Overview of 2016 Benefit Year Protocols Updates

July 12, 2017

Health Insurance Marketplace Program Training Series

Session Agenda

- Session Guidelines
- Intended Audience
- Session Purpose
- HHS-RADV Timeline
- HHS-RADV 2016 Benefit Year Protocol Updates
- IVA Entity Attestation Updates
- D&E Validation Updates
- Cross-Year Claims Updates
- Medical Records Updates
- Additional Updates
- 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

- Issuers of on-Exchange* and off-Exchange individual and small group plans, in states where the Department of Health and Human Services (HHS) operates the Risk Adjustment (RA) program under the Patient Protection and Affordable Care Act (PPACA)
- Prospective and contracted Initial Validation Audit (IVA) Entities
- Third Party Administrators (TPA) and support vendors
- Second Validation Audit (SVA) Entity

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

Session Purpose

This session will provide the following:

- An overview of the 2016 Benefit Year Protocols updates
- Maintaining account information in the HHS-RADV Audit Tool

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 2016 Benefit Year Protocol Updates

HHS-RADV Timeline Updates

1.5 HHS-RADV Process Activities Timeline:

- IVA Entities and issuers must complete the Package 2 submission and sign-off process by January 18, 2018.
- CMS is **not** requiring Package 2 submission within two (2) days of the issuer sign-off of Package 1.
- CMS **strongly encourages** IVA Entities to submit Package 2 well before January 18, 2018 to allow for time to resolve any issues that may arise related to the submission process and allow time for issuer review and sign-off.

CMS will NOT grant extensions beyond the January 18, 2018 deadline.

IVA Entity Attestation Updates

IVA Entity Attestation Updates

2.5 Criteria for Assessing IVA Entity Capabilities:

- Clarification that attestations for assessing IVA Entity designations and conflicts of interest must be completed by:
  - The Chief Executive Officer (CEO), or
  - A person who is able to legally and financially bind the organization.

Demographics & Enrollment (D&E) Validation Updates

D&E – Mapping Documentation Updates

5.3 and 5.3.1 Mapping Documentation:

- Navigational steps, screenshots, and internal code sets requirement clarifications.
- Five (5) mandatory mapping documents and content requirements for validation added.
  - Plan ID requires its own mapping document and additional content was added to clarify the requirements in the Mapping Documentation section.
- Data from source systems to the EDGE server mapping documentation must include a crosswalk between masked Unique Enrollee IDs, DOB, Gender, Member ID, First Name, and Last Name.

D&E – Audit Steps Updates

5.5.1 Audit Steps:

- Corrected references from the Risk Adjustment Data Validation Detailed Enrollee (RADVDE) Reports to the RADV Enrollee Extract (RADVEE) Reports, for applicable data elements.
- Demographics and Enrollment (D&E) subsample data elements were added.
- Clarifications on validating the Plan ID for the enrollment period indicated in the D&E subsample were added.

D&E – Rating Area Updates

5.5.1.1 Validating Data Elements – Additional Detail:

- IVA Entities will need to validate rating area only for enrollees who are in the D&E subsample and who are identified in the RADVEE Report as a subscriber.
- If the subscriber enrollee is enrolled in multiple plans during the benefit year, only one (1) random month from one (1) enrollment period will be selected by CMS for validation.
- Rating area is only required to be validated for a subscriber's Plan ID in the D&E subsample for the single month indicated in the D&E subsample report.

D&E – Enrollment Period Updates

5.5.1.1 Validating Data Elements – Additional Detail:

- Issuers should explain how the EDGE enrollment end date is derived from issuer source system values.
- If no enrollment end date is present, or the end date is beyond December 31st (20XX-12-31) of the benefit year, the issuer must demonstrate whether the enrollee is still enrolled, or if the end date is in a subsequent benefit year.
- When submitting audit findings during the IVA submission process, note that data values entered with Year = “9999” or similar uninterpretable dates will not be accepted into Salesforce.

