
Training Series

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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# Session Agenda

- Session Guidelines
- New Webinar Platform
- Intended Audience
- Session Purpose
- HHS-RADV Timeline, Acronyms and Definitions
- HHS-RADV Authority, Overview and Processes
- HHS-RADV Responsibilities
  - CMS, Issuers, IVA Entity and SVA Entity
- Next Steps
- Resources
- Closing Remarks

# Session Guidelines

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

# New Webinar Platform

- CMS has implemented a new, user-friendly webinar platform to broadcast REGTAP training events
- Training events will be seen and heard through your device and are now also accessible on mobile devices
- RADV questions will be addressed via email only. All questions can be submitted to CCIIOACARADatavalidation@cms.hhs.gov

# New Webinar Platform

- Use Internet Explorer (IE) when accessing the new web platform
- Test your system's compatibility, use the following link: http://engage.vevent.com/microsite/ext/self_test.jsp?eid=140
- If you cannot hear today's audio or having other technical issues, please contact the Registrar Support Team at registrar@regtap.info or 1 (800) 257-9520

# New Webinar Platform (continued)

- **Can I still use a landline phone to listen?**

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# Intended Audience

- Issuers subject to the HHS-RADV Audit:
  - Issuers offering non-grandfathered Affordable Care Act-compliant individual and/or small group health plans both inside and outside the Exchange
- Potential Initial Validation Audit (IVA) Entities
- Third Party Administrators (TPA) and support vendors
- Second Validation Audit (SVA) Entities



This includes State-based Exchange (SBE) Issuers, Federally-facilitated Exchange (FFE) Issuers, and Small Business Health Options Programs (SHOP)

# Session Purpose

- Introduce the HHS-Operated Risk Adjustment Data Validation (HHS-RADV) activities for the 2017 benefit year
- Provide an overview of the HHS-RADV program background and standards as finalized in regulation
- Identify the HHS-RADV processes
- Describe the responsibilities of key Stakeholders
- Provide the HHS-RADV timeline and upcoming trainings

# HHS-RADV Acronyms

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# Common Acronyms

| Acronym | Definition |
|---|---|
| CMS | Centers for Medicare & Medicaid Services |
| EDGE | External Data Gathering Environment |
| HHS | The Department of Health and Human Services |
| HHS-RADV | HHS-Operated Risk Adjustment Data Validation |
| IVA | Initial Validation Audit |
| PLRS | Plan average liability risk score |
| PPACA | Patient Protection and Affordable Care Act |
| RADV | Risk Adjustment Data Validation |
| RADVPS | RADV Population Statistics |
| REGTAP | Registration for Technical Assistance Portal |
| SVA | Second Validation Audit |

# HHS-RADV Timeline

# HHS-RADV Timeline

To access the most current HHS - RADV Timeline for the 2017 Benefit Year, please refer to the REGTAP Library under the HHS - Operated Risk Adjustment Data Validation (RADV) program: 2017 Benefit Year HHS-RADV Timeline

# HHS-RADV Definitions

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# HHS-RADV Definitions

**HHS-RADV processes require active Stakeholder engagement:**

| | |
|---|---|
| **HHS** | Organization who governs for the HHS-RADV program. |
| **CMS** | Agency designated by HHS to be responsible for implementing the RA premium stabilization program. |
| **Issuer** | Issuers subject to the HHS-RADV Audit: Issuers offering non-grandfathered Affordable Care Act-compliant individual and/or small group health plans both inside and outside the Exchange. |
| **IVA** | Entities that are retained by issuers to perform the IVA. |
| **SVA** | Entity that is retained by the Centers for Medicare & Medicaid Services (CMS) to perform the SVA. |

# HHS-RADV Authority

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# HHS-RADV Authority

- CMS, on behalf of the Secretary of HHS, operates the HHS-RADV program in accordance with the following regulations:
  - 45 CFR §153.350
  - 45 CFR §153.620
  - 45 CFR §153.630
  - 45 CFR §153.740

# HHS-RADV Authority (continued)

- Section 1343 of the Patient Protection and Affordable Care Act (PPACA) establishes a permanent Risk Adjustment (RA) program, which is intended to provide payments to health insurance issuers that attract higher-risk populations
- The Premium Stabilization Final Rule requires states, or HHS on behalf of states, to validate a statistically valid sample of data for all issuers that submit for risk adjustment every year and provide an appeals process
- The rule allows states, or HHS on behalf of states, to adjust average actuarial risk for selected plans based on the error rate found in validation and adjust payments and charges based on the changes to average actuarial risk

# HHS-RADV Authority (continued)

- Unlike the 2015 and 2016 benefit years HHS-RADV, the 2017 benefit year HHS-RADV is not a pilot year
- Error rates from the 2017 benefit year HHS-RADV will be used for the first time to adjust Risk Adjustment (RA) transfers (anticipated beginning in June 2019)

# HHS-RADV Authority (continued)

- In the 2018 Payment Notice, HHS implemented a materiality threshold stating that issuers with total annual premiums at or below $15 million would not be subject to annual IVA requirements
- Issuers of risk adjustment covered plans that are at or below this threshold for the 2017 benefit year will be randomly selected to be required to conduct an IVA for 2017 benefit year RADV

# 2019 Payment Notice Proposals

- The 2019 Payment Notice Proposed Rule included the following HHS-RADV proposals:
  - An exemption from the requirement to submit IVA results for issuers of risk adjustment covered plans with 500 billable member months or fewer beginning with the 2017 benefit year HHS-RADV
  - A delay in the implementation of the materiality threshold until the 2018 benefit year HHS-RADV

# 2019 Payment Notice Proposals
(continued)

- Proposes to change the error rate estimation for payment adjustments starting with the 2017 benefit year
- Proposes an approach for payment adjustment for issuers that exit a State market beginning with the 2017 benefit year
- Proposes to change the sampling methodology to only include State risk pools where there is more than one issuer beginning with 2017 benefit year

# 2019 Payment Notice Proposals
(continued)

- Proposes to permit mental or behavioral health assessments may be provided, if certain conditions are met, beginning with the 2016 benefit year
- Proposes to measure inter-rater reliability (IRR) at 85% (with no rounding) for the 2016 benefit year (second pilot year)
- Proposes to provide CMS authority to assess civil monetary penalties in the event of misconduct or substantial non-compliance with HHS-RADV requirements

# HHS-RADV Overview

# Risk Adjustment Overview

- **What**: A budget neutral program that transfers funds from plans with lower risk enrollees to plans with higher risk enrollees in a state market risk pool
- **Who participates**: PPACA-compliant non-grandfathered individual and small group market plans, inside and outside the Exchange
- **How**: Criteria and methods developed by the Secretary of HHS, in consultation with states and issuers

# HHS-RADV Overview

- A robust RA process requires high-quality data to calculate accurate risk scores, payments and charges
- Data validation is an audit function that promotes confidence in budget-neutral payment transfers by ensuring the integrity and quality of data provided from issuers
- HHS-RADV is a data validation process essential to the operations of a credible RA program

# HHS-RADV Overview (continued)

Key Components:

- CMS selects a statistically valid sample of enrollees and associated data submitted to the issuer's External Data Gathering Environment (EDGE) server
- Data validation of the selected sample is conducted by an initial validation auditor (IVA Entity) selected by the issuer and reviewed by CMS
- CMS selects a second validation auditor (SVA Entity) to validate a subsample of the original IVA sample
- CMS establishes an issuer-level error rate based on data validation results

# HHS-RADV Overview (continued)

Key Components (continued):

- CMS provides an HHS-RADV Final Discrepancy Results and Appeals process for issuers
- CMS applies the error rate to selected issuers' RA covered plan average liability risk score (PLRS) to produce an error estimate

