

# DISTRIBUTED DATA COLLECTION (DDC) FOR REINSURANCE (RI) AND RISK ADJUSTMENT (RA): OVERLAPPING INPATIENT CLAIM ISSUE AND REPORTING REQUIREMENTS (2015 Benefit Year)

**May 3, 2016**

**Health Insurance Marketplace Program  
Training Series**

# Agenda

- [Session Guidelines](#)
- [Intended Audience](#)
- [Purpose](#)
- [Overview and Background of Overlapping Inpatient Claims Issue](#)
- [CMS Requirements and Recommendations](#)
- [Attestation and Discrepancy Reporting](#)
- [Post-Discrepancy Research and Reporting](#)
- [Resources](#)
- [Closing Remarks](#)

# Session Guidelines

- This is a 90-minute webinar session.
- For questions regarding content and the DDC program, please contact your Financial Management (FM) Service Representative at [EDGE\\_Server\\_Data@cms.hhs.gov](mailto:EDGE_Server_Data@cms.hhs.gov).
- For questions regarding logistics and registration, please contact the Registrar at (800) 257-9520.

# Intended Audience

- Amazon and On-Premise External Data Gathering Environment (EDGE) server issuers (Marketplace and non-Marketplace) of plans in states where the U.S. Department of Health & Human Services (HHS) operates the Affordable Care Act (ACA) RA and RI Programs
- Third Party Administrators (TPAs) and Support Vendors

# Purpose

This DDC session will provide:

- Information pertaining to the requirements for identifying and reporting any overlapping inpatient claims on the EDGE server for the 2015 submission year.

# Overview and Background of Overlapping Inpatient Claims Issue

# Overview of Overlapping Inpatient Claim Issue

- CMS announced on April 19, 2016 and April 26, 2016, that a deficiency in the EDGE software may have allowed overlapping inpatient claims to be accepted and stored on the issuers' EDGE servers as active, making them erroneously eligible for the risk adjustment and reinsurance calculations.
- To identify this issue, CMS requires ALL issuers to run the 'Overlapping Claims Summary Count' query on EDGE server data and to report a discrepancy by May 31, 2016, if the resulting output identifies one (1) or more overlapping claims.
  - Issuers will have additional time to research the overlapping claims and report their research findings by individual and small group market to CMS.

# Background

- An overlapping inpatient claim occurs when the statement coverage date of one (1) claim overlaps, by more than one (1) day, the statement coverage date on another claim, indicating that one (1) of the claims may be incorrect.
- The EDGE server has logical checks (outlined in Section 7.16 of the Business Rules) that should prevent overlapping inpatient claims from being accepted.
- CMS has identified, under limited circumstances, overlapping inpatient claims are being accepted, incorrectly, by the EDGE server.
  - As a result, CMS is providing “Overlapping Claims Summary”, “Overlapping Claims Detail” and “Inpatient Overlapping Claim Original Claim Association” queries to identify such claims.



# **CMS Requirements and Recommendations for Issuers**



[WWW.REGTAP.INFO](http://WWW.REGTAP.INFO)

# Identifying Overlapping Claims

- CMS requires ALL issuers to run the “Overlapping Claims Summary Count” query to identify if EDGE server data submissions have overlapping claims.
  - This query identifies the total number of enrollees, the total number of claims and total paid amount of the overlapping claims that have been accepted and stored by individual and small group market on the issuer’s EDGE server.
  - This query must be completed and the results reported by individual and small group market before the end of the *2015 Benefit Year Attestation and Discrepancy Reporting* period at 11:59 p.m. ET on May 31, 2016.

# Researching Overlapping Claims Identified

- CMS recommends issuers research the claims that are overlapping to determine the actual effect on the reinsurance and risk adjustment calculations.
  - CMS does not know the details of issuers' data and therefore cannot determine if the identified overlapping claims should be excluded in their entirety.
  - Issuers should verify the amount of reinsurance overpayment and any effect the additional claims have on risk adjustment and report these by August 30, 2016 in the method determined by CMS.
  - CMS is providing additional queries to assist issuers in this research.

