DISTRIBUTED DATA COLLECTION (DDC) FOR REINSURANCE (RI) AND RISK ADJUSTMENT (RA): EDGE 27.0 MAINTENANCE RELEASE

April 3, 2018

Health Insurance Exchange Program Training Series

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

Session Agenda

- Session Guidelines
- EDGE Server Timeline
- EDGE 27.0 Maintenance Release
- Open Q&A
- Resources
- Closing Remarks

Session Guidelines

- This is a 90-minute webinar session.
- For questions regarding content, submit inquiries to EDGE_Server_Data@cms.hhs.gov.
  - Include External Data Gathering Environment (EDGE) server and the Health Insurance Oversight System (HIOS) ID in the subject line.
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520.

EDGE 27.0 Maintenance Release

EDGE 27.0
Tentative Deployment on 06/22/18

- CMS is in the planning and development stages of EDGE release 27.0, which is tentatively scheduled for deployment to the Production and Test Zone on June 22, 2018.
  - Validation Zone deployment is tentatively scheduled for June 4, 2018.
- CMS recognizes that issuers need sufficient time to schedule, test and implement changes and is making additional information available now for planning purposes.
- Necessary technical and business documents will tentatively be made available on the following dates:
  - April 6, 2018: Ingest Interface Control Document (ICD), Ingest XML Schema Definition (XSDs)/eXtensible Markup Language (XMLs), XSD/XML Job Aid, Data Dictionary
  - Early June 2018: Error Code Job Aid and EDGE Server Business Rules (ESBR)

Reference Data Process Updates

EDGE 27.0 – Reference Data Process Updates

- Currently, reference data updates [e.g. Service Codes, Hierarchical Condition Category (HCC) mappings, etc.] occur with maintenance releases.
- Following the EDGE 27.0 release, reference data updates will occur independently of maintenance releases.
- Benefit: Reference data updates can occur more frequently, allowing for more up-to-date codes, dates and RA inclusion flags.

EDGE 27.0 – Reference Data Process Updates (continued)

- Deployment will be similar to plan data updates.
- EDGE servers will automatically do a version check of global reference data.
- If an update is available, the EDGE server will be updated with the most recent version upon the initiation of any local or remote EDGE command (e.g. RA command, maintenance release deployment, etc.) on the issuers' server.

EDGE 27.0 - Reference Code Updates

The following Service Codes and Service Code Modifiers will be updated with the release of EDGE 27.0:

Code Type	Description	Number of Codes
CPT Codes	New CPT Service Codes Effective start date = 2018-01-01 and RA Eligible = N	12
	New CPT Service Codes Effective start date = 2018-07-01 and RA Eligible = N	4
	Existing CPT Service Codes Terminated Effective End Date = 2017-12-31	2
	Existing CPT Service Codes Updated RA Eligible = Y	52
	Existing CPT Service Codes Updated RA Eligible = N	45
HCPC Codes	New HCPC Service Codes Effective start date = 2018-01-01 and RA Eligible = N	3
	New HCPC Service Codes Effective start date = 2018-04-01 and RA Eligible = N	17
	Existing HCPC Service Codes Updated Effective Start Date = 2018-04-01	2
	Existing HCPC Service Codes Terminated Effective End Date = 2018-03-31	1
	Existing HCPC Service Codes Updated RA Eligible = Y	6
	Existing HCPC Service Codes Updated RA Eligible = N	3
Code Modifiers	New Service Code Modifiers Effective Start Date = 2018-04-01	3
	Existing Service Code Modifiers Terminated Effective End Date = 2018-03-31	3

EDGE 27.0 - Reference Code Updates (Continued)

Once the reference data is deployed to the Validation Zone, issuers may query the following global reference tables the last date modified field in order to obtain a list of codes that were updated:

Reference Values	EDGE Common Table
Bill Types	claim_bill_type
Service Code	srvc_cd_type
Service Code Modifier	srvc_cd_mdfr_type
Discharge Status	dschrg_stus_type
Diagnosis Codes_ICD10	dgns_cd_type
Revenue Code	rev_cd_type
Place of Service	srvc_plc_type

RA Recalibration Updates

EDGE 27.0 – RA Recalibration

- The RA Recalibration job will generate anonymized reports for CMS only. The reports are:
  - Report 1 - Enrollment Data Extract
  - Report 2 - Medical Claims Extract
  - Report 3 - Pharmacy Claims Extract
  - Report 4 - Supplemental Claims Extract

During the extract operation, random variables are added to Issuer ID, Enrollee ID, and Claim IDs in order to anonymize information extracted. This is also referred to as "hashed" IDs.