# HHS-RADV Overview (continued)

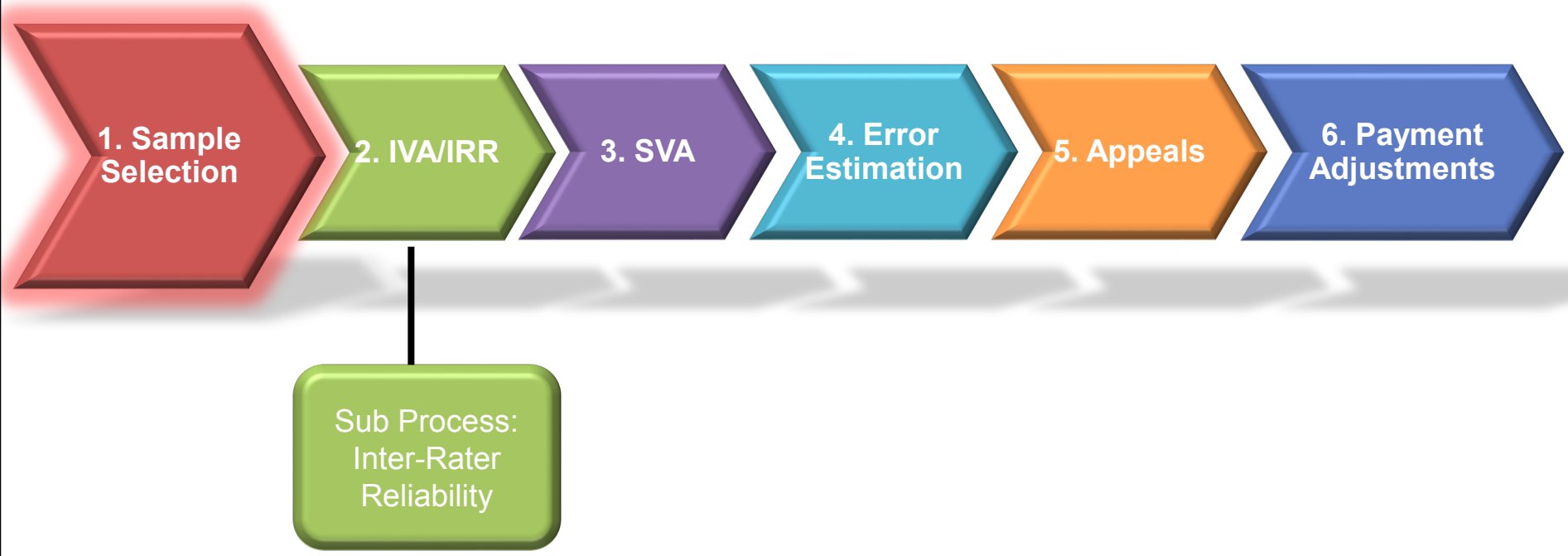
- CMS uses an automated system to facilitate the HHS-RADV processes known as the **HHS-RADV Audit Tool**
- Issuers and IVA Entities use the HHS-RADV Audit Tool to submit results for all RADV activities (IVA Entity designation, inter-rater reliability (IRR) submission, IVA Results Submission, Final Discrepancy Reporting and Appeals Submission)
- Issuers, IVA Entities and the SVA Entity are required to register in the HHS-RADV Audit Tool
- Issuers are required to designate a person from their organization to serve as the "**HHS-RADV Senior Official**" (SO), to communicate with CMS regarding HHS-RADV activities and to serve as the primary user in the HHS-RADV Audit Tool

# HHS-RADV Processes

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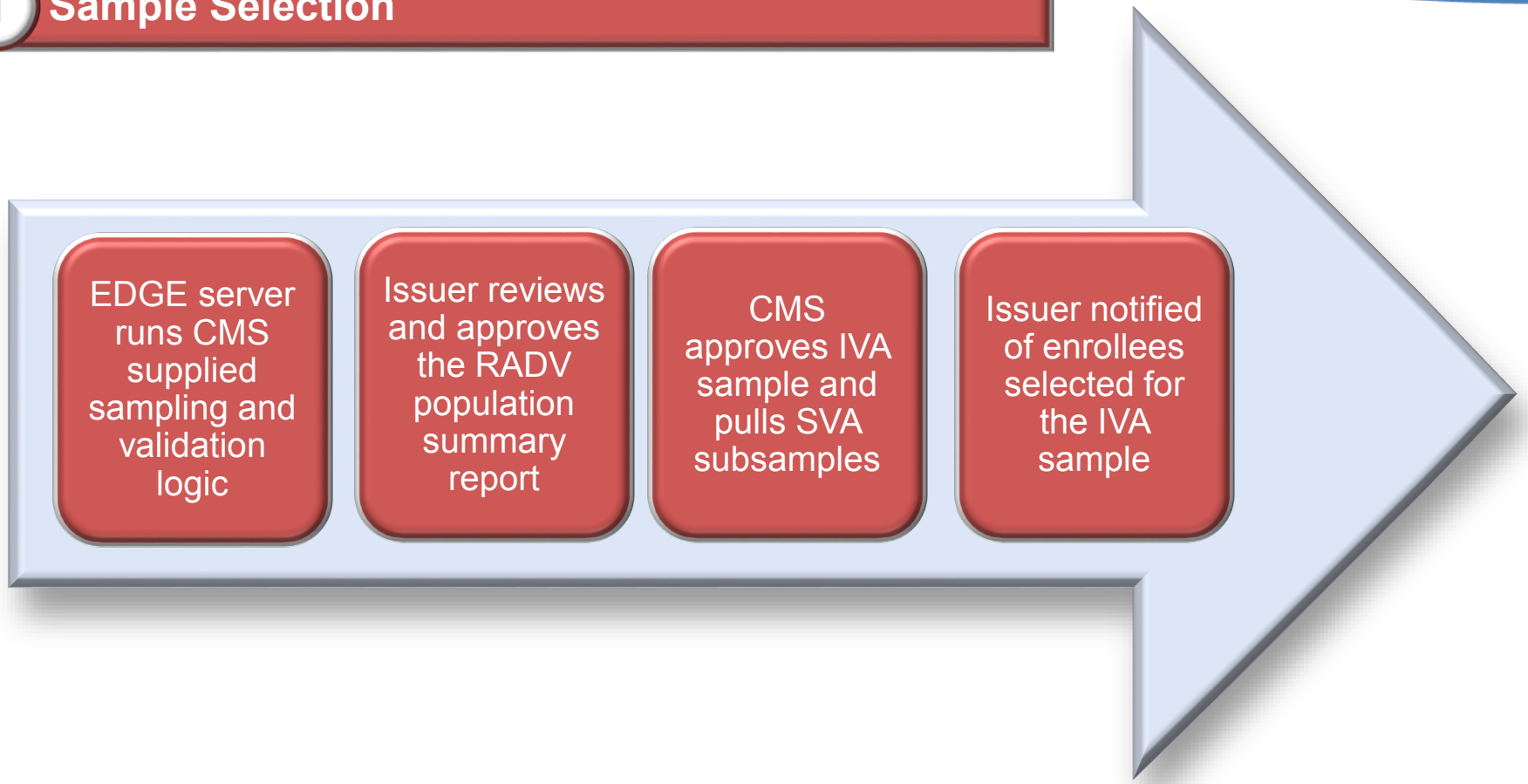
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# HHS-RADV Processes: Sample Selection



# HHS-RADV Processes: Sample Selection (continued)

## 1 Sample Selection



# HHS-RADV Processes: Sample Selection (continued)

## 1 Sample Selection

- CMS selects a sample size of enrollees so that the estimated risk score errors would be statistically sound and the enrollee-level risk score distributions would reflect enrollee characteristics for each issuer
- For the 2017 benefit year HHS-RADV, CMS selects up to 200 enrollees per issuer for each state in which the issuer offers risk adjustment covered plans for the IVA sample
    - Companies that offer plans in more than one (1) state will need to conduct the HHS-RADV process for each HIOS ID issuer in each state in which they participate
- Following the EDGE server sampling logic execution and before CMS approves the IVA sample, the issuer will need to review and approve the RADV Population Statistics (RADVPS) Report

# HHS-RADV Processes: Sample Selection (continued)

## 1 Sample Selection

- An IVA sample size may differ based on the issuer's population size:
  - A maximum sample of 200 enrollees (up to two-thirds of the sampled enrollees will have one [1] or more HCCs)
  - An IVA sample with less than 200 enrollees may be selected for small issuers

