HHS Risk Adjustment Validation (HHS-RADV)

HHS-RADV Reports

April 25, 2018

Health Insurance Exchange Program
Training Series

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Session Agenda

- Session Guidelines
- Intended Audience
- Session Purpose
- HHS-RADV Timeline
- HHS-RADV Reports
- Question & Answer (Q&A)
- Next Steps
- Resources
- Closing Remarks

Session Guidelines

- This is a 90-minute webinar session
- For questions regarding content, please submit questions to the HHS-RADV team at the following email:
  - CCIIOACARADatavalidation@cms.hhs.gov
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520

Intended Audience

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

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

Session Purpose

- Provide the 2017 benefit year HHS-RADV timeline
- Provide an overview of the HHS-RADV Reports
- Provide next steps and upcoming trainings

HHS-RADV Timeline

Benefit Year 2017 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 Reports

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RADV Reports Overview (continued)

- There are seven (7) RADV reports generated by the External Data Gathering Environment (EDGE) server
  - The RADV Population Summary Statistics (RADVPS) Report, which is generated by the EDGE server with the Risk Adjustment (RA) reports command
  - Six (6) RADV Initial Validation Audit (IVA) Sample Reports are generated by the EDGE server with the RADV report command

RADV Reports Overview (continued)

- CMS will create the six (6) detailed IVA sample reports, which will be released to issuers
- The reports are EDGE server outbound reports that provide details about the enrollees selected for the IVA
- The IVA sample reports will undergo CMS review prior to their release to issuers
- The files will be in eXtensible Markup Language (XML) format

RADV Reports Overview (continued)

Risk Adjustment Report -

- **RADVPS Report (RADV Population Summary Statistics) -** contains population statistics for an issuer's population broken into sub-categories, known as "strata," which are based on enrollee age (infant, child, adult) and risk score (low, medium, high)

Note – details about each report will be provided later in the presentation

RADV Reports Overview (continued)

RADV Sample Reports -

- **RADVPSF Report (RADV Population Summary Statistics Final) -** contains population statistics for an issuer's population included in RADV broken into sub-categories, known as "strata," which are based on enrollee age (infant, child, adult) and risk score (low, medium, high)
- **RADVIVAS Report (RADV IVA Statistics) -** contains the sample statistics calculated at the strata-level for the enrollees selected for the HHS-RADV IVA sample
- **RADVDE Report (RADV Detailed Enrollee) -** contains enrollee-level data for each enrollee selected for the RADV IVA sample.
- **RADVEE Report (RADV Enrollment Extract) -** contains all active enrollment data that was submitted by the issuer for each enrollee included in the HHS-RADV IVA sample
- **RADVMCE Report (RADV Medical Claim Extract) -** contains all active RA eligible medical claims that were submitted by the issuer for each enrollee included in the HHS-RADV IVA sample
- **RADVSE Report (RADV Supplemental Extract) -** contains all active supplemental records for active RA-eligible medical claims that were submitted by the issuer for each enrollee included in the HHS-RADV IVA sample

Note – details about each report will be provided later in the presentation

RADV Population Summary Statistics (RADVPS) Report

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RADVPS Report Overview

- The **RADVPS Report** is one of the XML reports generated by the EDGE server when RA reports are executed by CMS
- The RADVPS Report contains population statistics for an issuer's population broken into sub-categories, known as "strata," which are based on enrollee age (infant, child, adult) and risk score (low, medium, high)

RADVPS Report Overview (continued)

The RADVPS Report contains:

- Issuer-level data, including total enrollees, total enrollees in each risk pool market (individual, small group, catastrophic) and total number of plans
- Stratum-level data, including the number of enrollees in each strata, and summary statistics for each strata, including the mean (average), minimum (min) and maximum (max) risk scores for enrollees in the strata

Updates to the RADVPS Report

- The **RADVPS** Report was updated to add three (3) new fields:
  - Total Enrollees from Individual Risk Pool Market
  - Total Enrollees from Small Group Risk Pool Market
  - Total Enrollees from Catastrophic Risk Pool Market

- The RADVPS Report data element 'totalNumberOfHCCs' was updated
  - The total number of HCCs will be de-duplicated for each enrollee within the strata *after* the HCC hierarchy is applied
  - Previously, the total number of HCCs was being reported before the HCC hierarchy was applied

RADVPS Report Job Aid

- CMS has published a job aid to assist with validating the Risk Adjustment Data Validation Population Summary Statistics (RADVPS) Report
- The RADVPS Report Job Aid is available in the REGTAP Library at the following link: https://www.regtap.info/reg_librarye.php?i=2039

HHS-RADV IVA Sample Reports

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IVA Sample Reports Overview

- The following six (6) IVA sample reports will be provided:
  - **RADVPSF**
  - **RADVIVAS**
  - **RADVDE**
  - **RADVEE**
  - **RADVMCE**
  - **RADVSE**

Risk Adjustment Data Validation Sampling Logic Update

- The 2019 Final Payment Notice describes a change to the RADV sampling methodology to account for issuers that are the sole issuer in a risk pool
  - Where there is only one (1) issuer in the risk pool, the IVA will not sample from that risk pool
- The RADV sampling logic will be updated to factor in risk pools:
  - Small Group
  - Individual
  - Catastrophic

New RADVPSF Report

New Report: RADV Population Summary Statistics Final (RADVPSF) Report

- RADV Population Summary Statistics Final (RADVPSF) Report
- The RADVPSF Report is a new report with the same data elements as the RADVPS Report
  - The difference is that this report is run with the RADV command as opposed to the RA command
- The RADVPSF Report is generated after CMS runs the transfer calculation and the Issuer Reference Table is populated with risk pools eligible for the RADV sample (RADV Population)
- The data may vary from the RADVPS report because the RADVPS Report does not factor in risk pools eligible for the RADV sample

RADVPSF Report Overview

- The **RADVPSF Report** is one of the XML reports generated by the EDGE servers when Risk Adjustment Data Validation (RADV) reports are executed by CMS
- The RADVPSF Report contains population statistics for an issuer's population included in RADV broken into sub-categories, known as "strata," which are based on enrollee age (infant, child, adult) and risk score (low, medium, high)
- CMS will compare the RADVPSF Report to the IVA sample reports generated during RADV sampling in order to validate that the IVA samples are representative of the issuer's population

RADVPSF Report Overview (continued)

The RADVPSF Report contains:

- Issuer-level data, including total enrollees, total enrollees in each risk pool market (individual, small group, catastrophic) and total number of plans included in RADV population
- Stratum-level data, including the number of enrollees in each strata, and summary statistics for each strata, including the mean (average), minimum (min) and maximum (max) risk scores for the enrollees in the strata

