REINSURANCE PAYMENTS SERIES II EDGE REINSURANCE OUTBOUND REPORTS: RISR & RIDE

June 23, 2016

Payment Policy & Financial Management Group,
Division of Reinsurance Operations Training Series

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Agenda

- Session Guidelines
- Intended Audience
- Purpose
- Overview of Outbound Reports
- Overview of the RIDE and RISR
- RIDE Report Specifications
- Using the RIDE and RISR Reports
- Next Steps
- Upcoming Webinars
- Questions
- Resources
- Closing Remarks

Session Guidelines

- This is a 90-minute webinar session.
- This webinar will feature a live Q&A session following the content presentation.
- Frequently Asked Questions (FAQs) will be posted in the coming weeks.
- For questions regarding content, please submit inquiries to the Registration for Technical Assistance Portal (REGTAP) at https://www.REGTAP.info/.
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520.

Intended Audience

- Issuers of Reinsurance-eligible plans (Marketplace and Non-Marketplace).
- Third Party Administrators (TPAs), Administrative Services-Only (ASO) contractors and other Support Vendors.
- Amazon and On-Premise External Data Gathering Environment (EDGE) server issuers (Exchange and Non-Exchange).

Purpose

This Reinsurance Payments session will:

- Provide issuers and TPAs guidance on the Reinsurance (RI) outbound reports.
- Focus on the key technical details required for issuers to understand RI outbound reports.

Overview of Outbound Reports

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EDGE Server Outbound Reports: Background

- EDGE servers produce several types of outbound reports:
  - **File Processing Reports**: File Accept-Reject Report, Detail Error Reports - *covered in the EDGE Server File Processing - Outbound Reports (11/5/15) webinar**
  - **Orphan Reports** - *covered in the EDGE Server Understanding ECD/ECS (Orphan) Reports and Frequency Reports (12/8/15) webinar*
    - Enrollee (Without) Claims Detail (ECD) Report (orphan detail report)
    - Enrollee (Without) Claims Summary (ECS) Report (orphan summary report)
  - **RI and RA Reports**
    - Reinsurance Detailed Enrollee Report (RIDE), Reinsurance Summary Report (RISR)
    - RA Transfer Elements Extract (RATEE), etc.
  - **Frequency Reports** - *covered in the EDGE Server Understanding ECD/ECS (Orphan) Reports and Frequency Reports (12/8/15) webinar*
    - Frequency by Data Element for *Enrollment* Accepted Files (FDEEAF)
    - Frequency by Data Element for *Pharmacy* Accepted Files (FDEPAF)
    - Frequency by Data Element for *Medical* Accepted Files (FDEMAF)
    - Claim and Enrollee Frequency Report (CEFR)

EDGE Server Outbound Reports: Background

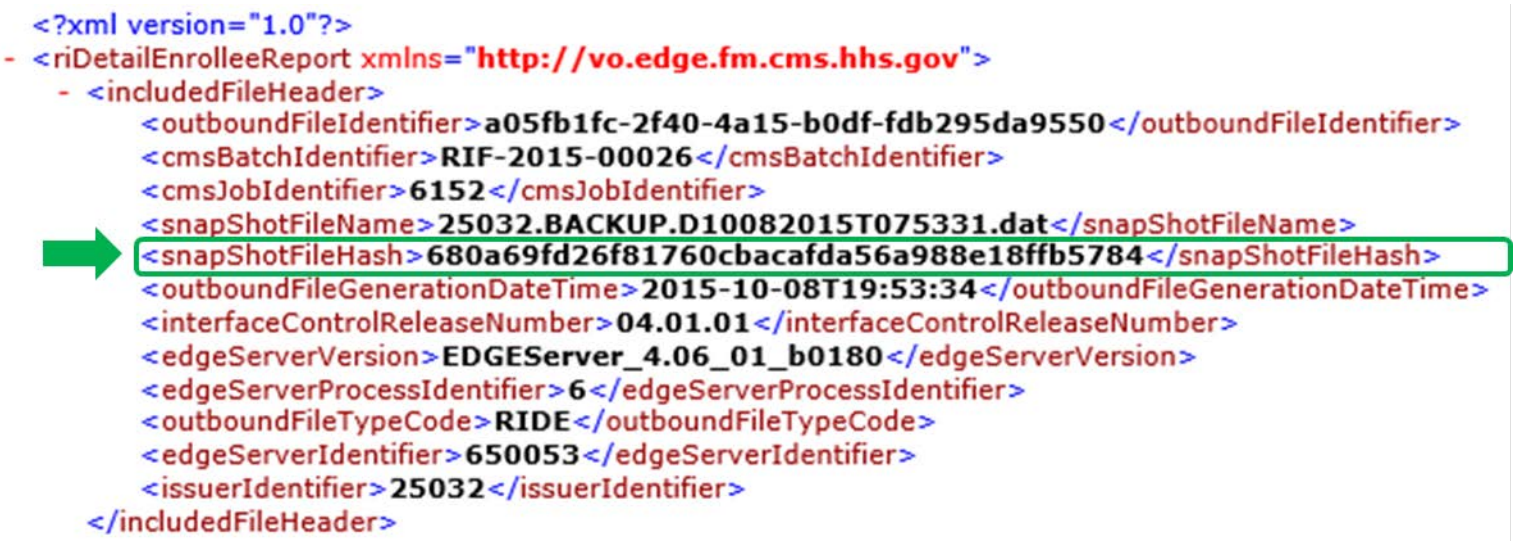
- If a record shows up as rejected in one (1) of the EDGE server detail error reports, it will **NOT** show up in any of the other types of reports.
- RIDE/RISR Reports can be run locally in the production zone as often as needed, and issuers can also run their own queries/scripts on the EDGE server.

