HHS-RADV 2016 Benefit Year Protocols Updates

April 26, 2017

Health Insurance Marketplace Program Training Series

Session Agenda

- Session Guidelines
- Intended Audience
- Session Purpose
- Announcements
- HHS-RADV Timeline
- HHS-RADV Overview
- 2015 Pilot Year HHS-RADV
- Lessons Learned and Process Improvements
- Audit Tool
- IVA Changes
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute webinar session
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520

Intended Audience

- Prospective and contracted Initial Validation Audit (IVA) Entities
- 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
- Third Party Administrators (TPA) and support vendors

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

Session Purpose

This session will include:

- Overview of HHS-RADV
- Discussion of the 2015 HHS-RADV Pilot Year
- Review of lessons learned and process improvements
- Discussion of the HHS-RADV Audit Tool
- Review IVA changes and updates

Announcements

Announcements

- The new HHS-RADV Audit Tool allows for simultaneous access by the issuer Senior Official (SO) and Back-up Issuer SO. The issuer SO and Back-up issuer SO must both complete the registration steps to gain access to the tool. Each individual will use the appropriate log in credentials contained in the registration email.
- We have received requests from issuers who need to make changes to their Issuer SO and Back-up SO. This maintenance functionality will be available next week.
  - If both Issuer SO contacts added during Issuer SO Designation have changed, and you need to make a correction before next week, please contact us at CCIIOACARADataValidation@cms.hhs.gov.

HHS-RADV Timeline

HHS-RADV Timeline

To access the most current HHS-RADV Timeline for the 2016 Benefit Year, please refer to the REGTAP Library under the HHS-Operated Risk Adjustment Data Validation (RADV) program:
HHS-RADV Timeline for the 2016 Benefit Year

HHS-RADV Overview

HHS-RADV Overview

- Data validation audits are an essential part of program integrity and issuer confidence.
- Data validation audits for risk adjustment generally mean medical record review.
- Payers traditionally conduct audits to recover inappropriate payments.

HHS-RADV Overview (continued)

- HHS-RADV performs annual audits on all issuers to ensure transfers among issuers accurately reflect relative risk.
  - CMS will compare the relative results of all issuers in a state/market.
  - CMS will adjust an issuer's future risk scores (up or down) when the issuer's results are materially different than those of other issuers in the market.
- HHS-RADV also validates the issuer inputs for RA transfers—the financial piece of risk adjustment (premiums, Plan ID, rating area).

HHS-RADV 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 IVA Entity selected by the issuer and reviewed by CMS.
- CMS oversees a Second Validation Audit (SVA) Entity that reviews the IVA results to ensure consistency and accuracy.
- CMS establishes an issuer-level error rate based on data validation results.

HHS-RADV 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 Key Components (continued)

- 2014 and 2015 were originally both pilot years, but 2014 was waived due to implementation constraints.
- Issuers and the trade organizations have requested that 2016 HHS-RADV be a second pilot year.

HHS-RADV Process

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2015 HHS-RADV Pilot Year

2015 Pilot Year Goals

1. To acclimate issuers to the requirements of the HHS-RADV process.
2. To inform HHS of process improvements that would make the HHS-RADV program more efficient in ensuring that risk adjustment transfers were accurate.

2015 Pilot Year Goals (continued)

3. To better understand the financial results that CMS and issuers might expect from RADV.
   - CMS realized the first two (2) goals, but pilot results were of insufficient quality to meet the third goal.

Issuer and IVA Entity Outreach

- Throughout the pilot year, CMS was continuously engaged with IVA Entities and issuers and made process improvements where possible.
- Immediately after the pilot year ended, CMS hosted IVA Entities for feedback on lessons learned and suggestions for improving 2016 HHS-RADV.
- CMS has had numerous follow-up calls with stakeholders since that session and are reissuing streamlined protocols for 2016 Benefit Year HHS-RADV, based largely on feedback from stakeholders.