# HHS-RADV Processes: Sample Selection (continued)

## 1 Sample Selection

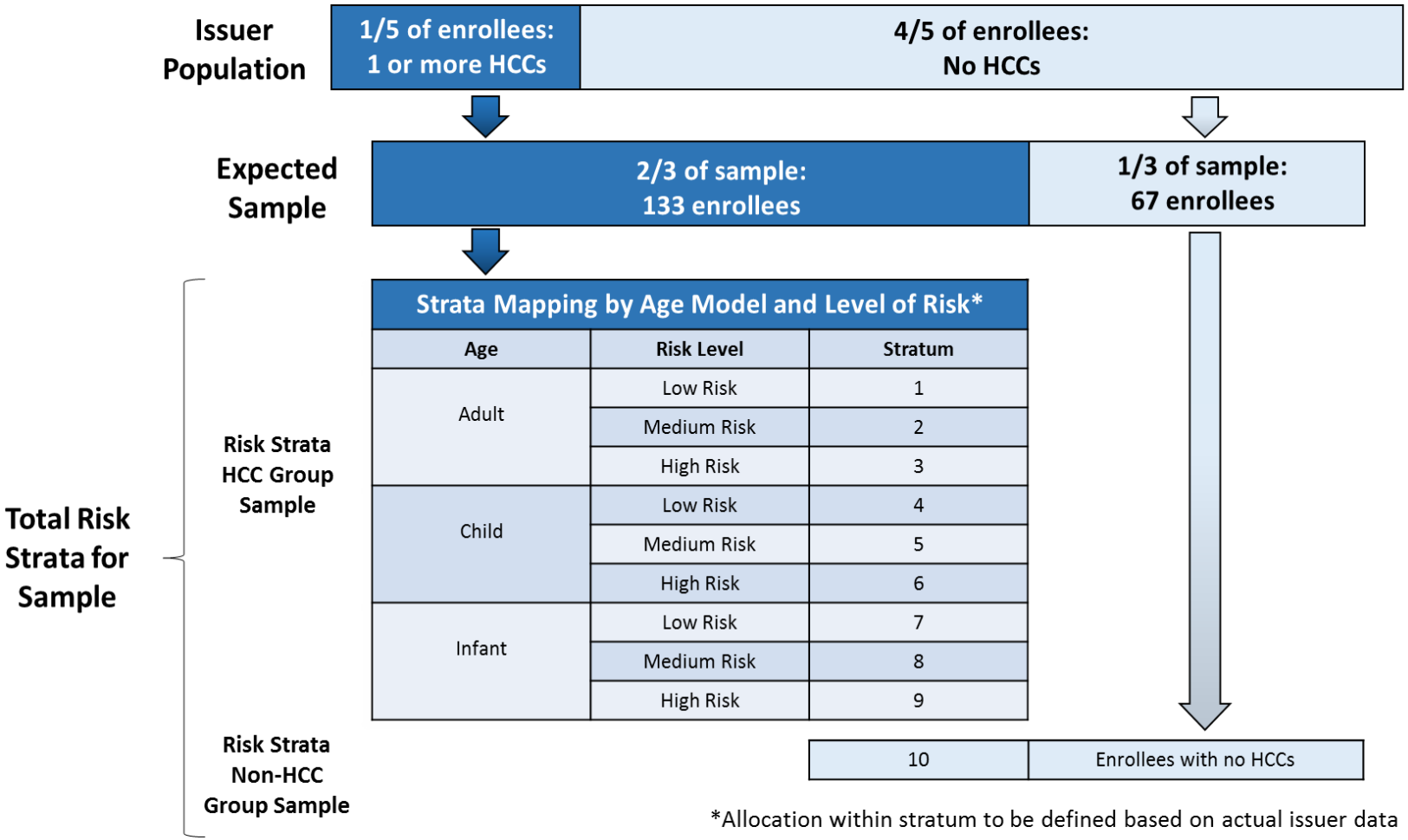
- Though the IVA will use a sample size of 200, the SVA will use subsamples of the IVA sample enrollees in the SVA process
  - An initial SVA subsample of 12 enrollees from the IVA sample
  - If needed, an expanded SVA subsample would include the initial SVA subsample and additional enrollees in the IVA sample
- The expanded SVA subsample will be used in the event a pair-wise means test on the initial SVA subsample shows significant differences between IVA and SVA results
  - **Pair-wise Means Test**: A statistical means test, which is a hypothesis-testing procedure to determine if two (2) population means are different when there is a one-to-one correspondence between the values in the two (2) samples

# HHS-RADV Processes: Sample Selection (continued)

## 1 Sample Selection

- Population and Sampling Distribution
  - **Issuer Population:** Approximately one-fifth of all enrollees are expected to have at least one (1) Hierarchical Condition Category (HCC) and four-fifths of the enrollees are expected to have no HCCs
  - **Expected Sample:**
    - Two-thirds of the issuer's IVA sample would be composed of enrollees with HCCs
    - One-third of the issuer's IVA sample would be composed of enrollees with no HCCs
- Risk Strata
  - **HCC Group Strata:** In order to account for risk score variation, each issuer's population of enrollees with HCCs will be divided into nine (9) strata based on risk score and sampled for the IVA sample by stratum
  - **Non-HCC Group Stratum**: The enrollees without HCCs in the issuer's population and selected for the IVA sample are assigned to stratum 10

# Population and Sampling Distribution




*Allocation within stratum to be defined based on actual issuer data

# Population and Sampling Distribution
(continued)

**Example**: Issuer ABC has a total enrollee population of 13,000. Table 1 shows the stratification of this population. Table 2 displays the issuer's sample distribution by stratum.

**Table 1 – Issuer ABC Population Stratified by Age and Risk Score Thirds**

| Issuer ID | Stratum | N (Pop. Freq.) |
|---|---|---|
| ABC | 1 – Adult Low | 1,200 |
| ABC | 2 – Adult Med. | 300 |
| ABC | 3 – Adult High | 100 |
| ABC | 4 – Child Low | 400 |
| ABC | 5 – Child Med. | 100 |
| ABC | 6 – Child High | 100 |
| ABC | 7 – Infant Low | 200 |
| ABC | 8 – Infant Med. | 100 |
| ABC | 9 – Infant High | 100 |
| ABC | 10 – No-HCC | 10,400 |
| | **TOTAL** | **13,000** |

**Table 2 – Issuer ABC Samples Stratified by Age and Risk Score Thirds**

| Issuer | Stratum | IVA Sample Size (200) | SVA Sample Size (100) |
|---|---|---|---|
| ABC | 1 | 22 | 11 |
| ABC | 2 | 11 | 6 |
| ABC | 3 | 8 | 4 |
| ABC | 4 | 15 | 8 |
| ABC | 5 | 15 | 8 |
| ABC | 6 | 18 | 9 |
| ABC | 7 | 18 | 9 |
| ABC | 8 | 11 | 6 |
| ABC | 9 | 15 | 6 |
| ABC | 10 | 67 | 33 |
| | **TOTAL** | **200** | **100** |



Sample sizes may be higher due to rounding. Allocation within stratum defined based on actual Issuer data. Refer to the HHS-RADV Protocols § 4.2.1 Stratification for more information.

# HHS-RADV Processes: Sample Selection

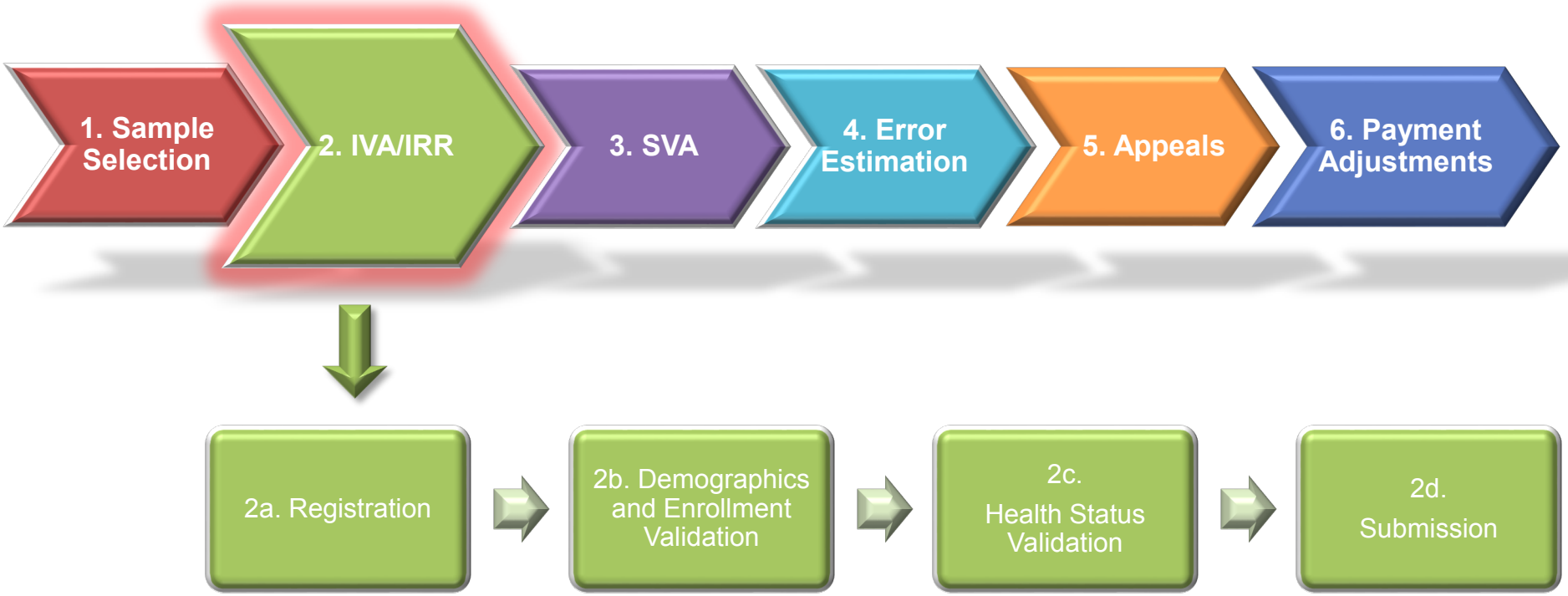
## 1 Sample Selection

- CMS will notify issuers that IVA Sample Reports are finalized
  - **RADVPSF** (RADV Population Statistics Final) Report
    - This is a new report for the 2017 benefit year HHS-RADV process
    - Details of this report will be discussed in a future webinar
  - **RADVIVAS** (RADV IVA Statistics) Report
  - **RADVDE** (RADV Detailed Enrollee) Report
  - **RADVEE** (RADV Enrollment Extract) Report
  - **RADVMCE** (RADV Medical Claim Extract) Report
  - **RADVSE** (RADV Supplemental Extract) Report

