Supporting Statement for

Evaluation of Risk Adjustment Data Validation (RADV) Appeals and Health Insurance Exchange Outreach Training Sessions

Background

The Center for Program Integrity (CPI) is requesting OMB Clearance for periodic surveys to be conducted in support of an evaluation of Risk Adjustment Data Validation (RADV) Appeals and Health Insurance Exchange Outreach Training Sessions.

The Social Security Act (SSA) §1853(a)(3) requires CMS to adjust payments to Medicare Advantage Organizations (MAOs) based on risk factors derived from enrollee diagnoses, as specified by the International Classification of Disease, 9th and 10th Revision Clinical Modification guidelines (ICD-9-CM and ICD-10-CM). The risk adjustment methodology prospectively adjusts payments for enrollees and ultimately determines the risk-adjusted reimbursement from CMS to MAOs. CMS must report Medicare Advantage (MA) payment error rates and therefore conducts annual RADV audits to ensure risk-adjusted payment integrity and accuracy. The RADV audit is conducted pursuant to regulations under 42 CFR §422.310 – Risk Adjustment data, section 422.310(e) and requires MAOs to submit medical records to CMS for the successful completion of RADV audits.

Further, the Balanced Budget Act (BBA) of 1997 mandated that payments to MAOs be based on the health status of their enrollees. By implementing risk adjustment, CMS created a level playing field and MAOs are paid more accurately based on the health status of their enrollees. Full risk adjusted payment to MAOs was phased in over a period of years; since 2007 payment has been made on a 100 percent risk adjusted basis. Since risk adjusted payment is based on enrollee health status, MAOs are provided with an incentive to enroll and treat less healthy Medicare beneficiaries.

To receive risk adjusted payments, MAOs submit diagnostic data to CMS. CMS only requires a one-time submission of all relevant diagnoses for each enrollee during a data collection period for payment to occur. MAOs are required to submit risk adjustment data on a quarterly basis.

CMS conducts medical record reviews to validate the accuracy of risk adjustment data submitted to CMS by Medicare Advantage (MA) organizations for Medicare Part C payments. The purpose of RADV analysis is to measure the extent to which inaccurate diagnostic codes impact the CMS Hierarchical Condition Category (HCC) assignments and the associated payment for MA beneficiaries.

CMS is strongly committed to providing appropriate education and technical outreach to MAOs and third-party administrators (TPAs). In addition, CMS recognizes that the success of accurately identifying risk-adjustment payments and payment errors is dependent on the data submitted by MAOs. CMS acquired the services of a contractor, ARDX, to support its training and technical outreach efforts for contract-level (CON) RADV audits.

In addition, the Patient Protection and Affordable Care Act (PPACA) requires that there be a health insurance exchange (also called 'Exchanges') to facilitate the purchase of health insurance for individuals and small businesses. The Exchanges may be created and administered by the state-based exchange (SBE) or by the U.S. Department of Health and Human Services (HHS) if the state does not establish its own Exchange FFE. HHS administers FFEs in two ways – it may fully run and administer the Exchange, or it may partner with a state and allow the state to administer certain functions of the Exchange (State Partnership Exchange), while the federal government remains the party with primary responsibility for all Exchange functions.

In collaboration with CMS, ARDX creates an outreach strategy focused on tailored messaging and education to raise awareness among Exchanges stakeholders about contributors to non-compliance and risk behaviors and indicators. ARDX focuses on targeted audiences and concentrates their outreach on these audiences' roles pertaining to non-compliance activities.

As directed by CMS, ARDX will organize and conduct six (6) web-based training sessions on the Risk Adjustment Data Validation (RADV) audit process and (2) two Exchange content web-based trainings annually. ARDX will also conduct periodic CBT, User Group and Onsite trainings. ARDX will utilize surveys as part of a comprehensive evaluation process and will solicit voluntary feedback from MAOs regarding training sessions and technical assistance provided under this contract.

For the MA web-based training sessions, attendees will include representatives from Medicare Advantage (MA) organizations that have been selected for participation in a RADV audit, as well as representatives across all MA plans, for an industry wide training. For the Exchange web-based training sessions, attendees will include SBE, HHS, SPEs, Navigators, Assistors, Department of Insurance (DOIs) and Medicaid Agencies, and Exchange consumers.

CMS is requesting OMB Clearance for approval of the evaluation surveys performed under the RADV Appeals and Outreach and the Center for Program Integrity (CPI) Exchange programs.

The survey results will help to determine participants' level of satisfaction with trainings and content delivered, and the level of satisfaction with training technology delivery, functionality, and audibility.

