IVA Entity Audit Results Submission ICD, XSD, & XML Guidance

RETIRED

August 16, 2017

Health Insurance Marketplace Program Training Series

Session Agenda

- Session Guidelines
- Intended Audience
- Session Purpose
- HHS-RADV Timeline
- Overview IVA Results Submission Process
- IVA Entity Audit Results Submission Guidance
- 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 information on the IVA Entity Audit Results Submission ICD, XSDs and XML data elements required to submit audit findings through the Audit Tool.

Announcement

Clarification on Acceptable Medical Record (MR)

- A MR must be linked to either a claim on the Risk Adjustment Data Validation Medical Claim Extract (RADVMCE) Report or an acceptable Risk Adjustment (RA) eligible non-EDGE Claim (NEC).
- Any and all diagnoses from that MR for the full benefit year may be abstracted, meaning coders may look beyond the DOS of the linked claim.
- As long as a valid MR is linked to at least one (1) RA eligible claim during the enrollee's enrollment period with the issuer, the MR for the full benefit year may be used for diagnosis abstraction.

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

Overview: IVA Results Submission Process

Overview: IVA Results Submission Process

Phase 1 of the IVA Submission Process:

- IVA Entity Audit Results Submission (XML) is uploaded to the Audit Tool.
  - The XML will contain all the IVA results and list all supporting documentation included in Package 1 and Package 2.

After the IVA Entity Audit Results Submission (XML) is confirmed by the IVA Entity:

- Package 1 is uploaded to the Audit Tool
  - Package 1 contains the following:
    - Mapping Document Files;
    - Demographic and Enrollment (D&E) Screenshots; and
    - D&E Workpapers (if applicable).

Overview: IVA Results Submission Process (continued)

Phase 2 of the IVA Submission Process:

- Package 2 is uploaded to the Audit Tool
  - For the enrollees in the SVA Subsample, Package 2 contains the following:
    - Medical record PDF files, workpapers, or associated supporting documentation if applicable; and
    - Any NEC screenshots, workpapers, or associated supporting documentation if applicable

IVA Entity Audit Results Submission Guidance

Overview: IVA Entity Audit Results Submission Guidance Documents

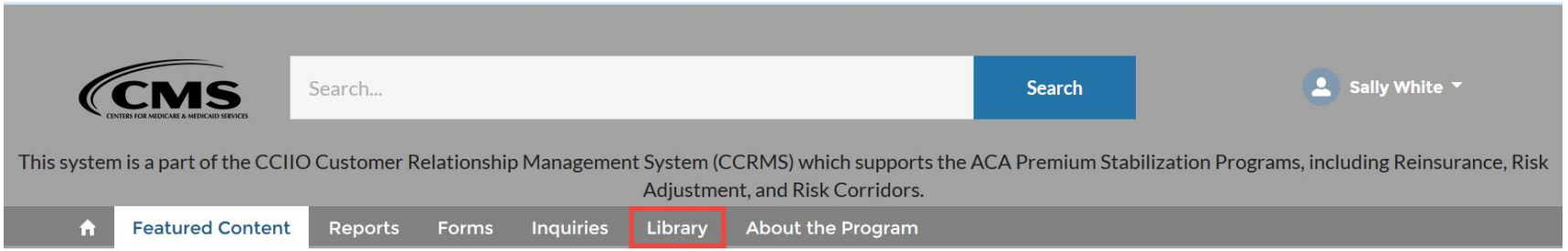
- On August 15, 2017 CMS posted the following IVA Entity Audit Results Submission guidance documents to the Audit Tool Library:
  - Interface Control Document (ICD) – A document describing the HHS-RADV Audit Tool inputs and outputs as related to the IVA Results Submission.
  - XSDs and Example Files – A zipped file containing XSDs and a example of each of the files used in the submission process.
- These materials are available in the HHS-RADV Audit Tool
  - They can be accessed by selecting the **Library** tab and the. **Protocols** tile.



All HHS-RADV Audit Tool users are able to access these documents in the Audit Tool Library.

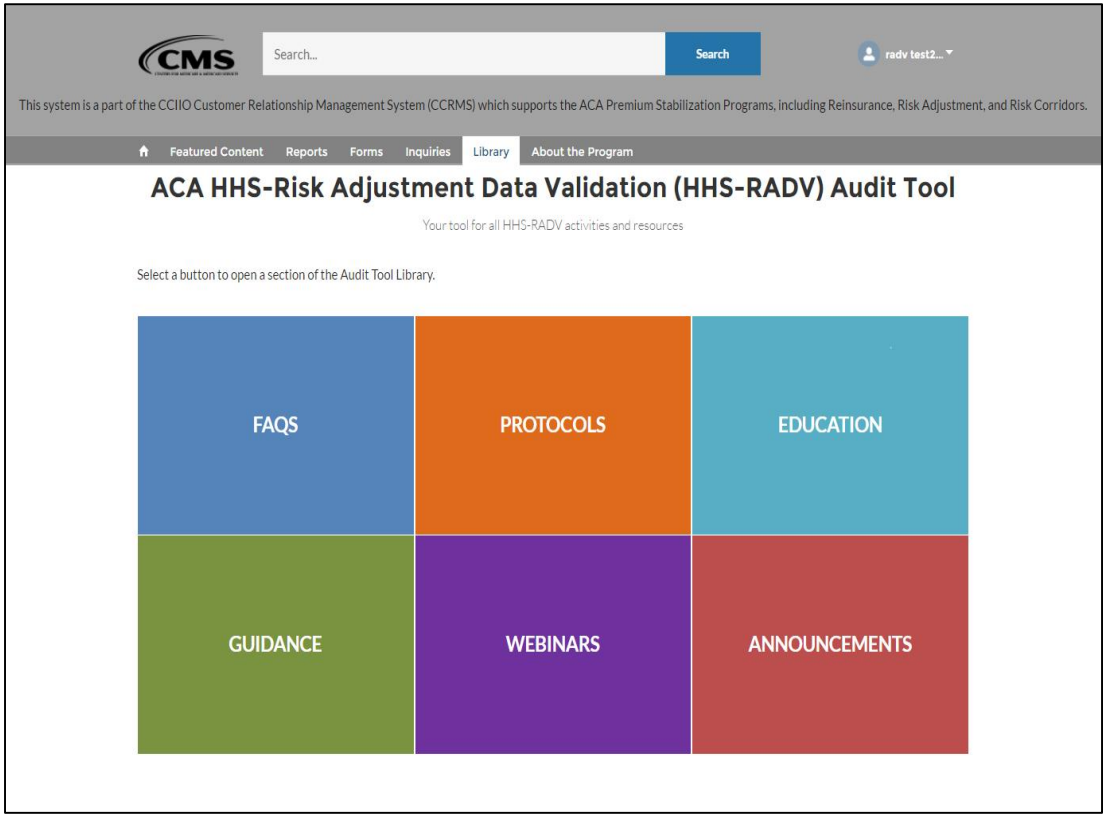
Accessing the ICD, XSDs, and Example Files

- Log in to the Audit Tool and select the **Library** tab.



Accessing the ICD and Example Files (continued)

- When accessing the ICD and example files select the **Protocols** tile to view the new documents.



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Contents of the ICD

- The ICD explains the files that the IVA Entity will upload to the Audit Tool – for each interface or file type, the ICD provides:
  - A description of the data exchange format and protocol for exchange;
  - A description of each XML data element, including restrictions;
  - A general description of the interface; and
  - Assumptions, where appropriate.

Files Described in the ICD

- Phase 1 of the IVA Submission Process involves the following files:

File Name	Format	Type	Description
IVA Entity Audit Results Submission	XML	Inbound	Starts the Package 1 Submission Process. The XML contains the IVA findings and files names for all supporting document files to be submitted for both Package 1 and Package 2.
XML Validation Check Report*	XML	Outbound	Result of initial validation checks conducted on the IVA Entity Audit Results Submission XML. This includes formatting errors.
IVA Findings Report for Package 1*	XML	Outbound	Incorporates further validation checks conducted on the IVA Entity Audit Results Submission XML. This includes enrollee data counts and enrollee risk score results determined using the IVA Hierarchical Condition Categories (HCC) findings.
File Manifest for Package 1	CSV	Outbound	List of files that were reported in the IVA Entity Audit Results Submission XML related to mapping documents, D&E screenshots, and work papers.
Files Report for Package 1*	CSV	Outbound	Results of Package 1 File Validation. This includes the summary of files uploaded in Package 1 versus the files listed in the IVA Entity Audit Results Submission XML.