- **Finalization of the IVA Sample Reports marks the start of the IVA process.**

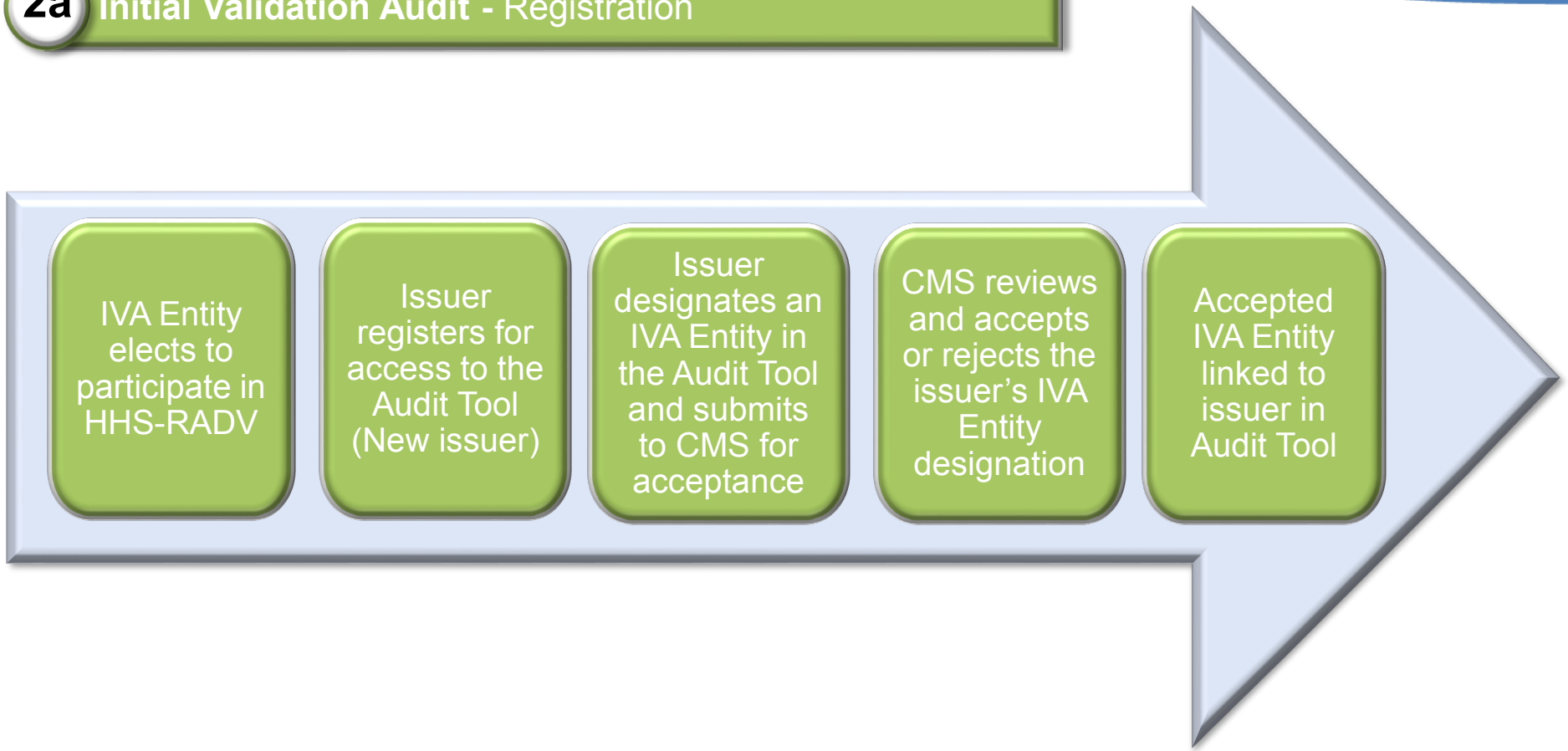
# HHS-RADV Processes: IVA

- Step 2: IVA



# HHS-RADV Processes: IVA (continued)

## 2a Initial Validation Audit - Registration



# HHS-RADV Processes: IVA (continued)

## 2a Initial Validation Audit - Registration

- IVA Entity elects to participate in HHS-RADV
- Issuer registers for access to the HHS-RADV Audit Tool (new issuer)
- Issuer designates an IVA Entity in the HHS-RADV Audit Tool
- CMS accepts or rejects the issuer's IVA Entity designation in the Audit Tool
- Accepted IVA Entity is linked to designating issuer in the Audit Tool
  - Additional details regarding the IVA Entity's responsibilities will be provided in the following section, Stakeholder Responsibilities

# HHS-RADV Processes: IVA (continued)

## 2a Initial Validation Audit - Registration

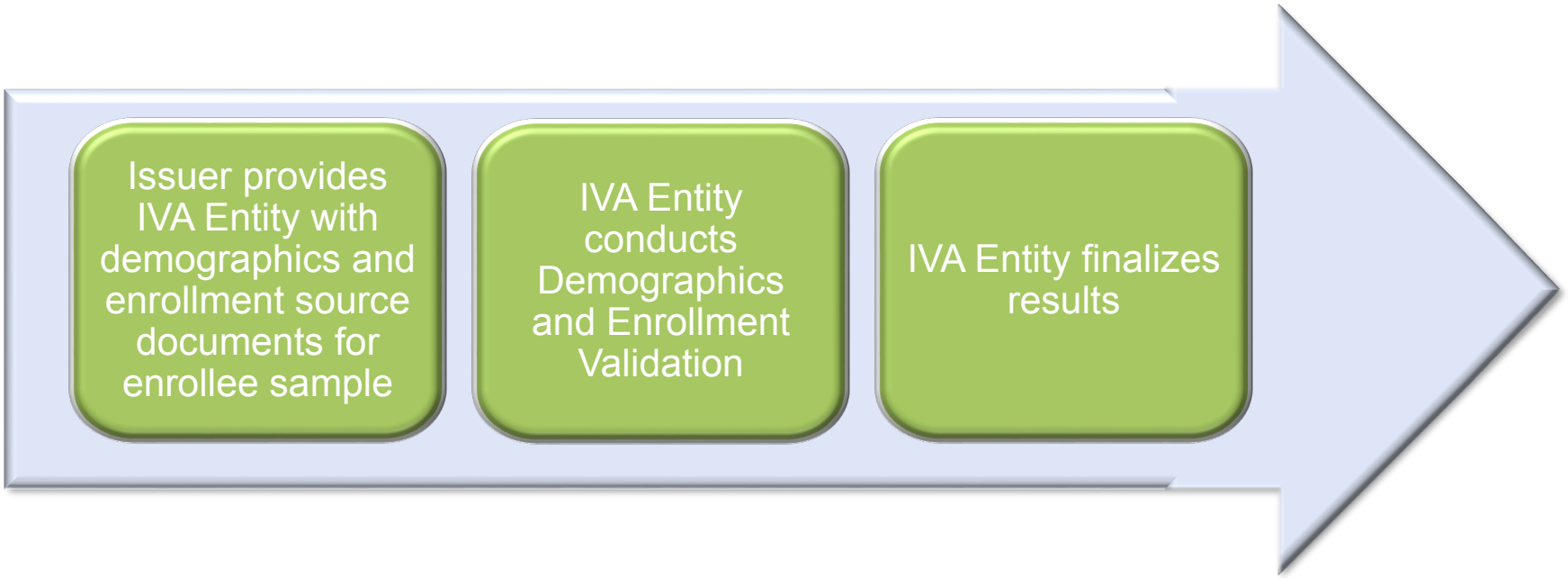
- Per §153.630, issuers must ensure that the submitted IVA Entity meets the following criteria:

1. Reasonably capable of performing an IVA according to the standards established by HHS for such audit, and must ensure that the audit is so performed
2. Reasonably free of conflicts of interest, such that it is able to conduct the IVA in an impartial manner and its impartiality is not reasonably open to question
3. An IVA review of enrollee health status must be conducted by medical coders certified after examination by a nationally recognized accrediting agency for medical coding

CMS may reject an issuer's designation of an IVA Entity if the submitted IVA Entity does not meet regulatory requirements

