2016 Benefit Year HHS-Operated Risk Adjustment Data Validation (HHS-RADV) Introduction

February 15, 2017

Health Insurance Marketplace Program Training Series

Session Agenda

- Session Guidelines
- Targeted Audience
- Session Purpose
- HHS-RADV Definitions
- HHS-RADV Authority
- HHS-RADV Overview
- HHS-RADV Processes
- HHS-RADV Responsibilities
  - CMS
  - Issuers
  - IVA Entity
  - SVA Entity
- HHS-RADV Timeline
- HHS-RADV Acronyms
- Next Steps
- Questions
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute webinar session.
- For questions regarding content, please submit inquiries to REGTAP at https://www.REGTAP.info/.
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520.

Intended Audience

- Issuers of Marketplace and non-Marketplace individual and small group plans in states where the Department of Health and Human Services (HHS) operates the Risk Adjustment (RA) program.
- Potential Initial Validation Audit (IVA) entities.
- Third Party Administrators (TPA) and support vendors.
- Second Validation Audit (SVA) entities.

* This includes state-based, Federally-facilitated, and Small Business Health Options Programs (SHOP)

Session Purpose

- Introduce the HHS-Operated Risk Adjustment Data Validation (HHS-RADV) activities for the 2016 benefit year.
- Provide an overview of 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 Used

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

HHS-RADV Definitions

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 Marketplace.
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.

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HHS-RADV Authority

HHS-RADV Authority

- The Secretary of HHS has designated CMS to implement the HHS-RADV program in accordance with the following regulations:
  - 45 CFR §153.350
  - 45 CFR §153.620
  - 45 CFR §153.630
  - Premium Stabilization Final Rule
  - 2014 Payment Notice Final Rule
  - 2015 Payment Notice Final Rule

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HHS-RADV Authority (continued)

- Section 1343 of the Affordable Care Act (ACA) 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 each plan 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)

- As finalized in the 2018 Payment Notice, HHS implemented a materiality threshold of $15 million in total premiums, beginning for the 2017 benefit year HHS-RADV program.
- Issuers that are at or below this threshold for the 2017 benefit year of RA will be randomly selected to be required to conduct an IVA for 2017 benefit year RADV.
- However, for 2016 benefit year HHS-RADV, HHS will be requiring all issuers, regardless of their total premiums, to conduct an initial validation audit.

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**: ACA-compliant non-grandfathered individual and small group market plans, inside and outside the Marketplace.
- **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.
  - HHS-RADV is a data validation process essential to the operations of a credible RA program.
- 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 Overview (continued)

Key Components:

- CMS selects a statistically valid sample of enrollment and medical claims 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 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 applies the error rate to each issuer's RA covered plan average liability risk score (PLRS) to produce an error estimate.
- CMS provides an HHS-RADV appeals process for issuers.
- CMS adjusts the PLRS for issuers' risk adjustment covered plans based on errors discovered as a result of data validation.

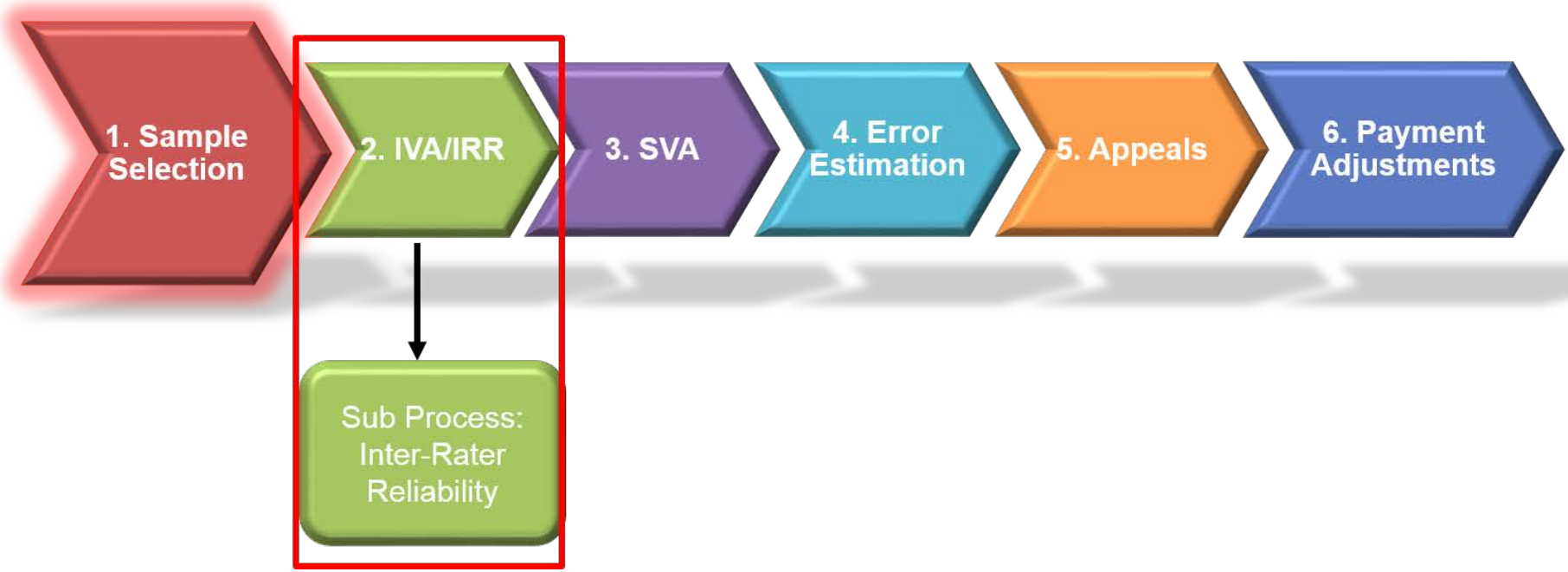
HHS-RADV Overview (continued)

- CMS is implementing an automated system to facilitate the HHS-RADV processes known as the **HHS-RADV Audit Tool.**
- The HHS-RADV Audit Tool will serve as the means of submission for all related RADV activities (IVA entity designation, inter-rater reliability (IRR) submission IVA Results Submission and Appeals Submission, etc.)
- Issuers, the IVA entity and the SVA entity will be required to register to the HHS-RADV Audit Tool.
- Issuers will be 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 primary user in the HHS-RADV Audit Tool. Submission date to be determined (TBD).

