

# EDGE SERVER WEBINAR SERIES VII: EDGE Server Status and Quantity and Quality Data Evaluation

**December 12, 2017**



**Health Insurance Marketplace Program  
Training Series**

# Agenda

- [Session Guidelines](#)
- [EDGE Server Timeline](#)
- [EDGE Server Status Overview](#)
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- [Overview of Interim RA Summary Report](#)
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# Session Guidelines

- This is a 90-minute webinar session.
- For questions regarding content, please submit inquiries to:  
[EDGE\\_Server\\_Data@cms.hhs.gov](mailto: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 quality, please submit inquiries to:  
[EDGEDataReply@cms.hhs.gov](mailto:EDGEDataReply@cms.hhs.gov).
- For questions regarding quantity, please submit inquiries to:  
[RARIPaymentOperations@cms.hhs.gov](mailto:RARIPaymentOperations@cms.hhs.gov).
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520.

# EDGE Server Status Overview

# EDGE Server Status Submission Window 2

- Allows issuers to make updates to the EDGE server status information provided during Submission Window 1.
  - For example, if you expected to have enrollment in a plan but do not, this update should be completed during EDGE Server Status Submission Window 2.



If you do not need to make updates to the EDGE server status information provided during Submission Window 1, you do not need to take any action during Submission Window 2.

# EDGE Server Status Invitation Email

All Chief Executive Officer (CEO) Designates and Alternate CEO Designates will receive an email from the [RARIPaymentOperations@cms.hhs.gov](mailto:RARIPaymentOperations@cms.hhs.gov) mailbox for Submission Window 2 with a link to the EDGE Server Status Web Form.



If your company's CEO Designate or Alternate CEO Designate has changed, you must update the contact information in the EDGE Server Contact Database Web Form. You will not be able to complete this process until updates are completed.

# Updates to EDGE Server Status

- Issuers have the option to update the following information:
  - Third Party Administrator (TPA) Information
  - 2017 EDGE Server Status
  - Additional Health Insurance Oversight System (HIOS) ID(s)
- If an issuer is being requested to complete baseline reporting for HIOS IDs with no enrollment, this is the time to make the update in the EDGE Server Status Web Form.

# EDGE Server Status Resources

In order to support the EDGE server status reporting process, a user guide is available through the web form and on REGTAP at [www.regtap.info](http://www.regtap.info).

- The user guide provides step-by-step instructions for making updates to the EDGE Server Status Web Form during Submission Window 2.



# EDGE Server Status Submission Window 2 Dates

Submission Window 2 is open from December 19, 2017 through January 3, 2018 at 11:59 p.m. Eastern Time (ET).



# EDGE Server Status Submission Window 3

- Submission Window 3 is open from March 1, 2018 through April 13, 2018.
- During this submission window, only issuers who elected the Risk Adjustment Default Charge (RADC) will be invited to complete the web form to enter RADC-specific information.
- Instructions for Submission Window 3 will be provided closer to that time period.

# EDGE Data Evaluation

# Background

- CMS will issue state- and issuer-level interim RA reports to eligible states and/or issuers for the 2017 Benefit Year.
- Final 2017 Benefit Year payments or charges will be calculated for RA after the final EDGE data submission deadline of April 30, 2018.
- EDGE server data quantity and quality analyses will be performed to support both interim and final risk adjustment reporting.

# Issuer Responsibilities

- CMS evaluates the quantity of EDGE data submitted against issuer-submitted baseline data and identifies potential data quality issues through outlier analyses as key program oversight safeguards.
- CMS does not have the same knowledge that issuers have of their own data, and CMS cannot detect data quality anomalies that fall within the normal distribution of data (i.e., data that is not an outlier).
- Issuers are responsible for ensuring the completeness and accuracy of all data submitted to their EDGE servers.