EDGE Server Outbound Reports: IMPORTANT UPDATES

- Two (2) EDGE server updates were made on January 22, 2016.
  - Issuers are able to run RI, RA, ECS, and ECD Reports in the test zone.
  - The RIDE and RISR Reports include information related to RI-eligible cross-year claims (claims that begin in 2014 and end in 2015).
- For more information on the January 22, 2016 EDGE software updates, please see EDGE Server Updates 2015 Data Submission (6/17/2016).

Common Outbound File Header

- All EDGE outbound files have a common outbound file header that contains information about the file, such as file IDs, outbound generation date and time and type of report produced.
- Below is an example of an outbound report header generated by remote command.
  - Note <snapShotFileHash> - a unique identifier automatically assigned to the original, unaltered version of the file. If a file has to be reprocessed and a different hash value is returned, then this indicates the data was manipulated.



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EDGE Server Outbound Reports: RI Cross-Year Claims Update

- The RIDE Report includes a “Y/N” cross-year claims indicator at the claim level, in addition to claim ID and paid amount.
  - The RISR, however, remains the same.
- Cross-year claims do not factor into the Cost Sharing Reduction (CSR) Maximum Out-of-Pocket (MOOP) adjustment calculation.
- Please refer to the June 16, 2016 webinar for specific information on the RI calculation and cross-year claims.

File Naming Convention

- All outbound files generated will follow the standard naming convention outlined below:
  - File Format Mask:

    <Submitting Entity ID>.<File Type>.D<YYYYMMDD>T<hhmmss>.<Execution Zone>.xml

    - <File Type> is an alphanumeric code to indicate the type of file produced:
      - **RIDE =** RI Detail Enrollee; **RISR =** RI Summary
    - <Execution Zone> indicates which zone the file was created in:
      - P = Production
      - T = Test
      - L = Issuer locally executed command in production zone
  - Example filename for RISR triggered by the Centers for Medicare & Medicaid Services (CMS):

    12345.RISR.D20150402T091533.P.xml

Overview of the RIDE & RISR Report

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RIDE and RISR Overview

- What are the RIDE and RISR Reports?
  - These reports contain information on reinsurance calculations, including estimated RI payments based on active enrollment and claims data on the EDGE server at the time of the report run.
    - The RIDE Reports data at the issuer, enrollee, plan and claim level (in that order).
    - The RISR Reports data only at the issuer and plan levels.

RIDE and RISR Overview (continued)

- What should the RIDE/RISR be used for?
  - The RISR contains the issuer-level calculated RI payment estimates that will be used by CMS for determining issuer RI payments.
  - Use the RIDE for details on how reinsurance was calculated for individual enrollees, such as who was included for the RI calculation or which of an enrollee's claims were deemed RI-eligible.
  - Review these reports early and frequently to determine whether the estimated RI payment is what you expect.
- Who receives these reports?
  - Issuer receives both the RIDE and RISR.
  - CMS receives the RISR only.

RIDE and RISR Overview (continued)

- How are the reports generated?
  - Reports can be initiated by CMS or an issuer.
  - Once CMS deploys the commands to issuers, the reports will run only when the issuer runs an ‘edge’ command.
  - Issuers can manually initiate these reports locally in the production zone at any time by executing the following commands:
    - Starting January 22, 2016, commands are available to run in the test zone, so execution zone must be specified:

      edge report <Report Code> <Year> <Execution Zone>

      Example: edge report RI_Prelim 2015 P

Reinsurance Calculation Summary

- The EDGE server calculates RI payments for all enrollees in individual market plans only, both on and off the Marketplace.
- The EDGE server sums each enrollee's paid amount for all of their RI-eligible claims.
- An adjustment to account for incurred costs reimbursed through federal CSR payments is then deducted from the enrollee's aggregated paid amount - called the "CSR MOOP Adjustment".
- An enrollee's aggregated paid claims costs, net of the CSR adjustment, between $45,000 and $250,000 are eligible for RI payments. This amount is referred to as the <***estimatedRIpayment***> in the RIDE/RISR.

Reinsurance Calculation Summary
(continued)

- A coinsurance rate is applied to the RI-eligible payment amount based on the amount of money that is collected through RI contributions.
- The EDGE server RI Reports assume a coinsurance rate of 50% for the 2015 coverage year. The RI-eligible payment after coinsurance is applied is called <***coinsurancePercentPayments***> in the RIDE and ***<coinsuranceAdjustedRIPayments>*** in the RISR.
- Please refer to the EDGE Server: Reinsurance Quick Reference Guide (3/21/16) for more details on and examples of the reinsurance calculation.
- The next set of slides explain how to find the key components of the RI calculation on the RIDE and RISR Reports.