2015 Pilot Year Challenges

- The Audit Tool used for the pilot year was complicated and cumbersome.
- IVA Entities have indicated that some requirements were overly burdensome or incongruous with the goal of the program.
  - Examples: state credentials for providers, tracking types of provider credentials, claims review

Lessons Learned & Process Improvements

Lessons Learned from 2015 Pilot

- Need to:
  - Reduce overall burden without compromising the integrity of the audit;
  - Streamline the IT solution (Audit Tool): more user friendly and flexible;
  - Eliminate review of non-essential data elements: e.g., state credentials for providers, claims review; and
  - Clarify validation steps for certain data elements: e.g., Plan IDs, premiums, rating areas

2016 HHS-RADV Refinements

- We have held two (2) sessions with IVA Entities and medical coders to gather feedback on improvements for 2016 Benefit Year HHS-RADV.
- We have also taken a full week to internally "LEAN" this process in an effort to provide more value for issuers, IVA Entities, and CMS, while reducing wasteful processes.

Updates for 2016 to Reduce Burden

- Waived RADV requirements for issuers with 500 or fewer billable member months.
- Designed a new Audit Tool (using Salesforce): one stop shop for all RADV activities.
- Simplified submission of IVA results: fewer data elements, more flexible file formats.
- Reduced validation of demographic and enrollment data to a subsample of 50 enrollees instead of total sample of 200.
- Clarified review standards for data elements that proved problematic during pilot.

Updates for 2016 to Reduce Burden
(continued)

- Eliminated requirements to review claims and to validate service code modifiers and state credentials for providers.
- Expanded timeline to maximize medical record retrieval.
- Leveraged Medicare provider education tools to provide information about HHS-RADV and to help issuers and IVA Entities with medical record retrieval.
- Streamlined instructions for submission of medical records: defined the components necessary for validation, rather than requiring submission of entire record.

Audit Tool

HHS-RADV Audit Tool

- The HHS-RADV Audit Tool is an automated system CMS implemented to facilitate HHS-RADV processes.
- The Audit Tool serves as the means of submission for all related RADV activities, including IVA Entity designation, IRR submission, IVA results submission, etc.
- Issuers, the IVA Entity, and the SVA Entity are registered in the Audit Tool.

Audit Tool Proposed Improvements

- Utilizing a new RADV Tool for the 2016 cycle.
- Simplifying the audit matrix to include only specific data elements required for IVA results.
- IVA Entities may provide IVA results in a data file rather than Excel.

IVA Changes

IVA Changes - Outreach

- Many diagnoses in the pilot year of HHS-RADV were unsupported due to missing medical records.
- In addition to extending the IVA window to allow additional time, we will be leveraging Medicare provider communications to have more substantive outreach to providers to make them aware of the HHS-RADV requirements.
- We are also actively working on an approach for mental and behavioral health records in states with very stringent privacy laws.

IVA Changes – Data and Enrollment Data

- CMS required the validation of all sampled enrollees' demographic and enrollment data for 2015 HHS-RADV.
- Many IVA Entities voiced the challenges of slight errors for date of birth, or the cumbersome and time-consuming review of enrollments, especially in situations with dual enrollments or missing end dates.

IVA Changes – Data and Enrollment Data Updates (continued)

- For 2016 HHS-RADV, CMS will select a subsample of **50** enrollees from the 200 enrollee sample for the IVA to conduct demographics and enrollment validation.
- Issuers will need to provide mapping documentation that matches the unique Enrollee IDs in the IVA sample to the actual enrollee in the source system. This is required for ALL enrollees in the full IVA sample.
- Errors found from demographic and enrollment validation will not be used in RADV error estimation.
- CMS will use demographic and enrollment findings to determine if an issuer may need to improve their data transformation process for EDGE server submission.

IVA Changes - Premiums

- Because premiums are a key component of risk adjustment transfers, we believe they warrant validation in ensuring the integrity of risk adjustment payments.
- For 2015 HHS-RADV, CMS required IVA Entities to map the amount being charged to the enrollee and show a screenshot that maps to this amount.
- IVA Entities encountered challenges linking EDGE premium values to what was billed to each enrollee, since there was no reconciliation back to the source billing system.

IVA Changes – Premium Updates

For the 2016 RADV cycle CMS will pick a random month during the enrollment period for the IVA to validate the premium in the following manner:

- Individual Plans:
  - A screenshot of the premium billing to include the subscriber and all dependents
  - Screenshot of APTC (if applicable) and if not found in the premium billing system
- Small Group Plans:
  - Screenshot from the small group policy that show how the premium is allocated to the enrollee.
  - Issuers will have to provide mapping documents to illustrate how an enrollee's premium submitted to the EDGE server crosswalks back to the premium for the group.