EDGE 27.0 – RA Recalibration (continued)

- Risk Adjustment Recalibration Report updates include:
  - Addition of the new In and Out-of-Network indicators to the pharmacy and medical extracts
  - Addition of days' supply to the pharmacy extracts
  - Addition of a hashed medical Claim ID to the medical and supplemental extracts
  - Addition of market type to all extracts

Archive Logic Updates

BY 2017 Archive Process

- The blackout period will go into effect on April 30, 2018 at 4:00 p.m. Eastern Time (ET).
- During the blackout period, issuers will be able to submit 2018 medical claims, pharmacy claims, and supplemental diagnosis records.
  - Issuers will NOT be able to submit enrollment data.
  - CMS strongly encourages issuers to hold pharmacy claim submission until the updates to the Pharmacy File Ingest are deployed (discussed in the following slides)

BY 2017 Archive Process

- In July 2018, all data submissions will be blacked out so the archive process can be performed.
  - All 2018 claims and supplemental data submitted until this time will be restored to the production tables during the archive process (details on next slide).
  - More information and archive instructions will be available after the close of data submission for BY 2017
- All 2017 and 2018 data in the production schema will be archived.
  - Data in the Test Zone and Validation Zone is not archived.
  - Data in the common schema is archived and will be repopulated.

EDGE 27.0 – Archive Logic Update

- 2018 claim and supplemental Diagnosis Code data will be restored to the production schema during the archive process.
  - Any medical claim families where the latest claim in the claim family has a Statement Covers Through Date with the year 2018 will be restored.
    - A claim family that meets this criteria will be restored regardless of whether the latest claim is active or inactive (Voided).
  - Any supplemental records linked to a restored medical claim will be restored.
  - Any pharmacy claims with a Fill Date with the year 2018 will be restored.

EDGE 27.0 – Archive Logic Update (continued)

- Enrollment data will not be reloaded because enrollment submissions are a full replacement files.
  - Once the Archive process is complete and the blackout is lifted, issuers should reload their 2017 and 2018 enrollment files.

File Ingest Updates

Summary of File Ingest Updates

- CMS will deploy updates to medical and pharmacy file ingest on June 22, 2018 as part of the EDGE 27.0 release.
- Updates include changes to file processing and file formats in both file types
- For additional details, please refer to the following documents: noted on slide 11 ICD, EDGE Server XSDs/XMLs, EDGE Server XML/XSD Zip File Contents Job Aid, EDGE Server Data Dictionaries and Data Models.

Medical File Processing Updates

- Reference checks will no longer be performed on Revenue Codes.
  - Issuers may still submit Revenue Codes on claims but they are not required.
- Reference checks on Service Code Modifiers will no longer be performed when the Service Code Qualifier equals ’01’.
  - In other words, if the Service Code Modifier is NOT an AMA/CMS-defined Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code, no reference check will occur.

Reminder: The qualifier also applies to Service Codes and only services with qualifier of ‘03’ are considered for risk adjustment.

Medical File Processing Updates (continued)

- **Inpatient institutional** claims with bill types ending in xx1 AND with a discharge status of ’30’ (still in hospital) will be rejected.
  - New Error Code: Error Code 3.4.70 “Institutional Inpatient Claims cannot have the Discharge Status Code 30”
  - Outpatient institutional claims with a discharge status of ’30’ will still be accepted.