RIDE Report Specifications

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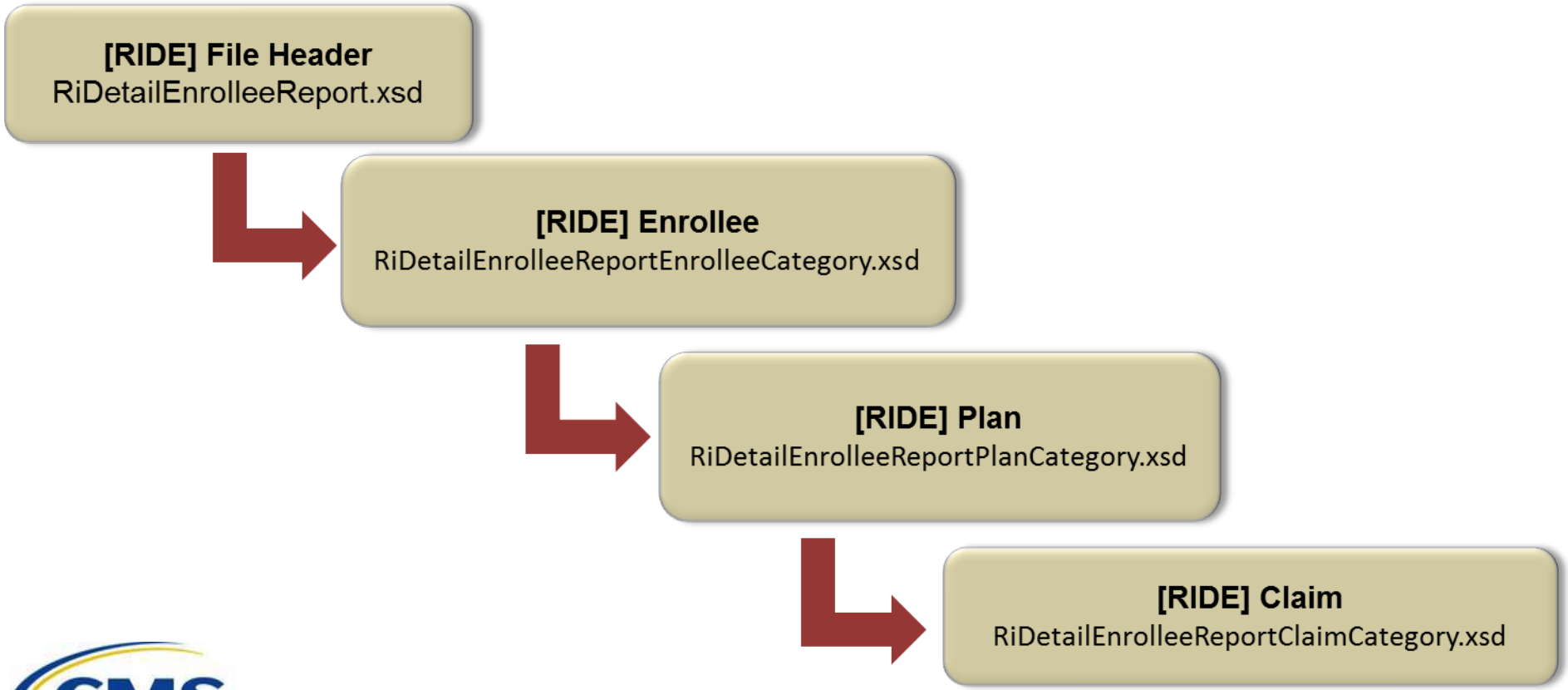
RIDE Report Structure

- The RIDE Report has four (4) different components:



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RIDE– Outbound File Example

- This 2015 RIDE Report was generated for HIOS ID 93182 on December 7, 2015. The first member listed, ARS001, was enrolled in one plan for the entire year and produced one claim with a total paid amount of $100 (<*totalpaidclaims*>). The enrollee received no CSR MOOP adjustment and an RI payment (<*estimatedRIPayment*>) of $0.