D&E - Enrollment Period Updates
(continued)

5.5.1.2 Key Considerations of Enrollment Data Validation:

- For enrollees in the D&E subsample, one (1) enrollment period will be selected by CMS for validation, independent of the number of plan enrollments, or enrollment periods submitted to the EDGE server.
- CMS will provide the Plan ID and specific enrollment period to be validated as part of the D&E subsample.

Cross-Year Claims Updates

Cross-Year Claims Updates

5.6.4 Documentation of Claims Not Accepted in EDGE Server:

- "Cross-year claims", or claims with dates of service spanning across two (2) benefit years, if not present on the RADVMCE Report, will be considered non-EDGE claims (NEC) and must be evidenced and submitted with screenshots.
- Specific guidance regarding cross-year claims that were not accepted into the EDGE server was added.

Medical Records Updates

Provider Signature Updates

5.6.10 Acceptable Medical Record Signature:

- CMS will not provide a “provider signature” template for attestation of medical records.
- Clarifying text about the attestations was added to the protocols.

Mental Health Records Updates

5.6.7 Acceptable Medical Record Source – Note on Mental Health Records:

- If a provider does not furnish a full mental health record, he or she can furnish a mental health assessment for validation of a mental health diagnosis, which is an abbreviated mental health record that providers routinely prepare.
- For HHS-RADV purposes, a mental health assessment at a minimum must contain: (i) the enrollee's name; (ii) gender; (iii) date of birth; (iv) current status of all mental health diagnoses; (v) dates of service; and (vi) signature by a qualified mental health practitioner who is licensed to diagnose mental illness.

Acceptable MR Sources Updates

Section 5.6.8 Recommended Documents for Medical Records Abstraction Submission:

- The HHS-RADV 2016 Benefit Year Protocols (7/3/17) Section 5.6.8, page 63 states:
  - "These documents, if submitted separately, or not in entirety, a medical record must be able to validate and stand-alone for substantiating the diagnosis and HCCs found on the RADVMCE Report or non-EDGE claims."
- For clarification CMS will edit this sentence in the next Protocol update to read:
  - "These documents, if submitted separate from and in lieu of a medical record, must be able to stand-alone for the purposes of substantiating the diagnosis and HCCs found on the RADVMCE Report or non-EDGE claims."

Acceptable MR Sources Updates
(continued)

Section 5.6.8 Recommended Documents for Medical Records Abstraction Submission:

The Protocols provide the following list of documents as examples of acceptable sources from which reviewers can capture diagnosis codes:

- Progress Notes
- History & Physical
- Discharge Summary
- Consultation Reports
- Operative/ Procedure Notes
- Pathology Reports**
- Medication List**
- Radiology (can be useful to target the code, i.e. type of fracture) **
- Physician Orders**

** These documents cannot be used as a stand-alone medical record to substantiate a DX, but they may be used in conjunction with other medical documentation to help substantiate a DX.

Acceptable MR Sources Updates
(continued)

Section 5.6.8 Recommended Documents for Medical Records Abstraction Submission:

- The HHS-RADV 2016 Benefit Year Protocols (7/3/17) Section 5.6.8, page 63 states:
  - "These documents, if submitted separately, or not in entirety, a medical record must be able to validate and stand-alone for substantiating the diagnosis and HCCs found on the RADVMCE Report or non-EDGE claims."
- For clarification CMS will edit this sentence in the next Protocol update to read:
  - "These documents, if submitted separate from and in lieu of a medical record, must be able to stand-alone for the purposes of substantiating the diagnosis and HCCs found on the RADVMCE Report or non-EDGE claims."

Diagnosis Abstraction Coding

5.6.11 Diagnosis Abstraction Coding:

- Acceptable sources of documentation to support diagnosis codes.
- Progress notes should be used to support the diagnosis instead of the problem list.
- Problem lists typically include every condition a patient has had but may not have received services for in the data collection period.
- Problem lists are not acceptable stand-alone documentation.