* Errors indicated in the report require correction and re-submission.

Files Described in the ICD (continued)

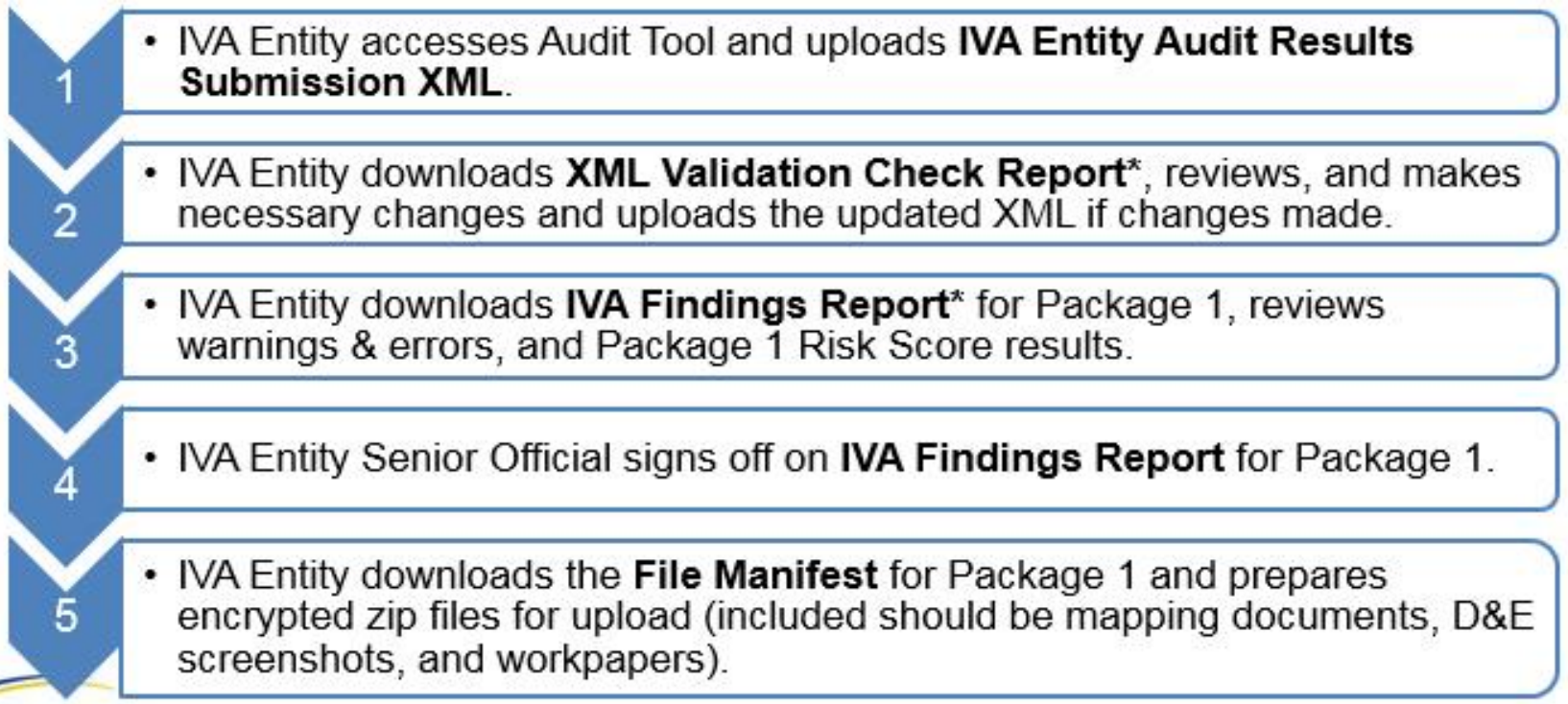
- Phase 2 of the IVA Submission Process involves the following files:

File Name	Format	Type	Description
SVA Subsample Report	CSV	Outbound	Available following IVA Entity and Issuer signoff on Package 1. Contains the list of enrollees in the SVA subsample for the Package 2 (medical records) submission.
File Manifest for Package 2*	CSV	Outbound	List of medical records, NEC images, and other associated files that were reported in the IVA Entity Audit Results Submission XML related to the enrollees in the SVA subsample.
Files Report for Package 2*	CSV	Outbound	Results of Package 2 File Validation. This includes the summary of files uploaded in Package 2 versus the files listed in the IVA Entity Audit Results Submission XML.
IVA Findings Report for Package 2*	XML	Outbound	Incorporates further validation after the Package 2 file submission and calculates enrollee risk score results using IVA HCC findings.

* Errors indicated in the report require correction and re-submission.

IVA Results Submission Process

- The following process steps outline the activities that occur as they are associated with the files that are exchanged between the IVA Entity and the Audit Tool.



* Errors indicated in the report require correction and re-submission.

IVA Results Submission Process
(continued)

6. • IVA Entity uploads Package 1 encrypted zip files containing work papers, mapping documents, and D&E screenshots in the Audit Tool.
7. • IVA Entity downloads and reviews the **Files Report*** for Package 1. Errors in this report may require additional submissions and a new **Files Report*** for Package 1.
8. • IVA Entity Senior Official signs off on Package 1 and submits for Issuer review.
9. • Issuer Senior Official reviews the **Files Report** for Package 1 and **IVA Findings Report** which includes the enrollee Package 1 risk scores determined based on IVA validated HCCs and signs off on Package 1.
10. • IVA Entity downloads **SVA Subsample Report** and **File Manifest** for Package 2 and prepares encrypted zip files for upload.

* Errors indicated in the report require correction and re-submission.

IVA Results Submission Process
(continued)

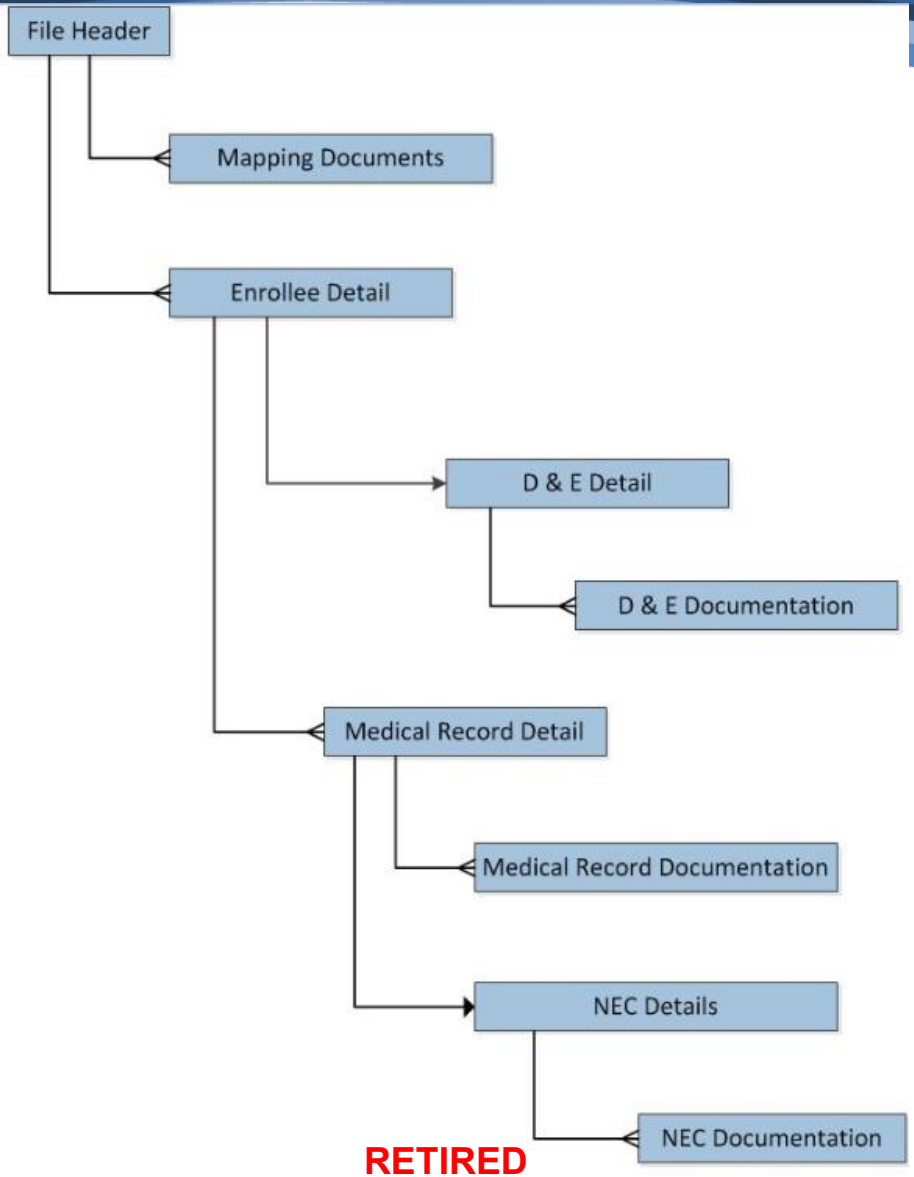
11	• IVA Entity uploads Package 2 encrypted zip files containing medical records and NEC images in the Audit Tool.
12	• IVA Entity downloads and reviews the **Files Report*** for Package 2.
13	• IVA Entity downloads **IVA Findings Report***, reviews warnings & errors, and Package 2 Risk Score results.
14	• IVA Entity Senior Official signs off on Package 2 and submits for Issuer review.
15	• Issuer Senior Official reviews **Files Report** for Package 2 and **IVA Findings Report** which includes the enrollee Package 2 Risk Scores determined based on IVA validated HCCs and signs off on Package 2.