# EDGE Data Evaluation: Quantity

# Data Evaluation: Quantity

- During the year, the quantity standard requires 90% of enrollment and claims data for a defined period of time.
  - For example: 90% of three (3) quarters of data for the 2017 Benefit Year was required to have been submitted by December 7, 2017
- For the final data submission, the standard requires issuers to have 90% of enrollment and claims data submitted for the entire benefit year.

# Data Evaluation: Quantity (continued)

- Quantity is measured by comparing an issuer's EDGE enrollment and claims count to issuer-reported baseline data.
- Orphan claims (claims that do not match an enrollee or enrollment period) are not counted toward the quantity threshold.
- CMS sends notifications to issuers not meeting quantity data requirements.



# EDGE Data Evaluation: Quality

# Data Evaluation: Quality

- CMS conducts data evaluation on an ongoing basis for program-specific metrics to determine **quality outliers**.
- CMS sends notifications to issuers that are data quality outliers.
- CMS may also notify issuers as needed if they are identified as having other data anomalies.
- Key metrics for EDGE data evaluation are in the table below:

Area	Key Metrics
<b>EDGE Claims and Enrollment</b>	Average number of medical claims per enrollee
	Percent of enrollees without claims
	Percent of medical claims that are institutional claims
	Average number of pharmacy claims per enrollee
	Enrollment for On-Exchange Plans on EDGE compared to other various enrollment data sources
<b>Risk Adjustment</b>	Percent of all enrollees with at least one (1) Hierarchical Condition Category (HCC)
	Average number of conditions per enrollee with at least one (1) HCC
	Issuer average risk score
	Average number of Diagnosis Codes per medical claim
	Premium data comparison between EDGE and other sources
	Historical EDGE average premium per member per month

# Quality: Outlier Identification

- Do not be alarmed if your data is identified as an outlier; however, pay close attention to the results of the data analysis.
- Unique factors could make your data appear different.
- CMS uses quality data analysis as early detection of **possible** data issues:
  - Allows issuers to explain why their data looks different
  - Allows issuers to correct problems before the final submission deadline
- Note: Because the Reinsurance program ended in Benefit Year 2016, reinsurance metrics are no longer part of EDGE quality evaluation.

# Quality: Outlier Identification (continued)

- Issuers identified as outliers in any metric must:
  - Submit a justification to CMS **OR**
  - Correct EDGE server or baseline data so that the outlier no longer exists.
- If the justification is accepted by CMS, then the issuer will no longer be considered an outlier for that metric in subsequent EDGE/RA runs, **unless** the issuer has a significant change in quantity status.
- Issuers who receive outlier notifications during ongoing data quality analysis and who submit acceptable justifications do not need to re-submit justifications after the final data submission deadline.

# Quality: Outlier Notification

- Issuers who are identified as outliers for the RA and EDGE quality metrics will be notified by email, addressed to the CEO Designate and the Alternate CEO Designate.
  - Initial emails were sent on December 1, 2017 for the November 17, 2017 command run.
  - The next set of data quality notifications will be sent on December 15, 2017 for the December 7, 2017 command run.
- CMS will continue to evaluate data and send emails, as appropriate, through the final data submission.

# Quality: Outlier Notification (continued)

- **Issuer Action:**

- All issuers must respond to the email by completing the “CMS Data Evaluation Outlier Justification Submission Web Form”.
  - The initial justification must explain why a data anomaly exists and be submitted to CMS on **December 13, 2017**.
  - If an issuer fails to provide an acceptable justification on **December 13, 2017**, then the issuer will remain an outlier.
- Issuers with actual data issues must correct their EDGE or baseline data as soon as possible.
  - Data corrections must also be noted in the outlier justification web form.

- **CMS Action:**

- CMS will assess the justification and provide feedback.

# EDGE Data Evaluation: Schedule

# Data Evaluation: Schedule

CMS conducts data quantity and quality analysis after each EDGE server data submission deadline and EDGE/RA calculation command deployments.