HHS-RADV Processes

HHS-RADV Processes: Sample Selection

- Step 1: Sample Selection



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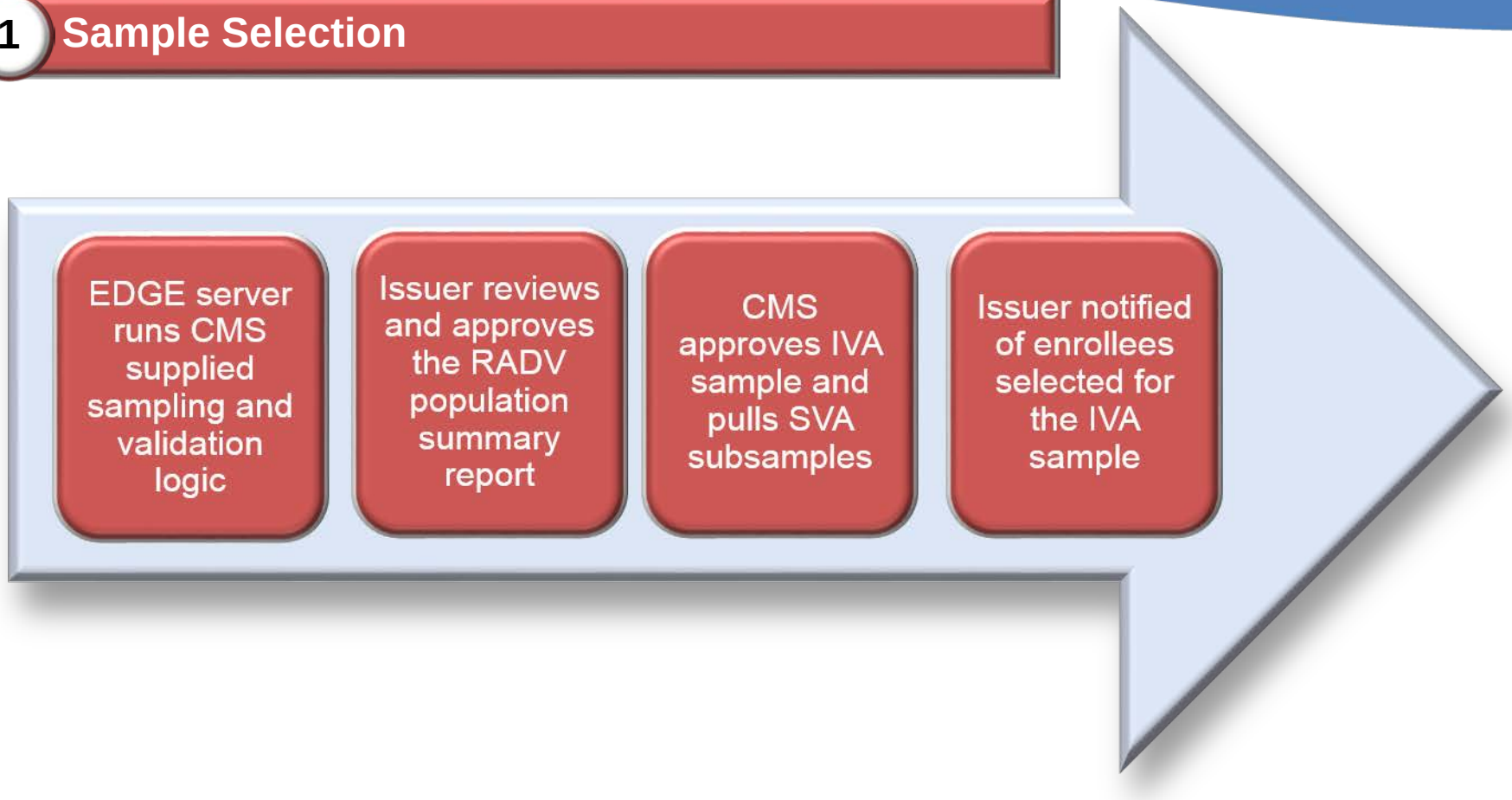
HHS-RADV Processes: Sample Selection (continued)

1 Sample Selection



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HHS-RADV Processes: Sample Selection (continued)

Sample Selection

- CMS will provide 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.
- 200 enrollees per issuer for each state in which the issuer offers plans that are HHS-RADV eligible will be sampled for the IVA.
  - Issuers that offer plans in more than one (1) state will need to conduct the HHS-RADV process 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)

Sample Selection

- An IVA sample may be selected depending upon the issuer's population size:
  - o A maximum sample of 200 enrollees (up to two-thirds of the sampled enrollees will have one (1) or more HCCs).
  - o A sample less than 200 enrollees may be selected for small enrollee populations.

HHS-RADV Processes: Sample Selection (continued)

Sample Selection

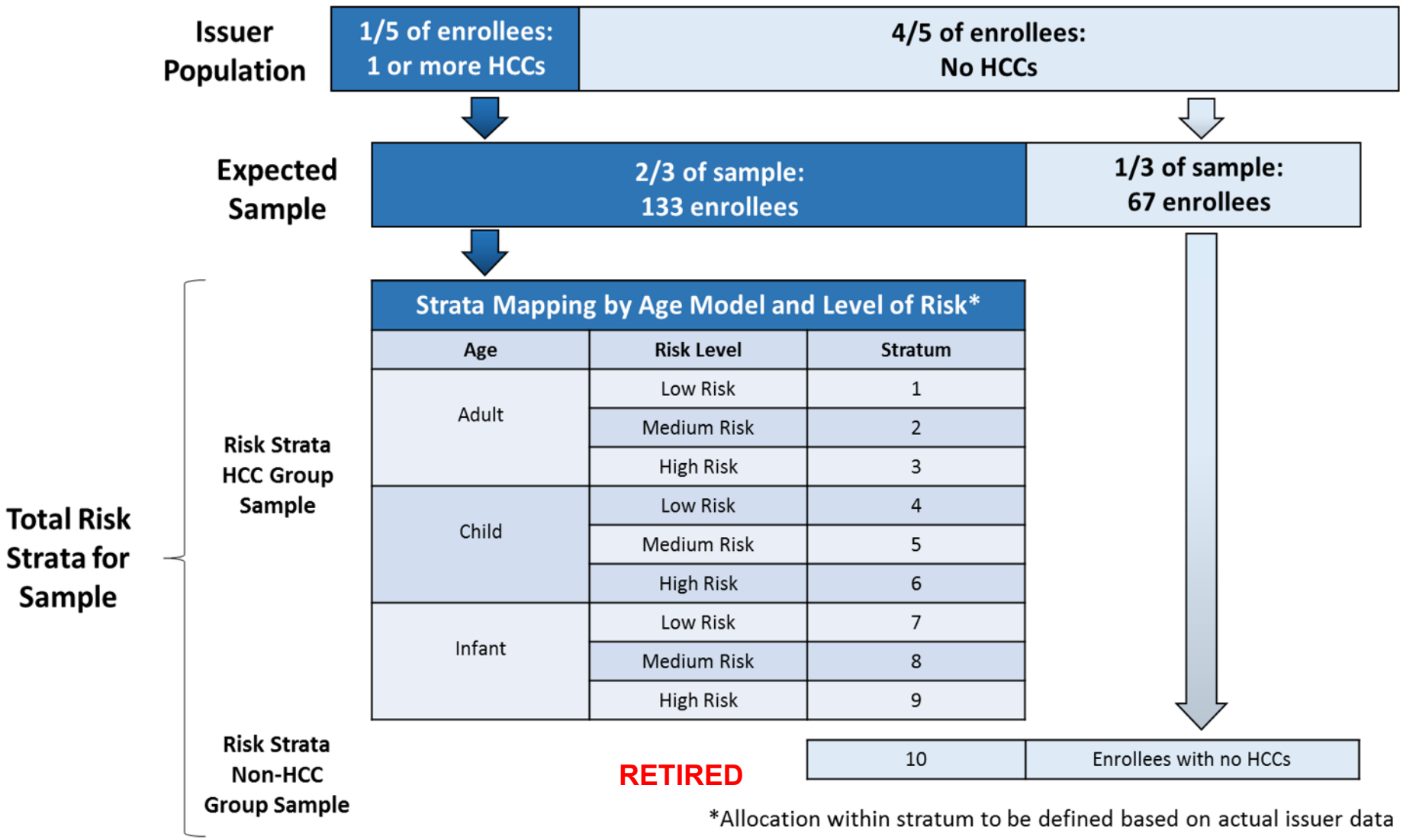
- In addition to the IVA sample size of 200, there will be two (2) additional subsamples for use in the SVA process.
  - An initial SVA subsample of enrollees from the IVA sample.
  - An expanded SVA subsample includes the initial SVA subsample and additional enrollees.
- The expanded SVA subsample will 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 sample would be comprised of enrollees with HCCs.
    - One-third of the issuer's sample would be comprised of enrollees with no HCCs.
- **Risk Strata:**
  - HCC Group Sample: In order to account for risk score variation, each issuer HCC population will be divided into nine (9) strata based on risk score.
  - Non-HCC Group Sample: The enrollees without HCCs in the sample are assigned to stratum 10.