* Errors indicated in the report require correction and re-submission.

IVA Results Submission Process Roles and Responsibilities

Task	Who Can Complete
Upload and Download Files on behalf of the IVA Entity	IVA Entity SOs and IVA Entity RADV Coordinators
Sign off on IVA Findings Report	IVA Entity SOs
Perform IVA Entity Sign off on Package 1	IVA Entity SOs
Perform IVA Entity Sign off on Package 2	IVA Entity SOs
Download and Review Files on behalf of the Issuer	Issuer SO and Back-up SO and Issuer RADV Coordinator
Perform Issuer Sign off on Package 1	Issuer SO and Back-up SO
Perform Issuer Sign off on Package 2	Issuer SO and Back-up SO

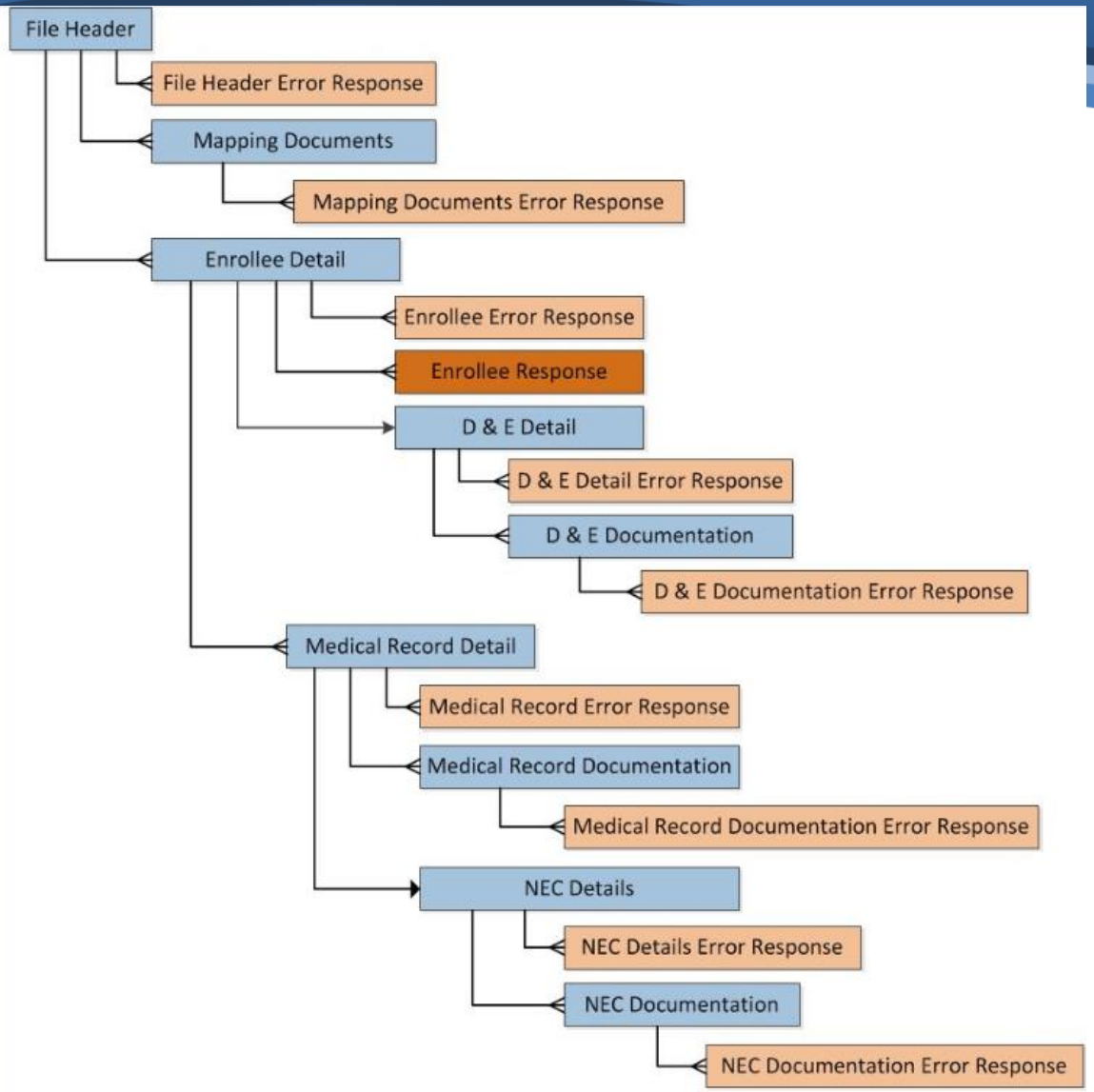
Phase 1 XML File Structure



- The blue boxes are items indicated in the IVA Entity Audit Results Submission XML, which is uploaded in the Audit Tool.

Legend:
IVA Entity Audit Results Submission (Inbound)

Phase 1 XML File Structure (continued)



- The orange boxes are response items that are issued based on intake of submitted files.
- The same XML structure is used for most of the inbound and outbound reports allowing response messages to be nested within the submitted data.
- The response records will provide errors that require correction and resubmission of the IVA Entity Audit Results Submission file.

Legend:

IVA Entity Audit Results Submission (Inbound)

XML Validation Check Report and IVA Findings Report (Outbound)

IVA Findings Report Only (Outbound)

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Common XML Terminology

- **Header** – general term for the element tag that starts a complex element.
- **Simple Element** – an XML element that represents a single value and its restrictions. Generally, an element that represents a single thing.
- **Complex Element** – an XML element that is a mix of Simple and additional Complex Elements. This represents a complex data object – a thing made up of other things.
- **Required** – indicates that an element tag must be present in the XML submission. The data value must be compliant with the format requirements and data restrictions; however, the value of the element may be an empty string or null, where applicable.
- **Situational** – indicates that an element tag may or may not be required in the XML submission. Generally, it indicates that an element may not be applicable for a given situation.

