HHS Risk Adjustment Data Validation (HHS-RADV): Validating Prescription Drug Category (RXC) and National Drug Code (NDC)

May 1, 2019

HHS-RADV Webinar Series IV

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Session Agenda

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- RXC Validation Steps
- Question and Answer (Q&A)
- Resources
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Session Guidelines

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

Intended Audience

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

Session Purpose

- Overview of the Risk Adjustment (RA) RXC Validation process for the 2018 benefit year RADV audit
- Review the documentation required to validate RXC data elements
- Outline the steps for RXC validation

HHS-RADV Timeline

HHS-RADV Timeline



To access the HHS-RADV Timeline, please login to REGTAP and visit the HHS-RADV Program Area page: www.REGTAP.info/hhsradv.php

or utilize the following web link: https://www.regtap.info/reg_librarye.php?i=2456

Benefit Year 2018 HHS-RADV Proposed Timeline

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Benefit Year 2018 HHS-RADV Proposed Timeline

- **2018 RADV Proposed Timeline Updates**
  - On April 25, 2019, CMS released a proposal to update the 2018 HHS-RADV Timeline
  - CMS hopes that providing issuers two (2) extra months to complete the IVA will help issuers and IVA Entities collect and review medical records and provide extra time for issuers to review their IVA findings prior to submission of Package 1 to the Audit Tool
  - We encourage all Stakeholders to review this proposal posted on the CCIIO website at https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2018Proposed-Updates-RADV-Timelines.pdf and submit comments no later than May 10, 2019

Benefit Year 2018 HHS-RADV Proposed Timeline

Proposed Updated 2018 Benefit Year HHS-RADV		
Proposed Date	Previous Date	Activities and Descriptions
Now	No Change	Issuers contractually select IVA Entities for 2018 Benefit Year HHS-RADV
April 15, 2019	No Change	Issuers begin designating IVA Entities within the HHS-RADV Audit Tool
Mid/Late May 2019	No Change	1. CMS deploys HHS-RADV preliminary sampling command to EDGE servers. Issuers should execute the command by the designated date. 2. Sampling Reports are provided to CMS for validation. Reports are NOT available to issuers. 3. CMS notifies and instructs how to complete the 2018 Benefit Year HHS-RADV Issuer Exemption and DDVC Web Form selected issuers with $15 million or less in total premiums statewide of their exemption from 2018 benefit year HHS-RADV IVA (and SVA) requirements and CMS notifies all issuers with 500 or fewer billable member months statewide of their exemption from 2018 benefit year HHS-RADV IVA (and SVA) requirements. 4. CMS deploys final HHS-RADV command to EDGE servers for release to issuers. 5. The 15 day HHS-RADV sample discrepancy window opens after final HHS-RADV command is released.

Benefit Year 2018 HHS-RADV Proposed Timeline (continued)

Proposed Updated 2018 Benefit Year HHS-RADV (continued)		
Proposed Date	Previous Date	Activities and Descriptions
Late May 2019	No Change	2018 Benefit Year HHS-RADV Protocols are released
June 2019 – February 2020	June 2019 - Jan 2020	Issuers' IVA entities conduct the IVA
March 2, 2020	January 9, 2020	IVA Entities submit Package 1 audit findings and issuer signoff is due. CMS closes the window for the 2018 Benefit Year HHS-RADV audit submission of Package 1.
March 16, 2020	January 16, 2020	IVA Entities submit sampled enrollees' medical records (Package 2) to CMS for the SVA subsample and issuer signoff is due.
April 2020 (exact date to be determined)	New	CMS provides preliminary national benchmarks for 2018 Benefit Year HHS-RADV based on IVA results only (tentative)
Mid-March – Mid-August 2020	January 2020 - March 2020	CMS's SVA entity conducts the SVA(s)
Late August 2020	March 2020	2018 Benefit Year HHS-RADV Summary of Final Pairwise Results – HIOS ID(s) with Sufficient and Insufficient Agreement are released to issuers

Benefit Year 2018 HHS-RADV Proposed Timeline (continued)