IVA Changes – Plan ID

- Similarly to premiums, because the Plan ID validates the plan's metal level (and CSR variant, if applicable), it is another component of risk adjustment transfers.
- For 2015 HHS-RADV, CMS required IVA Entities to validate the plan ID of sampled enrollees' plans.
- IVA Entities encountered challenges mapping the CMS-issued Plan ID to an issuer's source system, which often did not exist or was unavailable to the IVA Entity.

IVA Changes – Plan ID Updates

- For 2016 HHS-RADV, in addition to using a subsample for validating enrollment data elements, CMS is providing clearer guidance on the validation of the Plan ID.
- Issuers should provide a mapping crosswalk between the issuer's source system and what was submitted to EDGE.
- The IVA Entity will need to validate that the crosswalk used places the enrollee in the appropriate 16-digit Plan ID based on what is found within the issuer's source system.

IVA Changes – Rating Area

- Rating area is another important component of risk adjustment transfers, as transfers are calculated at the rating area level.
- For 2015 HHS-RADV, CMS required IVA Entities to obtain work papers from issuers that explained how they determined an enrollee's rating area.
- IVA Entities encountered challenges deciphering these guidelines and found the level of effort associated with this requirement to be quite large.
- For 2016 HHS-RADV, issuers should provide a zip code crosswalk for the individual market and small group. The issuer will need to assist the IVA Entity in obtaining this information.

IVA Changes – Medical Record Submission Updates

- The constraints of the Audit Tool for 2015 HHS-RADV resulted in issues caused by medical record submissions beyond what was require for validation of an enrollee's diagnoses including medical records that were tens of thousands of pages long.
- For 2016 HHS-RADV, CMS will explicitly detail the elements of the medical records that IVA Entities should abstract for diagnosis validation.
  - For example, IVA Entities do not need to submit: discharge instructions, photos, flow sheets, physician orders, nurse notes, lab results, or the medical administration record (MAR).

IVA Changes – Medical Record Submission Updates

- Each medical record submitted for abstraction coding must be linked to either:
  - A claim identified on the Risk Adjustment Data Validation Medical Claim Extract (RADVMCE) Report *or*
  - A paid, adjudicated claim from the issuer's source system that is RA eligible (Non-EDGE claim)

IVA Changes to Lower Priority Elements

- Removing requirements to validate lower priority elements:
  - Service Code Modifiers
    - IVA Entities expressed service code modifiers are difficult to map and not available for inpatient services.
    - We will remove this requirement.
  - Claims Validation Update
    - Medical records are the source of diagnoses and IVA Entities expressed that the level of effort for claims review was overly burdensome.
    - We will remove this requirement with the exception of validating Non-EDGE Claims that will require mapping and screenshots.

IVA Changes – Coding Guidance

- CMS recommends following Official Coding Guidelines for use in RADV.
- Although “MEAT” and “TAMPER” have been brought to our attention, they are a summation of general principles of proper medical coding not found within the Official Coding guidelines and, therefore, CMS will not take using these for HHS-RADV into consideration.
- Evidence must be in the documentation to demonstrate and validate a current health condition and status.
- Diagnoses that are in a patient’s past medical history that have been resolved should not be coded.

IVA Changes – Provider State Credential Updates

- CMS had previously required that IVA Entities demonstrate that providers of risk adjustment eligible diagnoses be credentialed in the applicable state, including demonstrating the type of credentials.
- For 2016 HHS-RADV, CMS is eliminating this requirement, as we do not believe demonstrating this is necessary for the IVA.
- The issuer is responsible for ensuring that only qualified providers receive reimbursement for services, but RADV will not evaluate the appropriateness of that determination.

Questions

To contact us with questions, email us at:
CCIIOACARADataValidation@cms.hhs.gov

OR

Contact us within the HHS-RADV Audit Tool using the **Inquiries** tab and selecting **Submit Inquiry**

Next Steps

Next Steps: Training Sessions

- CMS will continue to support Stakeholders through the HHS-RADV process by hosting periodic webinars.
- There will be an opportunity for stakeholders to ask HHS-RADV related questions during the webinar sessions.