# HHS-RADV Processes: IVA (continued)

**2b** **Initial Validation Audit -** Demographics and Enrollment Validation



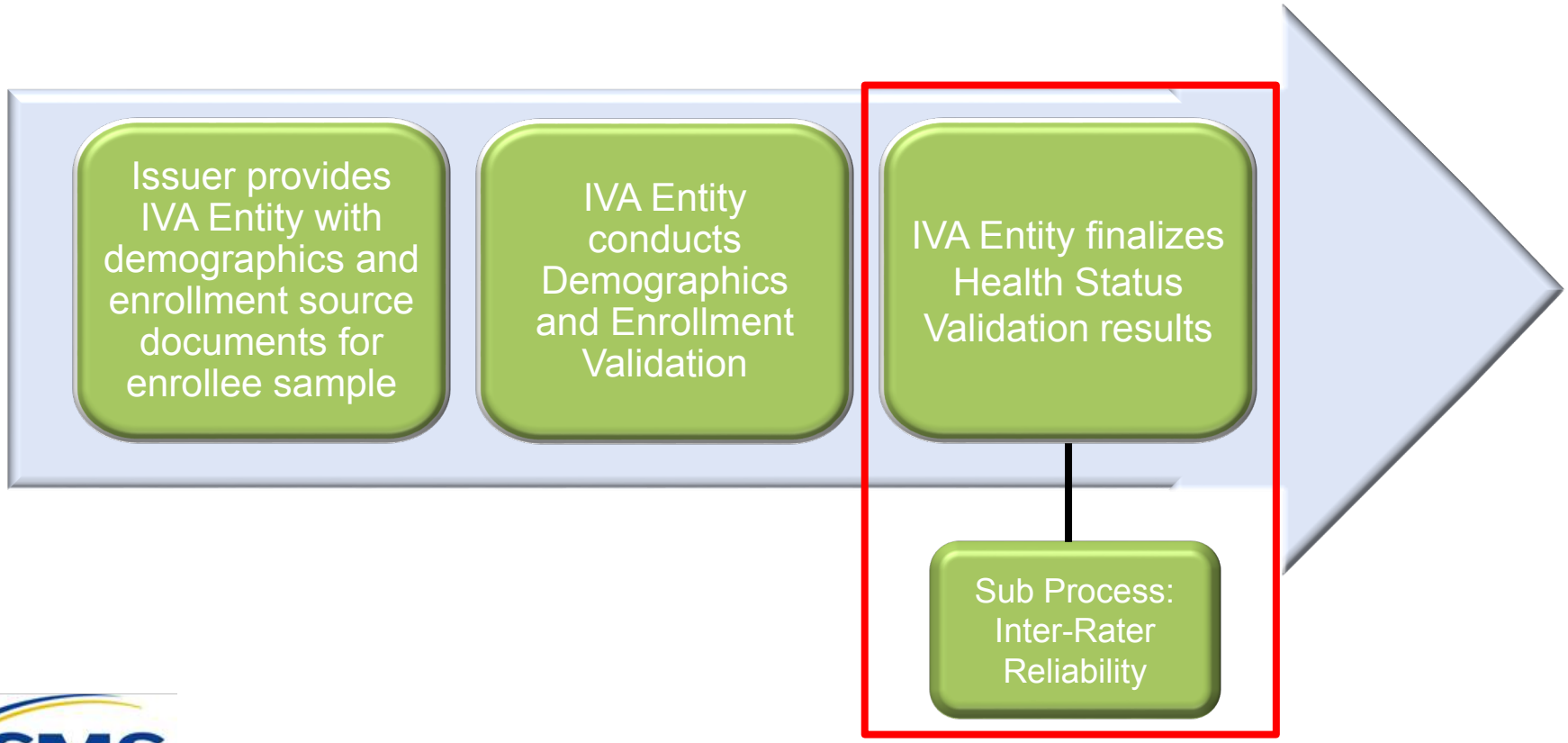
# HHS-RADV Processes: IVA (continued)

## 2b Initial Validation Audit - Demographics and Enrollment Validation

- The issuer provides the IVA Entity with source enrollment documentation
  - The demographics and enrollment review will be used to validate that enrollment data submitted to the EDGE server is the same as the enrollment transactions stored with the issuer
- CMS will provide further guidance in upcoming webinar trainings

# HHS-RADV Processes: IVA (continued)

**2c** **Initial Validation Audit** - Health Status Validation



# HHS-RADV Processes: IVA (continued)

**2c** **Initial Validation Audit** - Health Status Validation

- The issuer provides the IVA Entity with source medical record documentation to validate issuer-submitted RA data for each sampled enrollee
- The review of enrollee health status must be conducted by **certified medical coders** accredited by a nationally recognized accrediting agency such as:
  - American Health Information Management Association (AHIMA)
  - American Academy of Professional Coders (AAPC)

# HHS-RADV Processes: IVA (continued)

## 2c Initial Validation Audit - Health Status Validation

- The risk score of each enrollee in the sample must be validated by having a Senior Coder confirm any HCC differences discovered during the IVA
- For purposes of this section, a Senior Coder is an individual certified as a medical coder by a nationally recognized accrediting agency who possesses at least **five (5) years** of experience in medical coding

# HHS-RADV Processes: IVA (continued)

## 2c Initial Validation Audit - Health Status Validation

**Inter-rater Review (IRR)**

- The IVA Entity must measure and report to the issuer and CMS, in a manner and timeframe specified by CMS, its IRR rates among its reviewers specific to the HHS-RADV audit
- **Beginning with 2017 benefit year HHS-RADV, each IVA Entity Primary Coder must achieve an IRR rate of at least 95 percent**
- The IRR process measures the degree of agreement among reviewers
- The required IRR rate is the rate at which a senior reviewer's results for HCCs match the results of another reviewer
- If the IRR rate is not met, either additional medical records must be sampled until the required accuracy rate is met or all medical records must be reviewed by a senior reviewer

# HHS-RADV Processes: IVA (continued)

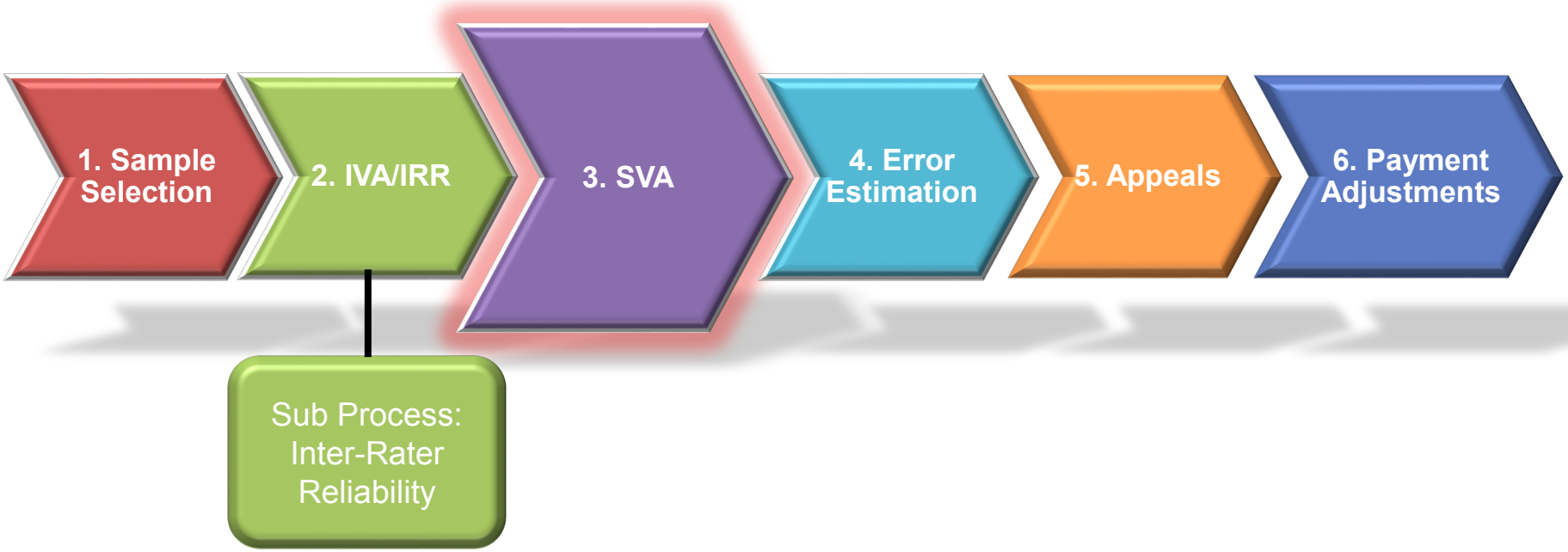
**2d** **Initial Validation Audit** - Submission

- The IVA Entity provides CMS with the final IVA results and all requested supporting documentation for the SVA
- Following completion of the audit, the IVA Entity submits the following to the Audit Tool:

  1) The IVA results
  2) The requested supporting documentation
  3) IRR results for Primary Coders

# HHS-RADV Processes: SVA

- Step 3: SVA



# HHS-RADV Processes: SVA (continued)

**3 Second Validation Audit**

- SVA Entity receives IVA results and supporting documentation for all enrollees sampled
- SVA Entity conducts data validation audit of sampled enrollees
- SVA Entity tests the statistical significance of the results using pair-wise analysis