RADVPSF Report Data Element Review

RADVPSF Report Details

File Header Data Elements

- **Payment Year**
- **Total Number of Plan IDs** (Total number of 16-digit Plan IDs of plans from the risk pool markets included in RADV)
- **Total Enrollees** (Total number of unique enrollees used in the RADV sample calculation.)
- **Total Enrollees from Individual Risk Pool Market** (The actual number of enrollees in the Individual market, if used in the RADV sample calculation.)
- **Total Enrollees from Small Group Risk Pool Market** (The actual number of enrollees in the Small Group Market, if used in the RADV sample calculation.)
- **Total Enrollees from Catastrophic Risk Pool Market** (The actual number of enrollees in the Catastrophic risk pool, if used in the RADV sample calculation)

RADVPSF Report Details (continued)

Stratum Category Data Elements *

- The report contains the number of enrollees per strata and strata-level summary information for each data element
  - Stratum Indicator
  - Stratum Size
  - Risk score (mean, min, max, standard deviation)
  - Date of Birth (min, max)
  - Mean Age
  - Premiums (average, total)
  - Total Claims
  - Total Plan Paid Amount
  - Total Number of Diagnoses Codes
  - Total Number of RA Diagnoses Codes
  - Total Number of Hierarchical Condition Categories (HCCs)
  - Total Number of Unique Diagnosis Codes
  - Total Number of Unique RA Diagnosis Codes
  - Unique RA Diagnosis Code

* See the ICD RA/RI Addendum for a full list of the data elements

Table 114: RADVPSF RADV Population Summary Statistics Final Stratum Indicator

Business Data Element	Description	XML Element Names
Stratum Indicator	Strata 1-9 represent low, medium and high-risk enrollees with at least one (1) HCC for each age model. Stratum 10 includes enrollees with no HCCs.	stratumLevel
Stratum Size	The total number of Enrollee IDs from the issuer's population included in the RADV population that were selected for this stratum.	stratumSize
Mean Risk Score	The weighted average of the risk score using member months. This is using the risk score calculated for RADV based on the demographic, CSR and HCC factors.	meanRiskScore
Min Risk Score	The minimum of the weighted average risk score using member months. This is using the risks score calculated for RADV based on the demographic, CSR, and HCC factors.	minRiskScore
Max Risk Score	The maximum of the weighted average risk score using member months. This is using the risks score calculated for RADV based on the demographic, CSR and HCC factors.	maxRiskScore
Standard Deviation Risk Score	The standard deviation of the weighted average risk score using member months. This is using the risks score calculated for RADV based on the demographic, CSR and HCC factors.	stdDevRiskScore
Minimum Date of Birth	Minimum date of birth of enrollees selected for the risk score calculation.	minDateOfBirth
Maximum Date of Birth	Maximum date of birth of enrollees selected for the risk score calculation.	maxDateOfBirth
Mean Age	Mean Age of enrollees selected for the risk score calculation (age as of the last day of the last enrollment period).	meanAge
Average Premium	Weighted average premium, using member months, of enrollees selected for the risk score calculation. This element is calculated by dividing the total premium paid (totalPremiumAmount) by the total number of member months in the payment year of all enrollees in the stratum. Note: Non-billable member months are included in the denominator when performing the weighted average.	averagePremium

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Table 114: RADVPSF RADV Population Summary Statistics Final Stratum Indicator (continued)

Business Data Element	Description	XML Element Names
Total Premium Amount	Total premium amount paid in the payment year for all enrollment periods in the stratum. The paid amount for each enrollment period is calculated by multiplying the monthly premium by the number of member months of the enrollment period within the payment year. Note: Non-subscriber enrollment periods do not contribute to the total premium amount.	totalPremiumAmount
Total Claims	Total claims for all enrollees in the defined strata. This includes all active, RA eligible medical claims.	totalClaims
Total Plan Paid Amount	Total amount paid for all active, RA eligible claims for all enrollees in the defined strata.	totalPlanPaidAmountOnFile
Total Number of Diagnoses Codes	Total number of diagnosis codes for all enrollees in the defined strata contained on RA eligible claims. Duplicate codes for an individual enrollee are counted.	totalNumberDiagnosisCodes
Total Number of RA Diagnoses Codes	Total number of RA diagnosis codes that map to an HCC for all enrollees in the defined strata contained on RA eligible claims. Duplicate codes for an individual enrollee are counted.	totalNumberRADiagnosisCodes
Total Number of HCCs	Total number of HCCs de-duplicated for each enrollee within the strata after the HCC hierarchy is applied.	totalNumberOfHCCs
Total Number of Unique Diagnosis Codes	Total number of de-duplicated diagnosis codes in the defined strata contained on RA eligible claims. Duplicate codes are counted only once for an individual enrollee.	totalNumberUniqueDiagnosis
Total Number of Unique RA Diagnosis Codes	RETIRED Total number of de-duplicated RA diagnosis codes for each enrollee that map to an HCC for all enrollees in the defined strata contained on RA eligible claims.	totalNumberUniqueRADiagnosis

New Report: RADV Population Summary Statistics Final (RADVPSF) Report (continued)

- Details of the new RADVPSF Report can be found in the ICD Addendum (See the table of contents)
- The RADVPSF Report is located just before the section covering the RADVIVAS Report
- The RADVPSF Report is not located near the RADVPS Report in the table of contents, since it is generated with the RADV Report Command and, as a result, it is located by the RADVIVAS Report

RADVPSF Report Data Element Review

- CMS will publish a RADVPSF Report Job Aid that will be available in the Registration for Technical Assistance Portal (REGTAP) Library in the near future
  - A REGTAP email announcement will be sent out when the RADVPSF Job Aid is available

Comparing the RADVPS and the RADVPSF Reports

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RADV Population Summary Statistics Final (RADVPSF) Report – XML

```
<?xml version="1.0" encoding="UTF-8"?>
- <radvPopulationSummaryStatisticsFinal xmlns="http://vo.edge.fm.cms.hhs.gov">
  - <includedFileHeader>
      <outboundFileIdentifier>e4be9874-dcbf-438b-8136-ed8938fa0ab0</outboundFileIdentifier>
      <cmsBatchIdentifier>RVF-2017-00112</cmsBatchIdentifier>
      <cmsJobIdentifier>114116</cmsJobIdentifier>
      <snapShotFileName/>
      <snapShotFileHash/>
      <outboundFileGenerationDateTime>2018-02-06T16:31:18</outboundFileGenerationDateTime>
      <interfaceControlReleaseNumber>05.00.12</interfaceControlReleaseNumber>
      <edgeServerVersion>EDGEServer_26.00_00_b0205</edgeServerVersion>
      <edgeServerProcessIdentifier>26</edgeServerProcessIdentifier>
      <outboundFileTypeCode>RADVPSF</outboundFileTypeCode>
      <edgeServerIdentifier>10500214</edgeServerIdentifier>
      <issuerIdentifier>93182</issuerIdentifier>
```