Part A: Justification

A.1 Circumstances that Make the Data Collection Necessary (Legal Basis)

"*The Payments Elimination and Recovery Improvement Act of 2012*" requires agencies to monitor programs it administers, identify programs that demonstrate substantial risk associated with improper payments, report the estimations of improper payments and implement and execute significant strategies to reduce overpayments. Medicare Part C payments in fiscal year 2019, accounted for an estimated $16.73 billion in improper payments which represents an overall 7.87% of program funding (CMS, 2019). To comply with regulations set forth in IPERIA of 2012, CMS has mandated program transparency on payments made to federally funded insurance programs. Medicare Part C and Exchanges for the Health Insurance Marketplace (HIM) are governed by regulations and administrative laws to assist in providing financial transparency through efforts facilitated by CPI. CMS mandates that contracted entities providing Medicare Part C and Exchanges benefits to beneficiaries comply with conducting training and education and maintaining effective lines of communication. To maintain oversight, CPI supports contracted entities in their efforts to ensure compliance by providing ongoing training and education to Medicare and Exchange contractors through ongoing methods of communication.

Industry training and webinars are methods of communication that CMS utilizes to provide transparent notification in respect to qualitative and quantitative performance program areas. This contributes to opportunities to provide proactive industry instructions to entities to assist with avoiding improper payments and recovery of overpayments. RADV audits are combined of qualitative and quantitative performance measurements that determine improper payments. Data collection in RADV audits and adherence to request for overpayments are pursuant to laws enforced under SSA SEC. §1893. **[**42 U.S.C. 1395ddd**]**. These laws combined with the Government Performance and Results Act (GPRA) Modernization Act of 2010, justify CMS' interactions in support of entities subjected to RADV audits parallel with data collection that determines the effectiveness of training and education initiatives conducted to maintain program integrity.

A.2 How the Information Will be Used, by Whom, and For What Purpose

CMS will use the evaluation data to assess the effectiveness of the RADV and Exchange program training and webinar sessions. The RADV and Exchange programs' webinars and training sessions provide educational outreach to MAOs, Cost-Plans, Programs for All Inclusive Care (PACE), Special Needs Plans (SNP), Third Party Submitters and Employer Group Waiver Plans. The surveys will assist CMS in determining the most effective methods for:

a) Providing ongoing industry educational opportunities.

b) Providing the most cost-effective delivery of training sessions and webinars.
c) Providing health plans with information needed to be more effective and provide the best patient outcomes based on prompt response to MAOs' requests for additional training on regulatory requirements regarding improper payments.
d) Assessing overall industry stakeholder satisfaction with training opportunities provided by CMS.

Effective educational outreach facilitates compliance with regulations and administrative practices governing Medicare Risk Adjustment and the Health Insurance Exchange.

A.3 Uses of Information Technology

The information for remote training events (e.g., webinars) will be collected electronically through online surveys. In addition, onsite training participants will be given the option to complete evaluation forms electronically or in hardcopy format.

A.4 Efforts to Avoid Duplication

The information collected in the evaluation instruments does not duplicate information collected from other sources.

A.5 Efforts to Minimize Burden on Small Businesses

The data collection does not have a significant impact on small businesses (e.g., small health plans). To minimize burden associated with completion of evaluations, the survey items have been kept to the minimum required for the intended use of the data.

A.6 Consequences of Less Frequent Data Collection

The data collection is designed to assist CMS in the most effective manner to maximize content knowledge, maintain oversight, and evaluate the overall effectiveness of the RADV and Exchange training and webinar sessions. Less frequent data collection could impact the oversight required to ensure proper educational opportunities related to RADV and Exchange processes to maintain payment integrity.

A.7 Special Circumstances Requiring Collection of Information in a Manner Inconsistent with Section 1320.5(d)(2)

There are no special circumstances associated with this data collection.

A.8 Public Comments/Consultation Outside of the Agency

A 60-day notice was published in the Federal Register on November 19, 2020 (85 FR 73720). No comments were received during the 60-day comment solicitation period. A 30-day notice published in the Federal Register on May 20, 2021 (86 FR 27435).

No outside consultation was sought in preparation for this data collection.

A.9 Payments to Respondents

Respondents are not compensated for their voluntary participation in RADV nor Exchange surveys.

A.10 Assurances of Confidentiality Provided to Respondents

Personal identifiable information is not requested from participants in the survey instruments. Further, respondents are assured (in the survey introduction) that their responses will remain confidential and will be reported in aggregate form only. They are also requested not to include any personally identifiable information (PII) in their responses.

A.11 Justification for Sensitive Nature Questions

The surveys for this evaluation do not contain sensitive questions.

