



Latest News for Health Insurance Exchange

HHS - Operated Commercial RADV REGTAP Updates

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Page 1 of 2

Yesterday REGTAP conducted a session for IVA entities to share feedback related to the overall HHS-Operated RADV audit as they prepare Benefit Year 2016 Protocols. Below are highlights of the items impacting the Initial Validation Audit (IVA). Updates are expected to be confirmed in the HHS-RADV 2016 Benefit Year Protocols, tentatively scheduled for release on May 1st.

Small Plans

CMS confirmed the sample size for small plans' sample will mimic the pilot year. Issuers with under 4,000 members will be prorated using the finite population calculation (Figure 1). The minimum sample size is 50 members; plans with less than 50 members will have a full population audit.

The Finite Population Correction "FPC" formula is:

$$FPC_Sample_Size = FPC * n = \left(\frac{N-n}{N}\right) * n$$

- N is the issuer's population size (total enrollees)
- n is the default sample size (200)

Figure 1: Finite Population Correction

Demographic & Enrollment Validation

Subsample

The subsample will be 50 of the 200 members, comprised of subscribers and dependents. Small plans with a prorated sample will also have a subsample of 50 members whereas those with under 50 members, will have the entire population included in this portion of the audit. CMS will select and provide this subsample in a separate report/file—not with the RADV reports/files. (See "Crosswalks" on Page 2 for additional information.)

Error Estimation

Errors from the Demographic and Enrollment Validation will not be used in the RADV error estimation. CMS will use the findings to determine if Issuers need to improve their EDGE data submission process.

Data Elements

The auditable data elements for the Demographic and Enrollment Validation will remain the same as the pilot year (Figure 2), with the exception of modifications to premium and rating area.

Data Elements	Subscriber	Dependent
Unique Enrollee ID	✓	✓
Member ID	✓	✓
Enrollee First Name	✓	✓
Enrollee Last Name	✓	✓
Enrollee Date of Birth	✓	✓
Enrollee Gender	✓	✓
16-Digit Plan ID	✓	✓
Coverage Start Date	✓	✓
Coverage End Date	✓	✓
Premium Amount	✓	
Rating Area	✓	✓

Figure 2: Auditable Data Elements

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Demographic & Enrollment Validation, cont.

Data Elements | Premium

For Individual market subscribers, premium will now be validated by *billed* amounts for all covered members, including APTC, where applicable. CMS will provide additional audit guidance for Small Group market subscribers at a later date.

Additionally, only one month of premium will need to be validated.

- ◆ Audited members with multiple enrollment periods will still only have one random month audited
- ◆ CMS will randomly select the month to be audited and provide it in a separate report/file—not with the RADV reports/files
- ◆ When the audited member is a dependent, premium will not be required

Data Elements | Rating Area

The audit will be driven off zip codes.

- ◆ Individual market zip codes will be based on the audited members home address
- ◆ Small Group market will be based on where the employer resides

CMS will provide guidance regarding audit requirements for multiple enrollment periods at a later date.



Crosswalks—Masked ID, Rating Area & Plan ID

The **Unique Enrollee ID/Masked ID Crosswalk** will be required for all 200 members (or all members in the prorated sample). This crosswalk will be used for the Health Status Data Validation to ensure the medical records are for the appropriate member. As a result, date of birth and gender will be required on the crosswalk.

The **Rating Area Crosswalk** will require zip codes and is necessary for the 50 subsample members.

The **Plan ID Crosswalk** will also be needed for the 50 subsample members and is required even when Issuers have the 16 digit Plan ID directly in their source system.

Health Status Data Validation

Modifiers are no longer necessary, including in the validation of screenshots for non-EDGE claims. New *exclusions* for medical record are listed below:

- ◆ Discharge instructions
- ◆ Photos
- ◆ Flow sheets
- ◆ Physician orders
- ◆ Nurses notes
- ◆ Lab results
- ◆ MAR

CMS is also considering allowing attestations to be provided separately and not as part of the medical record PDF when submitting IVA Package #2.

Additional details and Statement of Work (SOW) Amendments will be provided (for Cognisight clients), as needed, after CMS releases the updated Protocols in May.

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- Analytics
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- Chart Reviews
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- Risk Verification

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We're pleased to bring you this important insight. Should you have any questions about this information, please contact your Cognisight Account Manager or:

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