# HHS-RADV Processes: SVA (continued)

## 3 Second Validation Audit

- Following the IVA, the SVA is conducted by an auditor retained by CMS to verify the accuracy of the IVA findings
- The SVA Entity will only review enrollee information that was originally presented during the IVA and submitted to the HHS-RADV Audit Tool
- The SVA Entity will re-perform the validation steps on the SVA subsample to verify the accuracy of the IVA Entity's results

# HHS-RADV Processes: SVA (continued)

## 3 Second Validation Audit

- The initial SVA subsample of enrollees per issuer is expected to be sufficiently large enough to determine the statistical significance of any differences between the IVA and SVA results by pair-wise means testing
- If the pair-wise means test concludes that the difference in the enrollee's risk score between the IVA and SVA is not statistically significant, then the IVA results are used for error estimation

# HHS-RADV Processes: SVA (continued)

## 3 Second Validation Audit

- If the pair-wise means test results conclude there is a statistically significant difference, the SVA Entity will perform the validation steps on a larger subsample of the enrollees previously subject to the IVA
- The results from the larger SVA subsample would again be compared to the results of the IVA using the pair-wise means test
  - If the final pair-wise means test concludes that there **is no statistically significant difference**, then CMS will apply the **IVA** results for error estimation using all enrollees selected for the IVA sample
  - If the final pair-wise means test concludes that there **is a statistically significant difference**, then CMS will apply the **SVA** results to modify the IVA results, which would be used for error estimation

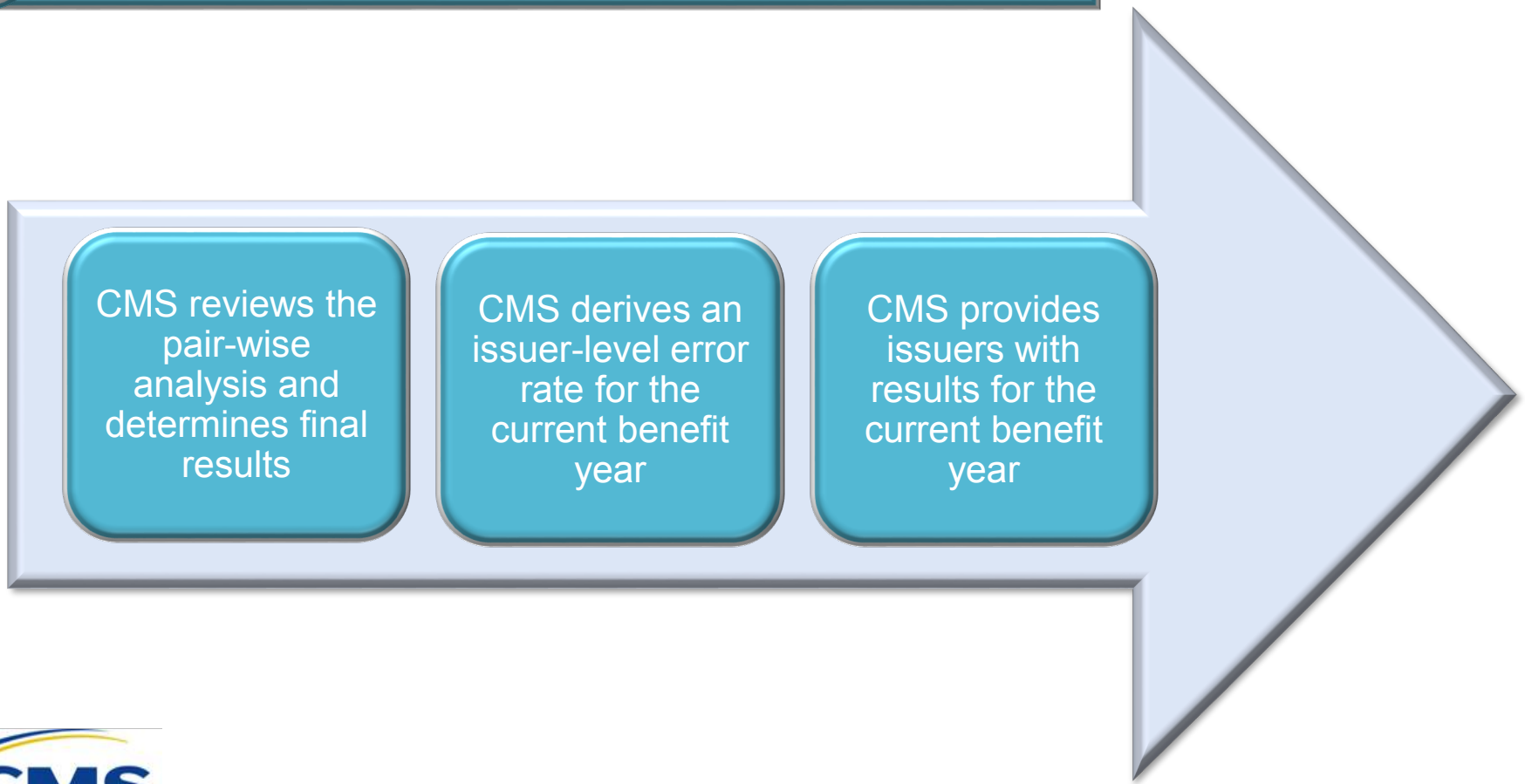
# HHS-RADV Processes: Error Estimation

- Step 4: Error Estimation



# HHS-RADV Processes: Error Estimation (continued)

**4 Error Estimation**



# HHS-RADV Processes: Error Estimation (continued)

## 4 Error Estimation

- Upon completion of the IVA and SVA, CMS will derive an issuer-level error rate for the benefit year under HHS-RADV review
- CMS intends to provide each issuer with enrollee-level results and error rate (if applicable) for the benefit year under HHS-RADV review
- The results of 2017 benefit year HHS-RADV will be used to adjust 2018 benefit year risk adjustment payments, with transfers starting in June 2019

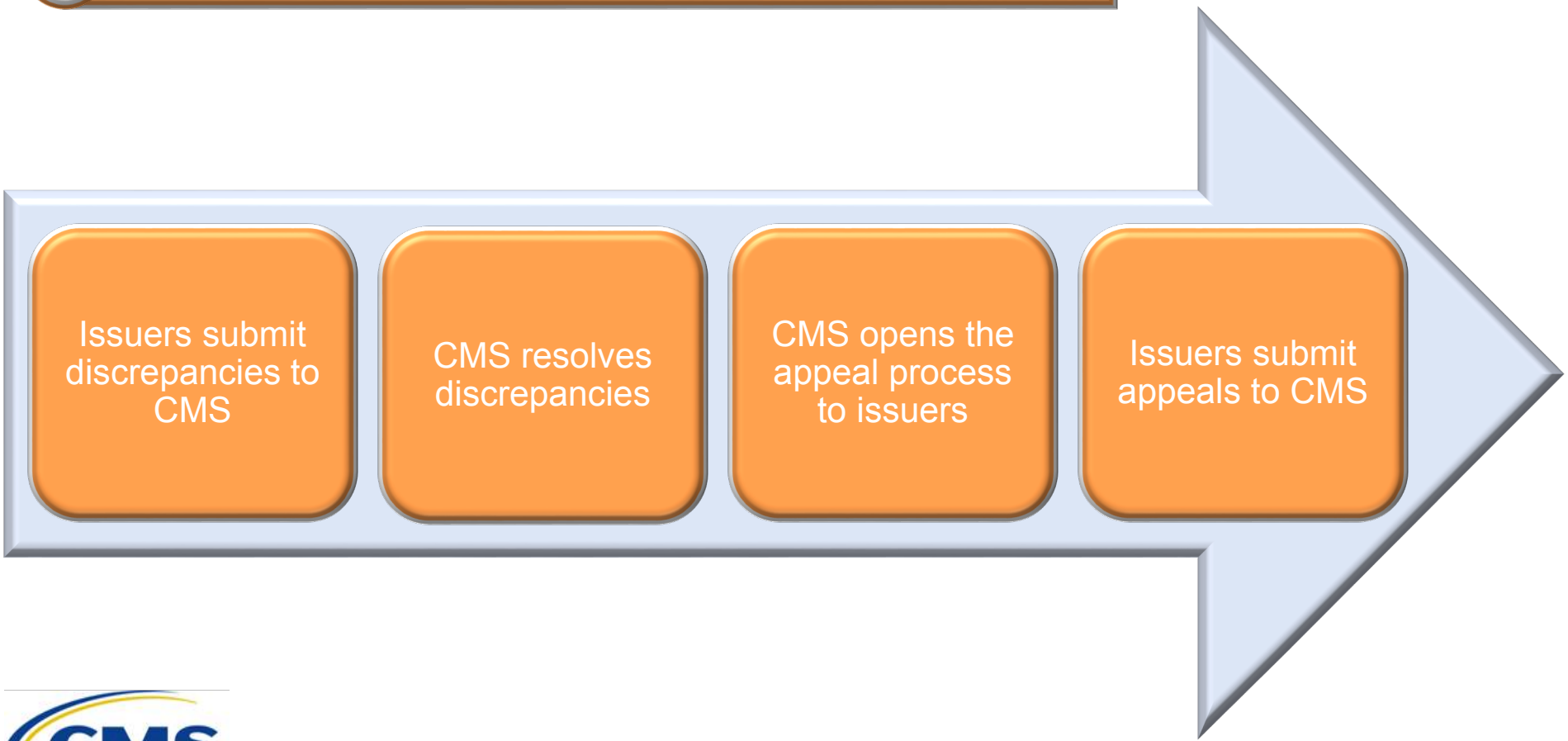
# HHS-RADV Processes: Final Results Discrepancies and Appeals