Proposed Updated 2018 Benefit Year HHS-RADV (continued)		
Proposed Date	Previous Date	Activities and Descriptions
Late August 2020 to Late September 2020	March - April 2020	2018 Benefit Year SVA Findings Report Attestation and Discrepancy Reporting for HIOS ID(s) with Insufficient Agreement (exact date to be determined) (30 day discrepancy window) occurs
Late September 2020 (exact date to be determined)	May 2020	2018 Benefit Year Final Results Report Suite (includes final pre-appeal results memo of national HCC failure rate and error rate results, and issuer and enrollee-level results) is released
Late September 2020 to Late October 2020	May - June 2020	2018 Benefit Year HHS-RADV Error Rate Calculation Discrepancy period (30 day discrepancy window) occurs
November 30, 2020	August 3, 2020	Summary Report of 2018 Benefit Year Risk Adjustment Data Validation Adjustments to 2019 Benefit Year Risk Adjustment Transfers (including default data validation charge (DDVC) notifications and DDVC payment allocation notifications) is released
December 2020	August 3, 2020	2018 Benefit Year SVA Findings Report Reconsiderations and Error Rate Methodology Reconsiderations period (30 day reconsideration window) occurs

Overview of RXC Validation

Overview of RXC Validation

- Beginning with the 2018 benefit year, the RA program will use RXCs to calculate an adult enrollee's risk score
- As a result, CMS will incorporate the validation of RXCs into the HHS-RADV IVA and Second Validation Audit (SVA) processes to validate the prescription drug component of adult enrollees' risk scores

Overview of RXC Validation (continued)

- For 2018 benefit year HHS-RADV, RXC validation will be treated as a pilot year in that the identification of RXC errors will not be used to adjust the issuer's results.
  - **All issuers** are required to participate in the RXC validation pilot
- CMS will communicate the findings of the RXC validation results to issuers at the conclusion of the RADV process
- CMS will use findings from the RXC validation process as a data quality control measure and will evaluate the findings of the 2018 benefit year to inform future decisions specific to error application, sampling, and reporting

Overview of RXC Validation (continued)

- The three (3) primary objectives of RXC validation are:
  - Validate that the prescription was filled (RXC Source: Pharmacy Claim)
  - Validate that the prescription was paid by the issuer (RXC Source: Pharmacy Claim)
  - Validate that the RXC eligible service code on a medical claim was paid by the issuer (RXC Source: Medical Claim)

Overview of RXC Validation (continued)

- For 2018 HHS-RADV, RXC validation is a claim-based review process
- For each enrollee RXC, an RXC eligible* claim on the RADV Pharmacy Claim Extract (RADVPCE) or RADV Medical Claim Extract (RADVMCE) reports must be identified and validated
- Issuers and IVA Entities must validate that the claim in the issuer's source system supports the claim submitted to the External Data Gathering Environment (EDGE) server

- RXC eligible medical claims are identified in the RADVMCE Report by the 'RXC Eligible Flag' data element, where 'Y' indicates that the RADVMCE claim is RXC eligible. RXC eligible pharmacy claims are listed in the RADVPCE Report

RXC Sample

RXC Sample

- All adult enrollees with at least one (1) RXC in the IVA sample constitute the RXC sample for an issuer
- To determine the enrollees in the RXC sample, IVA Entities should review the RADV Detailed Enrollee (RADVDE) Report to identify enrollees with RXCs
- All RXCs for these enrollees must be validated by the IVA Entity
- RXCs are only associated with adult enrollees in the RA model
  - Strata 1-3 (Adult: High, Adult: Medium, and Adult: Low)
  - If an issuer has no enrollees in the IVA sample with RXCs, the issuer is not subject to the RXC validation requirements

Identifying RXC Sources

Identifying RXC Sources

- To support the validation of all sampled enrollees' RXCs, issuers and IVA Entities must first determine the source of the RXCs
- RXC sources include:
  - NDC submitted on a pharmacy claim
  - Healthcare Common Procedure Coding System (HCPCS)/Service Code submitted on a medical claim
- Refer to the 2018 HHS-Developed Risk Adjustment Model Algorithm "Do It Yourself (DIY)" Software, specifically Tables 10a and 10b
  - DIY Table 10a provides a crosswalk for NDCs to RXCs
  - DIY Table 10b provides a crosswalk for HCPCS codes to RXCs

Identifying RXC Sources (continued)

- The "HHS-2018 Benefit Year HHS-Developed Risk Adjustment Model Algorithm 'Do It Yourself (DIY)' Software (04/04/2019)" and instructions can be found on the CCIIO homepage or by using the following links:

  - https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Updated-CY2018-DIY-instructions.pdf
  - https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Updated-DIY-Tables-2018.xlsx

Identifying RXC Sources (continued)

- Issuers and IVA Entities may identify the RXC source for each unique RXC for an enrollee in the RXC sample by:
  - Crosswalking enrollees' pharmacy claim NDCs from the RADVPCE Report to the RXCs identified in DIY Table 10a
  - Crosswalking enrollees' medical claim HCPCS codes on the RADVPCE Report to the RXCs identified in DIY Table 10b
- Once the RXC source is determined (NDC/pharmacy claim or HCPCS/medical claim), issuers must identify the corresponding source system claim
- Screenshot documentation of the source system claim must then be provided to the IVA Entity for validation
- RADVPCE/RADVMCE data element validation procedures are documented on slide 34 – RXC Validations Steps

Identifying RXC Sources (continued)

- If an RXC can be linked to both a RADVPCE and a RADVMCE claim, the IVA Entity is only required to validate one (1) of the corresponding linked claims
  - Example: When both a pharmacy claim NDC and a RXC eligible medical claim HCPCS code link to an RXC, then only one (1) claim is required to be validated
- However, if the claim selected for validation cannot be validated by the IVA Entity, issuers and IVA Entities are encouraged to identify other claims on the RADVPCE or RADVMCE reports to substantiate the RXC

Documentation Required for RXC Validation

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Documentation Requirements

- The documentation requirements for the RXC validation process include:
  - **Mapping Documentation**
    - Issuer documentation enabling the linking of source system data to EDGE data identified in the RADVPCE or RADVMCE reports
  - **Source System Documentation (Screenshots)**
    - Source system documentation of positively adjudicated pharmacy or medical claims
    - For the purposes of RXC validation one of the following source system submissions are acceptable:
      - Issuers system screenshot(s) containing the required validation data elements
        - » This includes screenshot(s) from the issuer's system following the ingest of data files obtained from a Pharmacy Benefit Manager (PBM)
      - PBM system screenshot containing the required data elements
  - **Workpapers**
    - IVA Entity documentation explaining details of audit steps performed
- IVA Entities and issuers are **not** required to engage with or retrieve supporting documentation from dispensing providers or medical providers to validate RXCs

Mapping Documentation

- Issuers are required to provide IVA Entities with a set of documents which map the issuer's source system data to submitted EDGE server data
- This **mapping documentation** must contain information specific to the RXC linked claims, and must be sufficient to allow the IVA Entity and SVA Entity to interpret claim source system screenshots and validate claims data
- Examples of mapping documentation content:
  - Identification of equivalent RADVPCE or RADVMCE data element in the source system screenshots and where to locate it
  - Explanation of how source system data elements are consistently reformatted for EDGE submission

Mapping Documentation (continued)

- New for the 2018 benefit year, all mapping documentation may be consolidated into a single mapping document file
- RXC mapping documentation may be consolidated with D&E mapping documentation content within this file
- Additional mapping document files may be submitted with the ‘Other Mapping’ file type in the XML Submission
- The IVA Entity Audit Results Submission XSD and RADV IVA Submission Files Interface Control Document (ICD) are forthcoming and will be published at a later date

Mapping Documentation (continued)

- Mapping documentation developed by the issuer must correspond to the claims identified as the sources of the RXCs (See Slides 18 - 22)
  - If pharmacy claims from the RADVPCE Report are utilized, RADVPCE data elements must be documented in the mapping documentation
  - If RXC eligible medical claims from the RADVMCE Report are utilized, RADVMCE data elements must be documented in the mapping documentation
  - If both are used, RADVPCE and RADVMCE data elements must be documented within the mapping documentation

Mapping Documentation (continued)

RADVPCE Data Elements

- The **RADVPCE** Report data elements listed in the table below must be validated when an RXC is associated with a NDC 'Product/Service ID' on a pharmacy claim
- If a RADVPCE claim is utilized, each data element below must be documented in mapping documentation which provides the crosswalk to the corresponding data elements in the issuer's source system
- The left column outlines the data elements required to be mapped and the right column is the corresponding XML element in the RADVPCE Report