XML File Layout Example

```
<?xml version="1.0" encoding="UTF-8"?>
<ivaEntityAuditResultsSubmission xmlns="https://acapaymentoperations.force.com/">
   <issuerIdentifier>01234</issuerIdentifier>
   <totalEnrollees>4</totalEnrollees>
   <radvBenefitYear>2016</radvBenefitYear>
 - <mappingDocumentItem>
      <fileName>01234_uid_dob_map.pdf</fileName>
      <fileType>Name/UID/DOB/Gender Map</fileType>
      <fileSize>156.38</fileSize>
   </mappingDocumentItem>
 - <mappingDocumentItem>
      <fileName>01234_premium_map.pdf</fileName>
      <fileType>Premium Map</fileType>
      <fileSize>12.50</fileSize>
   </mappingDocumentItem>
 - <mappingDocumentItem>
      <fileName>01234_plan_id_map.pdf</fileName>
      <fileType>Plan ID Map</fileType>
      <fileSize>0.83</fileSize>
   </mappingDocumentItem>
 - <mappingDocumentItem>
      <fileName>01234_enroll_map.pdf</fileName>
      <fileType>Enrollment Period Map</fileType>
      <fileSize>26.70</fileSize>
   </mappingDocumentItem>
 - <mappingDocumentItem>
      <fileName>01234_mapping_docs.pdf</fileName>
      <fileType>Rating Area Map</fileType>
      <fileSize>156.38</fileSize>
   </mappingDocumentItem>
 - <mappingDocumentItem>
      <fileName>01234_other_mapping_docs.pdf</fileName>
      <fileType>Other Map</fileType>
      <fileSize>156.38</fileSize>
   </mappingDocumentItem>
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- The IVA Entity Audit Results Submission XML is composed of a complex element called “ivaEntityAuditResultsSubmission”

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XML File Layout Example (continued)

```
<?xml version="1.0" encoding="UTF-8"?>
<ivaEntityAuditResultsSubmission xmlns="https://acapaymentoperations.force.com/">
  <issuerIdentifier>01234</issuerIdentifier>
  <totalEnrollees>4</totalEnrollees>
  <radvBenefitYear>2016</radvBenefitYear>
- <mappingDocumentItem>
    <fileName>01234_uid_dob_map.pdf</fileName>
    <fileType>Name/UID/DOB/Gender Map</fileType>
    <fileSize>156.38</fileSize>
  </mappingDocumentItem>
- <mappingDocumentItem>
    <fileName>01234_premium_map.pdf</fileName>
    <fileType>Premium Map</fileType>
    <fileSize>12.50</fileSize>
  </mappingDocumentItem>
- <mappingDocumentItem>
    <fileName>01234_plan_id_map.pdf</fileName>
    <fileType>Plan ID Map</fileType>
    <fileSize>0.83</fileSize>
  </mappingDocumentItem>
- <mappingDocumentItem>
    <fileName>01234_enroll_map.pdf</fileName>
    <fileType>Enrollment Period Map</fileType>
    <fileSize>26.70</fileSize>
  </mappingDocumentItem>
- <mappingDocumentItem>
    <fileName>01234_mapping_docs.pdf</fileName>
    <fileType>Rating Area Map</fileType>
    <fileSize>156.38</fileSize>
  </mappingDocumentItem>
- <mappingDocumentItem>
    <fileName>01234_other_mapping_docs.pdf</fileName>
    <fileType>Other Map</fileType>
    <fileSize>156.38</fileSize>
  </mappingDocumentItem>
```

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- The XML is composed of:
  - Three (3) Simple Elements:
    - Issuer Identifier
    - Total Number of Enrollees
    - RADV Benefit Year
  - Two (2) Complex Elements:
    - Mapping Document Item
    - Included Enrollee Item (not pictured in this screenshot)

XML File Layout Example (continued)

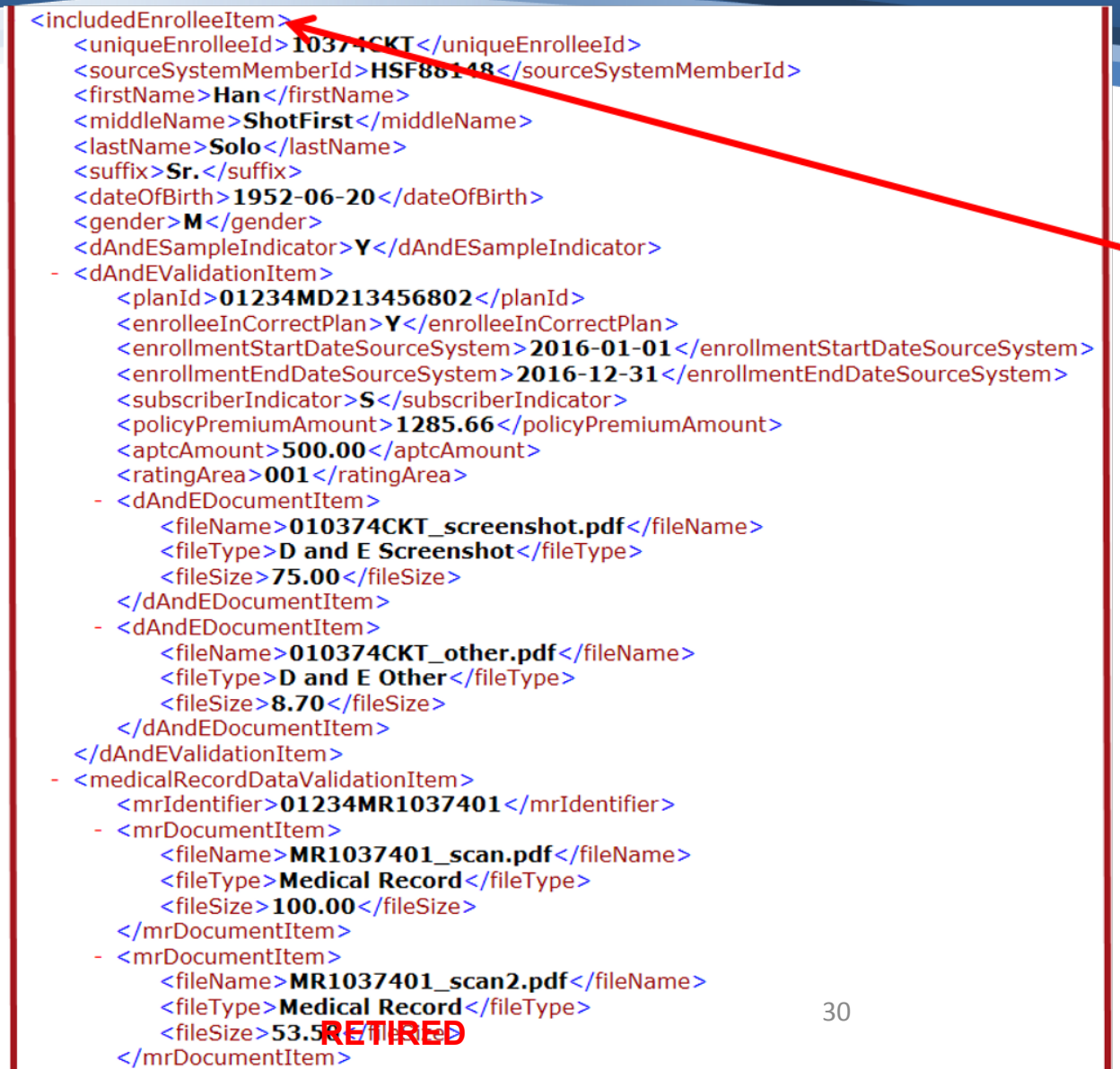
```
<?xml version="1.0" encoding="UTF-8"?>
<ivaEntityAuditResultsSubmission xmlns="https://acapaymentoperations.force.com/">
    <issuerIdentifier>01234</issuerIdentifier>
    <totalEnrollees>4</totalEnrollees>
    <radvBenefitYear>2016</radvBenefitYear>
  - <mappingDocumentItem>
        <fileName>01234_uid_dob_map.pdf</fileName>
        <fileType>Name/UID/DOB/Gender Map</fileType>
        <fileSize>156.38</fileSize>
    </mappingDocumentItem>
  - <mappingDocumentItem>
        <fileName>01234_premium_map.pdf</fileName>
        <fileType>Premium Map</fileType>
        <fileSize>12.50</fileSize>
    </mappingDocumentItem>
  - <mappingDocumentItem>
        <fileName>01234_plan_id_map.pdf</fileName>
        <fileType>Plan ID Map</fileType>
        <fileSize>0.83</fileSize>
    </mappingDocumentItem>
  - <mappingDocumentItem>
        <fileName>01234_enroll_map.pdf</fileName>
        <fileType>Enrollment Period Map</fileType>
        <fileSize>26.70</fileSize>
    </mappingDocumentItem>
  - <mappingDocumentItem>
        <fileName>01234_mapping_docs.pdf</fileName>
        <fileType>Rating Area Map</fileType>
        <fileSize>156.38</fileSize>
    </mappingDocumentItem>
  - <mappingDocumentItem>
        <fileName>01234_other_mapping_docs.pdf</fileName>
        <fileType>Other Map</fileType>
        <fileSize>156.38</fileSize>
    </mappingDocumentItem>
```

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- The XML must include Mapping Document Items for each of the five (5) required document types:
  - Name/UID/DOB/Gender
  - Premium
  - Plan ID
  - Enrollment Period
  - Rating Area
- The XML may include additional Mapping Document Items to provide additional mapping information.
- A Mapping Document Item is composed of three (3) Simple Elements:
  - File Name
  - File Type
  - File Size

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XML File Layout Example (continued)

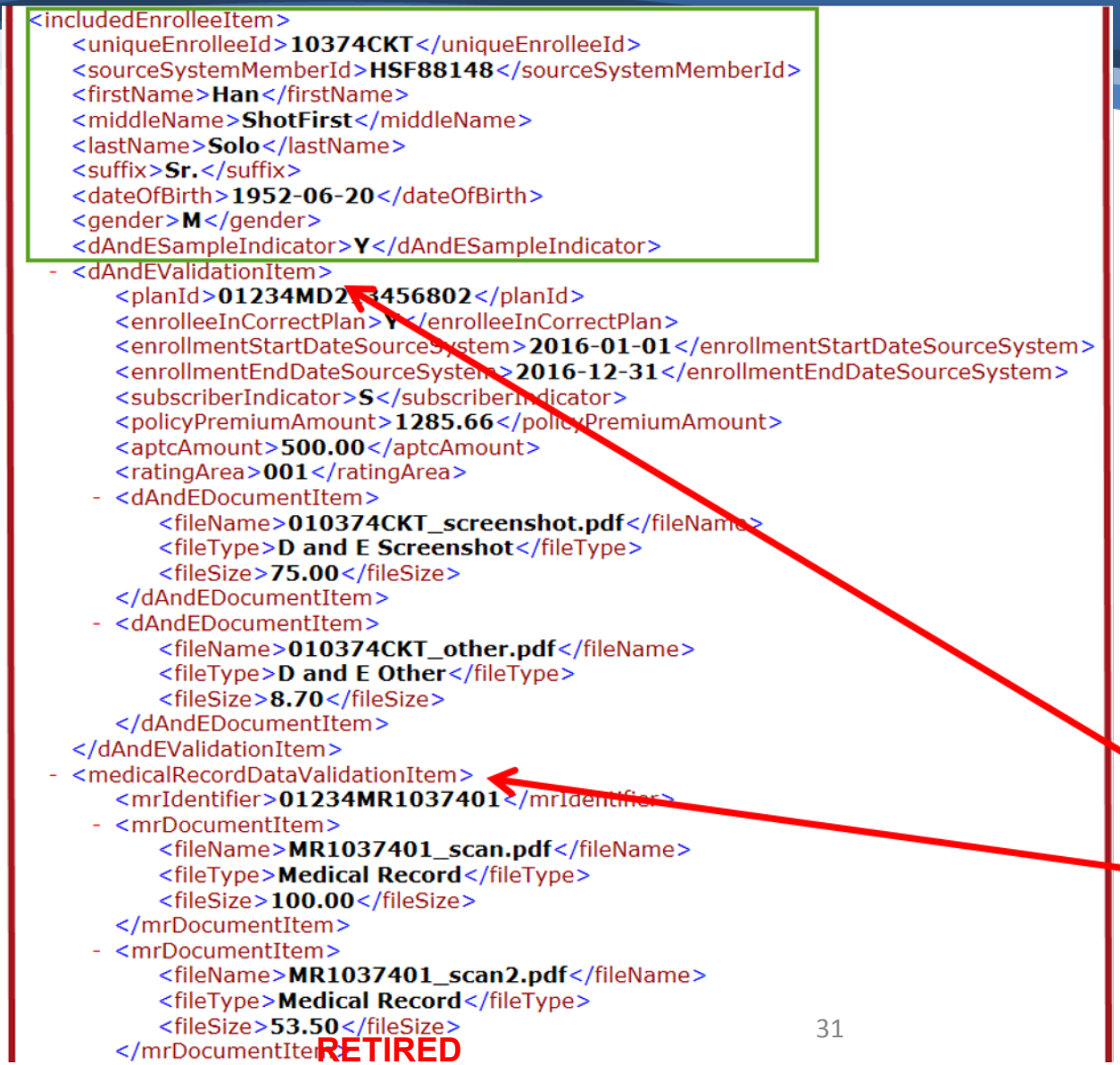