Population and Sampling Distribution



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	8
ABC	10	67	34
	TOTAL	**200**	**103**

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.

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HHS-RADV Processes: Sample Selection

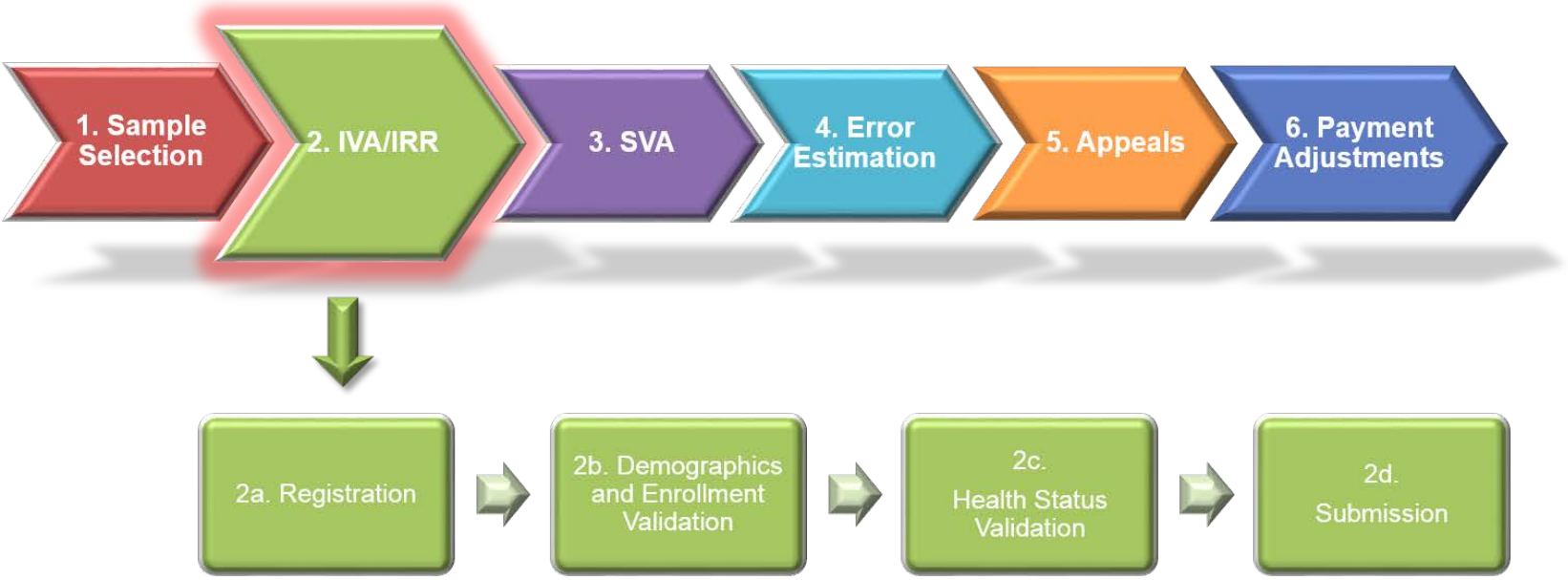
1 Sample Selection

- CMS will notify Issuers that IVA Sample Reports are finalized.
  - **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



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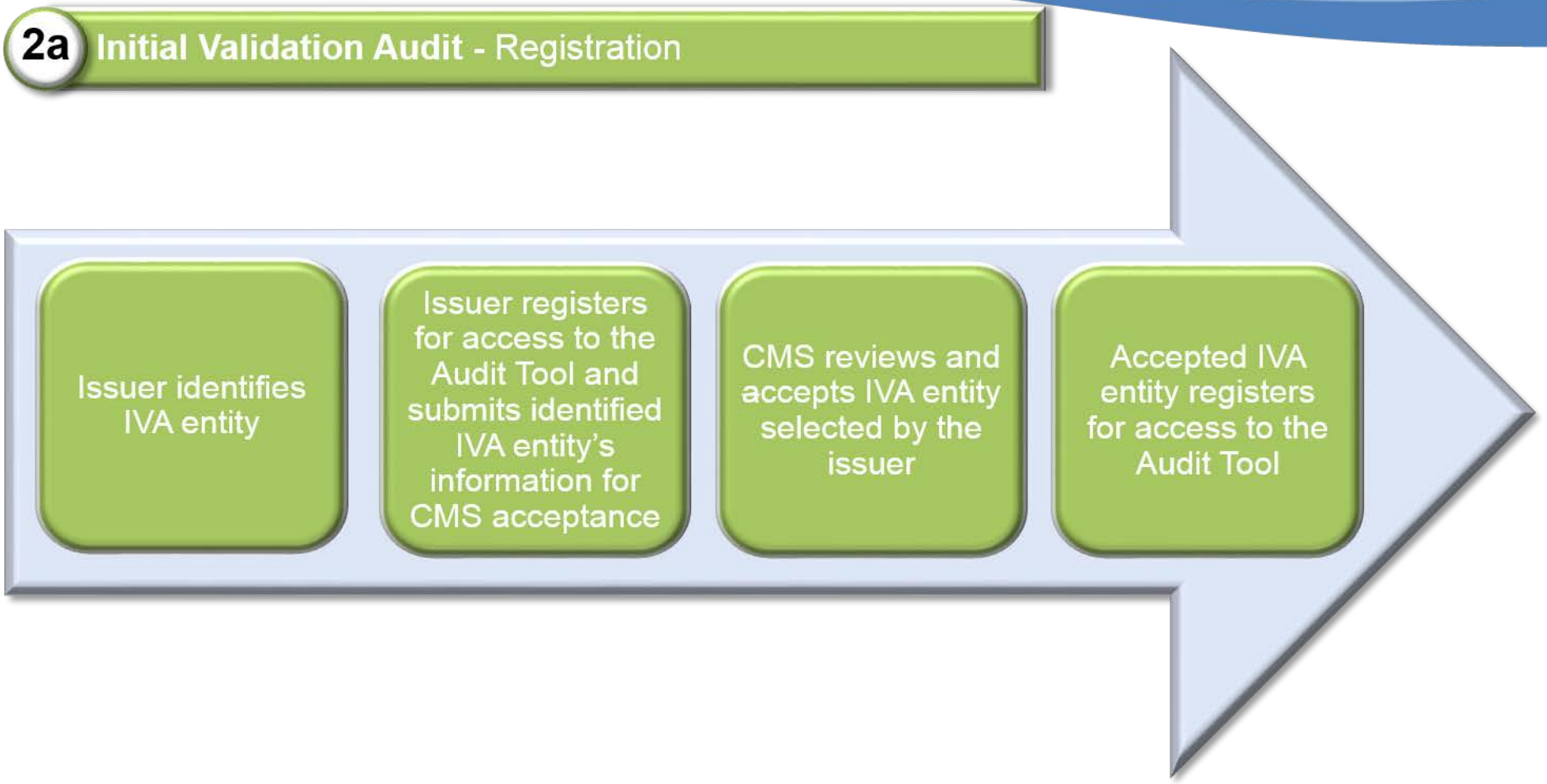
HHS-RADV Processes: IVA (continued)