Additional Updates

File Naming

5.7.1 Key Considerations for Recording Validation Results:

- There are no explicit file naming convention requirements for HHS-RADV data submission. However, CMS will require all files submitted during the IVA submission process must be uniquely named.
- CMS does recommend that files possess a comprehensible link to each IVA submission package (for example, a HIOS ID in the file name for all files submitted for a single HIOS ID), but this is not required.
- As a reminder, do NOT include protected health information (PHI)/personally identifiable information (PII) in file names.

Pairwise Test IVA and SVA

7.2.1 Phase One – Pair-Wise Test Between SVA and IVA:

- Clarification that CMS will be prioritizing enrollees with medical records in the initial subsample groups of the SVA process.

HHS-RADV 2016 Benefit Year Protocols Log of Updates

HHS-RADV 2016 Benefit Year Protocol Updates – Protocols Log

Information contained in the following tables was captured previously in the presentation. This section aligns the updates to Protocol sections.

Section	Summary of Update
1.5 HHS-RADV Process Activities Timeline	Issuers and IVA Entities must complete submission of Package 2 by January 18, 2018. CMS will grant no extensions for this deadline.
2.5 Criteria for Assessing IVA Entity Capabilities	Attestations must be completed by the CEO for 2016 benefit year HHS-RADV, or by a person who is able to legally and financially bind the organization.
5.2.3.1 Tick-Marking Source System Documentation	Tick-marking example is available in the Audit Tool Document Library with the workpaper examples.
5.3 Create Mapping Documentation (Issuer) – Phase 1	Added language clarifying navigational steps, screen references and internal code sets. Added information regarding five (5) mandatory mapping documents.
5.3.1 Mapping EDGE Unique Enrollee ID to Source system Member ID & Demographic Information	Clarification regarding mapping data from source systems to the EDGE server includes a crosswalk between masked Unique Enrollee IDs, DOB, gender, Member ID, first name and last name.

HHS-RADV 2016 Benefit Year Protocol Updates – Protocols Log (continued)

Section	Summary of Update
5.5.1 Audit Steps	Updated report name from RADVDE to RADVEE Reports. Added Demographics and Enrollment (D&E) subsample data elements.
5.5.1.1 Validating Data Elements – Additional Detail	Salesforce uninterpretable dates.
5.5.1.1 Validating Data Elements – Additional Detail	Clarified the data element 'Rating Area' required for subscriber enrollees only.
5.5.1.2 Key Considerations of Enrollment Data Validation	Updated documentation of enrollment periods requirements.
5.6.4 Documentation of Claims Not Acceptable in EDGE Server	Added specificity regarding cross year claims that were not accepted to the EDGE server.
5.6.7 Acceptable Medical Record Source	Clarified requirements for mental health records.
5.6.8 Recommended Documents for Medical Record Abstraction Submission	Clarified examples of acceptable sources from which reviewers can capture diagnosis codes.

HHS-RADV 2016 Benefit Year Protocol Updates – Protocols Log (continued)

Section	Summary of Update
5.6.10 Acceptable Medical Record Signature	Clarified that CMS will not provide a provider signature template for attestation.
5.6.11 Diagnosis Abstraction Coding	Clarified acceptable sources of documentation to support diagnosis codes.
5.7.1 Key Considerations for Recording Validation Results	Updated guidance regarding file naming conventions.
7.2.1 Phase One – Pair-Wise Test Between SVA and IVA	Added that CMS will prioritize enrollees with medical records in the initial subsample groups.