```
<includedEnrolleeItem>
    <uniqueEnrolleeId>10374CKT</uniqueEnrolleeId>
    <sourceSystemMemberId>HSF88148</sourceSystemMemberId>
    <firstName>Han</firstName>
    <middleName>ShotFirst</middleName>
    <lastName>Solo</lastName>
    <suffix>Sr.</suffix>
    <dateOfBirth>1952-06-20</dateOfBirth>
    <gender>M</gender>
    <dAndESampleIndicator>Y</dAndESampleIndicator>
  - <dAndEValidationItem>
        <planId>01234MD213456802</planId>
        <enrolleeInCorrectPlan>Y</enrolleeInCorrectPlan>
        <enrollmentStartDateSourceSystem>2016-01-01</enrollmentStartDateSourceSystem>
        <enrollmentEndDateSourceSystem>2016-12-31</enrollmentEndDateSourceSystem>
        <subscriberIndicator>S</subscriberIndicator>
        <policyPremiumAmount>1285.66</policyPremiumAmount>
        <aptcAmount>500.00</aptcAmount>
        <ratingArea>001</ratingArea>
      - <dAndEDocumentItem>
            <fileName>010374CKT_screenshot.pdf</fileName>
            <fileType>D and E Screenshot</fileType>
            <fileSize>75.00</fileSize>
        </dAndEDocumentItem>
      - <dAndEDocumentItem>
            <fileName>010374CKT_other.pdf</fileName>
            <fileType>D and E Other</fileType>
            <fileSize>8.70</fileSize>
        </dAndEDocumentItem>
    </dAndEValidationItem>
  - <medicalRecordDataValidationItem>
        <mrIdentifier>01234MR1037401</mrIdentifier>
      - <mrDocumentItem>
            <fileName>MR1037401_scan.pdf</fileName>
            <fileType>Medical Record</fileType>
            <fileSize>100.00</fileSize>
        </mrDocumentItem>
      - <mrDocumentItem>
            <fileName>MR1037401_scan2.pdf</fileName>
            <fileType>Medical Record</fileType>
            <fileSize>53.5</fileSize>
        </mrDocumentItem>
```

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- The XML must include an Included Enrollee Item for every enrollee in the IVA Sample.
  - The XML will include between one (1) and 200 Included Enrollee Items depending on the IVA sample size for the HIOS ID.

XML File Layout Example (continued)



```
<includedEnrolleeItem>
    <uniqueEnrolleeId>10374CKT</uniqueEnrolleeId>
    <sourceSystemMemberId>HSF88148</sourceSystemMemberId>
    <firstName>Han</firstName>
    <middleName>ShotFirst</middleName>
    <lastName>Solo</lastName>
    <suffix>Sr.</suffix>
    <dateOfBirth>1952-06-20</dateOfBirth>
    <gender>M</gender>
    <dAndESampleIndicator>Y</dAndESampleIndicator>
  - <dAndEValidationItem>
        <planId>01234MD2[illegible]3456802</planId>
        <enrolleeInCorrectPlan>Y</enrolleeInCorrectPlan>
        <enrollmentStartDateSourceSystem>2016-01-01</enrollmentStartDateSourceSystem>
        <enrollmentEndDateSourceSystem>2016-12-31</enrollmentEndDateSourceSystem>
        <subscriberIndicator>S</subscriberIndicator>
        <policyPremiumAmount>1285.66</policyPremiumAmount>
        <aptcAmount>500.00</aptcAmount>
        <ratingArea>001</ratingArea>
      - <dAndEDocumentItem>
            <fileName>010374CKT_screenshot.pdf</fileName>
            <fileType>D and E Screenshot</fileType>
            <fileSize>75.00</fileSize>
        </dAndEDocumentItem>
      - <dAndEDocumentItem>
            <fileName>010374CKT_other.pdf</fileName>
            <fileType>D and E Other</fileType>
            <fileSize>8.70</fileSize>
        </dAndEDocumentItem>
    </dAndEValidationItem>
  - <medicalRecordDataValidationItem>
        <mrIdentifier>01234MR1037401</mrIdentifier>
      - <mrDocumentItem>
            <fileName>MR1037401_scan.pdf</fileName>
            <fileType>Medical Record</fileType>
            <fileSize>100.00</fileSize>
        </mrDocumentItem>
      - <mrDocumentItem>
            <fileName>MR1037401_scan2.pdf</fileName>
            <fileType>Medical Record</fileType>
            <fileSize>53.50</fileSize>
        </mrDocumentItem>
```

The Included Enrollee Items is composed of:

- Nine (9) Simple Elements:
  - Unique Enrollee ID
  - Source System Member ID
  - First Name
  - Middle Name
  - Last Name
  - Suffix
  - Date of Birth
  - Gender
  - D&E Sample Indicator
- Two (2) Complex Elements:
  - D&E Validation Item
  - Medical Record Data Validation Item

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XML File Layout Example (continued)