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HHS-RADV Processes: IVA (continued)

2a Initial Validation Audit - Registration

- Issuer identifies an IVA entity.
  - Issuers are required to engage an independent auditor to perform a validation of demographic and enrollment data and health status information for the CMS-defined sample of enrollees.
- Issuer registers and submits the IVA entity information to CMS through the Audit Tool.
- Issuer designates IVA entity.
- CMS accepts or rejects IVA entity in the Audit Tool.
- Accepted IVA entity registers for access to 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.

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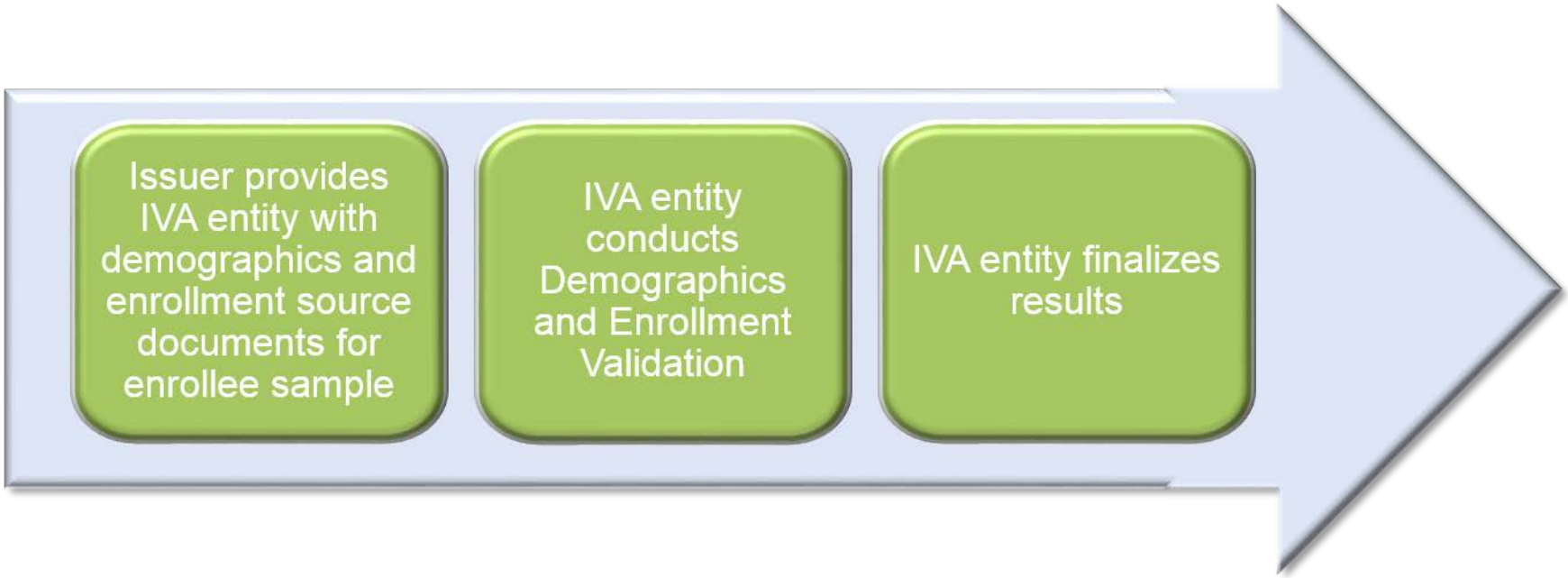
HHS-RADV Processes: IVA (continued)

2b Initial Validation Audit - Demographics and Enrollment Validation



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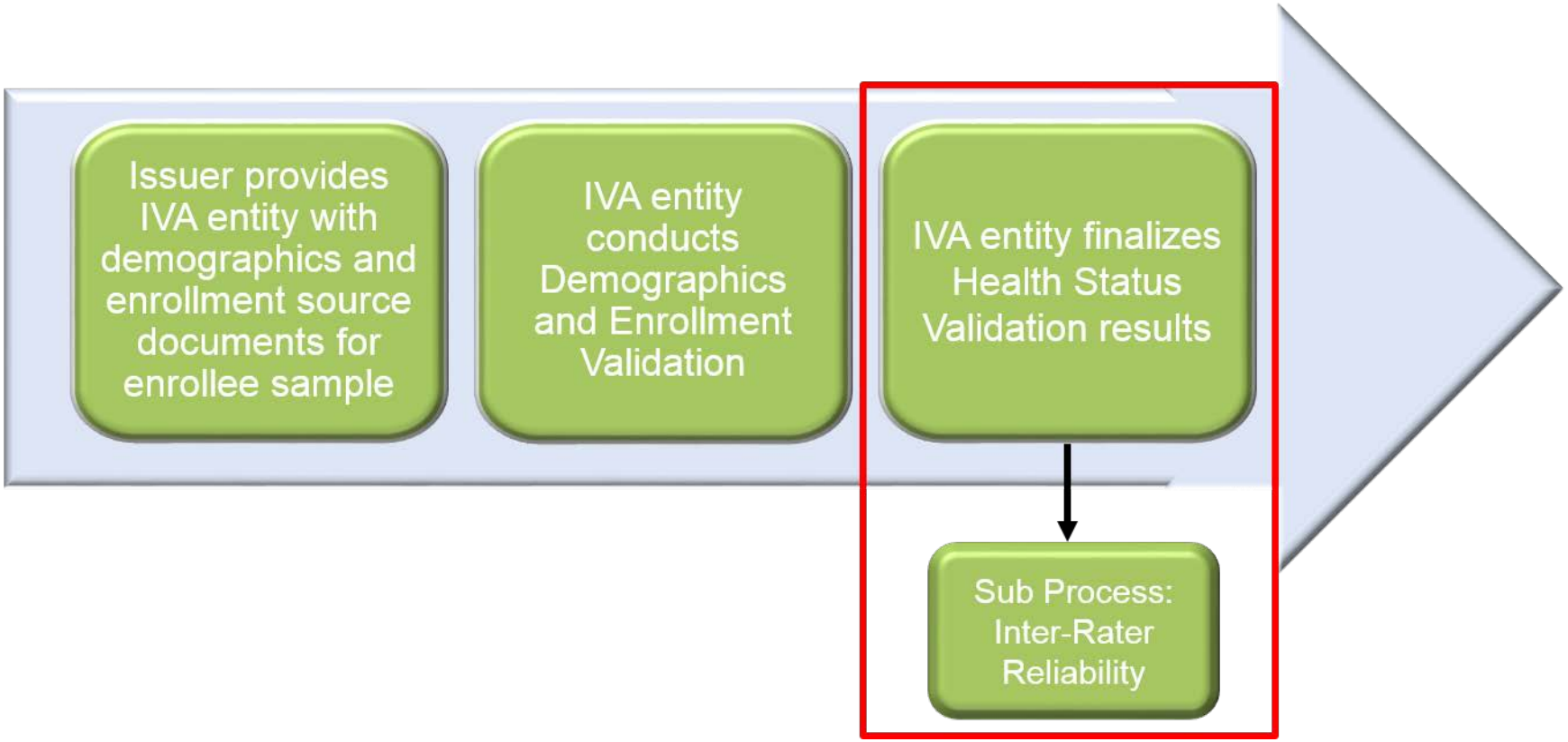
HHS-RADV Processes: IVA (continued)