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)

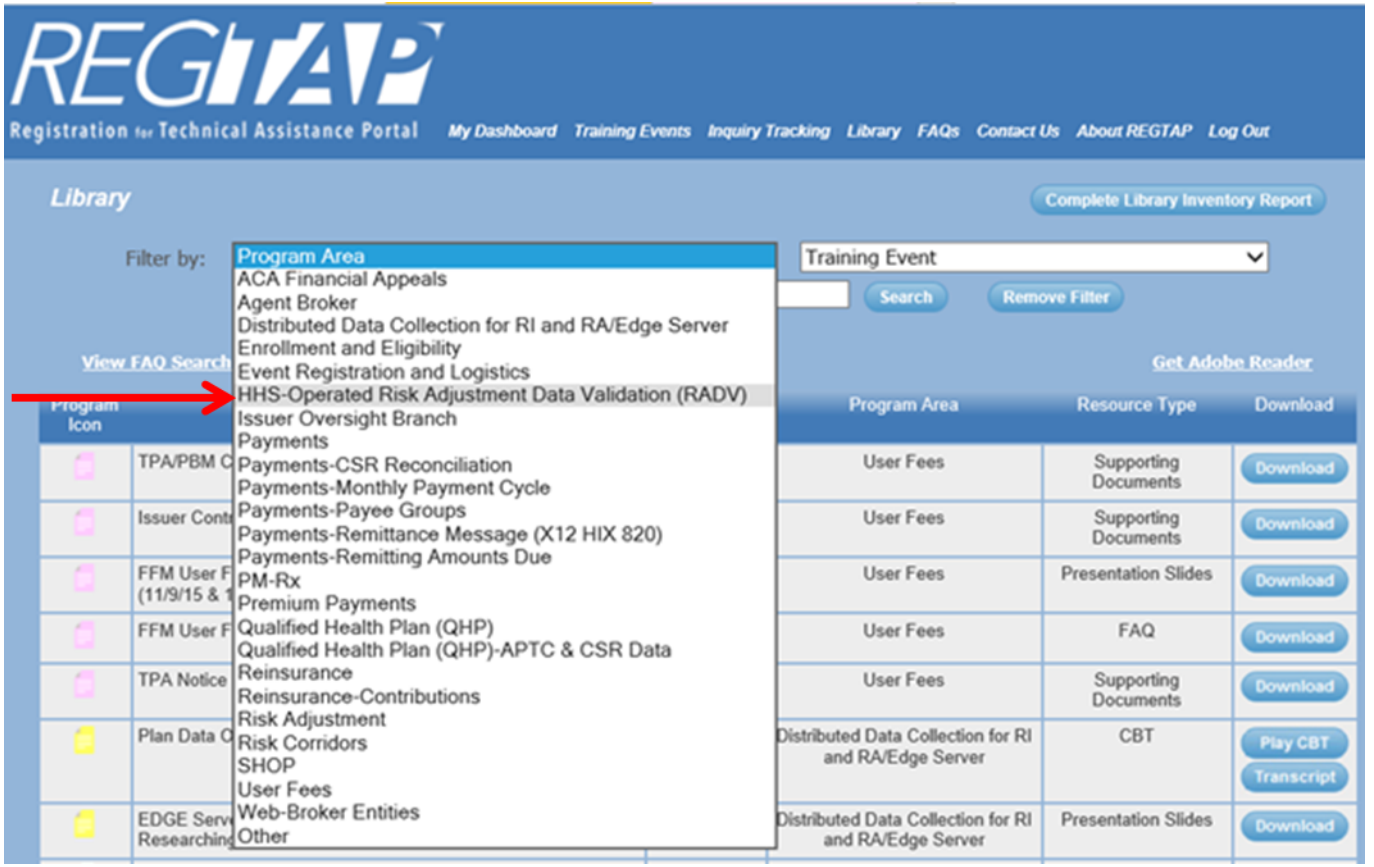
Upcoming Webinars

Date	Time	Topic
July 19, 2017	11:30 a.m. – 12:30 p.m. ET	No Session
July 26, 2017	11:30 a.m. – 12:30 p.m. ET	Question and Answer Session

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"



RETIRED

WWW.REGTAP.INFO

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 (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
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

Closing Remarks