# Additional Queries for Researching Overlapping Claims

- CMS is providing an “Overlapping Claims Detail” query to assist issuers in the identification of the Claim ID that has been identified as overlapping another inpatient claim.
  - This query identifies each Claim ID with a Claim Processed Date and Time that is later than an original inpatient claim with the same statement coverage periods.
- CMS is also providing issuers with an “Inpatient Overlapping Claim Original Claim Submission” query.
  - This query identifies all overlapping inpatient claims that exist as active on the server.
    - Note: If a claim overlaps more than one (1) claim, that claim will be listed multiple times. Example: Claim A overlaps Claims B and C, Claim A will be listed twice.

# Attestation and Discrepancy Reporting



# Reporting Overlapping Claims Query Results (Applicable to all Issuers)

- CMS will require all issuers to attest that the “Overlapping Claims Summary Count” query was executed.
- Issuers must report a discrepancy for this issue if the “Overlapping Claims Summary Count” query result identifies one (1) or more overlapping claims.
- The *2015 Benefit Year Attestation and Discrepancy Reporting* period begins at 12:01 a.m. ET on May 3, 2016 and ends at 11:59 p.m. ET May 31, 2016.

# Reporting Overlapping Claims Query Results (Applicable to all Issuers) (Continued)

The following are the steps to be taken through the attestation and discrepancy reporting process:

- Step 1: On the “Attest or Report Discrepancy and Attest” page:
  - If zero (0) overlapping claims are identified and you do not have any other discrepancies to report across all HIOS IDs, select ‘*I want to attest for all HIOS IDs as I have no discrepancies to report*’. Go to Step 5.
  - If one (1) or more overlapping claims identified across some or all HIOS IDs, select ‘*I want to report at least one discrepancy and submit an attestation*’. Go to Step 2.

# Reporting Overlapping Claims Query Results (Applicable to all issuers) (Continued)

## *Steps Continued:*

- Step 2: Complete the “EDGE Server Data” and “Communication from CMS” pages.
  - These pages capture information about quantity and quality and are necessary to proceed to Step 3.
- Step 3: On the “Discrepancy-Specific Information” page:
  - Enter “CMS Identified Overlapping Claims” in the create a nickname for this discrepancy field.
  - Select the HIOS IDs where the query resulted in the identification of one (1) or more overlapping claims.
  - In the final RA/RI Report table, select ‘No’ for the applicable final reinsurance and/or risk adjustment reports affected and provide the Batch ID.



# Reporting Overlapping Claims Query Results (Applicable to all issuers) (Continued)

## *Steps Continued:*

- Step 4: On the “Discrepancy Description” page:
  - In the name field enter: CMS Identified Overlapping Claims.
  - In the description field enter: Provide the total number of enrollees, total number of overlapping claims and total paid amount of the overlapping claims separately for the individual and small group market from the “Overlapping Claims Summary Count” query.
    - Issuers may also submit a screenshot of the query results as an attachment as outlined in Section 3.2.5.
  - Continue reporting additional discrepancies, if applicable.

# Reporting Overlapping Claims Query Results (Applicable to all issuers) (Continued)

## *Steps Continued:*

- Step 5: On the “Attestation” page:
  - If zero (0) overlapping claims are identified and you do not have any other discrepancies to report across all HIOS IDs, select ‘*For **all** HIOS IDs, the “Overlapping Claims Summary Count” query resulted in zero (0) claim(s) identified for overlapping inpatient claims*’.
  - If one (1) or more overlapping claims identified across some or all HIOS IDs, select ‘*For **some or all** HIOS IDs, the “Overlapping Claims Summary Count” query resulted in one (1) or more claim(s) identified for overlapping inpatient claims and a discrepancy has been filed*’.