2b Initial Validation Audit - Demographics and Enrollment Validation

- The issuer provides the IVA entity with source enrollment documentation.
  - o 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



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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 reviewer confirm any RA error discovered during the IVA.
- For purposes of this section, a “senior reviewer” is a reviewer 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)

Initial Validation Audit - Health Status Validation

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.
- **For 2016 benefit year HHS-RADV and thereafter, the initial validation auditor must achieve an IRR rate of at least 95 percent.**
- Such processes measure 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)

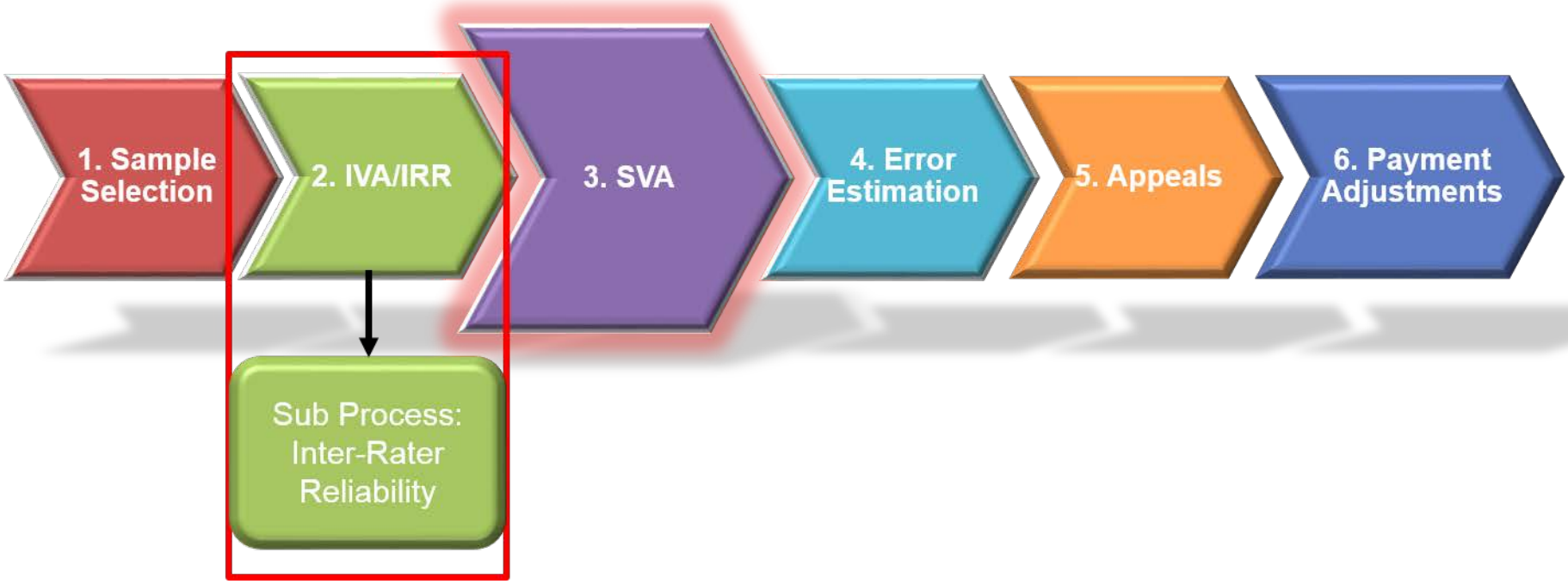
2d **Initial Validation Audit** - Submission