- Step 5: Final Results Discrepancies and Appeals



# HHS-RADV Processes: Final Results Discrepancies and Appeals (continued)

**5 Final Results Discrepancies and Appeals**



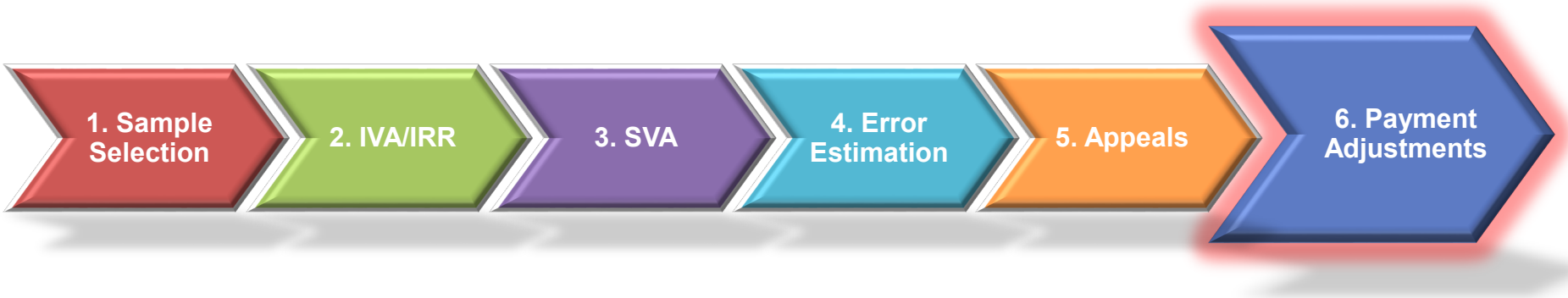
# HHS-RADV Processes: Final Results Discrepancies and Appeals (continued)

## 5 Final Results Discrepancies and Appeals

- Following the conclusion of the 2017 benefit year HHS-RADV audit, CMS will distribute second validation audit findings and risk score error rates based on audit findings to issuers
- If issuers disagree with the second validation audit findings or the calculation of a risk score error rate, they will have the opportunity to submit a discrepancy report and appeal to CMS
- Additional details on the HHS-RADV final discrepancy reporting and appeals process will be forthcoming in a future webinar

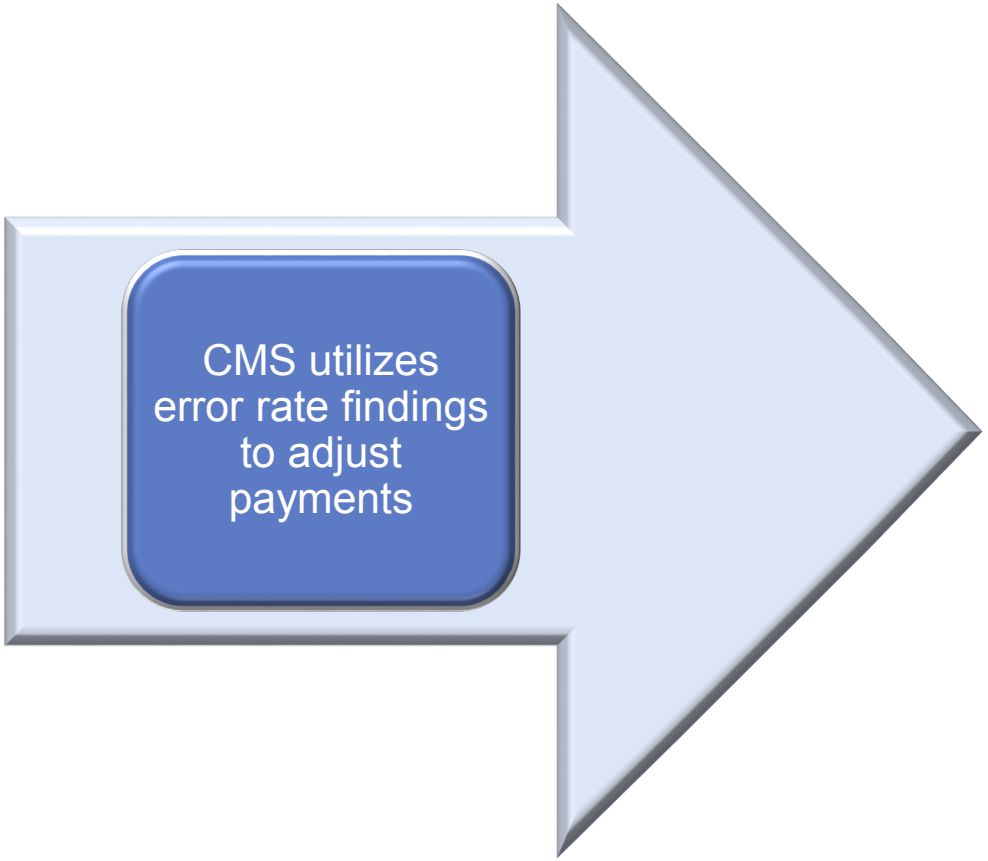
# HHS-RADV Processes: Payment Adjustments

- Step 6: Payment Adjustments



# HHS-RADV Processes: Payment Adjustments (continued)

**6 Payment Adjustments**



# HHS-RADV Processes: Payment Adjustments (continued)

## 6 Payment Adjustments

- CMS will use error rate findings from the 2017 benefit year HHS-RADV to adjust 2018 benefit year risk scores and thus, risk adjustment transfers in June 2019
- Additional details on the payment adjustment process will be forthcoming in a future webinar

# HHS-RADV CMS Responsibilities

# HHS-RADV Responsibilities: CMS

- Regulate the HHS-RADV process for HHS-operated RA programs, including the issuance of regulations, guidance and trainings
- Develop and implement the EDGE servers
- Develop, implement, and provide access to the Audit Tool
- Adjust issuers' PLRS based on the IVA and SVA results
- Adjudicate issuer appeals of the SVA findings and appeals of the application of a risk score error rate to issuers' RA risk scores

# HHS-RADV Responsibilities: CMS (continued)

- Communicate all HHS-RADV updates to issuers, IVA Entities, and the SVA Entity
- Distribute an IVA sample of enrollees and their associated EDGE server data to issuers
- Review and accept the independent IVA Entity selected by the issuer to conduct the IVA
- Perform an SVA and error estimation based on IVA or SVA results
- Facilitate an appeals process
- Apply error rates to risk scores for payment adjustments

# HHS-RADV Issuer Responsibilities

# HHS-RADV Responsibilities: Issuer

- The information found on the following slides contains an overview of issuer responsibilities
- Additional information related to issuer responsibilities will be presented during a future webinar presentation

# HHS-RADV Responsibilities: Issuer (continued)

- Identify a "HHS-RADV Senior Official" to communicate with CMS regarding HHS-RADV activities and to serve as primary user in the Audit Tool, if you have not done so previously
- The HHS-RADV Senior Official will be required to:
  - Maintain accounts for issuer staff to access to the Audit Tool
  - Complete and submit the IVA Entity designation form via the Audit Tool
  - Validate issuer RADVPS report
  - Resolve any non-compliance issues related to the completion and submission of the IVA
  - Confirm the completeness of the results prior to final submission to the Audit Tool
  - If applicable, submit discrepancies or appeals regarding HHS-RADV audit findings

# HHS-RADV Responsibilities: Issuer (continued)

- Engage an independent auditor to conduct the IVA and use the Audit Tool to submit IVA Entity designation
  - The IVA designation process will be presented at a future webinar
- Ensure that the selected IVA Entity is reasonably capable of performing the audit and meets the requirements of 45 CFR 153.630
- Attest that the selected IVA Entity is reasonably free of conflicts of interest, such that it is able to conduct the IVA in an impartial manner with its impartiality not reasonably open to question

# HHS-RADV Responsibilities: Issuer (continued)

- Ensure that all IVA Entity contractual obligations are met with respect to performing the IVA
- Link the EDGE server unique enrollee IDs to the actual enrollees
- Provide all claims, medical records, and enrollment documentation to the IVA Entity for sampled enrollees

