HHS-Operated Risk Adjustment Data Validation (HHS-RADV): Audit Sample Reports

RETIRED

May 3, 2017

Health Insurance Exchange Program
Training Series

RETIRED

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

Session Agenda

- Session Guidelines
- Intended Audience
- Session Purpose
- Announcements
- HHS-RADV Timeline
- HHS-RADV IVA Sample Reports
- Next Steps
- Questions
- Resources
- Closing Remarks

RETIRED

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

- 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
- Prospective and contracted 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

This webinar will provide information on the HHS-RADV IVA sample reports.

Announcements

RETIRED

Announcements: Sample Reports

HHS-RADV Sample Reports Run Schedule:

- On May 4, 2017 at 12:01 a.m. ET CMS will release the command to EDGE servers to run the HHS-RADV Sampling reports.
- Issuers must execute the command on the EDGE servers.
- The HHS-RADV Sampling reports from this first run are provided to CMS ONLY, and not available to issuers.
- CMS will release the command to the EDGE servers to run the final version of the HHS-RADV Sampling reports which will be made available to issuers on their EDGE servers.

Announcements: Audit Tool

- The new HHS-RADV Audit Tool is a Salesforce solution.
- Issuer and IVA Entities must use the new Audit Tool to complete HHS-RADV activities for the 2016 benefit year
  - Please do not attempt to use the 2015 benefit year Acumen Audit Tool to complete 2016 benefit year HHS-RADV activities, this tool is no longer being used by CMS.

RETIRED

Announcements: Audit Tool (continued)

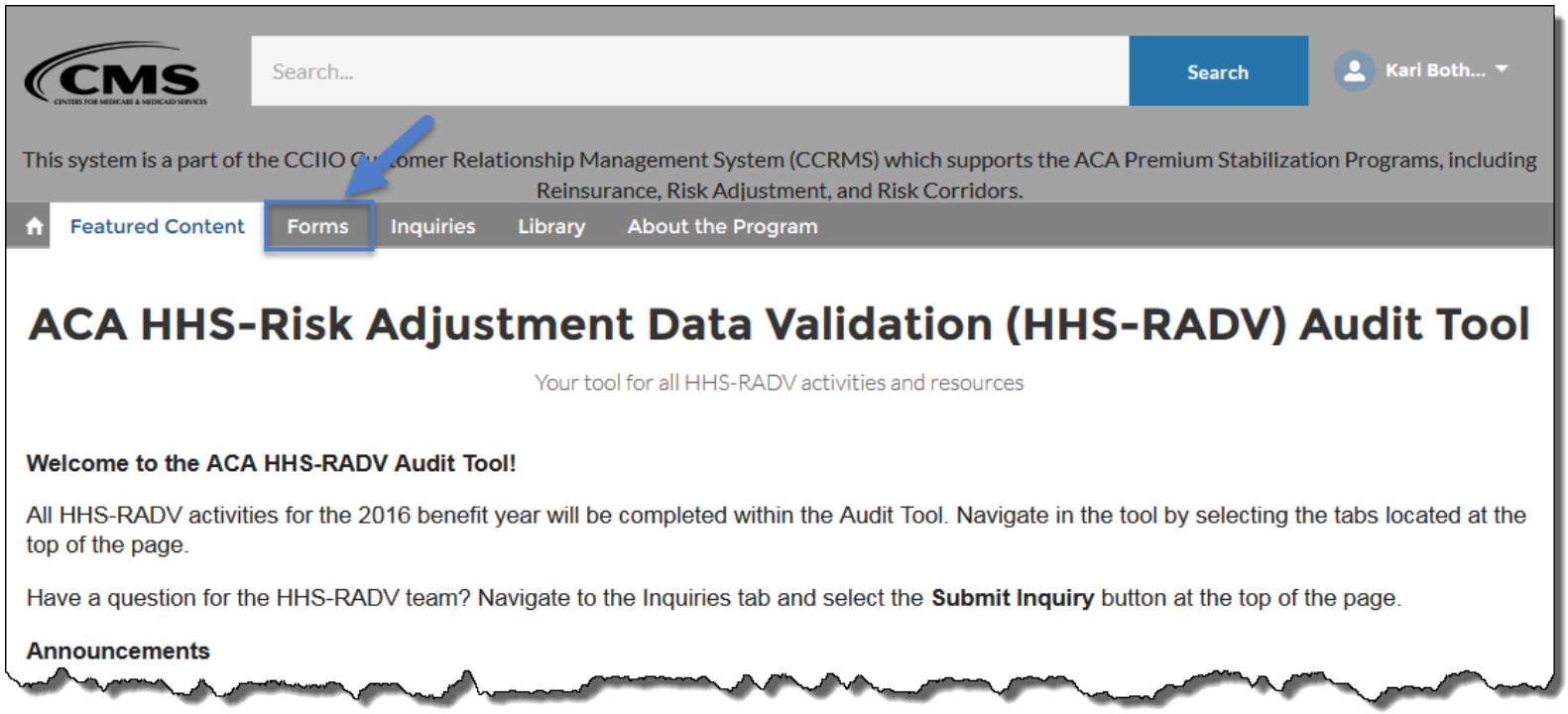
- IVA Entities can add more than two Senior Officials to support the work load
- Currently, it is not possible for issuers or IVA Entities to add HHS-RADV Coordinators
  - o This functionality will be available in the future
  - o When this functionality is available, CMS will provide guidance on assigning individuals to be HHS-RADV Coordinators