Next Steps: Training Sessions (continued)

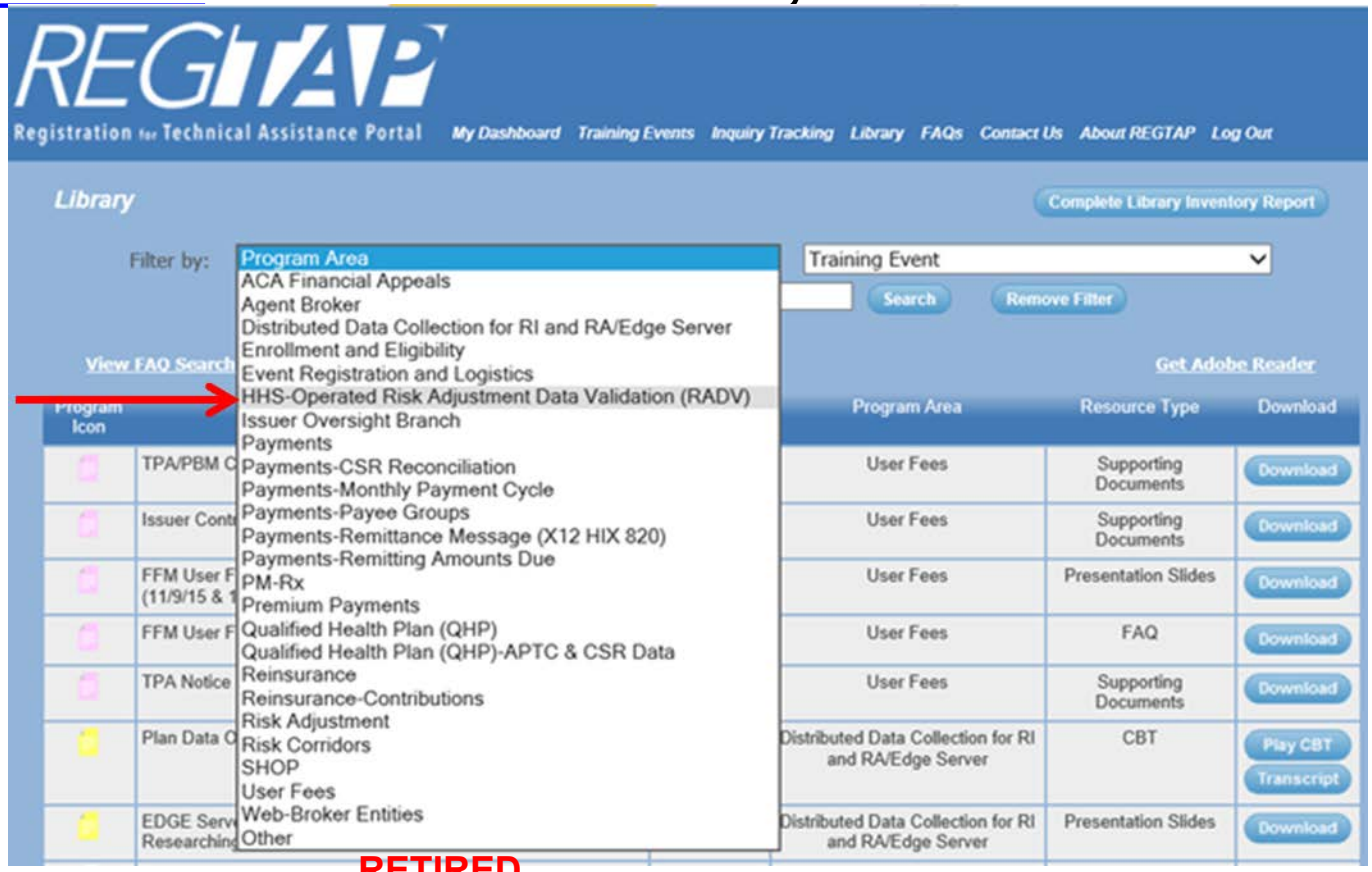
Upcoming Webinars

Date	Time	Topic
May 3, 2017	11:30 a.m. – 12:30 p.m. ET	Sample Reports

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"



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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 (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

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Closing Remarks