RADVPCE CLAIMS – DATA ELEMENTS	
Enrollment Data Elements (ICD)	XML Element Reference
Unique Enrollee Identification (UID)	insuredMemberIdentifier
Source System Claim ID *	N/A
Claim ID	claimIdentifier
Claim Processed Date Time	claimProcessedDateTime
Fill Date	prescriptionFillDate
Dispensing Provider ID	dispensingProviderIdentifier
Product/Service ID	nationalDrugCode

*The Source System Claim ID is not in the RADVPCE Report but rather the claim ID from the issuer's source system that maps to the claim submitted to the EDGE server which is represented by the Claim ID in the RADVPCE Report

Mapping Documentation (continued)

RADVMCE Data Elements

- The **RADVMCE** Report data elements listed in the table below must be validated when an RXC is associated with a HCPCS service code on an RXC eligible medical claim
- If a RADVMCE claim is utilized, each data element below must be documented in mapping documentation
- The left column outlines the data elements required to be mapped and the right column is the corresponding XML element in the RADVMCE Report

RADVMCE CLAIMS – DATA ELEMENTS	
Enrollment Data Elements (ICD)	XML Element Reference
Unique Enrollee Identification (UID)	insuredMemberIdentifier
Source System Claim ID *	N/A
Claim ID	claimIdentifier
Claim Processed Date Time	claimProcessedDateTime
Service Code	serviceCode

* The Source System Claim ID is not in the RADVMCE Report but rather the claim ID from the issuer's source system that maps to the claim submitted to the EDGE server which is represented by the Claim ID in the RADVMCE Report

Mapping Documentation – Mapping EDGE Claim IDs to Source System Claim IDs

EDGE Source System Claim ID / EDGE Claim ID Mapping documentation

- Issuers may choose to provide the IVA Entity and SVA Entity with a crosswalk of RADVPCE or RADVMCE Claim ID and source system Claim ID reference information
- This may be done in the form of a table within the mapping documentation
- This crosswalk should include the RADVPCE or RADVMCE Claim ID and the corresponding Source System Claim ID
- This information would enable the IVA Entity and SVA Entity to link the source system claim to the EDGE Claim ID submitted

Source System Documentation
(Screenshots)

- For the RXC claims review process, source system documentation (screenshots) must be provided for all required RXC data elements found on the RADVMCE and RADVPCE reports
- Screenshots for each RXC claim data element must be sufficient to allow the IVA Entity and SVA Entity to determine the appropriate RADVPCE or RADVMCE data value when reviewed in conjunction with mapping and workpaper documentation

Workpaper Documentation

- CMS encourages IVA Entities to develop workpaper documentation to capture details specific to the interpretation, calculation, or correlation of source system data to RADVPCE or RADVMCE data
- Workpaper documentation may be used to identify steps taken to reconcile source system documentation (screenshots) with mapping documentation in order to verify RADVPCE or RADVMCE data for RXC linked claims

RXC Validation Steps

Steps for RXC Data Element Validation

The steps taken when performing RXC validation for the RXC sample enrollees consist of the following:

- **Step 1:** Use the RADVDE Report to determine enrollees in the RXC sample and the list of unique RXCs to be validated for each enrollee
- **Step 2:** Use DIY Table 10a/b, issuer mapping documentation, and screenshot evidence to identify the RXC source and corresponding RADVMCE or RADVPCE claim
- **Step 3:** Validate issuer source system claim data and determine values for each RADVPCE or RADVMCE data element, and
- **Step 4:** Record results and assess if all enrollee RXCs have been validated by the IVA Entity

Additional Details and Next Steps

- Detailed Audit Tool procedures and guidance, including IVA Entity Audit Results Submission XML data elements will be provided in a future webinar
- Additional details specific to RXC validation procedures will be documented within the 2018 Benefit Year HHS-RADV Protocols

Q&A

- To submit or withdraw questions by phone
  - *Dial **# (star-pound) on your phone's keypad to ask a question*
    - *Dial **# (star-pound) on your phone's keypad to withdraw your question*



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

Next Steps

Next Steps: Training Sessions

Topic	Date
2018 Benefit Year HHS-RADV Sampling Report Distribution & Discrepancy Reporting Process **2018 Benefit Year HHS-RADV Issuer Exemption and Default Data Validation Charge (DDVC) Web Form**	**May 8, 2019**