RADV Population Summary Statistics Final (RADVPSF) Report – XML (continued)

```
</includedFileHeader>
<paymentYear>2017</paymentYear>
<preliminaryFinalRun>F</preliminaryFinalRun>
<totalNumberOfPlanIds>2</totalNumberOfPlanIds>
<totalNumberEnrollees>46</totalNumberEnrollees>
<totalIndividualNumberEnrollees>38</totalIndividualNumberEnrollees>
<totalSmallGroupNumberEnrollees>28</totalSmallGroupNumberEnrollees>
<totalCatastrophicNumberEnrollees>0</totalCatastrophicNumberEnrollees>
<includedStratumLevel
```

Comparing the RADVPS and RADVPSF Reports

RADVPS REPORT

```
</includedFileHeader>
<paymentYear>2017</paymentYear>
<preliminaryFinalRun>F</preliminaryFinalRun>
<totalNumberOfPlanIds>3</totalNumberOfPlanIds>
<totalNumberEnrollees>50</totalNumberEnrollees>
<totalIndividualNumberEnrollees>38</totalIndividualNumberEnrollees>
<totalSmallGroupNumberEnrollees>28</totalSmallGroupNumberEnrollees>
<totalCatastrophicNumberEnrollees>24</totalCatastrophicNumberEnrollees>
```

Total number of enrollees in each risk pool market of the issuers' total population

RADVPSF REPORT

```
</includedFileHeader>
<paymentYear>2017</paymentYear>
<preliminaryFinalRun>F</preliminaryFinalRun>
<totalNumberOfPlanIds>2</totalNumberOfPlanIds>
<totalNumberEnrollees>46</totalNumberEnrollees>
<totalIndividualNumberEnrollees>38</totalIndividualNumberEnrollees>
<totalSmallGroupNumberEnrollees>28</totalSmallGroupNumberEnrollees>
<totalCatastrophicNumberEnrollees>0</totalCatastrophicNumberEnrollees>
```

Total number of enrollees in each risk pool market of the issuers' total population where a RA transfer occurs

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Comparing the RADVPS and RADVPSF Reports (continued)

RADVPS REPORT

<totalNumberEnrollees>**50**</totalNumberEnrollees>
<totalIndividualNumberEnrollees>**38**</totalIndividualNumberEnrollees>
<totalSmallGroupNumberEnrollees>**28**</totalSmallGroupNumberEnrollees>
<totalCatastrophicNumberEnrollees>**24**</totalCatastrophicNumberEnrollees>

Total number of enrollees in each risk pool market of the issuers' total population

RADVPSF REPORT

<totalNumberEnrollees>**46**</totalNumberEnrollees>
<totalIndividualNumberEnrollees>**38**</totalIndividualNumberEnrollees>
<totalSmallGroupNumberEnrollees>**28**</totalSmallGroupNumberEnrollees>
<totalCatastrophicNumberEnrollees>**0**</totalCatastrophicNumberEnrollees>

No RA transfer occurs for the catastrophic market for this issuer. As a result enrollees in Catastrophic market are excluded from RADV sampling

RADV IVA Statistics (RADVIVAS) Report

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Updates to the RADVIVAS Report

- The **RADVIVAS** Report was updated to add three (3) new fields:
  - Total Enrollees from Individual Risk Pool Market
  - Total Enrollees from Small Group Risk Pool Market
  - Total Enrollees from Catastrophic Risk Pool Market

- The RADVIVAS Report data element 'totalNumberOfHCCs' was updated
  - The total number of HCCs will be de-duplicated for each enrollee within the strata *after* the HCC hierarchy is applied
  - Previously, the total number of HCCs was being reported before the HCC hierarchy was applied

RADVIVAS Report Job Aid

- CMS has published a job aid to assist with validating the RADVIVAS Report
- The RADVIVAS Report Job Aid is available in the REGTAP Library at the following link: https://www.regtap.info/reg_librarye.php?i=2085

Note- The RADVIVAS Report will be updated in the near future and posted in the REGTAP Library, thus the above link will no longer work. Please refer to the REGTAP Library for the most current report.

RADVIVAS Report Overview

Description

- The RADVIVAS Report contains the sample statistics calculated at the strata-level for the enrollees selected for the HHS-RADV IVA sample
- The report is similar in layout to the RADVPS and RADVPSF Reports, but limited to the enrollees selected for the IVA sample
- The RADVIVAS Report consists of a report File Header category and a Stratum data category

RADVIVAS Report Details

File Header Data Elements

- **Payment Year**
- **Total Number of Plan IDs** (Total number of 16-digit Plan IDs included in the audit sample)
- **Total Enrollees** (Total number of unique enrollees selected for the audit sample)
- **Total Enrollees from Individual Risk Pool Market** (Total number of unique enrollees included in the RADV sample from the Individual Risk Pool Market)
- **Total Enrollees from Small Group Risk Pool Market** (Total number of unique enrollees included in the RADV sample from the Small Group Risk Pool Market)
- **Total Enrollees from Catastrophic Risk Pool Market** (Total number of unique enrollees included in the RADV sample from the Catastrophic Risk Pool Market)

RADVIVAS Report Details (continued)

Stratum Category Data Elements *

- The report contains the number of sampled enrollees per strata and strata-level summary information for each data element
  - Stratum Indicator
  - Stratum Size
  - Risk score (mean, min, max, standard deviation)
  - Date of Birth (min, max)
  - Mean Age
  - Premiums (average, total)
  - Total Claims
  - Total Plan Paid Amount
  - Total Number of Diagnoses Codes
  - Total Number of RA Diagnoses Codes
  - Total Number of HCCs
  - Total Number of Unique Diagnosis Codes
  - Total Number of Unique RA Diagnosis Codes
  - Unique RA Diagnosis Code

* See the ICD RA/RI Addendum for a full list of the data elements

Table 116: RADVIVAS RADV IVA Statistics Stratum Indicator

Business Data Element	Description	XML Element Names
Stratum Indicator	Strata 1-9 represent low, medium and high-risk enrollees with at least one (1) HCC for each age model. Stratum 10 includes enrollees with no HCCs.	stratumLevel
Stratum Size	The total number of enrollee IDs (sample size) that were selected for this stratum.	stratumSize
Mean Risk Score	The weighted average of the risk score using member months. This is using the risk score calculated for RADV based on the demographic, CSR and HCC factors.	meanRiskScore
Min Risk Score	The minimum of the weighted average risk score using member months. This is using the risks score calculated for RADV based on the demographic CSR, and HCC factors.	minRiskScore
Max Risk Score	The maximum of the weighted average risk score using member months. This is using the risks score calculated for RADV based on the demographic, CSR and HCC factors.	maxRiskScore
Standard Deviation Risk Score	The standard deviation of the weighted average risk score using member months. This is using the risks score calculated for RADV based on the demographic, CSR and HCC factors.	stdDevRiskScore
Minimum Date of Birth	Minimum date of birth of enrollees selected for this stratum.	minDateOfBirth
Maximum Date of Birth	Maximum date of birth of enrollees selected for this stratum.	maxDateOfBirth
Mean Age	Mean Age of enrollees selected for this stratum (age as of the last day of the last enrollment period).	meanAge
Average Premium	Weighted average premium, using member months, of enrollees in this stratum. This element is calculated by dividing the total premium paid (totalPremiumAmount) by the total number of member months in the payment year of all enrollee's in the stratum. Note: Non-billable members are included in the denominator when performing the weighted average.	averagePremium