- 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

HHS-RADV Processes: SVA

- Step 3: SVA



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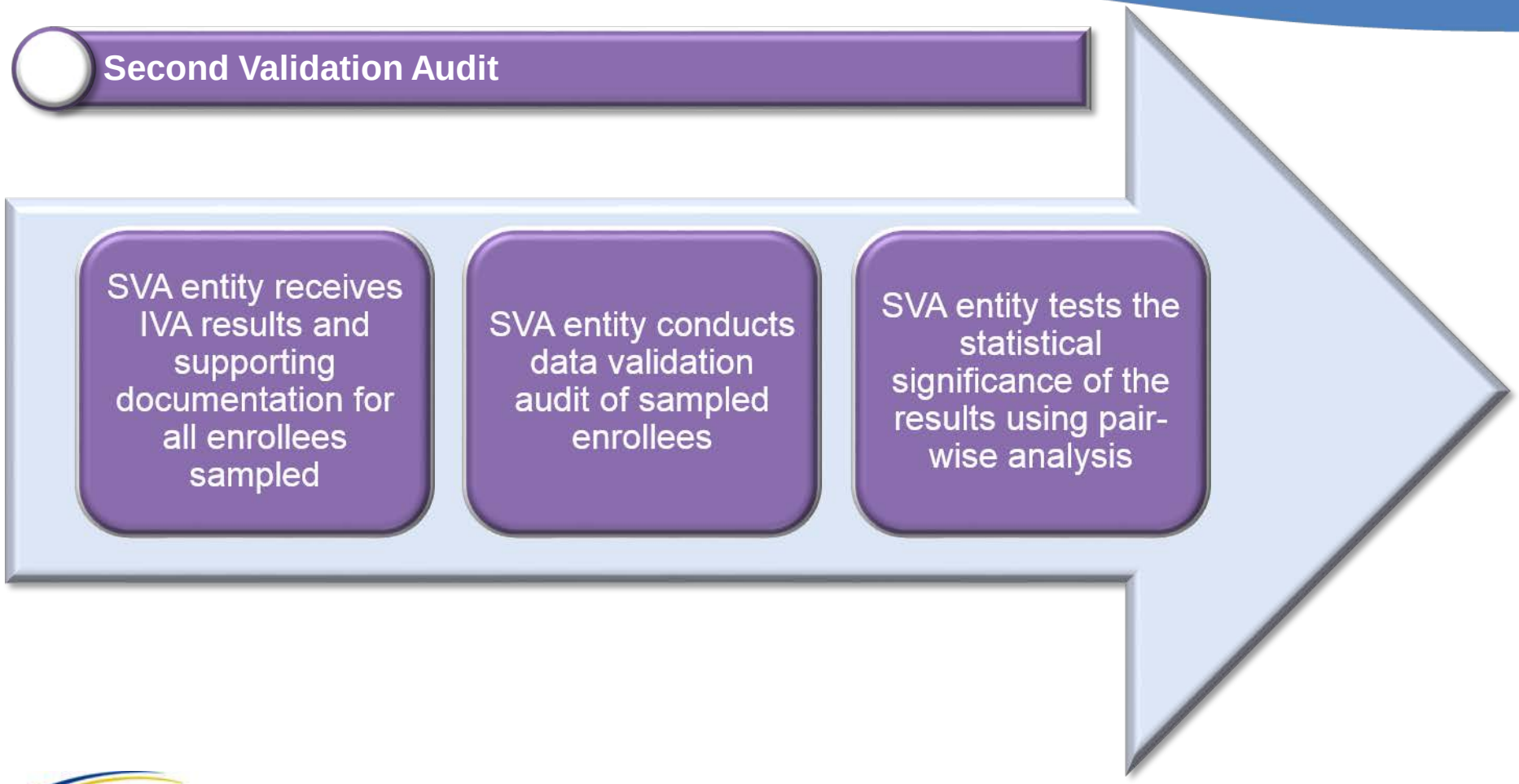
HHS-RADV Processes: SVA (continued)



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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 will only review enrollee information that was originally presented during the IVA.
- The SVA entity will re-perform the validation steps on the subsample executed by the IVA entity to verify the accuracy of the IVA entity's results.

HHS-RADV Processes: SVA (continued)

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 entity and SVA entity 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 the calculation of adjustments for each of the issuer's RA-covered plan average risk scores.

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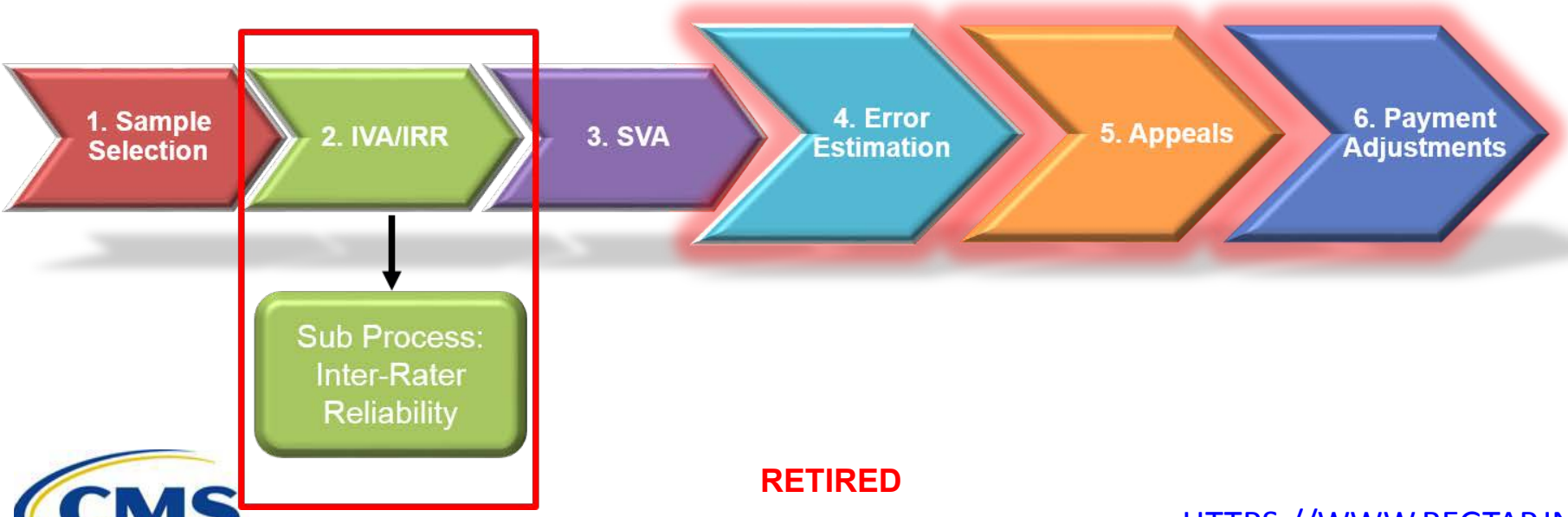
HHS-RADV Processes: SVA (continued)

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 SVA entity's larger subsample would again be compared to the results of the IVA using the pair-wise means test.
  - If the second 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 second 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 the error estimate and adjustment calculation for the plan average risk score.