Resources

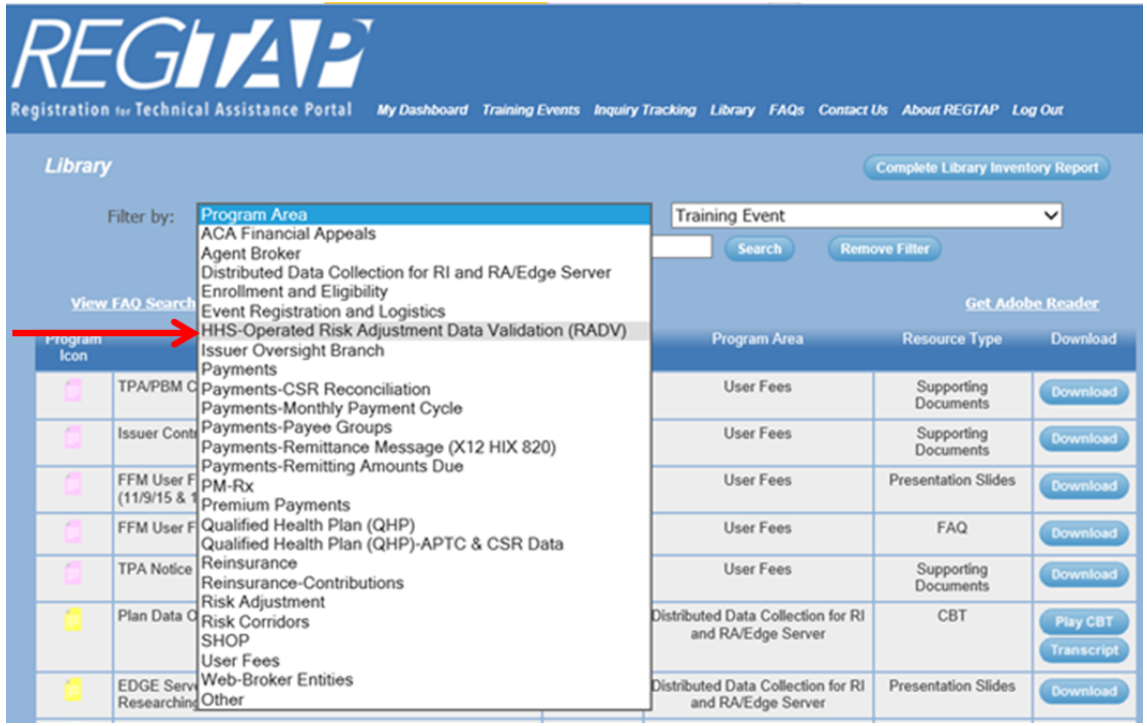
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Locating HHS-RADV Documents in REGTAP

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

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



Resources: Links

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

Resources: Links (continued)

- HHS-RADV Presentation Slides
  - 2018 Benefit Year HHS-RADV Introduction (3/6/19) https://www.regtap.info/reg_librarye.php?i=2457
  - HHS-RADV Reports Introduction and Updates, IVA Selection, and Conflict of Interest (3/13/19) https://www.regtap.info/reg_librarye.php?i=2468
  - Issuer Senior Official Designation (4/3/19) https://www.regtap.info/reg_librarye.php?i=2819
  - IVA Entity Designation (4/3/19) https://www.regtap.info/reg_librarye.php?i=2820
  - Issuer Participation Requirements (4/3/19) https://www.regtap.info/reg_librarye.php?i=2821

Resources: Links (continued)

Resource	Resource Link
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://www.cms.gov/cciio
Consumer website on Health Reform	http://www.healthcare.gov/
Registration for Technical Assistance Portal (REGTAP)	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
HHS Notice of Benefit and Payment Parameters for 2019	https://www.govinfo.gov/content/pkg/FR-2018-04-17/pdf/2018-07355.pdf
HHS Notice of Benefit and Payment Parameters for 2020	https://www.federalregister.gov/public-inspection/2019/04/18#special-filing-health-and-human-services-department

Resources: Contact Information

Resource	Contact Information
For RADV policy questions, contact the RADV Team.	CCIIOACARADataValidation@cms.hhs.gov
For 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
HHS-RADV Audit Tool	To contact us within the HHS-RADV Audit Tool, use the Inquiries tab and select “Submit Inquiry”

Closing Remarks