

2018 Benefit Year HHS-RADV Activities Timeline

On April 25, 2019, the U.S. Department of Health and Human Services (HHS) sought comments on the Proposed Updates to the 2018 Benefit Year HHS-Risk Adjustment Data Validation (HHS-RADV) Timeline (available at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2018Proposed-Updates-RADV-Timelines.pdf>). Based on the comments received, HHS will not be extending the 2018 Benefit Year HHS-RADV Timeline. Below we set forth the 2018 Benefit Year HHS-RADV Timeline. For any questions related to HHS-RADV, please email the RADV Team at CCIIOACARADDataValidation@cms.hhs.gov:

Date	2018 Benefit Year HHS-RADV Activities and Descriptions
Now	Issuers contractually select Initial Validation Audit (IVA) Entities for 2018 Benefit Year HHS-RADV
Now	Issuers begin designating IVA Entities within the HHS-RADV Audit Tool
May 21, 2019	The Centers for Medicare & Medicaid Services (CMS) notifies and instructs how to complete the 2018 Benefit Year HHS-RADV Issuer Exemption and Default Data Validation Charge (DDVC) Web Form selected issuers with \$15 million or less in total premiums statewide of their exemption from 2018 benefit year HHS-RADV IVA and Second Validation Audit (SVA) requirements and CMS notifies all issuers with 500 or fewer billable member months statewide of their exemption from 2018 benefit year HHS-RADV IVA (and SVA) requirements
May 16, 2019	<ul style="list-style-type: none"> • CMS deploys HHS-RADV preliminary sampling command to EDGE servers. Issuers should execute the command by the designated date • Sampling Reports are provided to CMS for validation. Reports are NOT available to issuers
May 24, 2019	2018 Benefit Year HHS-RADV Protocols released
May 24, 2019	CMS deploys final HHS-RADV command to issuers EDGE servers. The Final RADV Sampling Reports are available to issuers via their EDGE server. These reports are also sent to CMS. (Note: CMS will provide the RADV Sampling Reports to IVA Entities via the Audit Tool on May 30, 2019)
May 28, 2019 – June 11, 2019	The 15-day HHS-RADV sample discrepancy window opens after final HHS-RADV command is released
May 30, 2019	CMS releases the IVA sample to the Audit Tool – Issuers and their designated IVA Entity have access to the sample in the Audit Tool
June 4, 2019	CMS releases the D&E sample to the Audit Tool
June 2019 – January 2020	Issuers' IVA Entities conduct the IVA
Mid – November 2019	Open the Audit Tool for IVA submissions

2018 Benefit Year HHS-RADV Activities Timeline

Date	2018 Benefit Year HHS-RADV Activities and Descriptions
January 9, 2020	IVA Entities submit Package 1 audit findings and issuer signoff is due. CMS closes the window for the 2018 Benefit Year HHS-RADV audit submission of Package 1
January 16, 2020	IVA Entities submit sampled enrollees' medical records (Package 2) to CMS for the SVA subsample and issuer signoff is due
January – April 2020	CMS's SVA Entity conducts the SVA(s)*
Late April 2020	2018 Benefit Year HHS-RADV Summary of Final Pairwise Results – HIOS ID(s) with Sufficient and Insufficient Agreement are released to issuers
30 calendar day window after release of Final Pairwise Results	2018 Benefit Year SVA Findings Report Attestation and Discrepancy Reporting for HIOS ID(s) with Insufficient Agreement (exact date to be determined) (30-day discrepancy window) occurs
Mid-June 2020	2018 Benefit Year Final Results Report Suite (includes final pre-appeal results memo of national Hierarchical Condition Category (HCC) failure rate and error rate results, and issuer- and enrollee-level results) is released
30-calendar day window after release of HHS-RADV Final Results Memo and issuer/enrollee-level results	2018 Benefit Year HHS-RADV Error Rate Calculation Discrepancy period (30-day discrepancy window) occurs
August 2020	Summary Report of 2018 Benefit Year Risk Adjustment Data Validation Adjustments to 2019 Benefit Year Risk Adjustment Transfers (including DDVC notifications and DDVC payment allocation notifications) is released
30-calendar day window after release of Summary Report of 2018 Benefit Year Risk Adjustment Data Validation Adjustments to 2019 Benefit Year Risk Adjustment Transfers	2018 Benefit Year SVA Findings Report Reconsiderations and Error Rate Methodology Reconsiderations period (30-day reconsideration window) occurs

* **Note:** If Package 3 submission is necessary, the IVA Entity will be instructed by CMS via email to provide the medical records for the remaining enrollees in the IVA sample through the HHS-RADV Audit Tool. IVA Entities are required to submit Package 3 as soon as possible, but no later than seven (7) calendar days from the date of the notification email.