```
<includedEnrolleeItem>
    <uniqueEnrolleeId>10374CKT</uniqueEnrolleeId>
    <sourceSystemMemberId>HSF88148</sourceSystemMemberId>
    <firstName>Han</firstName>
    <middleName>ShotFirst</middleName>
    <lastName>Solo</lastName>
    <suffix>Sr.</suffix>
    <dateOfBirth>1952-06-20</dateOfBirth>
    <gender>M</gender>
    <dAndESampleIndicator>Y</dAndESampleIndicator>
  - <dAndEValidationItem>
        <planId>01234MD213456802</planId>
        <enrolleeInCorrectPlan>Y</enrolleeInCorrectPlan>
        <enrollmentStartDateSourceSystem>2016-01-01</enrollmentStartDateSourceSystem>
        <enrollmentEndDateSourceSystem>2016-12-31</enrollmentEndDateSourceSystem>
        <subscriberIndicator>S</subscriberIndicator>
        <policyPremiumAmount>1285.66</policyPremiumAmount>
        <aptcAmount>500.00</aptcAmount>
        <ratingArea>001</ratingArea>
      - <dAndEDocumentItem>
            <fileName>010374CKT_screenshot.pdf</fileName>
            <fileType>D and E Screenshot</fileType>
            <fileSize>75.00</fileSize>
        </dAndEDocumentItem>
      - <dAndEDocumentItem>
            <fileName>010374CKT_other.pdf</fileName>
            <fileType>D and E Other</fileType>
            <fileSize>8.70</fileSize>
        </dAndEDocumentItem>
    </dAndEValidationItem>
  - <medicalRecordDataValidationItem>
        <mrIdentifier>01234MR1037401</mrIdentifier>
      - <mrDocumentItem>
            <fileName>MR1037401_scan.pdf</fileName>
            <fileType>Medical Record</fileType>
            <fileSize>100.00</fileSize>
        </mrDocumentItem>
      - <mrDocumentItem>
            <fileName>MR1037401_scan2.pdf</fileName>
            <fileType>Medical Record</fileType>
            <fileSize>53.50</fileSize>
        </mrDocumentItem>
```

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- The D&E Validation Item is required for all Enrollees included in the D&E Sample and is not included for any not in the D&E Subsample.
- The D&E Validation Item is composed of:
  - Eight (8) Simple Elements:
    - Plan ID
    - Enrollee In Correct Plan Indicator
    - Enrollment Start Date
    - Enrollment End Date
    - Subscriber Indicator
    - Policy Premium Amount
    - APTC Amount
    - Rating Area
  - One (1) Complex Element
    - D&E Document Item
- A D&E Validation Item may include multiple D&E Document Items, which is a Complex element composed of three (3) Simple Elements:
  - File Name
  - File Type
  - File Size

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XML File Layout Example (continued)

```
- <medicalRecordDataValidationItem>
    <mrIdentifier>01234MR1037401</mrIdentifier>
  - <mrDocumentItem>
        <fileName>MR1037401_scan.pdf</fileName>
        <fileType>Medical Record</fileType>
        <fileSize>100.00</fileSize>
    </mrDocumentItem>
  - <mrDocumentItem>
        <fileName>MR1037401_scan2.pdf</fileName>
        <fileType>Medical Record</fileType>
        <fileSize>53.50</fileSize>
    </mrDocumentItem>
    <mrFromDate>2016-04-02</mrFromDate>
    <mrThroughDate>2016-04-02</mrThroughDate>
    <primaryCoderDiagnosisCode>B392</primaryCoderDiagnosisCode>
    <primaryCoderDiagnosisCode>C021</primaryCoderDiagnosisCode>
    <primaryCoderDiagnosisCode>C8232</primaryCoderDiagnosisCode>
    <primaryCoderDiagnosisCode>D479</primaryCoderDiagnosisCode>
    <seniorCoderDiagnosisCode>B392</seniorCoderDiagnosisCode>
    <seniorCoderDiagnosisCode>C021</seniorCoderDiagnosisCode>
    <seniorCoderDiagnosisCode>C8232</seniorCoderDiagnosisCode>
    <seniorCoderDiagnosisCode>D479</seniorCoderDiagnosisCode>
    <radvmceOrNecIndicator>MCE</radvmceOrNecIndicator>
    <radvmceLinkedClaimId>01234CL10021</radvmceLinkedClaimId>
</medicalRecordDataValidationItem>
- <medicalRecordDataValidationItem>
    <mrIdentifier>01234MR1037402</mrIdentifier>
  - <mrDocumentItem>
        <fileName>MR1037402_scan.pdf</fileName>
        <fileType>Medical Record</fileType>
        <fileSize>100.00</fileSize>
    </mrDocumentItem>
  - <mrDocumentItem>
        <fileName>MR1037402_scan2.pdf</fileName>
        <fileType>Medical Record</fileType>
        <fileSize>53.50</fileSize>
    </mrDocumentItem>
    <mrFromDate>2016-10-02</mrFromDate>
    <mrThroughDate>2016-10-25</mrThroughDate>
    <primaryCoderDiagnosisCode>B392</primaryCoderDiagnosisCode>
    <primaryCoderDiagnosisCode>C021</primaryCoderDiagnosisCode>
    <seniorCoderDiagnosisCode>B392</seniorCoderDiagnosisCode>
```

- A Medical Record Data Validation Item should only be included for Enrollees that have Medical Records for submission.
- If an Enrollee has no medical records, the Medical Record Data Validation Item should be excluded.
- The Medical Record Data Validation Item is composed of:
  - Seven (7) Simple Elements:
    - Medical Record Identifier
    - Medical Record From Date
    - Medical Record Through Date
    - Primary Coder Dx Codes
      Senior Coder Dx Codes
    - RADVMCE or NEC Indicator
    - RADVMCE Linked Claim ID
  - Two (2) Complex Elements:
    - Medical Record Document Item
    - Non-EDGE Claim Information Item

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XML File Layout Example (continued)

```
- <medicalRecordDataValidationItem>
    <mrIdentifier>01234MR1037401</mrIdentifier>
  - <mrDocumentItem>
      <fileName>MR1037401_scan.pdf</fileName>
      <fileType>Medical Record</fileType>
      <fileSize>100.00</fileSize>
    </mrDocumentItem>
  - <mrDocumentItem>
      <fileName>MR1037401_scan2.pdf</fileName>
      <fileType>Medical Record</fileType>
      <fileSize>53.50</fileSize>
    </mrDocumentItem>
    <mrFromDate>2016-04-02</mrFromDate>
    <mrThroughDate>2016-04-02</mrThroughDate>
    <primaryCoderDiagnosisCode>B392</primaryCoderDiagnosisCode>
    <primaryCoderDiagnosisCode>C021</primaryCoderDiagnosisCode>
    <primaryCoderDiagnosisCode>C8232</primaryCoderDiagnosisCode>
    <primaryCoderDiagnosisCode>D479</primaryCoderDiagnosisCode>
    <seniorCoderDiagnosisCode>B392</seniorCoderDiagnosisCode>
    <seniorCoderDiagnosisCode>C021</seniorCoderDiagnosisCode>
    <seniorCoderDiagnosisCode>C8232</seniorCoderDiagnosisCode>
    <seniorCoderDiagnosisCode>D479</seniorCoderDiagnosisCode>
    <radvmceOrNecIndicator>MCE</radvmceOrNecIndicator>
    <radvmceLinkedClaimId>01234CL10021</radvmceLinkedClaimId>
</medicalRecordDataValidationItem>
- <medicalRecordDataValidationItem>
    <mrIdentifier>01234MR1037402</mrIdentifier>
  - <mrDocumentItem>
      <fileName>MR1037402_scan.pdf</fileName>
      <fileType>Medical Record</fileType>
      <fileSize>100.00</fileSize>
    </mrDocumentItem>
  - <mrDocumentItem>
      <fileName>MR1037402_scan2.pdf</fileName>
      <fileType>Medical Record</fileType>
      <fileSize>53.50</fileSize>
    </mrDocumentItem>
    <mrFromDate>2016-10-02</mrFromDate>
    <mrThroughDate>2016-10-25</mrThroughDate>
    <primaryCoderDiagnosisCode>B392</primaryCoderDiagnosisCode>
    <primaryCoderDiagnosisCode>C021</primaryCoderDiagnosisCode>
```

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- A Medical Record Data Validation Item may include multiple Medical Record Document Items.
- A Medical Record Document Item is composed of Three (3) Simple Elements:
  - File Name
  - File Type
  - File Size
- A Medical Record must be linked to either a claim identified in the RADVMCE Report or a non-EDGE Claim.
- A non-EDGE Claim Information Item is only required if the Medical Record is linked to a non-EDGE Claim.

XML File Layout Example (continued)