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Table 116: RADVIVAS RADV IVA Statistics Stratum Indicator (continued)

Business Data Element	Description	XML Element Names
Total Premium Amount	Total premium amount paid in the payment year for all enrollment periods in the stratum. The paid amount for each enrollment period is calculated by multiplying the monthly premium by the number of member months of the enrollment period within the payment year. Note: Non-subscriber enrollment periods do not contribute to the total premium amount.	totalPremiumAmount
Total Claims	Total claims for all enrollees in the defined strata. This includes all active, RA eligible medical claims.	totalClaims
Total Plan Paid Amount	Total amount paid for all active, RA eligible claims for all enrollees in the defined strata.	totalPlanPaidAmountOnFile
Total Number of Diagnoses Codes	Total number of diagnosis codes for all enrollees in the defined strata contained on RA eligible claims. Duplicate codes for an individual enrollee are counted.	totalNumberDiagnosisCodes
Total Number of RA Diagnoses Codes	Total number of RA diagnosis codes that map to an HCC for all enrollees in the defined strata contained on RA eligible claims. Duplicate codes for an individual enrollee are counted.	totalNumberRADiagnosisCodes
Total Number of HCCs	Total number of HCCs de-duplicated for each enrollee within the strata after the HCC hierarchy is applied.	totalNumberOfHCCs
Total Number of Unique Diagnosis Codes	Total number of de-duplicated diagnosis codes in the defined strata contained on RA eligible claims. Duplicate codes are counted only once for an individual enrollee.	totalNumberUniqueDiagnosis
Total Number of Unique RA Diagnosis Codes	RETIRED Total number of de-duplicated RA diagnosis codes for each enrollee that map to an HCC for all enrollees in the defined strata contained on RA eligible claims.	totalNumberUniqueRADiagnosis

RADV Detail Enrollee (RADVDE) Report

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RADVDE Report

Description

- The RADVDE Report contains enrollee-level data for each enrollee selected for the RADV IVA sample
- The report contains the sampled enrollee's risk score, demographic, and health status information
- The RADVDE report consists of a report File Header category and an Enrollee Detail category

File Header Data Elements

- **Payment Year**
- **Total Number of Plan IDs** (Total number of 16-digit Plan IDs included in the audit sample)
- **Total Enrollees** (Total number of unique enrollees selected for the audit sample)

RADVDE Report (continued)

Risk Adjustment Diagnosis Code:

- A new data element will be added to the RADVDE Report to include "Unique RA Diagnosis code" for enrollees in the RADV sample
- Currently, the 'Unique Diagnosis Code' data element includes all unique diagnoses included from the enrollee on any active RA eligible claim, whether the Diagnosis Code is an RA Diagnosis Code or not
- For RADV, we need to provide the RA Diagnosis Codes. Additionally, this update will also make the data element align with the data element 'Total Number of RA Diagnosis Codes' in this same report

RADVDE Report (continued)

Enrollee Detail Data Elements

- The report contains the following information for each sampled enrollee:
  - Enrollee ID
  - Risk Score
  - Total Claims for each: professional, inpatient, outpatient
  - Total Supplemental Record
  - Total Enrollment Periods
  - Date of Birth
  - Total Payment HCCs
  - Stratum Indicator
  - Random Number
  - Total Number of Unique Diagnoses Codes
  - Total Number of RA Diagnoses Codes
  - HCC
  - Unique Diagnosis Code
  - Unique RA Diagnosis Code

Table 118: RADVDE Report: ICD Addendum

Business Data Element	Description	XML Element Names
Unique Enrollee ID	Unique identifier for the enrollee. This represents the MASKED identifier submitted by the issuer to the EDGE server.	enrolleeIdentifier
Risk Score	Risk score calculated for the enrollee.	enrolleeRiskScore
Total Professional Claims	Count of active, RA eligible professional claims selected for the audit sample for the enrollee.	totalProfessionalClaims
Total Institutional Inpatient Claims	Count of active, RA eligible institutional inpatient claims selected for the audit sample for the enrollee.	totalInpatientClaims
Total Institutional Outpatient Claims	Count of active, RA eligible institutional outpatient claims selected for the audit sample for the enrollee.	totalOutpatientClaims
Total Supplemental Records	Count of active supplemental records linked to active, RA eligible claims that were selected for the audit sample for the enrollee.	totalSupplementalRecords
Total Enrollment Periods	Count of enrollment periods with at least one day in the payment year selected for the audit sample for the enrollee.	totalEnrollmentPeriods
Date of Birth	Date of birth of the enrollee.	enrolleeDateOfBirth
Total Payment HCCs	Count of payment HCCs for the enrollee. This is the count of unique payment HCCs for the enrollee, after the hierarchy is applied.	enrolleePaymentHccs
Stratum Indicator	The stratum indicator of the stratum in which the enrollee was included. Strata 1-9 represent low, medium and high-risk enrollees with at least one (1) HCC for each age model. Stratum 10 includes enrollees with no HCCs.	stratumLevel
Random Number	The random number assigned to the enrollee when generating the random sample.	randomNumber

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Table 118: RADVDE Report ICD Addendum (continued)

Business Data Element	Description	XML Element Names
Total Number of Unique Diagnoses Codes	Total number of unique diagnosis codes on any active, RA eligible claims and their associated supplemental records for the benefit year. Duplicate codes are counted only once.	totalNumberUniqueDiagnosisCodes
Total Number of RA Diagnoses Codes	Total number of unique RA diagnosis codes on any active, RA eligible claims and their associated supplemental records for the benefit year. An RA diagnosis code is a diagnosis code that mapped to a condition category (CC) for the enrollee.	totalNumberRADiagnosisCodes
HCC	HCC assigned to the enrollee. This includes all HCCs identified after the HCC hierarchy is applied.	enrolleeHCC
Unique Diagnosis Code	All unique diagnosis codes included for the enrollee on any active, RA eligible claims and their associated supplemental records for the benefit year.	uniqueDiagnosisCode
Unique RA Diagnosis Code	All unique RA eligible Diagnosis Codes included for the enrollee on any active, RA eligible claims and their associated supplemental records for the benefit year. An RA Diagnosis Code is a Diagnosis Code that maps to a condition category (CC) for the enrollee.	uniqueRADiagnosisCode

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RADV Enrollment Extract (RADVEE) Report