Date	Action
10/19/17 – 04/30/18	CMS conducts ongoing data evaluation and notifies issuers.
12/7/17	Issuers submitted 90% of enrollment and claims data for three (3) quarters of the benefit year.
01/12/18	Data evaluation for Interim RA Report based on EDGE server data as of this date.
03/01/18	Issuers submit 90% of enrollment and claims data for the entire benefit year.
04/30/18 (4:00 p.m. ET)	2017 Benefit Year data submission deadline for 90% of enrollment and claims.
05/01/18	CMS conducts final data evaluation of quantity and quality.



# Data Evaluation: Schedule (continued)

- April 30, 2018 is the final data submission deadline.
- Additional or corrected data will not be accepted after this date, so any outliers first identified on April 30, 2018 will require an explanation or will represent a data quality failure.
- **Data quantity or quality failures after April 30, 2018 result in a default risk adjustment charge.**

# Data Evaluation: Schedule (continued)

- Claims data should be submitted by the ongoing deadlines, with the months of March and April 2018 used to improve overall data quality and make minor corrections to avoid new data quality issues on April 30, 2018.
- CMS recommends that issuers submit final enrollment data no later than April 13, 2018 to avoid any issues with final data submission.
- Timely submissions and minimizing late changes will prevent outliers from being identified after the April 30, 2018 deadline.
- Again, issuers should use the ongoing outlier process to address and correct issues.

# **EDGE Data Evaluation: Interim RA Summary Report**

# Interim RA: Overview

- As outlined in the [\*Evaluation of EDGE Data Submissions for the 2017 Benefit Year\*](#), CMS will provide an Interim RA Summary Report for the 2017 Benefit Year.
- This issuer-specific report is an interim RA transfer report that is delivered via the EDGE server.
- This report will have the same format as the final RA transfer report.
- Issuers should **not** regard the transfers on this report to be predictive of the value of final transfers.

# Interim RA: Overview (continued)

- Issuers **must meet certain data quantity and quality requirements** to be eligible to receive an issuer-specific interim RA transfer report.
- In addition, if an issuer fails either quantity or quality AND has enrollment representing 0.5% or more of their state's market share, then the affected state will be excluded from the Interim RA Summary Report.
  - If a state is excluded from the report, then individual issuers in that state **will not** receive an issuer-specific Interim RA Summary Report.
- Interim RA Reports will be based on data submitted and **accepted to an issuer's EDGE server as of January 12, 2018.**

# Interim RA: 1. Quantity

- Issuers in a failed status will be notified of potential implications on interim RA eligibility if they continue to be in a failed status.
  - Such issuers will be excluded from data quality evaluation.
  - CMS will notify issuers that have not met 90% of three (3) quarters after **December 7, 2017**.
- Issuers in a passed status will continue to data quality evaluation.
- Issuers excluded from the Interim RA Summary Report should continue to load data to their EDGE servers by the final April 30, 2018 data submission deadline as part of the standard RA data submission, validation, calculation and payment process.

# Interim RA: 2. Quality

- Issuers are divided into two (2) groups by enrollee count:
  - Group 1: Fewer than 10,000 enrollees
  - Group 2: 10,000 enrollees or more
- Outliers are identified based on a national distribution for each metric, for each group size.
- Additional interactions at the regional and state level will be assessed for further insight about an issuer's data profile for each group size.

# Interim RA: 2. Quality (continued)

Metrics used for evaluating data sufficiency for EDGE calculations are as follows:

Key Metrics	Source
Average number of medical claims per enrollee	<b>FDEMAF and ECS Reports</b>
Percent of enrollees without claims	<b>ECS and RARSS Reports</b>
Percent of medical claims that are institutional claims	<b>FDEMAF Report</b>
Average number of pharmacy claims per enrollee	<b>FDEPAF and ECS Reports</b>
Enrollment for On-Exchange plans on EDGE compared to other enrollment data sources*	<b>ECS and Workbook or PBP</b>



# Interim RA: 2. Quality (continued)

Metrics used for evaluating data sufficiency for RA calculations are as follows:

Key Metrics	Source
Percent of all enrollees with at least one (1) HCC	<b>RARSS Report</b>
Average number of conditions per enrollee with at least one (1) HCC	<b>RARSS Report</b>
Issuer average risk score	<b>RATEE Report</b>
Average number of Diagnosis Codes per medical claim	<b>FDEMAF and FDESAF Reports</b>
Premium data comparison between EDGE and other sources	<b>RATEE Report, rate review filings</b>
Historical EDGE average premium per member per month	<b>Current and previous RATEE Reports</b>

# Interim RA: Quality Upcoming Dates

Interim RA Data Evaluation	EDGE Data Submission Deadline	CMS Notifies Outlier Issuers	Issuer Justification Due to CMS
Preliminary	December 7, 2017	December 15, 2017	December 27, 2017
Final	January 12, 2018	January 18, 2018	January 29, 2018

- If an issuer is a data quality outlier as of January 12, 2018, is notified on January 18, 2018, and fails to submit a justification by January 29, 2018, or CMS does not accept the justification submitted, the issuer will not receive the issuer-specific interim RA transfer report. If the issuer is credible, the issuer and all issuers in the issuer's state will not receive the issuer-specific interim RA transfer report on their EDGE server.

# Data Evaluation 2017 Benefit Year Guidance

On November 3, 2017, CMS published guidance on the [“Evaluation of EDGE Data Submissions for 2017 Benefit Year”](https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/EDGE-Submissions-2017.pdf) located on the Center for Consumer Information and Insurance Oversight (CCIIO) website and accessible using the following link:

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/EDGE-Submissions-2017.pdf>

# 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	December 19, 2017

# Resources

# 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>

# FAQ Database on REGTAP

## My Dashboard



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

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

### FAQ Search

FAQ ID  Enter single FAQ ID or multiple IDs (1-10 or 15,18,87)

Keyword/Phrase

Program Area

Select All  
ACA Financial Appeals  
Agent Broker  
Distributed Data Collection for RI and RA/Edge Server  
Enrollment and Eligibility

Primary Category

Secondary Category

Benefit Year  


Publish Date

Start Date

 22

End Date

 22

FAQs to Display: 

☒ Current FAQs Only

☐ Retired FAQs Only

☐ All FAQs (Current and Retired)

Search

Clear Search





# DDC/EDGE Server Resource Page

## TOPICS OF INTEREST

[DATA SUBMISSION](#)

[ENROLLMENT SUBMISSION](#)

[MEDICAL SUBMISSION](#)

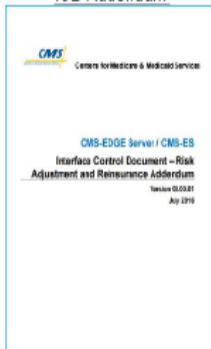
[PHARMACY SUBMISSION](#)

[REGISTRATION & PROVISIONING](#)

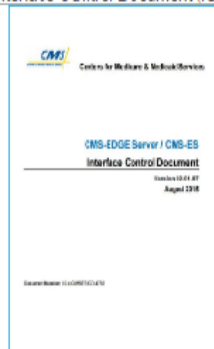
[SUPPLEMENTAL SUBMISSION](#)

## EDGE Core Resources

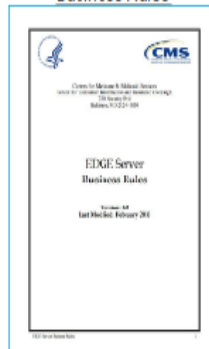
### ICD Addendum



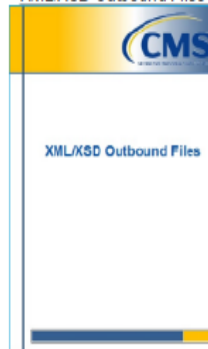
### Interface Control Document (ICD)



### Business Rules



### XML/XSD Outbound Files



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.

NEW TO REGISTRATION?  
click the button below

REGISTER  
for next event session



DO YOU HAVE FEEDBACK?  
click the button below

PROVIDE FEEDBACK  
to DDC



# Closing Remarks