# Post-Discrepancy Research and Reporting

# Implications for RA and RI Affected HIOS IDs

- CMS does not expect risk adjustment calculations to be materially affected, but will review all reported discrepancies.
  - Issuers should use the “Inpatient Overlapping Claim Original Claim Association” query to determine if any unique diagnoses were included in the risk score calculations as the result of duplicate active inpatient claims.
- CMS does expect these claims to result in overpayment of reinsurance and will therefore reduce the total reinsurance eligible payment from the Reinsurance Summary Report (RISR) produced by the May 3, 2016 command by the total paid amount reported through the “Overlapping Claims Summary Count” query for the affected issuer.

# Reinsurance Payments for Affected HIOS IDs

- CMS will make adjustments to the reduced reinsurance amount once issuers have performed the necessary research to verify the overpayment and report it to CMS.
- Issuers should perform the following research:
  1. Execute the “Overlapping Claims Details” query to return the Claim ID and claim details of the overlapping claim identified.
  2. Execute the “Inpatient Overlapping Claim Original Claim Association” query to identify all active overlapping inpatient claims.
  3. Determine if the enrollees with the overlapping claims are RI eligible.
  4. Determine the total overpaid amount related to the overlapping claims for the eligible RI eligible enrollees.
  5. Report the confirmed overpaid amount to CMS.

# Researching Affected Claims and Reporting Your Findings

- CMS requests you report your research results no later than August 30, 2016.
- CMS will re-adjust final RI payments for issuers who research and verify the overpayments prior to a date determined by CMS.
- CMS Further information on the process for submitting your research results is forthcoming.
  - CMS will process adjustments as part of the December payments for issuers who report between a date determined by CMS and August 30, 2016.
  - Issuers who report after August 30, 2016 will receive adjustments based on when the information is reported.
  - CMS will provide the specific information issuers will need to submit when reporting their results during an upcoming EDGE User Group.

# Timeline

<b>Action</b>	<b>Completion Date</b>
<b>Issuer runs the “Overlapping Claims Summary Count”.</b>	May 19, 2016
<b>Issuer reports “Overlapping Claims Summary Count” results to CMS via the attestation and discrepancy process.</b>	May 31, 2016 (11:59 p.m.ET)
<b>Issuer determines valid overlapping claims.</b>	August 30, 2016
<b>Issuer notifies CMS of research results.</b>	August 30, 2016

# Questions?

To submit questions by phone:

- Dial '14' on your phone's keypad
- Dial '13' to exit the phone queue



# Resources



[WWW.REGTAP.INFO](http://WWW.REGTAP.INFO)

# Resources

Resource	Link/Contact Information
Center for Consumer Information and Insurance Oversight (CCIIO)	<a href="http://cms.gov/ccio/">http://cms.gov/ccio/</a>
Registration for Technical Assistance Portal (REGTAP) <ul style="list-style-type: none"><li>• Registration</li><li>• Inquiry Tracking and Management System (ITMS)</li><li>• Resource Library</li><li>• Frequently Asked Questions (FAQs)</li></ul>	<a href="https://www.REGTAP.info/">https://www.REGTAP.info/</a>

# Inquiry Tracking and Management System (ITMS)

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

Users can submit questions after the User Group by selecting “Submit an Inquiry” from My Dashboard.

The screenshot displays the REGTAP (Registration Technical Assistance Portal) My Dashboard. The user is logged in as saqib.talibi@ardx.net. The dashboard features a grid of icons for various services: Library, FAQs, Contact Us, Suggestion Box, Update Password, Training Events, My Events, My Proxy Events, My Inquiries, and Submit an Inquiry. The 'My Inquiries' and 'Submit an Inquiry' icons are highlighted with a red box. The left sidebar contains announcements and a 'My Events' section. The footer includes copyright information for 2013 A. Reddix & Associates and the CMS logo.

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

# FAQ Database on REGTAP

## My Dashboard



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

The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary categories, and Publish Date.

### FAQ Search

FAQ ID

Keyword/Phrase

Program Area

Select All  
Agent Broker  
Distributed Data Collection for RI and RA/Edge Server  
Enrollment and Eligibility  
Event Registration and Logistics

Primary Category

Secondary Category

Publish Date

Start Date

End Date

22

22

Search

Clear Search

Primary and Secondary Category search available only when one (1) Program Area is selected.

# Closing Remarks