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RADVEE Report

Description

- The RADVEE Report contains all active enrollment data that was submitted by the issuer for each enrollee included in the RADV IVA sample
- The report contains each enrollment period for the sampled enrollees
- The RADVEE Report consists of a report File Header category, an Enrollee category, and an Enrollment Period category

File Header Data Elements

- **Payment Year**
- **Total Number of Enrollee Records** (Total count of enrollee records included in the enrollment extract)
- **Total Number of Enrollment Period Records** (Total count of enrollment period records for all enrollees in the extract file)

RADVEE Report (continued)

Enrollee Data Elements

The report contains the following information for each sampled enrollee:

- **Enrollee ID**
- **Enrollee DOB**
- **Enrollee Gender**

Enrollment Period Data Elements

- The report will contain the following information for each enrollment period for each enrollee in the sample:
  - Subscriber Indicator and ID
  - Plan ID
  - Enrollment Start and End Dates
  - Enrollment Activity Indicator
  - Premium Amount
  - Rating Area

Table 120: RADVEE Report: ICD Addendum

Business Data Element	Description	XML Element Names
Unique Enrollee ID	Unique identifier for the enrollee. This represents the MASKED identifier submitted by the issuer to the EDGE server.	insuredMemberIdentifier
Enrollee DOB	Date of birth (DOB) for enrollee.	insuredMemberBirthDate
Enrollee Gender	Gender of enrollee.	insuredMemberGenderCode
Enrollment Period Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	includedInsuredMemberProfile

Table 121: RADVEE RADV: ICD Addendum

Business Data Element	Description	XML Element Names
Subscriber Indicator	Indicates when the enrollee linked to this enrollment period record is also the subscriber. A subscriber is defined as the primary insured party.	subscriberIndicator
Subscriber ID	This ID represents a Unique Enrollee ID who is identified as the primary insured party.	subscriberIdentifier
Plan ID	Unique 16 digit plan identifier for insurance plan offered by issuer that the enrollee is covered under. The Plan ID includes the CSR variant.	insurancePlanIdentifier
Enrollment Start Date	The date when the enrollment coverage for the enrollee became effective for the associated plan.	coverageStartDate
Enrollment End Date	The date when the enrollment coverage for the enrollee is no longer effective for the associated plan.	coverageEndDate
Enrollment Period Activity Indicator	Identifies the type of activity associated with the creation of an enrollment period.	enrollmentMaintenanceTypeCode
Premium Amount	The premium amount is the monthly total rated premium charged by the issuer for a subscriber, including the Advanced Premium Tax Credit (APTC) amount. The Premium Amount may include more than the amount charged directly to a subscriber. The Premium Amount does not represent an amount paid by a subscriber.	insurancePlanPremiumAmount
Rating Area	Rating Area used for the enrollee in the plan. If enrollee is not rated, use the subscriber Rating Area.	ratingAreaIdentifier

RADV Medical Claim Extract (RADVMCE) Report

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RADVMCE Report

Description

- The RADVMCE Report contains all active RA eligible medical claims that were submitted by the issuer for each enrollee included in the RADV IVA sample
- The report contains claim line information of the active RA eligible claims from sampled enrollees
- The RADVMCE Report consists of a report File Header category, an Insurance Plan category, a Claim Header category, and a Claim Line category

File Header Data Elements

- **Payment Year**
- **Total Claims** (Total count of claims in the file)
- **Total Claim Lines** (Total count of claim lines in the file)

Insurance Plan Data Elements

- **Plan ID**
- **Total Claims** (Total count of claims for this plan)
- **Total Claim Lines** (Total count of claim lines for all claims for the plan)

RADVMCE Report (continued)

Claim Header Data Elements

- The report will contain the following claim level information:
  - Enrollee ID
  - Form Type and Bill Type
  - Claim ID and Original Claim ID
  - Claim Processed Date and Time
  - Void/Replace Indicator
  - Diagnosis Code Qualifier
  - Diagnosis Code
  - Discharge Status Code
  - Statement Covers From and Statement Covers Through Dates
  - Billing Provider ID Qualifier and Billing Provider ID
  - Date Paid
  - Total Amount Allowed
  - Total Amount Paid
  - Derived Amount Indicator

RADVMCE Report (continued)

Claim Line Data Elements

- The report will contain the following claim service line level information:
  - Claim Line Sequence Number
  - Date of Service From and Date of Service To
  - Revenue Code
  - Service Code Qualifier
  - Service Code
  - Service Code Modifier
  - Place of Service
  - Rendering Provider ID Qualifier and Rendering Provider ID
  - Allowed Amount
  - Amount Paid
  - Derived Amount Indicator

Table 123: RADVMCE Report: ICD Addendum

Business Data Element	Description	XML Element Names
Plan ID	Unique 16-digit plan identifier for insurance plan offered by issuer, that the RA eligible claim for the sampled enrollee belongs to (Regardless of whether the plan is included in RA). For cross-year claims, the claim will always be linked to the Plan ID that the claim originated from, regardless of whether the plan was included in RA and the RADV enrollment extract.	insurancePlanIdentifier
Total Claims	Total count of claims for this plan.	insurancePlanClaimDetailTotalQuantity
Total Claim Lines	Total count of claim lines for all claims for the plan.	insurancePlanClaimServiceLineTotalQuantity
Medical ClaimExtract Claim Header	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	includedMedicalClaimExtractDetail

Table 124: RADVMCE Report: ICD Addendum

Business Data Element	Description	XML Element Names
Unique Enrollee ID	Unique identifier for the enrollee. This represents a MASKED identifier; not a medical record number or cardholder ID. Issuers should use the same Unique Enrollee ID if the enrollee switches plans within the issuer.	insuredMemberIdentifier
Form type	Describes claim form type as professional or institutional.	formTypeCode
Claim ID	Unique number generated by the issuer adjudication system to uniquely identify the transaction. The issuer adjudicated Claim ID may be de-identified by the issuer.	claimIdentifier
Original Claim ID	The Claim ID submitted on a previous claim file that the issuer intends to void or replace.	originalClaimIdentifier
Claim Processed Date Time	The date and time when the claim was adjudicated and resulted in a paid amount or reported encounter.	claimProcessedDateTime
Bill Type	The code indicating a specific type of bill as reported on institutional claims only.	billTypeCode
Void/Replace Indicator	Identifies if a previously accepted claim is to be voided or replaced.	voidReplaceCode

Table 124: RADVMCE Report: ICD Addendum (continued)