```
- <necInformationItem>
    <necIdentifier>01234NEC8675309</necIdentifier>
    <statementCoversFrom>2016-10-16</statementCoversFrom>
    <statementCoversThru>2016-10-20</statementCoversThru>
    <institutionalOrProfessionalIndicator>I</institutionalOrProfessionalIndicator>
    <billType>711</billType>
    <serviceCode>80061</serviceCode>
    <affirmativelyAdjudicatedClaimIndicator>Y</affirmativelyAdjudicatedClaimIndicator>
  - <necDocumentItem>
      <fileName>NEC8675309_scan2.pdf</fileName>
      <fileType>Non-Edge Claim Workpaper</fileType>
      <fileSize>86.24</fileSize>
    </necDocumentItem>
  - <necDocumentItem>
      <fileName>NEC124689_scan.pdf</fileName>
      <fileType>Non-Edge Claim Screenshot</fileType>
      <fileSize>76.14</fileSize>
    </necDocumentItem>
  </necInformationItem>
</medicalRecordDataValidationItem>
</includedEnrolleeItem>
- <includedEnrolleeItem>
    <uniqueEnrolleeId>47290TNT</uniqueEnrolleeId>
    <sourceSystemMemberId>HXS49827</sourceSystemMemberId>
    <firstName>Hikaru</firstName>
    <middleName/>
    <lastName>Sulu</lastName>
    <suffix/>
    <dateOfBirth>1975-05-05</dateOfBirth>
    <gender>M</gender>
    <dAndESampleIndicator>N</dAndESampleIndicator>
</includedEnrolleeItem>
</ivaEntityAuditResultsSubmission>
```

A non-EDGE Claim Information Item is composed of:

- Seven (7) Simple Elements
  - Non-EDGE Claim Identifier
  - Statement Covers From Date
  - Statement Covers Through Date
  - Institutional or Professional Indicator
  - RA Eligible Bill Type
  - RA Eligible Service Code
  - Affirmatively Adjudicated Claim Indicator
- One Complex Element
  - Non-EDGE Claim Document

XML File Layout Example (continued)