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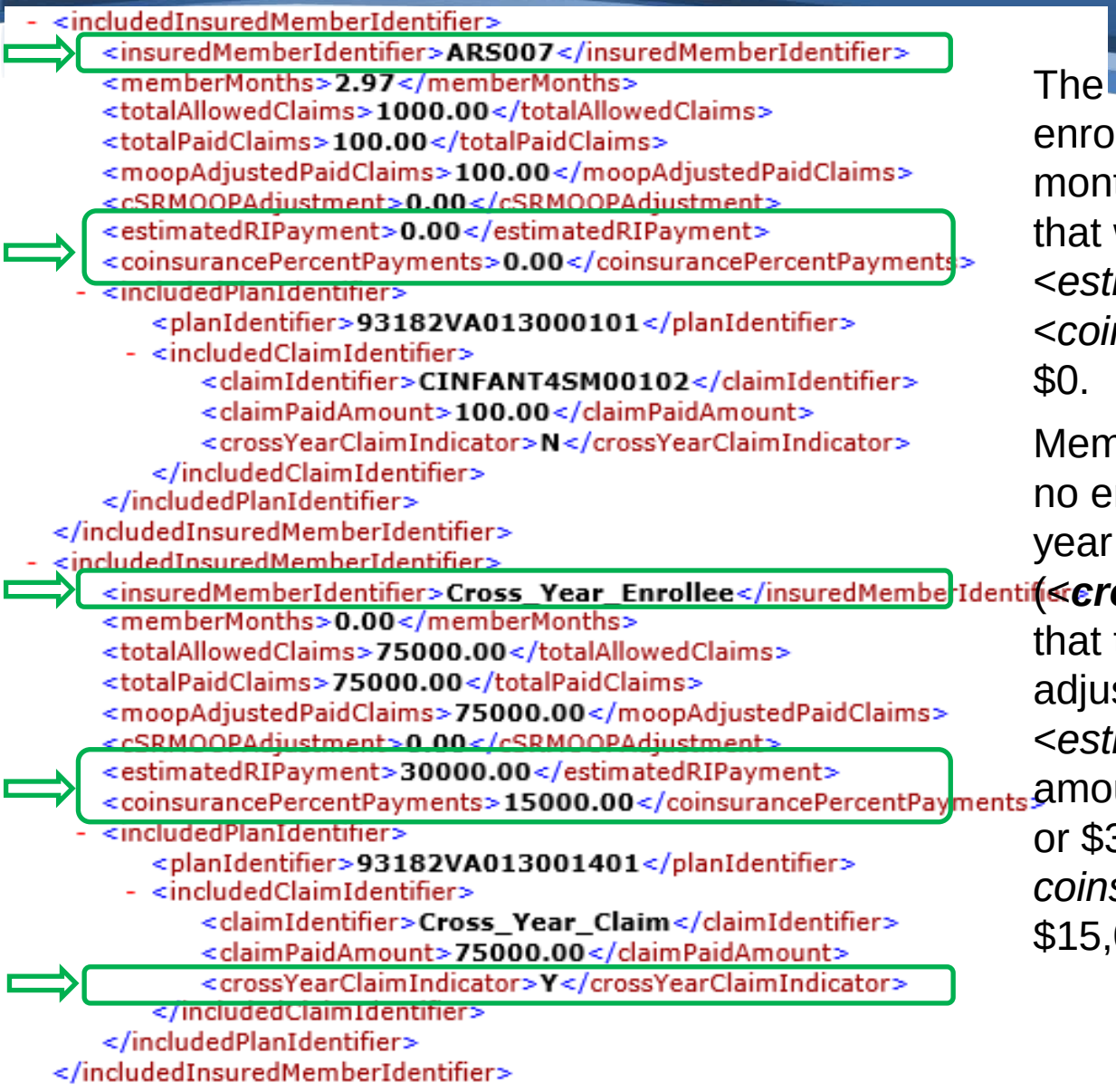
RIDE– Outbound File Example (continued)

```
<?xml version="1.0"?>
- <riDetailEnrolleeReport xmlns="http://vo.edge.fm.cms.hhs.gov">
  - <includedFileHeader>
      <outboundFileIdentifier>823f5882-5d1a-4b7b-9b10-f8797f36e15f</outboundFileIdentifier>
      <cmsBatchIdentifier>RIP-2015-00031</cmsBatchIdentifier>
      <cmsJobIdentifier>9224</cmsJobIdentifier>
      <snapShotFileName>93182.BACKUP.D12072015T052426.dat</snapShotFileName>
      <snapShotFileHash>bc028758d6d72a5e68f71777404a5c2a8e68e416</snapShotFileHash>
      <outboundFileGenerationDateTime>2015-12-07T17:24:30</outboundFileGenerationDateTime>
      <interfaceControlReleaseNumber>04.02.00</interfaceControlReleaseNumber>
      <edgeServerVersion>EDGEServer_4.07_01_b0182</edgeServerVersion>
      <edgeServerProcessIdentifier>6</edgeServerProcessIdentifier>
      <outboundFileTypeCode>RIDE</outboundFileTypeCode>
      <edgeServerIdentifier>1850155</edgeServerIdentifier>
      <issuerIdentifier>93182</issuerIdentifier>
    </includedFileHeader>
    <calendarYear>2015</calendarYear>
    <executionType>P</executionType>
  - <includedInsuredMemberIdentifier>
      <insuredMemberIdentifier>ARS001</insuredMemberIdentifier>
      <memberMonths>12.13</memberMonths>
      <totalAllowedClaims>1000.00</totalAllowedClaims>
      <totalPaidClaims>100.00</totalPaidClaims>
      <moopAdjustedPaidClaims>100.00</moopAdjustedPaidClaims>
      <cSRMOOPAdjustment>0.00</cSRMOOPAdjustment>
      <estimatedRIPayment>0.00</estimatedRIPayment>
      <coinsurancePercentPayments>0.00</coinsurancePercentPayments>
    - <includedPlanIdentifier>
        <planIdentifier>93182VA013000101</planIdentifier>
      - <includedClaimIdentifier>
          <claimIdentifier>CADULT4SM00101</claimIdentifier>
          <claimPaidAmount>100.00</claimPaidAmount>
          <crossYearClaimIndicator>N</crossYearClaimIndicator>
        </includedClaimIdentifier>
      </includedPlanIdentifier>
  </includedInsuredMemberIdentifier>
```

Since the January 22 EDGE update has been completed, the <***crossYearClaimIndicator***> will appear at the claim level. In this example, the member's one claim was NOT a cross-year claim.