Medical File Format Updates (continued)

- One (1) new data element will be added to the medical file: **In and Out of Network Indicator**
  - Indicator refers to the ***provider's*** status, not the service/product being provided
  - Values are either 'I' or 'O'
  - Value must be populated at both the service line and claim header level
    - If the service line includes any "O", or Out of Network values, then the header level must be "O", Out of Network
    - If all of the service lines are "O", Out of Network, then the header level must be "O", Out of Network
    - If all of the services lines are "I", In Network, then the header level must be "I", In Network
- If a claim has both "I" **and** "O" at the service lines, then the claim header must be "O" **or** else the claim will be rejected.

Pharmacy File Format Updates

- Three (3) new data elements will be added:
  1. **Product/Service ID Qualifier**
     - '01' = Non-NDC Code (Will not be considered for RA)
     - '02' = NDC Code
  2. **Days' Supply**: Value can be up to 3 digits
     - Formerly 180 day restriction but changed due to issuer feedback on days supply counts that are longer
  3. **In-Network and Out-of-Network Indicator**
     - Values are same as medical Network Indicator: 'I' or 'O'
     - Based on the ***Rendering Provider***
     - Because claims in pharmacy files do not have service lines, header/line-level logic is not applicable

Pharmacy File Processing Updates

- A new reference check will be performed on National Drug Codes (NDC). The codes must:
  1. Match a valid code as defined by the Federal Drug Administration (FDA).
  2. Be exactly 11 digits.
  3. Include leading zeroes where applicable.
  4. NOT include hyphens.
- Codes that do not meet all 4 criteria can still be submitted and will be accepted with qualifier 01 but will not be considered a valid NDC code, and therefore will not be included in risk adjustment calculation.

Important Notes on Pharmacy File Updates

- Pharmacy claims will be included for RA beginning with the 2018 Benefit Year calculations
- As such, CMS strongly encourages **issuers not to submit pharmacy claims until this update is deployed**.
- Issuers who submit 2018 pharmacy claims prior to this release will need to void and resubmit claims to include the new data elements.

Summary of EDGE 27.0 File Ingest Updates

	New Data Elements			FAQ	
EDGE 27.0 File Ingest type	**Network Indicator**	**Days supply**	**Product/Service ID Qualifier**	**Do I have to correct previously accepted data?**	**Effective dates of service**
Medical Ingest Update	- Required - For provider (not service) - Exists at both line- and header-level	N/A	Unchanged	No	January 1, 2018 and after
Pharmacy Ingest Update	- Required - For Rendering Provider - Line-level indicator N/A	- Required - If greater than 3 digits claim will reject	- Required - If '01' or '02' claim will be accepted but claims with '01' not be considered for RA	No for 2017, yes for 2018; recommend delaying BY18 Rx submission until after release	January 1, 2018 and after

Beta Testers Wanted

- CMS is actively seeking issuers who would be interested in Beta Testing this release.
- Beta Testing is scheduled to take place in early June
- Issuers must be able to submit new data values outlined in this presentation.
- If you are interested in Beta Testing or want to learn more about what would be required, please email the Financial Management Coordination Center (FMCC) at EDGE_Server_Data@cms.hhs.gov with “Beta Testing EDGE 27” in the subject line by Friday, April 6, 2018.

Questions?

To submit or withdraw questions by phone:

- *Dial "**star(*), pound (#)**" on your phone's keypad to ask a question.*
- *Dial "**star(*), pound (#)**" on your phone's keypad to withdraw your question.*