Business Data Element	Description	XML Element Names
Diagnosis Code Qualifier	Indicates if the diagnosis code is International Classification of Diseases 9 (ICD 9) or International Classification of Diseases 10 (ICD 10). Note: X12 standard allows only one (1) qualifier per claim; any single date of service should have either ICD-9 or 10; issuers need to submit separate claims for each type of code.	diagnosisTypeCode
Diagnosis Code	Code value for the diagnosis code as determined by classification of International Classification of Diseases.	diagnosisCode
Discharge Status Code	The facility discharge status of the enrollee.	dischargeStatusCode
Statement Covers From	Earliest date of service on the submitted claim (For inpatient claims this would be the admission date.)	statementCoverFromDate
Statement Covers Through	Latest date of service on the submitted claim (For inpatient claims this would be the discharge date.)	statementCoverToDate
Billing Provider ID Qualifier	Identifies the type of provider ID being submitted in the Billing Provider ID field.	billingProviderIDQualifier
Billing Provider ID	The billing provider's identification (NPI or unique issuer assigned provider ID). This may be a group clinic or other facility.	billingProviderIdentifier
Date Paid	The date a check or electronic funds transfer was issued for paid claims. For encounters, the date paid means the date of claim adjudication.	issuerClaimPaidDate
Total Amount Allowed	Total amount allowed for this claim	allowedTotalAmount
Total Amount Paid	Total paid amount for this claim	policyPaidTotalAmount
Derived Amount Indicator	Indicator used to distinguish between fee-for-service claims and claims covered under capitation.	derivedServiceClaimIndicator
Medical Claim Extract Service Line	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	includedMedicalClaimExtract ServiceLine

Table 125: RADVMCE Report: ICD Addendum (continued)

Business Data Element	Description	XML Element Names
Claim Line Sequence Number	Unique number generated to represent service(s) submitted on the claim.	serviceLineNumber
Date of Service – From	Represents the first date of service on a submitted claim for a specific claim line. Also represents the Service Date on an institutional claim.	serviceFromDate
Date of Service – To	Represents the last date of service on a submitted claim for a specific claim line.	serviceToDate
Revenue Code	Describes the revenue center in which the service was provided.	revenueCode
Service Code Qualifier	A code that identifies the source of the procedure code (CPT or HCPCS).	serviceTypeCode
Service Code	A procedure code that identifies the service rendered: CPT or HCPC.	serviceCode
Service Code Modifier	A 2-digit code that may be billed with a CPT/HCPCS service code.	serviceModifierCode
Place of Service	A code that identifies where the service was rendered.	serviceFacilityTypeCode
Rendering Provider ID Qualifier	Identifies the type of provider ID being submitted in the Rendering Provider ID field.	renderingProviderIDQualifier
Rendering Provider ID	The rendering provider's identification number. This may be a group clinic or other facility.	renderingProviderIdentifier
Amount Allowed	Total amount allowed by plan.	allowedAmount
Amount Paid	Total amount paid, or derived, by plan.	policyPaidAmount
Derived Amount Indicator	Indicator used to distinguish between fee-for-service claims and claims covered under capitation.	derivedServiceClaimIndicator

RADV Supplemental Extract (RADVSE) Report

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RADVSE Report

Description

- The RADVSE Report contains all active supplemental records for active RA-eligible medical claims that were submitted by the issuer for each enrollee included in the RADV IVA sample
- The report contains details of each supplemental submission for the sampled enrollees
- The RADVSE Report consists of a report File Header category, an Insurance Plan category, and a Detail category

File Header Data Elements

- **Payment Year**
- **Total Detail Records** (Total count of detail records)

RADVSE Report (continued)

Insurance Plan Data Elements

- **Plan ID**
- **Total Detail Records** (Total count of detail records for this plan)

Detail Data Elements

- The report contains the following supplemental submission level information:
  - Enrollee ID
  - Supplemental Diagnosis Detail Record ID
  - Original Medical Claim ID
  - Detail Record Processed Date Time
  - Add/Void/Delete Indicator
  - Original Supplemental Diagnosis Detail Record ID
  - Date of Service From and Date of Service To
  - Supplemental Diagnosis Code Qualifier
  - Supplemental Diagnosis Code
  - Supplemental Diagnosis Source

Table 127: RADVSE Report: ICD Addendum

Business Data Element	Description	XML Element Names
Plan ID	Unique Identifier for insurance plan offered by issuer that the insured member is covered under. The Plan ID includes the CSR variant.	insurancePlanIdentifier
Total Detail Records	Total count of detail records for this plan.	insurancePlanFileDetailTotalQuantity
Supplemental Extract Detail	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	includedSupplementalExtractDetail

Table 128: RADVSE Report: ICD Addendum

Business Data Element	Description	XML Element Names
Unique Enrollee ID	Unique identifier for the enrollee. This represents a MASKED identifier; not a medical record number or cardholder ID. Issuers should use the same Unique Enrollee ID if the enrollee switches plans within the issuer.	insuredMemberIdentifier
Supplemental Diagnosis Detail Record ID	Unique number generated by the issuer to uniquely identify the supplemental diagnosis transaction.	supplementalDiagnosisDetailRecordIdentifier
Original Medical Claim ID	The medical Claim ID to which the supplemental claim corresponds that was submitted on a previous claim file and was accepted by the EDGE server.	originalClaimIdentifier
Detail Record Processed Date Time	The date and time when the supplemental diagnosis detail record was created by the issuer.	detailRecordProcessedDateTime
Add/Delete/Void Indicator	Identifies if a supplemental diagnosis is added; identifies if a previously submitted diagnosis is deleted; and identifies if a previously accepted supplemental diagnosis file is to be voided.	addDeleteVoidCode
Original Supplemental Diagnosis Detail ID	Identifies the original Supplemental Diagnosis Detail Record when processing a VOID Supplemental Detail record.	originalSupplementalDetailID
Date of Service – From	Indicates the first day the service occurred that supports the submission of a supplemental diagnosis.	serviceFromDate
Date of Service – To	Indicates the last day the service occurred that supports the submission of a supplemental diagnosis.	serviceToDate
Supplemental Diagnosis Code Qualifier	Indicates if the Diagnosis Code is International Classification of Diseases 9-CM (ICD 9-CM) or International Classification of Diseases 10-CM (ICD 10-CM). **Note:** X12 standard allows only one (1) qualifier per claim; any single date of service should have either ICD-9-CM or ICD-10-CM; Issuers need to submit separate claims for each type of code.	diagnosisTypeCode
Supplemental Diagnosis Code	Code value for the Diagnosis Code as determined by classification of International Classification of Diseases.	supplementalDiagnosisCode
Supplemental Diagnosis Source	Identifies the source of the Supplemental Diagnosis. MR for medical record EDI for electronic data interchange Only one (1) code per supplemental diagnosis.	sourceCode

Linking the Sampling Reports and Validation Checks

Linking the Sampling Reports

- The RADVDE, RADVEE, RADVMCE, and RADVSE reports can all be linked by the unique Enrollee ID
  - Note that these reports are at different units of analysis, i.e., enrollee-level, enrollment period-level, claim-level, etc.
- The number of unique sampled enrollees in the RADVDE, RADVEE, RADVMCE, and RADVSE reports should be less than or equal to the total number of sampled enrollees on the RADVIVAS Report

Linking the Sampling Reports (continued)