RIDE– Outbound File Example (continued)



The next enrollee, ARS007, was enrolled in one plan for three months, also with one $100 claim that was not cross-year. As expected, <*estimatedRIpayment*> and <*coinsurancePercentPayments*> is $0.

Member “Cross_Year_Enrollee” had no enrollment in 2015 and one cross-year claim (<***crossYearClaimIndicator***>=Y) that totaled $75,000. No CSR MOOP adjustment was applied. <*estimatedRIPayment*> is the amount between $45K and $250K, or $30,000. With 50% coinsurance, <*coinsurancePercentPayments*> is $15,000.

RISR Report Specifications

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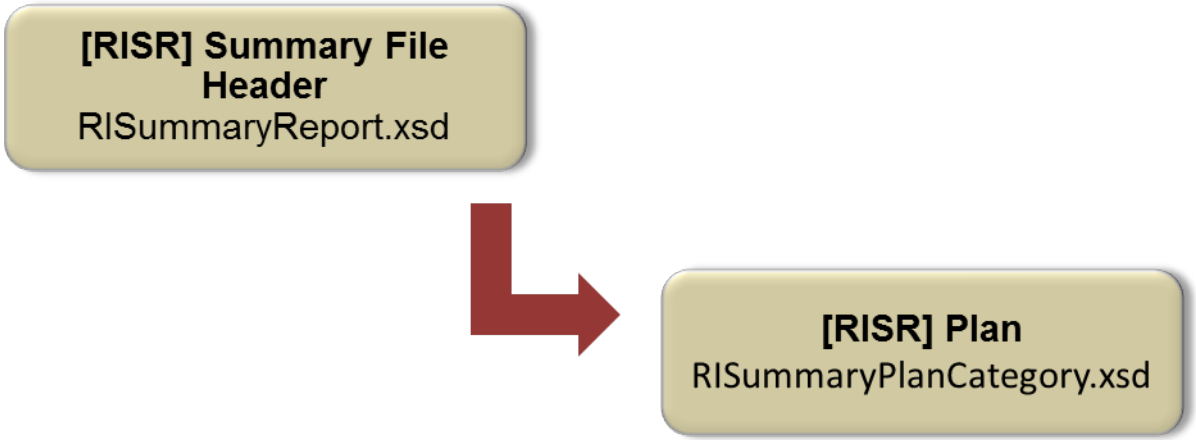
RISR Structure

- The RISR Report only has two (2) different components.
- Since CMS only receives the RISR Report and not the RIDE, RI payments to issuers are based on the RISR Report.



RISR – Outbound File Example (File Header)

```
<?xml version="1.0"?>
- <riSummaryReport xmlns="http://vo.edge.fm.cms.hhs.gov">
  - <includedFileHeader>
      <outboundFileIdentifier>c49e6056-20a2-4bb0-a28e-230064c7d2ec</outboundFileIdentifier>
      <cmsBatchIdentifier>RIP-2015-00031</cmsBatchIdentifier>
      <cmsJobIdentifier>9224</cmsJobIdentifier>
      <snapShotFileName>93182.BACKUP.D12072015T052426.dat</snapShotFileName>
      <snapShotFileHash>bc028758d6d72a5e68f71777404a5c2a8e68e416</snapShotFileHash>
      <outboundFileGenerationDateTime>2015-12-07T17:24:30</outboundFileGenerationDateTime>
      <interfaceControlReleaseNumber>04.02.00</interfaceControlReleaseNumber>
      <edgeServerVersion>EDGEServer_4.07_01_b0182</edgeServerVersion>
      <edgeServerProcessIdentifier>6</edgeServerProcessIdentifier>
      <outboundFileTypeCode>RISR</outboundFileTypeCode>
      <edgeServerIdentifier>1850155</edgeServerIdentifier>
      <issuerIdentifier>93182</issuerIdentifier>
  </includedFileHeader>
  <calendarYear>2015</calendarYear>
  <executionType>P</executionType>
  <issuerLegalName>AccFFETest3</issuerLegalName>
  <enrolleeState>VA</enrolleeState>
  <memberMonths>203.31</memberMonths>
  <numberOfUniqueEnrolleeIDs>21</numberOfUniqueEnrolleeIDs>
  <totalIncurredClaims>3</totalIncurredClaims>
  <paidAmountForAllEnrollees>616000.00</paidAmountForAllEnrollees>
  <paidAmountforRiEnrollees>575000.00</paidAmountforRiEnrollees>
  <moopAdjustedPaidClaims>575000.00</moopAdjustedPaidClaims>
  <rIEligibleClaimsAmountForAll>119000.00</rIEligibleClaimsAmountForAll>
  <rIEligibleClaimsAmountRI>78000.00</rIEligibleClaimsAmountRI>
  <cSRMOOPAdjustment>0.00</cSRMOOPAdjustment>
  <estimatedRIPayment>390000.00</estimatedRIPayment>
  <coinsuranceAdjustedRiPayment>195000.00</coinsuranceAdjustedRiPayment>
  <memberMonthsWithPayment>24.20</memberMonthsWithPayment>
  <rIEligibleCSRMOOPAdjustment>0.00</rIEligibleCSRMOOPAdjustment>
  <totalEnrolleesAboveCap>1</totalEnrolleesAboveCap>
  <numberOfClaimsWithPayment>4</numberOfClaimsWithPayment>
  <numberOfClaims>16</numberOfClaims>
```