Upcoming Webinar

Webinar	Scheduled Event Date
Q&A Session	April 17, 2018

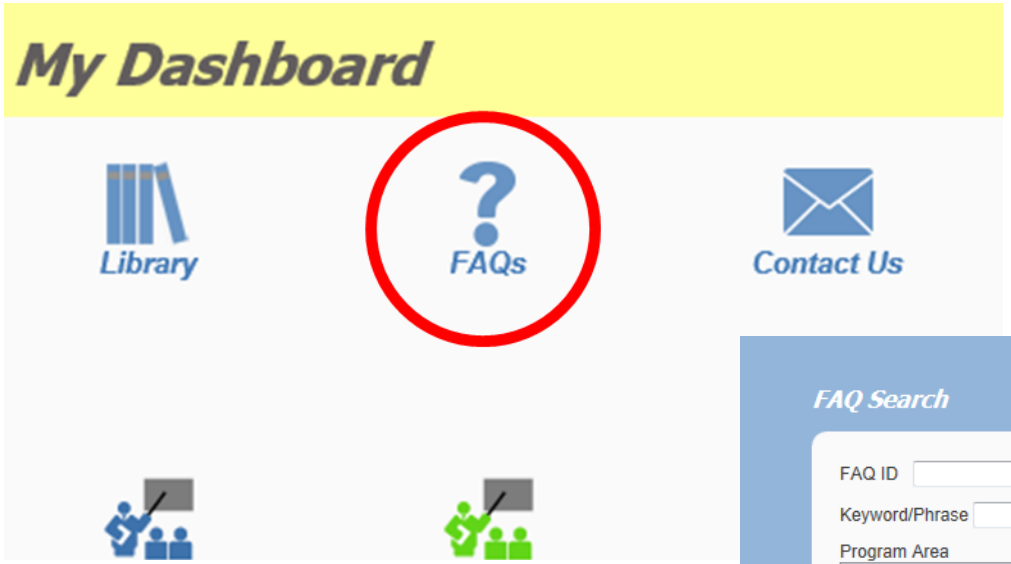
Resources

HTTPS://WWW.REGTAP.INFO

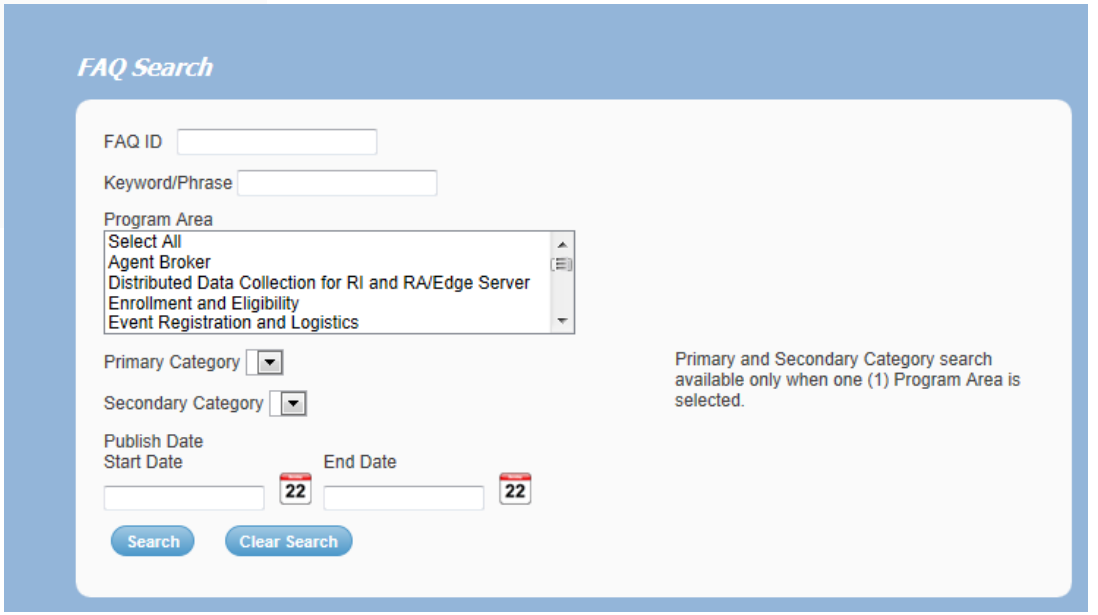
Resources

Resource	Link/Contact Information
Center for Consumer Information and Insurance Oversight (CCIIO)	http://cms.gov/cciio/
Registration for Technical Assistance Portal (REGTAP) • Registration • Inquiry Tracking and Management System (ITMS) • Resource Library • Frequently Asked Questions (FAQs)	https://www.REGTAP.info/

