EDGE Server Planned Release Schedule

Issue 7 9/29/17

Introduction

Below is a list of the External Data Gathering Environment (EDGE) server planned releases through January 15, 2018. All dates are tentative. Issuers will receive information through the Registration for Technical Assistance Portal (REGTAP) system when these build dates are finalized. CMS will provide details of these build items during upcoming EDGE webinar sessions, held Tuesdays at 11:30 a.m. Eastern Time (ET). CMS will also provide issuers with changes to any reports as soon as possible.

Planned Releases

October 2017 Planned Release

10/27/17 Planned Release	Contents of Release
EDGE Software Upgrade	**Enhancements to Multi-Year Data Submissions** Current Functionality: • Issuers can submit two (2) years of claims, enrollment and supplemental Diagnosis Code data to the EDGE server, but all data is archived during the blackout period; therefore, new benefit year data must be resubmitted after the blackout is lifted. • Issuers can only submit data to the Test Zone during the blackout period. New Functionality: • Claims and Supplemental Diagnosis Codes for a future benefit year will be reloaded to the production tables after all data has been archived. Data for the next benefit year will not need to be resubmitted. • Issuers will be permitted to submit claims and Supplemental Diagnosis Code data to the Production Zone during the blackout period. ○ Enrollment files will continue to be rejected during blackout. **Enrollment Period Activity Indicator (EPAI) Edit Restrictions** Current Functionality: • Any record with an EPAI of 021041 (renewal) must be preceded by an EPAI of 021028 (initial) or 001 (modification). New Functionality: • Removes requirement that a renewal EPAI (021041) must be preceded by an initial or modification EPAI. • An EPAI of 021041 will be treated the same as EPAI 021028. • Issuers are still required to submit at least one (1) enrollment period with an 021041 or 021028 in each benefit year for each plan in which an enrollee is covered.

10/27/17 Planned Release	Contents of Release
	Medical Claim Duplicate Logic Exceptions New Functionality: • Service Code 99199, Service Code Modifier CA and $0 Plan Paid Amounts at the claim line level will be added to the list of exceptions to the duplicate logic. NOTE: Modifier "CA" means "CMS Approved" and is intended to be used as the default when issuers have identified a need to bypass the duplicate logic. Issuers must use "CA" beginning January 1, 2018. **Reference Checks: Upper/Lower Case Diagnosis Codes** Current Functionality: • Only upper case letters may be submitted for Diagnosis Codes. New Functionality: • Both upper and lower case letters will be accepted during file ingest for Diagnosis Codes. • Values submitted with a lower case will be converted and stored to upper case values and will be included in Risk Adjustment (RA) calculations, as applicable. **Reference Checks: Date Verification Update** Current Functionality: • Only the date populated in the Statement Covers Through Date field is compared to the effective dates in the reference table. • Under this model, if a code was valid on any other date in the statement coverage period, the record was rejected. New Functionality: • As long as a code is effective on any day in the statement coverage period, the record will be accepted. • This will apply to Service Codes, Service Code Modifiers, Place of Service, Diagnosis Codes, Revenue Codes, Bill types and Discharge Status Codes. **October 1, 2017 Reference Code Updates** • 10/01/17 Diagnosis Codes and Service Codes will be updated. • RA flags and Hierarchical Condition Category (HCCs) mappings will not be included in this release. ○ These updates will be made as early as possible in January 2018.

January 2018 Planned Release

1/12/18 Planned Release	Contents of Release

Report Updates	**<u>EDGE Frequency Report Changes</u>**
	
	• Updates that apply to all five (5) EDGE frequency reports (FDEEAF, FDEMAF, FDEPAF, FDESAF and CEFR) to improve the quality of information. Changes will include items such as counting active claims for active enrollees only and adding unique counts.
	
	• RA Report changes to RARSD, RARSS, RACSD and RACSS:
	  ○ Change from 14-digit Plan ID to 16-digit Plan ID on RARSD and RARSS
	  ○ Add Metal Level to RARSD and RARSS
	  ○ Add supplemental claim information to RACSD and RACSS
	  ○ Add pharmacy claim information to RACSD and RACSS
	  ○ Add sub-policy information to RARSD

RA Calculations	**<u>Adult Enrollment Duration Model</u>** New Functionality: • Adds enrollment duration factors to the Adult RA model for calculation of individual risk scores. This is an additive factor to address partial year enrollees. **<u>Cross Year Service Code Claims</u>** Current Functionality: • The EDGE server uses the Date of Service -From date to determine if the Service Code is RA eligible. A claim with a valid Service Code that is RA-eligible in the reference data is excluded from RA due to the Date of Service - From date" not being within the Service Code effective dates. New Functionality: • Expand reference check to allow cross year RA selection on codes, which have terminated during the cross year time frame.
Technical	**<u>Production Zone Data - Copy Functionality</u>** New Functionality: • Issuer and Third Party Administrator (TPA) Approvers will be able to copy all data in the production tables to the test or validation schema tables by logging in to the Management User Interface and selecting the copy feature. • CMS approval will not be required to perform this activity. • Common table data will not be copied.