- This RISR was generated for Virginia issuer 93182 on December 7, 2015.
- 21 unique enrollees were eligible for RI, three of whom were calculated to receive RI payments (<*totalincurredclaims*> is three).
- Total paid amount for all 21 enrollees is $616,000. For the three who received RI payments, total paid amount(<*paidAmountforRiEnrollees*>) is $575,000. No CSR MOOP adjustment was made to this amount.
- <*estimatedRIpayment*> is $390,000, so the <*coinsuranceAdjustedRiPayment*> is $195,000.
- Of the total of 16 claims considered for RI (<*numberofclaims*>), four of them had an RI payment calculated (<*numberOfClaimsWithPayment*>).

RISR – Outbound File Example (Plan Level)

```
- <riSummaryPlanCategory>
    <planIdentifier>93182VA0130001</planIdentifier>
    <uniqueRIEnrollees>7</uniqueRIEnrollees>
    <enrolleesWithPayment>0</enrolleesWithPayment>
    <memberMonthsWithPayment>0</memberMonthsWithPayment>
    <paidAmountForRiEnrollees>0</paidAmountForRiEnrollees>
    <moopAdjustedPaidClaims>0</moopAdjustedPaidClaims>
    <cSRMoopAdjustment>0</cSRMoopAdjustment>
    <estimatedRIPayment>0.00</estimatedRIPayment>
    <coinsuranceAdjustedRiPayment>0.00</coinsuranceAdjustedRiPayment>
  </riSummaryPlanCategory>
- <riSummaryPlanCategory>
    <planIdentifier>93182VA0130014</planIdentifier>
    <uniqueRIEnrollees>10</uniqueRIEnrollees>
    <enrolleesWithPayment>1</enrolleesWithPayment>
    <memberMonthsWithPayment>0.00</memberMonthsWithPayment>
    <paidAmountForRiEnrollees>75000.00</paidAmountForRiEnrollees>
    <moopAdjustedPaidClaims>75000.00</moopAdjustedPaidClaims>
    <cSRMoopAdjustment>0.00</cSRMoopAdjustment>
    <estimatedRIPayment>30000.00</estimatedRIPayment>
    <coinsuranceAdjustedRiPayment>15000.00</coinsuranceAdjustedRiPayment>
  </riSummaryPlanCategory>
- <riSummaryPlanCategory>
    <planIdentifier>93182VA0130002</planIdentifier>
    <uniqueRIEnrollees>4</uniqueRIEnrollees>
    <enrolleesWithPayment>2</enrolleesWithPayment>
    <memberMonthsWithPayment>24.20</memberMonthsWithPayment>
    <paidAmountForRiEnrollees>500000.00</paidAmountForRiEnrollees>
    <moopAdjustedPaidClaims>500000.00</moopAdjustedPaidClaims>
    <cSRMoopAdjustment>0.00</cSRMoopAdjustment>
    <estimatedRIPayment>360000.00</estimatedRIPayment>
    <coinsuranceAdjustedRiPayment>180000.00</coinsuranceAdjustedRiPayment>
  </riSummaryPlanCategory>
</riSummaryReport>
```

- The issuer has three individual market plans eligible for RI. The first plan has RI-eligible enrollees but none with RI payment.
- The second plan has 10 RI-eligible enrollees, one of whom was calculated to receive an RI payment.
  - This enrollee has zero *<memberMonthsWithPayment>*, indicating that they have zero 2015 enrollment and therefore must have 2014 enrollment.
- The third plan has four enrollees, two of whom received an RI payment.
- None of the enrollees in any of the plans received a CSR MOOP adjustment.
- The sum of *<estimatedRIpayment>* and *<coinsuranceAdjustedRiPayment>* across the three plans match that in the summary.

Using the RIDE and RISR Reports

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Tips for Using the RIDE/RISR

- Check the RA/RI ICD Addendum located in the Registration for Technical Assistance Portal (REGTAP) Library under the Distributed Data Collection (DDC) program area for the exact definition of each data element, since many have similar names
  - <*totalincurredclaims*> is defined as "Total number of enrollees receiving RI Payments across all Individual Market plans."
- Review these reports as early as possible and as frequently as possible
  - Doing this will give issuers more time to troubleshoot any missing claims or enrollees – or to contact CMS for help.

Tips for Using the RIDE/RISR (continued)

- Data elements that measure member months or allowed amounts are for reference only. The RI calculation methodology does not use either of these data elements.
  - The RI calculation ***does*** use the number of days enrolled, which is not the same as member months.
- Since the RISR contains data at the plan-level, enrollees may be included in counts for more than one (1) plan.
  - i.e., the sum of <*uniqueRIenrollees*> at the plan-level will not necessarily add up to <*numberofUniqueEnrolleeIDs*> at the header-level.