Announcements: Issuer Audit Tool Functionality Now Available

- The HHS-RADV Audit Tool will now allow issuers to complete Issuer Senior Official (SO) Maintenance
  - Issuer SOs and Back-up Issuer SOs will access this functionality through the Forms tab
  - Select the link for the HHS-RADV Issuer Senior Official Maintenance Form
- Use the links in the Form to Edit or Replace contacts
  - A Guide for completing the Form is available in the Library and on each page of the Form
- As a reminder, issuers must maintain one SO and one Back-up SO at all times

Announcements: Issuer Audit Tool Functionality Now Available (continued)

- Select the Forms tab from the main page of the Audit Tool to locate the Issuer SO Maintenance Form



RETIRED

Announcements: RADVIVAS Report Validation Job Aid

- A job aid to assist with validating the Risk Adjustment Data Validation Initial Validation Audit Statistics (RADVIVAS) Report will be posted today in the REGTAP Library.

RETIRED

HTTPS://WWW.REGTAP.INFO

Timeline

RETIRED

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
IVA Sample Reports

RETIRED

IVA Sampling Background

The purpose of this webinar is to describe the HHS-RADV sampling reports.

Background:

- The IVA samples are based on the issuer's underlying population and stratification listed in the RADV Population Summary Statistics (RADVPS) Report.
- The RADVPS Reports are finalized after the conclusion of the discrepancy reporting period, in which issuers compared the RADVPS Report to their detailed External Data Gathering Environment (EDGE) server populations.
- CMS then issues an EDGE command to initiate the final RADV sampling reports.

RADVPS Report

- The RADVPS Report contains population statistics for the issuer's population separated into sub-categories or "strata" based on enrollee age (infant, child, adult) and risk score (low, medium, high).
- The RADVPS Report contains:
  - Issuer-level data, such as total enrollees and plans.
  - Stratum-level data, such as number of enrollees in each of the specific strata, and summary statistics for each of the specific strata such as mean (average), minimum (min) and maximums (max) risk scores for the enrollees in the strata.

IVA Sample Reporting

- Based on the populations on the EDGE servers, CMS will create the five (5) detailed IVA sampling reports, which will be released to issuers on or around May 15, 2017.
- The reports will be EDGE server outbound reports and will provide additional details about the enrollees selected for the IVA.
- The reports will undergo CMS review prior to their release to issuers.
- The files will be in eXtensible Markup Language (XML) format.