# HHS-RADV Responsibilities: Issuer (continued)

- Ensure that the IVA is completed in the manner and timeframe established by CMS
- Ensure the IVA results and requested supporting source documentation are submitted to CMS in the manner and timeframe specified
- Discuss IVA findings with IVA Entity prior to submission and sign-off in the HHS-RADV Audit Tool
  - Resolve disputes while maintaining the integrity of the IVA Entity's independence
- Initiate the appeals process of the HHS-RADV process (if applicable)
- Attend 2017 benefit year HHS-RADV trainings
- Review published Protocols and all related HHS-RADV published documents
- Maintain an active account in the HHS-RADV Audit Tool

# HHS-RADV IVA Entity Responsibilities

# HHS-RADV Responsibilities: IVA Entities

- The information found on the following slides contains an overview of IVA Entities' responsibilities
- Additional information related to IVA Entities and their responsibilities will be presented during a future webinar presentation

# HHS-RADV Responsibilities: IVA Entities (continued)

- Provide issuers with detailed information on qualifications, capabilities and potential conflicts of interest
- Be reasonably free of conflicts of interest with the issuer as indicated in the final 2015 Payment Notice
- Attend 2017 benefit year HHS-RADV trainings
- Review published Protocols and all related HHS-RADV published documents
- Maintain an active account in the Audit Tool

# HHS-RADV Responsibilities: IVA Entities (continued)

- Maintain appropriate personnel to conduct the IVA
  - Have appropriate personnel with proficient knowledge to review, evaluate and understand:
    - Claims Data
    - Demographics and Enrollment Data
    - Premium Amounts
  - Ensure certified medical coders have and maintain current certifications
  - Ensure that at least two (2) certified coders are available to perform medical record reviews, with at least one (1) Senior Coder
  - Ensure senior level coders are certified and have at least five (5) years experience for 2017 benefit year HHS-RADV and beyond

# HHS-RADV Responsibilities: IVA Entities (continued)

- Register in the Audit Tool
- Create and maintain the data used to submit the IVA procedures and results
- Perform the IVA in an impartial manner
- Perform IRR assessments and submit IRR results to CMS
- Discuss IVA findings with the issuer prior to submission and sign-off in the HHS-RADV Audit Tool
  - Resolve disputes while maintaining the integrity of the IVA Entity's independence
  - Enter audit results in the Audit Tool
- Submit enrollee source documentation for the SVA subsample
  - CMS strongly encourages the IVA Entity to redact specific issuer information so that the SVA Entity will not know the identity of the issuer being validated, however redaction is not required for 2017 benefit year HHS-RADV

# HHS-RADV SVA Entity Responsibilities

# HHS-RADV Responsibilities: SVA Entity

- Register in the Audit Tool
- Review and approve issuer samples
- Extract subsamples from the IVA sample for the SVA review
- Perform demographics and enrollment information validation
- Perform the pair-wise tests and error estimation
- Obtain resources to perform health status validation steps for medical record reviews and claims
- Conduct the SVA according to Protocols
- Perform the IRR assessments
- Submit SVA findings and pair-wise test results to CMS
- Facilitate discrepancy reporting and appeals in support of CMS

# Next Steps

# Next Steps: Training Sessions

- CMS will continue to support stakeholders through the HHS-RADV process by hosting periodic webinars
- Questions related to the presentation should be submitted to the RADV team at the following email:
  - CCIIOACARADatavalidation@cms.hhs.gov

# Next Steps: Training Sessions (continued)

- The PPACA HHS-Operated Risk Adjustment Data Validation Webinar Series II is now closed
- To attend future RADV training sessions, Stakeholders **must** register for the new PPACA HHS-Operated Risk Adjustment Data Validation Webinar Series III
- To register, visit https://www.REGTAP.info, select Training Events and register for the PPACA HHS-Operated Risk Adjustment Data Validation Webinar Series III



Your registration for Series II will **not** automatically register you for Series III

# Next Steps: Training Sessions (continued)

## Upcoming Webinars

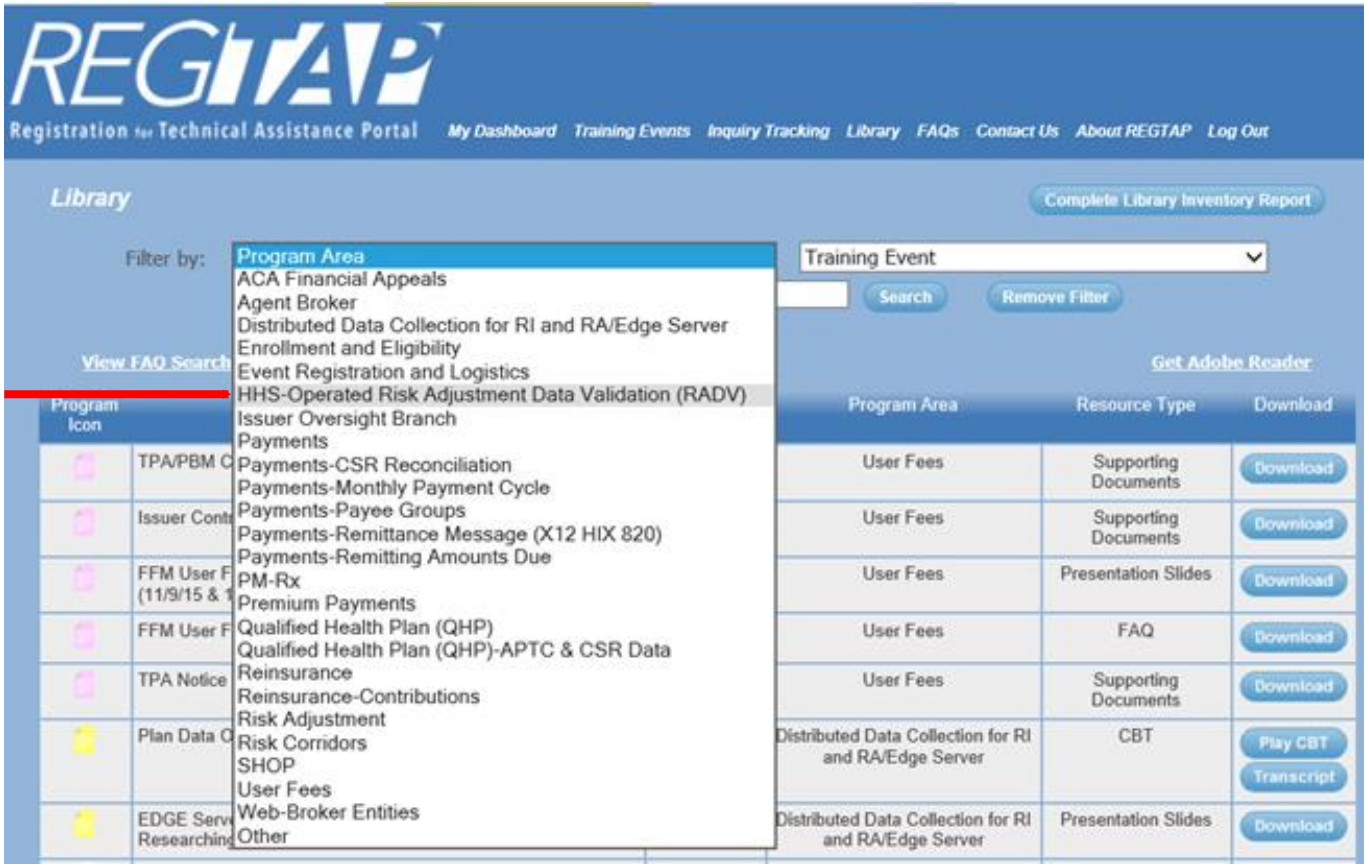
| Date | Time | Topic |
|---|---|---|
| Wednesday, March 28, 2018 | 2:00 p.m. – 3:00 p.m. ET | HHS-RADV Reports: Updates & Conflict of Interest |

# Resources

# Resources: 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-Operated Risk Adjustment Data Validation"



# 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<br>and copy<br>CMS_FEPS@cms.hhs.gov |

# Resources: Links

| 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 |

# Resources: Links (continued)

| Resource | Resource Link |
|---|---|
| Affordable Care Act (PPACA) HHS-Operated Risk Adjustment Data Validation (RADV) Process White Paper, June 22, 2013 | https://www.regtap.info/uploads/library/ACA_HHS_OperatedRADVWhitePaper_062213_5CR_062213.pdf |
| Proposed HHS Notice of Benefit and Payment Parameters for 2019 | https://gpo.gov/fdsys/pkg/FR-2017-11-02/pdf/2017-23599.pdf |
| CCIIO PPACA RA Data Validation Email Address | CCIIOACARADataValidation@cms.hhs.gov |

# Closing Remarks