- The RADVIVAS, RADVDE, and RADVEE reports should all have the same number of sampled enrollees
  - Ex. The number of unique Enrollee IDs in the RADVDE Report should equal the sum of the number of enrollees for all strata within the RADVIVAS Report
  - Ex. The sum of unique Enrollee IDs in RADVEE Report should equal the total number of enrollees sampled
- The RADVMCE and RADVSE reports may have less than the total number of sampled enrollees, since not all sampled enrollees will have claims or supplemental information submitted in the benefit year

Validation Checks

- Prior to releasing the detailed IVA sampling reports to the issuers, CMS will analyze the samples and test that they are representative of the underlying issuer RADV population listed in RADVPSF

Validation Checks

- CMS has published a RADVIVAS Job Aid which issuers can use to assist in validating that the RADV sample is consistent with the underlying issuer population included in RADV
- The RADVIVAS Job Aid contains validation notes to help issuers understand how to validate each data element in the report
- The RADVIVAS Job Aid can be found in the REGTAP Library at the following link: https://www.regtap.info/reg_librarye.php?i=2085

Note- The RADVIVAS Report will be updated in the near future and posted in the REGTAP Library, thus the above link will no longer work. Please refer to the REGTAP Library for the most current report.

Validation Checks (continued)

- CMS' validation of the sample data and reports include the following:
  - Neyman allocation sample size checks (IVA Sample vs. Total RADV Population)
  - Mean/Min/Max risk scores among strata (IVA Sample vs. Total RADV Population)
  - Footing and general distribution analysis (IVA Sample vs. Total RADV Population)
  - Data error / field level checks (IVA Sample)
  - Detailed Enrollee data vs. RADVIVAS Report (IVA Sample)

Note that the RADVIVAS Report mirrors the format of the RADVPSF Report. However, the RADVIVAS Report contains only the information on the sampled enrollees, whereas the RADVPSF Report contains information on all enrollees within the HIOS ID that are included in the RADV population. Not all variables within RADVPSF Report were used for sampling purposes

Validation Checks (continued)

Issuers may perform the following IVA sampling checks:

- Expected Sample Size and Allocation of Enrollees
  - 200 enrollees selected for large issuers (4,000+)
  - Less than 200 enrollees selected for small issuers
  - ~1/3 of sampled enrollees are in the No HCC stratum
  - ~2/3 of sampled enrollees have at least one (1) HCC
  - Enrollees in the No HCC stratum have no HCCs, and enrollees in HCC strata have at least one (1) HCC

Validation Checks (continued)

Footing Analysis and IVA sampling checks

- Footing Analysis – The sample appears representative of the underlying issuer population
  - Take the IVA sample and project risk scores based on the sampled enrollees to the RADV population
  - Determine a level of acceptability around that projection (lower/upper bounds) and compare the actual total population risk score to the projected
    - Example: Establishing a percentage (95%) confidence around the projected sample total risk score, and then determine if the actual total RADV population risk score is contained by the projected sample's total risk score lower and upper bounds
- Strata min/max/mean risk scores are within or equal to the RADVPSF Report values

RADVPSF Report Specific Purpose

- The RADVPSF Report has a specific role in the RADV process
- The RADVPSF Report is generated and used to determine an issuer's RADV IVA Sample
- The data elements on the RADVPSF are similar to those captured in other RA reports, but are calculated based on different assumptions necessary to facilitate the RADV sampling process
- The RADVPSF Report data is calculated at the ISSUER level not the PLAN level as other RA reports are
- As data elements are calculated specific to the RADVPSF Report, please be aware that a 1:1 crosswalk between the RADVPSF Report data elements and other RA report elements and/or issuer submission files are not always possible

RADVPSF Report Specific Purpose (continued)

For example, Premium Amounts (Total and Average) on the RADVPSF are calculated differently than on the RA Transfer Elements Extract (RATEE) Report

- RADVPSF Premium Amounts are weighted and aggregated, across plans, and then summed (or averaged) within a stratum
- Alternatively, the RATEE Report Premium Amounts are calculated at the plan level
- The RATEE Report calculates the average premium amount using **billable** member months, whereas the RADVPSF Report calculates average premium using **member** months

RADVPS Issuer Responsibilities

RADVPS Report Issuer Responsibilities

- CMS recommends that issuers review their preliminary RADVPS Report to correct any errors prior to the benefit year data submission deadline
  - For example, verifying that there are no Date of Births before 1905 and correcting these type of errors before the EDGE server data submission deadline

RADVPS Report Issuer Responsibilities (continued)

- Issuers are responsible for comparing the final RADVPS Report to their detailed EDGE populations and identifying and reporting any discrepancies found in the final RADVPS Report
- Unlike other RA Summary Reports, the RADVPS Report is not used for RA payment transfers

RADVPS Report Issuer Responsibilities (continued)

- Review each RADVPS Data Element and verify that what is summarized in the RADVPS Report matches the data in your **EDGE server** to determine if any discrepancy exists that should be reported to CMS
  - Quality checks should be performed to confirm the accuracy of the RADVPS Report~~;~~
    - Issuers may note instances where submitted EDGE server data does not accurately reflect their source system data
  - Inaccuracies found during the RA data submission period should be corrected and resubmitted to the EDGE server.
  - For the purposes of HHS-RADV, these are not discrepancies and should not be reported

RADVPS Report Issuer Responsibilities (continued)

- Key areas to evaluate within your RADVPS Report:
  - Is the population correct (count, distribution)?
  - Are enrollee risk scores correct?
  - Have enrollees been allocated to the correct stratum based on their risk scores?

RADVPS Report Issuer Responsibilities (continued)

- CMS has published a RADVPS Report Job Aid that can be found in the REGTAP Library at the following link: https://www.regtap.info/reg_librarye.php?i=2039
- The RADVPS Job Aid contains validation notes to help issuers understand how to validate each data element in the report

Stratification Overview

Stratification Overview

In order to stratify the enrollee population, the following steps are performed:

1. Sort the enrollee population (with at least one [1] HCC) within each age model by ascending order of risk score, **then sort by Enrollee ID**
2. Sum all risk scores for each age model and divide by three (3) to identify the cutoff values:
    - o Sum of risk score for adult divided by three (3)
    - o Sum of risk score for child divided by three (3)
    - o Sum of risk score for infant divided by three (3)
3. Split each age model into low, medium, and high risk categories by summing the sorted enrollee risk scores per age group until the cutoff value is reached for each third. Any enrollee that equaled or exceeded the cutoff value will be excluded from that third and placed in the next higher third. All of the enrollee risk scores that were below the cutoff value will be included in that third

In most cases, the lower risk strata will contain more enrollees than the medium and high risk strata, since it will take more enrollees to reach the cumulative risk score cutoff. Similarly, the medium risk strata will likely contain more enrollees than the high risk strata