HHS-RADV Processes: Error Estimation, Appeals, Payment Adjustments

- Step 4: Error Estimation
- Step 5: Appeals
- Step 6: Payment Adjustments



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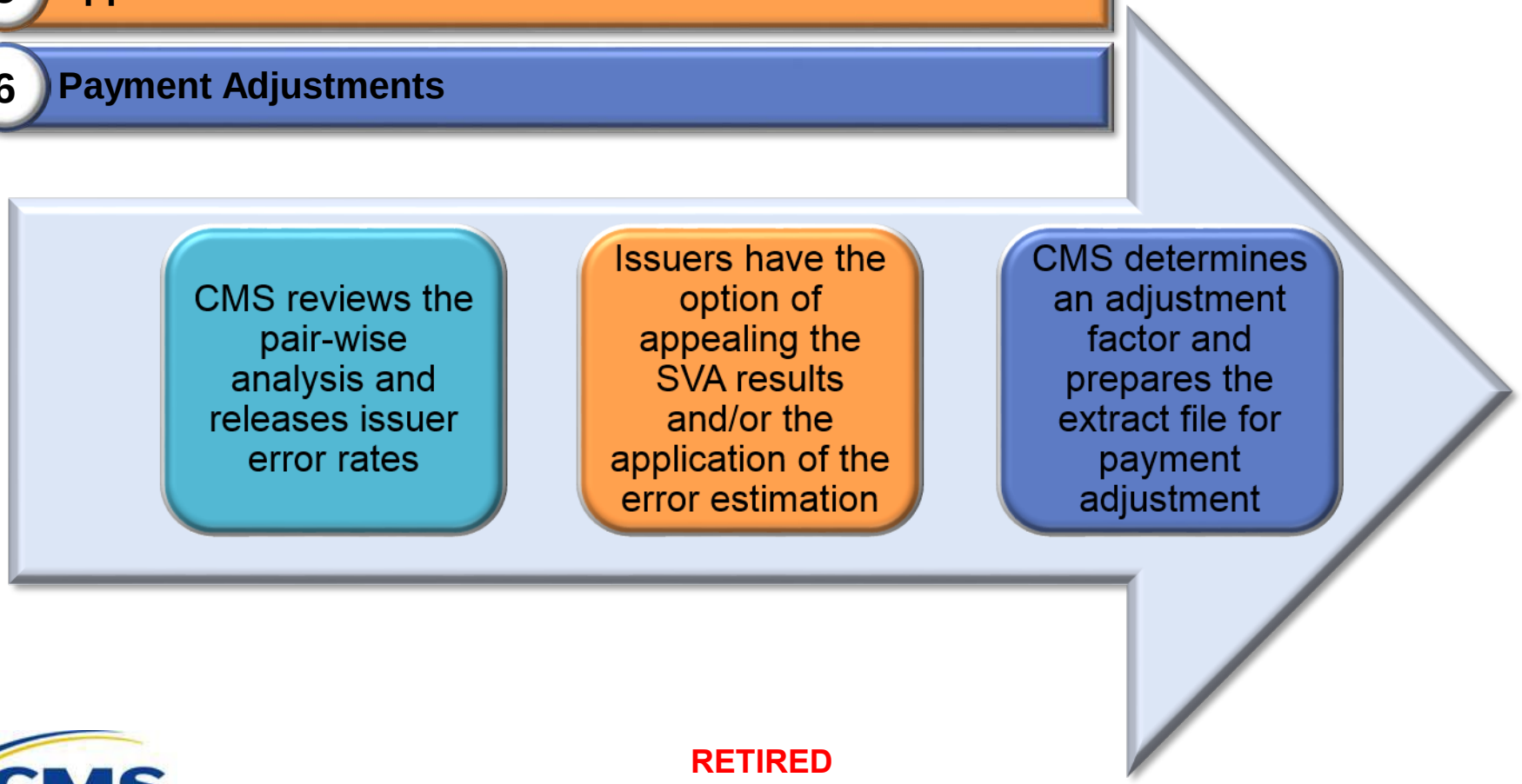
HHS-RADV Processes: Error Estimation, Appeals, Payment Adjustments (continued)

4 **Error Estimation**

5 **Appeals**

6 **Payment Adjustments**



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HHS-RADV Processes: Error Estimation

4 Error Estimation

- Upon completion of the IVA and SVA, CMS will derive an issuer-level error rate and confidence interval for the benefit year under HHS-RADV review.
- CMS intends to provide each issuer with enrollee-level results and the error estimates for the benefit year under HHS-RADV review.
- This error rate will be used to adjust the PLRS for each RA covered plan offered by the issuer in later years in the payment adjustment process.

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 payments and charges.

HHS-RADV Responsibilities: CMS (continued)

- Communicate all HHS-RADV updates to issuers, IVA entities, and the SVA entity.
- Distribute an audit 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 and SVA error rates.
- Facilitate an appeals process.
- Apply payment adjustments.

HHS-RADV Issuer Responsibilities

HHS-RADV Responsibilities: Issuer

- The following information is at a high level.
- Details about this process will be provided in a later presentation.

HHS-RADV Responsibilities: Issuer

- Identify a “HHS-RADV Senior Official” to communicate with CMS regarding HHS-RADV activities and to serve as primary user in the Audit Tool.
- The HHS-RADV Senior Official will be required to:
  - Maintain accounts for issuer staff to access to the RADV Audit Tool.
  - Complete and submit via the Audit Tool the IVA entity designation.
  - 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.
  - Submit appeals on behalf of the issuer 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.
- Initiate the appeals process of the HHS-RADV process, if desired.
- Attend 2016 benefit year HHS-RADV trainings.
- Review published Protocols and all related HHS-RADV published documents.

HHS-RADV IVA Entity Responsibilities

HHS-RADV Responsibilities: IVA Entities

- The following information is at a high level.
- Details about this process will be provided at a later 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 2016 benefit year HHS-RADV trainings.
- Review published Protocols and all related HHS-RADV published documents.

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
    - Demographics and Enrollment
    - Finance
  - 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 2016 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.
- Enter audit results in the Audit Tool.
- Submit issuer-redacted enrollee source documentation for the SVA subsample.
  - The IVA will redact specific issuer information so that the SVA entity will not know the identity of the issuer being validated.

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 appeals with CMS.

Timeline

HHS-RADV Timeline

- CMS is working very hard to confirm this timeline.
- Please note that this timeline is subject to change.

Benefit Year 2016 HHS-RADV Timeline

Date	Description
February 15, 2017	HHS-RADV trainings begin
February 2017 – April 2017	Issuers select IVA entity
April 17 – 24, 2017	Issuers submit IVA entity to CMS for acceptance (due April 24, 2017)
May 1, 2017	HHS-RADV 2016 Benefit Year Protocols released
May 1, 2017	2016 benefit year risk adjustment EDGE server data submission deadline
May 2017	1. CMS pushes RADV sampling command to EDGE servers 2. Reports are provided to CMS for validation. Reports are NOT available to issuers 3. Sample released to issuers, after CMS validation 4. 15 day RADV sample discrepancy window opens
June 2017 – January 8, 2018	IVA is conducted
January 8, 2018	Package 1 and IRR submissions are due
January 8, 2018	CMS releases the SVA subsample to IVA entities
January 18, 2018	IVA entity submits SVA subsample to CMS
January 2018 – April 2018	SVA is conducted
May 2018 – June 2018	CMS releases 2016 RADV error rates to issuers

Next Steps

Next Steps: Training Sessions

- CMS will continue to support stakeholders through the HHS-RADV process by hosting periodic webinar and Q&A sessions.
- There will be an opportunity for stakeholders to ask HHS-RADV related questions during the webinar sessions as well as during the Q&A sessions.

Next Steps: Training Sessions
(continued)

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

Your registration for *Series I* will **not** automatically register you for *Series II*.