IVA Sample Reports

- The following five (5) IVA sample reports will be provided on or around May 15, 2017:
  - **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

RADVIVAS (RADV IVA Statistics) Report

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 Report, 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.

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.)

RADVIVAS (RADV IVA Statistics) Report (continued)

Stratum Category Data Elements *

- The report contains the number of sampled enrollees per strata and strata-level summary information for:
  - 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

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

RETIRED

Table 103: 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. **RETIRED** Note: Non-billable members are included in the denominator when performing the weighted average.	averagePremium

Table 103: 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.	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	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. Duplicate codes are counted only once for an individual enrollee. **RETIRED**	totalNumberUniqueRADiagnosis

RADVDE (RADV Detailed Enrollee) 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 (RADV Detailed Enrollee) 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

RETIRED

Table 105: RADVDE RADV Detailed Enrollee

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. **RETIRED**	stratumLevel
Random Number	The random number assigned to the enrollee when generating the random sample.	randomNumber

Table 105: RADVDE RADV Detailed Enrollee (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

RADVEE (RADV Enrollment Extract) 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 (RADV Enrollment Extract) 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

RETIRED

Table 107: RADVEE RADV Enrollment Extract Enrollee Category Data

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 108: RADVEE RADV Enrollment Extract Profile Category Data

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

RADVMCE (RADV Medical Claim Extract) 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.)

RETIRED

RADVMCE (RADV Medical Claim Extract) 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

RETIRED

RADVMCE (RADV Medical Claim Extract) 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 110: RADVMCE RADV Medical Claim Extract Insurance Plan Category Data

Business Data Element	Description	XML Element Names
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
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 111: RADVMCE RADV Medical Claim Extract Claim Header Category Data

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 111: RADVMCE RADV Medical Claim Extract Claim Header Category Data (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. **RETIRED**	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 112: RADVMCE RADV Medical Claim Extract Service Line Category Data

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

RADVSE (RADV Supplemental Extract) 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 (RADV Supplemental Extract) 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 114: RADVSE RADV Supplemental Extract Insurance Plan Category Data

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 115: RADVSE RADV Supplemental Extract Detail Category Data

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

RETIRED

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 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 to test that they are representative of the underlying issuer population listed in RADVPS.
- CMS is in the process of validating samples prior to release.
- CMS' validation of the sample data and reports include the following:
  - Neyman allocation sample size checks (IVA Sample vs. Total Population)
  - Mean/Min/Max risk scores among strata (IVA Sample vs. Total Population)
  - Footing and general distribution analysis (IVA Sample vs. Total 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 RADVPS Report. However, the RADVIVAS Report contains only the information on the sampled enrollees, whereas the RADVPS Report contains information on all enrollees within the HIOS ID. Not all variables within RADVPS Report were used for sampling purposes.

RETIRED

Validation Checks (continued)

If desired, issuers may perform the following IVA sampling checks:

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

Announcement

RETIRED

Announcement

HHS-RADV Sample Reports Run Schedule:

- On May 4, 2017 at 12:01AM ET CMS will release the command to EDGE servers to run the HHS-RADV Sampling reports.
- Issuers must execute the command on the EDGE servers.
- The HHS-RADV Sampling reports from this first run are provided to CMS ONLY, and not available to issuers.
- CMS will release the command to the EDGE servers to run the final version of the HHS-RADV Sampling reports which will be made available to issuers on their EDGE servers.