Tips for Using the RIDE/RISR (continued)

- If an enrollee has overlapping enrollment periods in the same 16-digit plan, then:
  - Paid amounts of claims that fall within the range of overlap will be divided equally amongst the enrollment periods.
  - Individual claim amount may not match issuer's data, but the *total* claim value summed across the enrollment periods in the RIDE Report is correct.

RIDE RI Enrollee Detail Enrollee

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
RI-eligible Payments 100% of the <estimatedRI Payment>	The MOOP adjusted paid claims between the attachment point and the cap.	Enrollee	1	estimatedRIPayment	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Coinsurance Adjusted total RI Payment 50% of the <coinsurance PercentPaym ent>	Coinsurance adjusted total RI payment using the CMS published coinsurance rate for the payment year.	Enrollee	1	coinsurancePercentPay ments	Decimal	minInclusive = 0; maxInclusive = 999999999.99

RISR Summary File Header

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
RI-eligible Payments 100% of the <estimatedRI Payment>	The MOOP adjusted paid claims between the attachment point and the cap.	File Header	1	estimatedRIPayment	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Coinsurance Adjusted RI Payment the <coinsurance Adjusted RI Payment>	Total RI payment multiplied with the coinsurance rate	File Header	1	coinsuranceAdjusted RiPayment	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Next Steps

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Next Steps: Training Sessions

- CMS will continue to support Stakeholders by hosting the upcoming EDGE Calculation Module (ECM) Reinsurance Payments and Schedule webinar.
- Issuers should contact their FM Service Rep at edge_server_data@cms.hhs.gov if they need technical assistance.

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Next Steps: Training Sessions
(continued)

Upcoming Webinars & User Groups:

Date	Time	Topic
June 30, 2016	3:30 p.m. – 5:00 p.m. ET	EDGE Calculation Module (ECM) Reinsurance Payments and Schedule

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Questions?

To submit questions by phone:

- ❑ Dial ‘14’ on your phone’s keypad
- ❑ Dial ‘13’ to exit the phone queue

Resources

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Resources

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

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Resources (continued)

Resource	Resource Link
Patient Protection and Affordable Care Act (ACA)	http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html
Standards Related to Reinsurance, Risk Corridors, and Risk Adjustment under the ACA	http://www.gpo.gov/fdsys/pkg/FR-2011-07-15/pdf/2011-17609.pdf
HHS Notice of Benefit and Payment Parameters for 2014 and Amendments to the 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 and Amendments to the HHS Notice of Benefit and Payment Parameters for 2015	http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf

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Resources (continued)

Resource	Resource Link
Standards Related to Reinsurance, Risk Corridors and Risk Adjustment under the ACA	http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf
Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards; Amendments to the HHS Notice of Benefit and Payment Parameters for 2014	http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf
Health Insurance Market Rules, Rate Review Final Rule	http://www.gpo.gov/fdsys/pkg/FR-2013-02-27/pdf/2013-04335.pdf

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Locating Reinsurance Documents in REGTAP

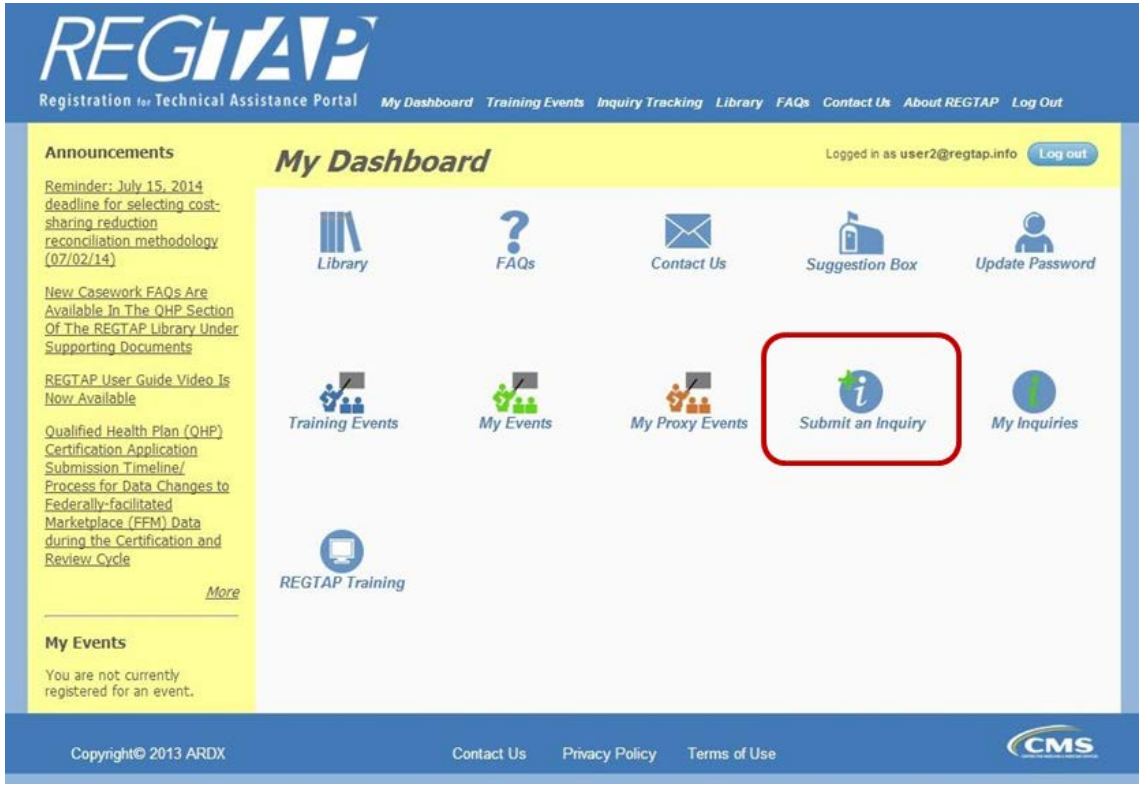
Stakeholders can access additional documents at https://www.REGTAP.info in the REGTAP Library.