A.12 Estimates of Respondent Burden

A maximum of six (6) unique Exchange training events and 10 unique RADV training events are anticipated on an annual basis. The data collection activity involves a survey of the population of approximately 800 Exchange training participants and 6100 RADV training participants. The table below shows the hours and cost per response for the survey based on the estimated response rate and the estimated completion time. Hourly cost burden is based on median hourly wages of General and Operations Managers (11-1021), classified by Standard Occupational Classification (SOC) codes. Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, Occupational Employment and Wages, May 2019 (http://www.bls.gov/oes/current/oes_stru.htm). We are adjusting our employee (respondent) hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Therefore, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Estimated Response Rate	Final Number of Respondents	Number of Responses per Respondent	Total Annual Responses	Time per Response (in minutes)	Hours per Response	Hourly Cost Burden (+ 100% fringe benefits and overhead)	Annual Hour Burden	Cost per Response	Annual Cost Burden
70%	4,270	1	4,270	15	0.25	$96.90	1,068	$24.22	$103,489.20

A.13 Estimate of Cost Burden to Respondents

There are no capital/start-up or ongoing operational/maintenance costs associated with this information collection.

A.14 Estimated Cost to the Federal Government

The estimated annual cost to the Federal government, including but not limited to the data collection activities described in this submission is $350,000. All tasks related to the data collections will be performed by a contractor. Included in this estimate are contractor costs associated with background research, requirements gathering, evaluation design, instrument design and pretest, systems development, data collection activities, analysis and reporting.

A.15 Explanation of Program Changes or Adjustments

This submission is a new request for OMB approval.

A.16 Plans for Tabulation and Publication

There are no plans to publish the information for statistical use.

The evaluation team will analyze the survey data to develop descriptive statistics including frequencies and crosstabulations. The survey data will be coded and analyzed to show response patterns and correlations among the responses. Data visualization will include charts, graphs and tables to highlight key outcomes and trends. Narrative summary reports will be utilized to support outcomes based on survey responses.

A.17 Explanation of Not Displaying Expiration Date for OMB Approval

All data collection instruments will prominently display the OMB approval number and expiration date in the upper right-hand corner of the first page.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe, Sample Selection and Expected Response Rates

B.1.1 Respondent Universe

The data collection is a census survey and therefore does not employ statistical methods.

B.1.2. Sample Selection

The data collection is a census survey and therefore does not include sampling methods.

B.1.3. Expected Response Rates

A response rate of approximately 70 percent is expected for this data collection effort. In addition to strategic data collection methods and online technology, the expected response rate is based on the fact that prospective respondents have a vested interest in the training events and related outreach efforts.

B.2. Procedures for the Collection of Information

The questionnaire includes primarily closed-ended questions (e.g., Likert scale, rating scale, rank order, or multiple response items), with a minimal number of "other (specify)" items, and open-ended questions. The survey will take approximately 15 minutes to complete.

ARDX will program and test the web-based survey instrument using online survey software. Following OMB Clearance, the survey will be published (with the OMB clearance number and burden statement) and administered following each training event.

B.3. Methods to Maximize Response Rates

Respondents will receive the evaluation instrument immediately following each event with a follow-up reminder the following day, which should result in an increased response rate. The online survey will remain available for three business days following each event, allowing flexibility while minimizing survey recall effect. Further, the survey invites respondent to contact CMS with any questions about the research study.

B.4. Pre-testing of Procedures and Methods

The evaluation team conducted an internal pre-test of the survey instrument to ensure that all research questions were addressed, questions were not ambiguous, and response choices were mutually exclusive and exhaustive. The pre-test was also used to estimate respondent burden in terms of the amount of time required to complete the survey.

In addition to the design pretest, the online instrument was tested for technical factors such as programming accuracy and browser compatibility. A checklist was developed to verify each step of the programming process, and the instrument was subjected to a first-and second-level review process prior to distribution to pretest respondents. The checklist included item-by-item checks for:

- Accuracy of skip patterns and logic checks for all appropriate scenarios
- Accuracy of programming of radio buttons for single-response items or check boxes for multiple response items
- Adequate field length for open-ended questions
- Connectivity
- Functionality of survey links
- 508 compliance
- Correct export order and variable names

Only minor revisions (e.g., expansion of response choices) were required as a result of the pretest.

B.5. Individuals or Contractors Responsible for Statistical Aspects of the Design

The agency responsible for receiving and approving contract deliverables is:

Center for Program Integrity
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Windsor Mill, MD 21244

Person Responsible: Kathleen Anderson, (410) 786-8946
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The organization responsible for administering the surveys of Risk Adjustment Data Validation (RADV) Appeals and Health Insurance Exchange Outreach training participants is:

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Persons Responsible: Mr. Matt Lemma, (757) 410-7704, Matt.Lemma@ardx.net
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The organization responsible for data analysis is:

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Person Responsible: Ms. Sadie Bennett (757) 321-4123, Sadie.Bennett@ardx.net