Stratification Overview - Example

Split the population into 10 strata by breaking the age models into thirds

- This table is an example of an issuer's risk score with the cutoff values

Age	Risk Level (Strata)	Stratum	Population (N)	Risk Score Thirds Cutoff	Sum of the Risk Score
Adult	Low	1	1,374	98,793.83	98,609.71
	Medium	2	394		98,762.05
	High	3	232		99,009.72
Total Adult			2,000	296,381.48	
Child	Low	4	579	32,676.74	32,564.21
	Medium	5	238		32,535.00
	High	6	183		32,931.00
Total Child			1,000	98,030.21	
Infant	Low	7	253	14,991.68	14,925.03
	Medium	8	112		14,848.00
	High	9	85		15,202.00
Total Infant			450	44,975.03	
Total No HCC		10	150	520.22	520.22

RADV Risk Score Calculation

RADV Risk Score Calculation

RADV Risk Score Additional Information

- Please note that the enrollee risk score calculation used for the RADV reports is different than the risk score calculation used for the RATEE plan liability risk score (PLRS)
- The risk scores on the RADV reports represent a mean composite risk score across all plans for each enrollee
- The RATEE Report PLRS is a plan specific risk score
- For the RADVPS, RADVPSF and RADVIVAS reports, risk scores are calculated for each enrollee in the stratum to determine the minimum, maximum, and average risk score for each stratum

RADV Risk Score Calculation (continued)

RADV Risk Score Calculation

- To verify the RADVPS and RADVPSF reports risk score mean, min and max, you must first calculate the weighted average risk score for each enrollee using the formula provided below
  - $\bar{rs} = \frac{\Sigma_i M_{mi} * RS_i}{\Sigma_i M_{mi}}$
    - rs is the weighted average risk score for each enrollee
    - M_{mi} is the member month (months in the enrollment period)
    - RS_i is the enrollee level risk score for that enrollment period

RADV Report Resources

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RADV Reports Additional Information

For additional Information on the RADVPS report please see REGTAP:

- RADVPS Job Aid: Job Aid for Validation of RADVPS Reports (04/20/18)
- RADVIAVS Job Aid: Job Aid for Validation of RADVIVAS Reports (05/19/17)
- RA Reports Job Aid: EDGE Server Risk Adjustment (RA), and Reinsurance (RI) Reports Job Aid (01/31/17)
- Interface Control Document - Risk Adjustment and Reinsurance Addendum: Interface Control Document - Risk Adjustment and Reinsurance Addendum Version 05.00.01 (03/30/18)

Note- The RADVIVAS Report will be updated in the near future and posted in the REGTAP Library, thus the above link will no longer work. Please refer to the REGTAP Library for the most current report.

Questions?

To submit questions by computer:

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

If your question did 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

Upcoming Webinars

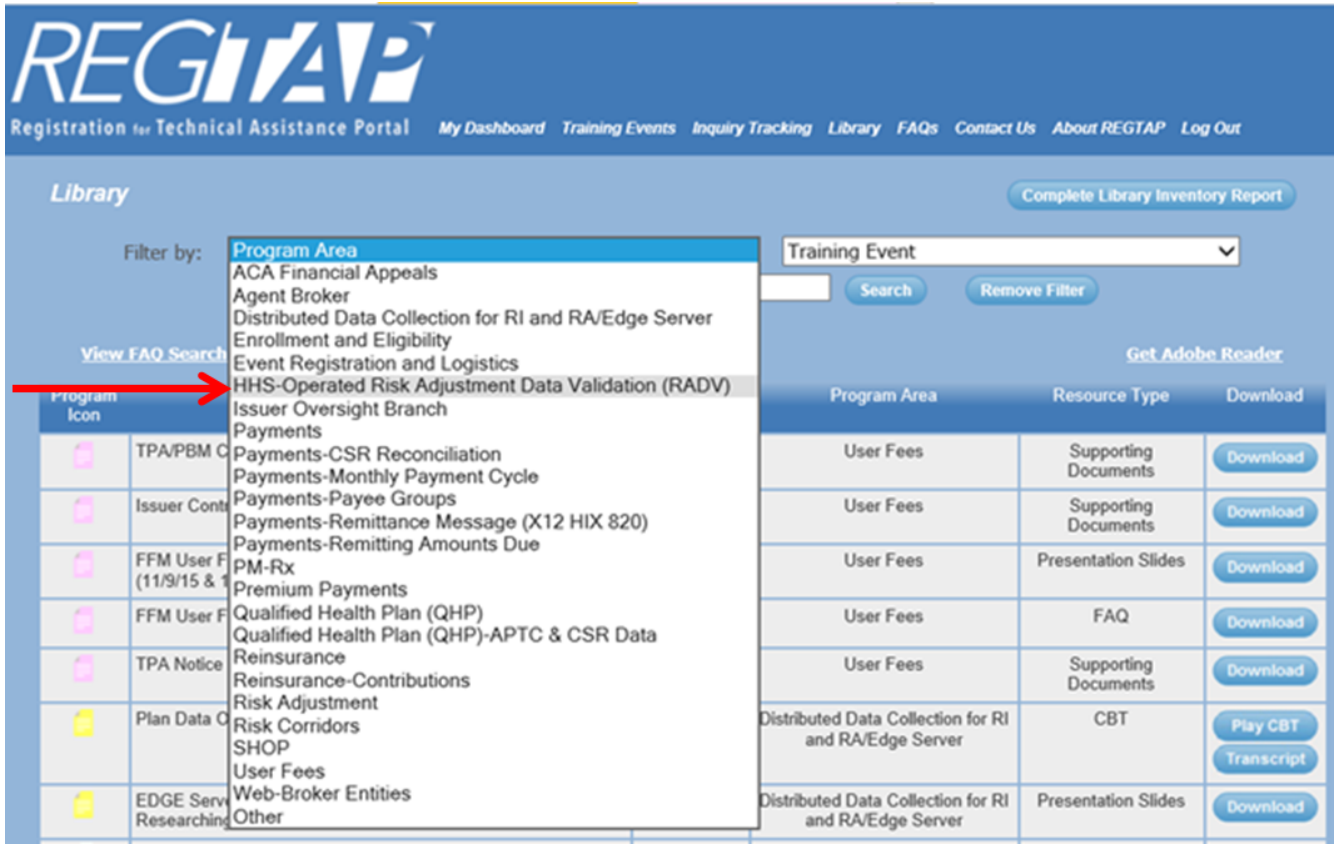
Date	Time	Topic
Wednesday, May 9, 2018	2:00 p.m. – 3:00 p.m. ET	Receiving HHS-RADV Reports and Discrepancy Submission

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 Risk Adjustment Data Validation (HHS-RADV)"



Resources: Contact Information

Resource	Contact Information
CCIIO PPACA RA Data Validation Email Address. 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: 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
HHS Notice of Benefit and Payment Parameters for 2019	https://www.gpo.gov/fdsys/pkg/FR-2018-04-17/pdf/2018-07355.pdf

Closing Remarks