Under Program Area, select 'Reinsurance'

Inquiry Tracking and Management System (ITMS)

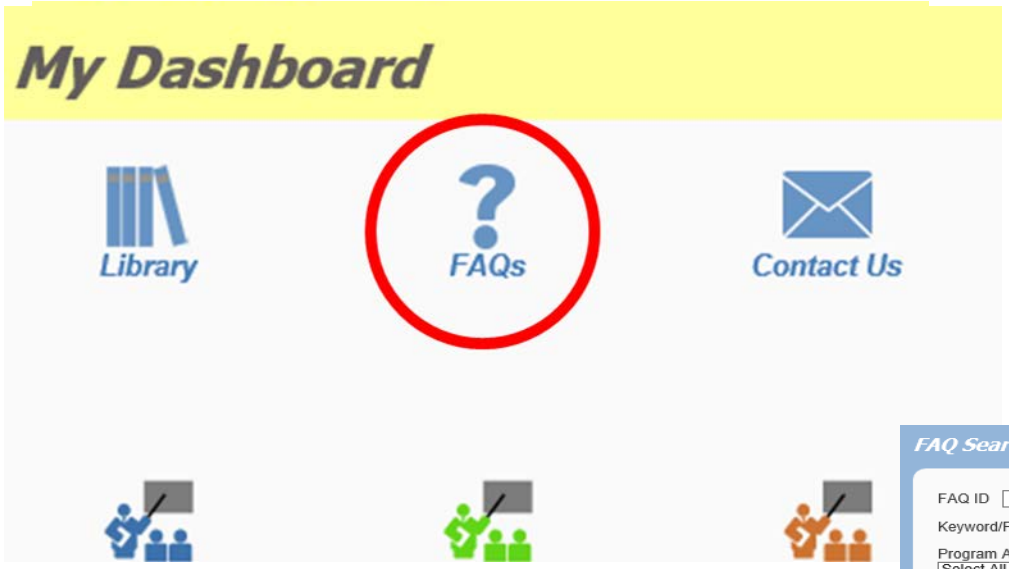
ITMS is available at https://www.REGTAP.info/

Users can submit questions after training sessions by selecting "Submit an Inquiry" from My Dashboard.

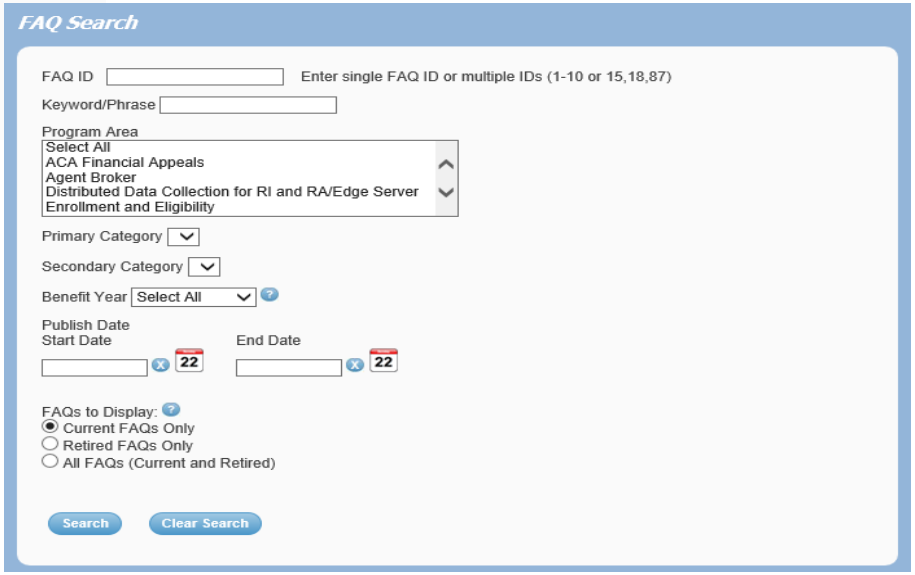


Note: Enter only one (1) question per submission.

FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary Categories, Benefit Year, Retired and Current FAQs and Publish Date.



FAQ Database is available at https://www.REGTAP.info/

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Closing Remarks

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