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 10, 2017	11:30 a.m. – 12:30 p.m. ET	Sample Reports in the Audit Tool

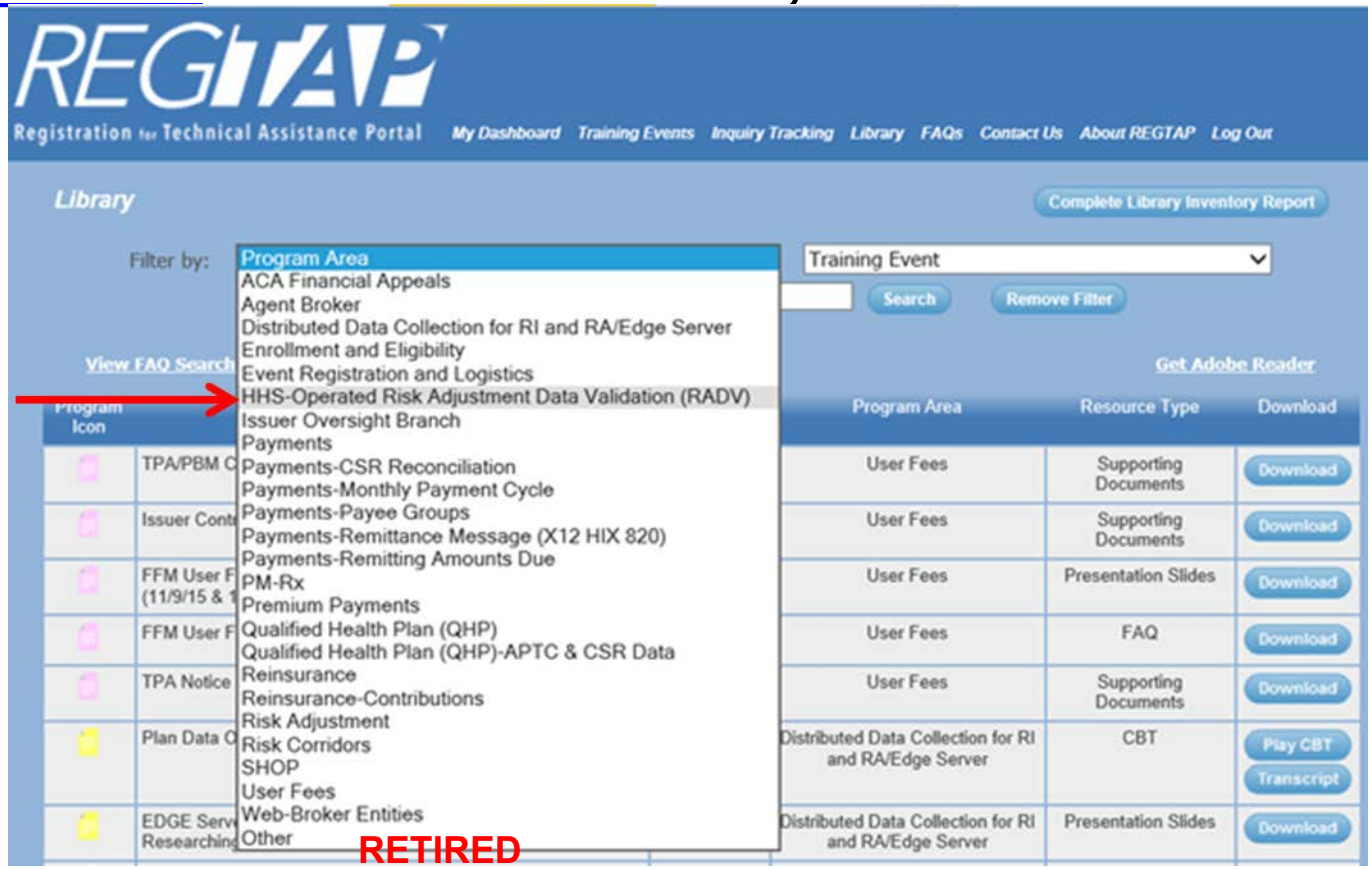
RETIRED

HTTPS://WWW.REGTAP.INFO

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

RETIRED

HTTPS://WWW.REGTAP.INFO

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

RETIRED

Closing Remarks

RETIRED