Next Steps: Training Sessions (continued)

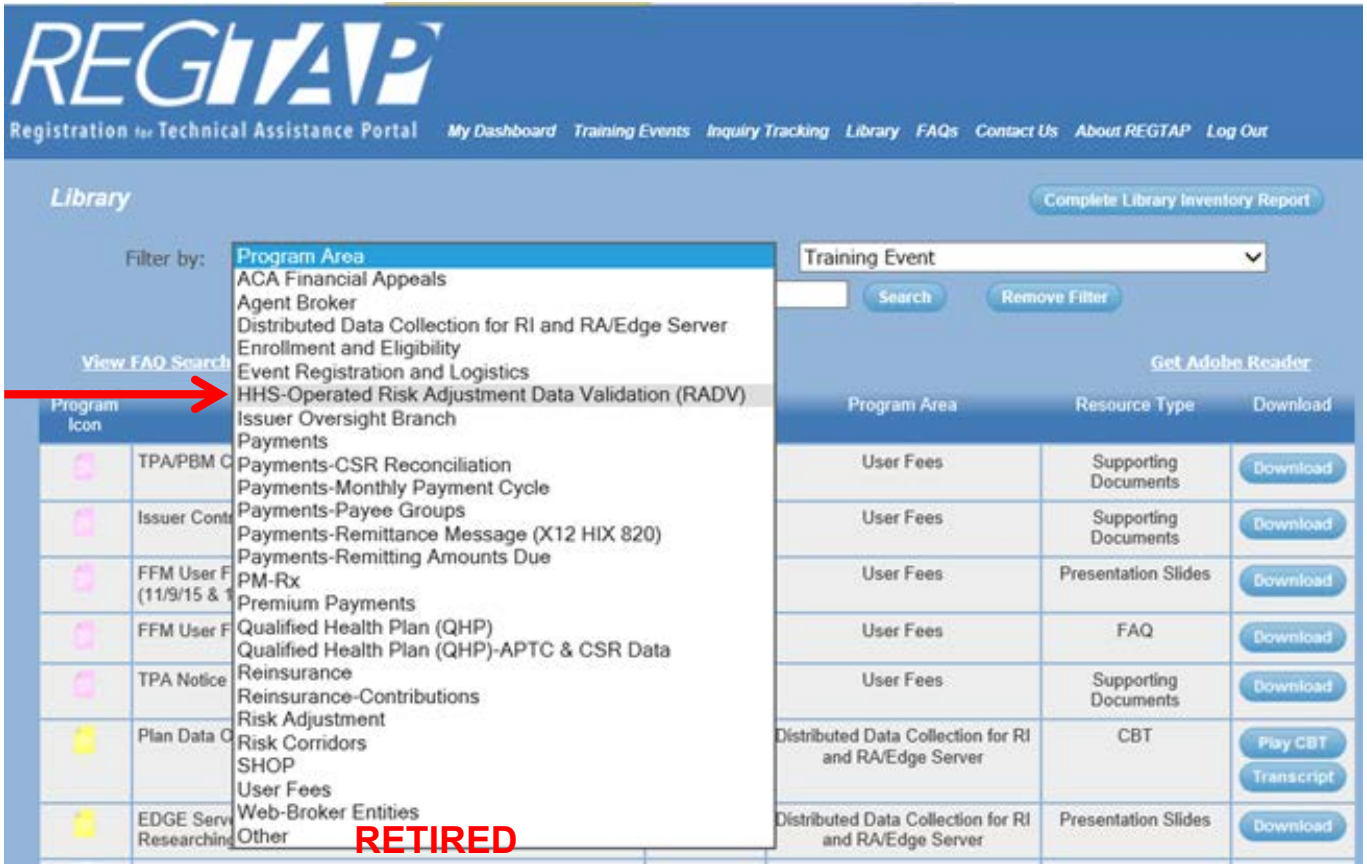
Upcoming Webinars

Date	Time	Topic
March 1, 2017	11:30 a.m. – 12:30 p.m. ET	IVA Entity Selection & Conflict of Interest
March 8, 2017	11:30 a.m. – 12:30 p.m. ET	TBD
March 15, 2017	11:30 a.m. – 12:30 p.m. ET	TBD
March 22, 2017	11:30 a.m. – 12:30 p.m. ET	TBD
March 29, 2017	11:30 a.m. – 12:30 p.m. ET	TBD

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"



Questions?

To submit or withdraw questions by phone:

- *Dial ***#** (star-pound) on your phone's keypad to submit your question.*
- *Dial ***#** (star-pound) to withdraw your question.*

Resources

Resources: Contact Information

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

Resources: 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 (ACA)	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

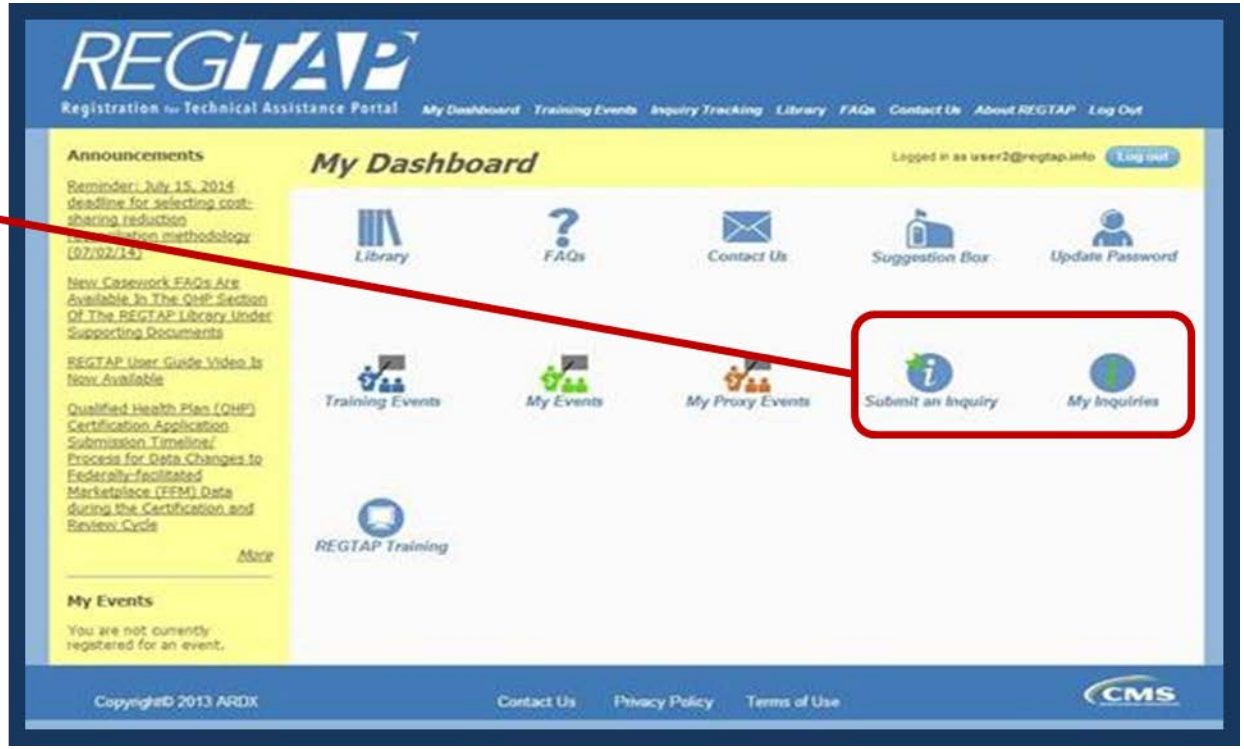
Resources: Links (continued)

Resource	Resource Link
Affordable Care Act (ACA) 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
CCIIO ACA RA Data Validation Email Address	CCIIOACARADataValidation@cms.hhs.gov

Inquiry Tracking and Management System (ITMS)

Stakeholders can submit inquiries to ITMS at https://www.REGTAP.info

Select "Submit an Inquiry" from My Dashboard.



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Closing Remarks