FAQ Database on REGTAP



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

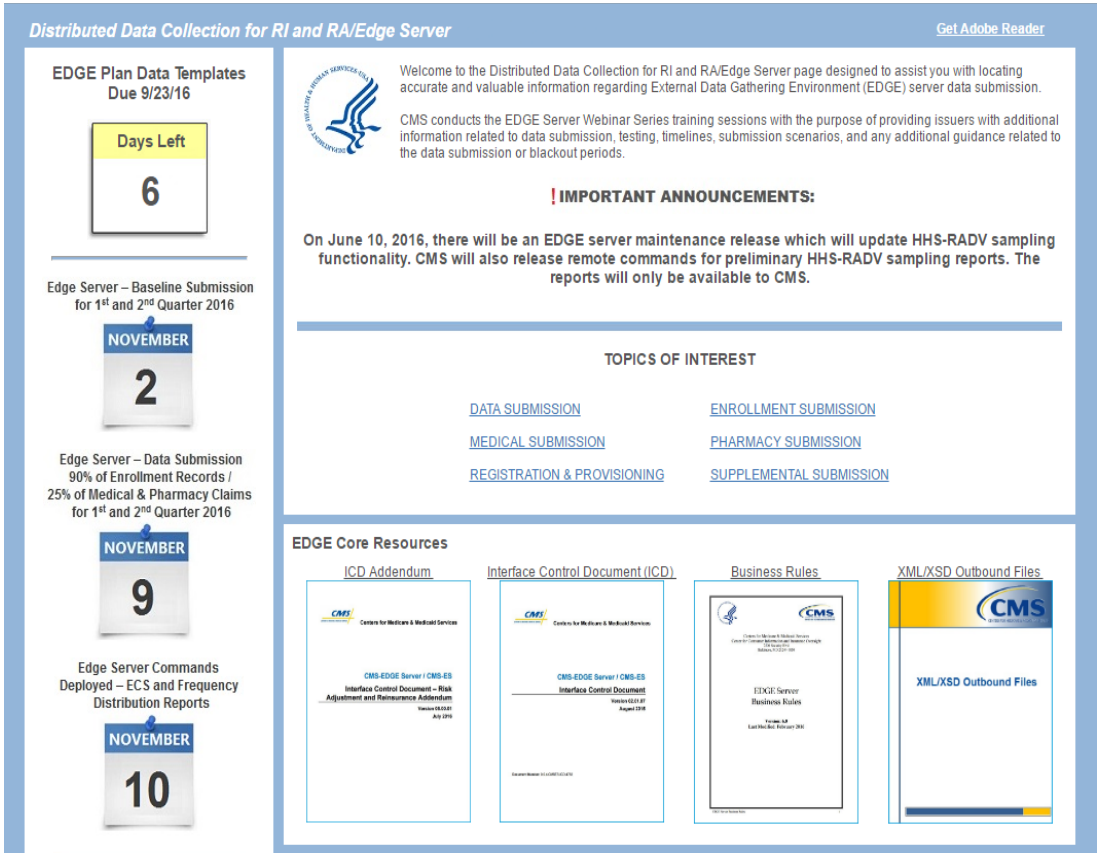


FAQ Database is available at https://www.REGTAP.info

DDC/EDGE Server Resource Page

The DDC/EDGE Server Resource Page provides central access to job aids, announcements, documentation, FAQs, deadlines and other resources.

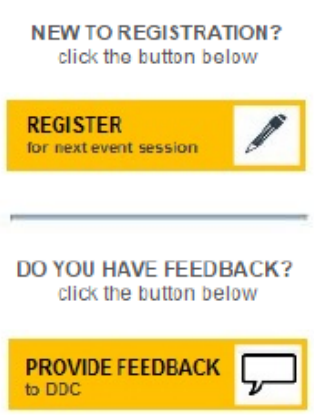
To access the DDC/EDGE Server Resource Page, click on the Program Area Pages icon on 'My Dashboard' or access the page at https://www.REGTAP.info/ddc.php.



DDC/EDGE Server Resource Page

For quick access to related documentation, users can find resources organized by Topics of Interest, such as 'Medical Submission' or 'Registration'.

Users can also register for active EDGE Server training series, contact CMS, provide feedback and more.



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Closing Remarks