```
- <necInformationItem>
    <necIdentifier>01234NEC8675309</necIdentifier>
    <statementCoversFrom>2016-10-16</statementCoversFrom>
    <statementCoversThru>2016-10-20</statementCoversThru>
    <institutionalOrProfessionalIndicator>I</institutionalOrProfessionalIndicator>
    <billType>711</billType>
    <serviceCode>80061</serviceCode>
    <affirmativelyAdjudicatedClaimIndicator>Y</affirmativelyAdjudicatedClaimIndicator>
  - <necDocumentItem>
      <fileName>NEC8675309_scan2.pdf</fileName>
      <fileType>Non-Edge Claim Workpaper</fileType>
      <fileSize>86.24</fileSize>
    </necDocumentItem>
  - <necDocumentItem>
      <fileName>NEC124689_scan.pdf</fileName>
      <fileType>Non-Edge Claim Screenshot</fileType>
      <fileSize>76.14</fileSize>
    </necDocumentItem>
  </necInformationItem>
</medicalRecordDataValidationItem>
</includedEnrolleeItem>
- <includedEnrolleeItem>
    <uniqueEnrolleeId>47290TNT</uniqueEnrolleeId>
    <sourceSystemMemberId>HXS49827</sourceSystemMemberId>
    <firstName>Hikaru</firstName>
    <middleName/>
    <lastName>Sulu</lastName>
    <suffix/>
    <dateOfBirth>1975-05-05</dateOfBirth>
    <gender>M</gender>
    <dAndESampleIndicator>N</dAndESampleIndicator>
</includedEnrolleeItem>
</ivaEntityAuditResultsSubmission>
```

- In a continuation of the review of the NEC Item, after the seven (7) Simple Elements are:
  - One (1) Complex Element:
    - Non-EDGE Claim Document
- A non-EDGE Claim Document is composed of Three (3) Simple Elements:
  - File Name
  - File Type
  - File Size

Files Described in the ICD

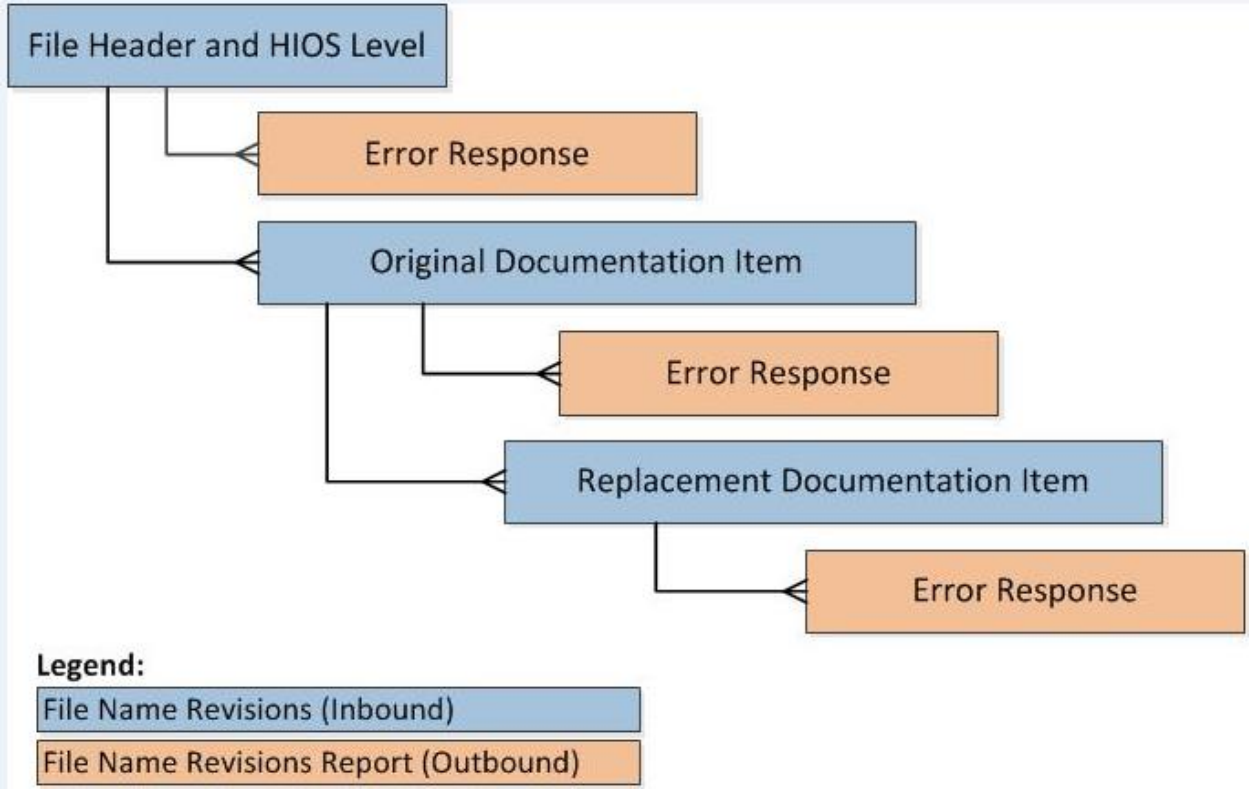
- These files are optional and may not need to be submitted:

File Name	Format	Type	Description
File Name Revisions (optional)	XML	Inbound	Optional file submission to indicate any revisions to files that need to be split because they exceeded the maximum file size.
File Name Revisions Report (optional)	XML	Outbound	Validation results of the inbound file name revisions. This includes formatting and file mapping errors.

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File Name Revisions XML Structure



- The File Name Revisions XML structure is used for the inbound and outbound report, allowing response messages to be nested within the submitted data.
- The blue boxes are items that are in the File Name Revision XML submitted to the Audit Tool.
- The orange boxes are outbound response items reports that are issued based on intake of submitted files.
- The response records will provide warnings and errors that may require resubmission of the File Name Revisions XML.

Key Points about the Submission Process

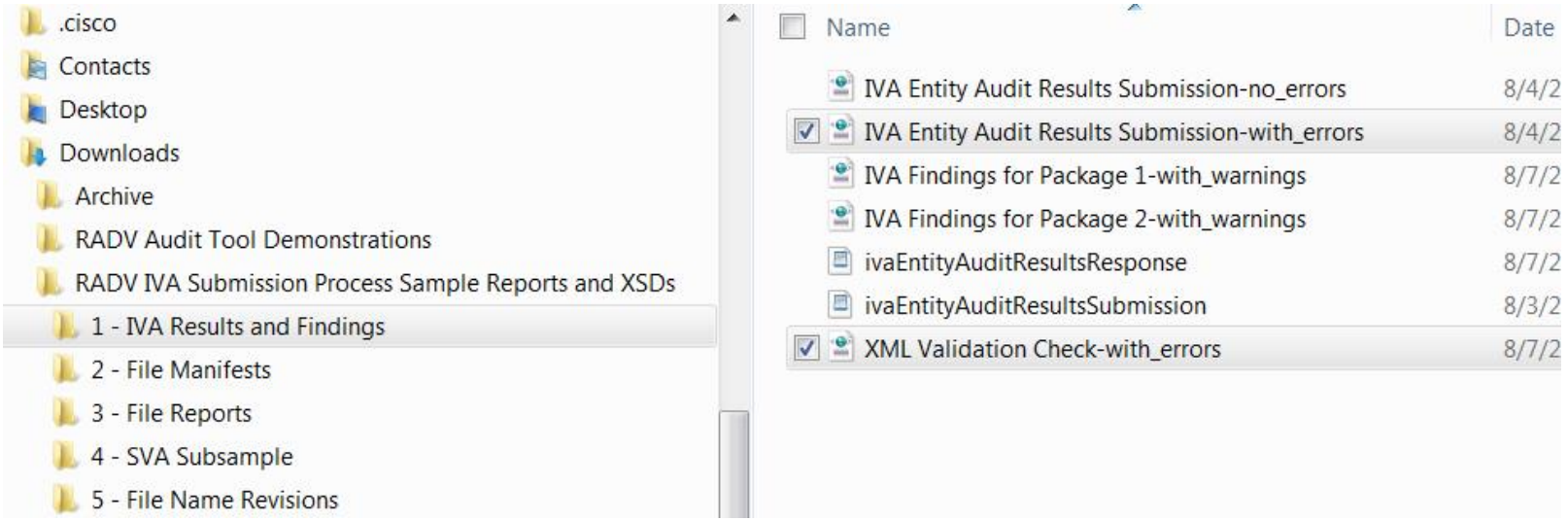
- The maximum (unzipped) file size is 250 MB.
- There are no mandated file names, but the file names must be unique.
  - File names should not include personally identifiable information (PII) or protected health information (PHI).
- All inbound and outbound files must be zipped, encrypted, and password protected.
- Users must obtain the appropriate password from the HHS-RADV Audit Tool to use for encrypting inbound files.
- Users must obtain the appropriate password from the HHS-RADV Audit Tool to decrypt the outbound files.

Example Files

- In addition to the ICD and XSDs, it is possible to review example files for the following items:
  - IVA Entity Audit Results Submission;
  - XML Validation Check Report;
  - IVA Findings Report (Package 1 & Package 2);
  - File Manifest (Package 1 & Package 2);
  - Files Report (Package 1 & Package 2);
  - SVA Subsample Report;
  - File Name Revisions; and
  - File Name Revisions Report.
- These files are to further support the development of the inbound files and set expectations of the outbound files.

Example Files (continued)

- The zip file includes the XSDs and example files.



Questions

To contact us, 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)

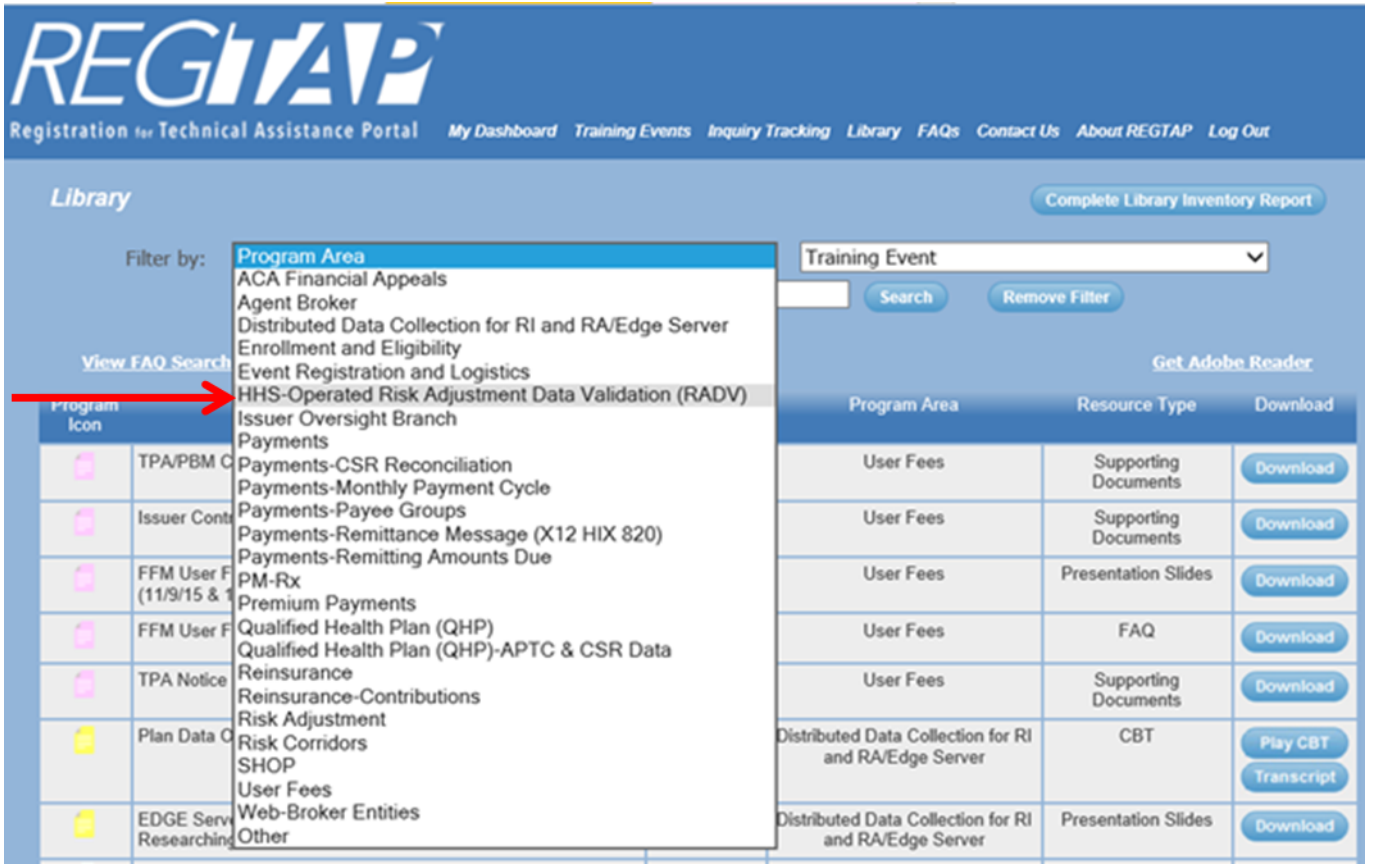
Upcoming Webinars

Date	Time	Topic
August 23, 2017	11:30 a.m. – 12:30 p.m. ET	Q&A Session
August 30, 2017	11:30 a.m. – 12:30 p.m. ET	Required XML Data Elements

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 (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