DISTRIBUTED DATA COLLECTION (DDC) FOR RISK ADJUSTMENT (RA) INCLUDING HIGH COST RISK POOL (HCRP):
EDGE SERVER ANNOUNCEMENTS

EDGE Server Webinar Series IX

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EDGE Server Announcements: Now Available: 2020 Benefit Year Risk Adjustment Model Algorithm DIY Software

EDGE Server Webinar Series IX

CMS
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REGTAP
Registration for Technical Assistance Portal

Now Available: 2020 Benefit Year Risk Adjustment Model Algorithm DIY Software

- The Centers for Medicare & Medicaid Services (CMS) posted the draft 2020 Benefit Year Risk Adjustment Model Algorithm "Do It Yourself" (DIY) Software Instructions and Risk Adjustment Modeling "Statistical Analysis System" (SAS) Software Documentation on the Center for Consumer Information & Insurance Oversight (CCIIO) website on August 3, 2020.

- Please see the updated documents available at the links below.
  - 2020 DIY Instructions: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CY2020-DIY-instructions.08.2020.pdf
  - Technical Details: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CY2020_DIY_tables_08.03.2020.xlsx
    - Please note that the "Technical Details" are currently not available due to a website error. CMS will announce when they are available.
  - 2020 SAS Software: 2019 Benefit Year Risk Adjustment: SAS Version of HHS-Developed Risk Adjustment Model Algorithm Software (ZIP)

- For questions regarding this announcement, please contact hhshccraops@cms.hhs.gov.

5/19/20

EDGE Server Announcements: EDGE 32.4 Updates

EDGE Server Webinar Series IX

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EDGE 32.4 Update

- CMS is in the planning and development stages of EDGE release 32.4, which is *tentatively* scheduled for deployment on the following dates:
  - Production and Test Zones: June 26, 2020

- The following items will be updated in the release to improve operational efficiency:
  - Updated automation of Risk Adjustment Default Charge (RADC)
  - Update automation of Risk Adjustment User Fee (RAUF) Report process for RADC issuers
  - Update Risk Adjustment Transfer Report (TPIR) report fields
    - Adds fields to account for adjustments and application of error rates

4/28/20

EDGE Server Announcements: Final 2019 DIY Software

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Final 2019 and Q1 2020 Benefit Year DIY Software

- The final 2019 Benefit Year Risk Adjustment Model Algorithm "Do It Yourself (DIY)" Software Instructions and Risk Adjustment Modeling "Statistical Analysis System (SAS)" Software Documentation posted on the Center for Consumer Information & Insurance Oversight (CCIIO) website on April 15, 2020.

  - https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/

- CMS will post the Q1 2020 Benefit Year Risk Adjustment Model Algorithm "Do It Yourself (DIY)" Software Instructions and Risk Adjustment Modeling "Statistical Analysis System (SAS)" Software Documentation on the Center for Consumer Information & Insurance Oversight (CCIIO) website in late June.

- CMS will send an announcement through REGTAP when the documents have been posted.

- For questions regarding this announcement, please contact hhshccraops@cms.hhs.gov.

4/14/20

EDGE Server Announcements:
EDGE Management Console, RADV Sampling Delay, Final 2019 DIY Software, EDGE Data Submission Tips and Reminders, and EDGE 32.4 Maintenance Release Update and Beta Testers

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Upcoming Downtime: EDGE Management Console

- Due to planned maintenance, CMS asks issuers to <u>NOT</u> use the following commands/functionalities through the EDGE Management Console (EMC) during the downtime:
    - *Downtime:*
        - **10 AM EST Thursday, April 16, 2020 through 6 PM, EST Tuesday, April 21, 2020.**
    - *Commands/Functionalities Impacted:*
        - Plan Data Refresh
        - Copy Prod Zone to Test/Val
        - EDGE Server Key Rotation Refresh
        - Any EDGE Server Provisioning Activities
- For questions regarding this announcement, please email EDGE_Server_Data@cms.hhs.gov.

Benefit Year 2019 RADV Sampling Command Delayed

On Monday, April 13, 2020, CMS announced the postponement of the 2019 Benefit Year HHS Risk Adjustment Data Validation (HHS-RADV) process, available at the following link:

https://www.cms.gov/files/document/2019-HHS-RADV-Postponement-Memo.pdf.

- As a result, the Risk Adjustment Data Validation <u>final</u> sampling command will not be executed in May 2020.

- The Risk Adjustment Data Validation <u>preliminary</u> sampling command will be run on, or around May 28th, 2020. These preliminary reports will only be available to CMS.

- CMS will use these preliminary reports as a baseline validation check for when the RADV Sampling command is executed to commence the IVA process in calendar year 2021.

Benefit Year 2019 RADV Sampling Command Delayed (continued)

- We intend to provide further guidance by August 2020 on the timeline for 2019 benefit year HHS-RADV, which will take place in 2021.

  – For questions about this announcement, email under the subject line "2019 HHS-RADV Postponement" CCIIOACARADataValidation@cms.hhs.gov.

  – For questions about the Risk Adjustment program, email RARIPaymentOperations@cms.hhs.gov.

Final 2019 Benefit Year DIY Software

- CMS will post the final 2019 Benefit Year Risk Adjustment Model Algorithm "Do It Yourself (DIY)" Software Instructions and Risk Adjustment Modeling "Statistical Analysis System (SAS)" Software Documentation on the Center for Consumer Information & Insurance Oversight (CCIIO) website in mid to late April 2020.

- CMS will send an announcement through REGTAP when the documents have been posted.

- For questions regarding this announcement, please contact hhshccraops@cms.hhs.gov.

EDGE Data Submission Deadline Tips

- CMS recommends that issuers do not submit any new enrollment files during the last two weeks of the 2019 data submission period.
  - Data quantity is 90% of enrollment and non-orphan claims submitted by market when compared to baseline.
  - This recommendation is to reduce the risk of unintentional changes in enrollment completion, an increase in orphan claims, and potential negative impacts to RA and HCRP calculations.

- Issuers attempting to correct known data issues by submitting a new enrollment file may submit files, **BUT** should back up their servers prior to submission, in the event results are not as expected and to allow for a restore to be performed.

- If there is an enrollment problem or to restore data, issuers should contact EDGE_Server_data@cms.hhs.gov, immediately.

EDGE Data Submission Deadline Tips (continued)

- If issuers submit a new enrollment file, please perform the following actions after processing:
  - Run the Enrollee Claims Summary (ECS) Report command immediately to produce the ECS Report.
  - Review the reports to ensure results are as expected and identify problems as quickly as possible.

- If issuers submit new claims files, please perform the following actions after processing:
  - Run ECS command to immediately produce the ECS report which is sent to CMS, and when possible, run HCRP, FREQ, and RA.
  - Review reports to ensure results are as expected and identify problems as quickly as possible.

- For assistance, issuers should contact EDGE_Server_data@cms.hhs.gov.

- CMS will review the ECS Report to ensure new data submission did not cause a significant increase in orphan claims.

EDGE Data Submission Reminders for Maintaining Enrollment Data

- Issuers must maintain at least two years of enrollment data on their EDGE server for any EDGE servers participating in data submission for the current benefit year (BY).
    - During the BY2019 data submission period, issuers must maintain BY2018 enrollment data on their servers.
        - If an HIOS ID has enrollment in BY2018, but does not have enrollment in BY2019, issuers do not need to submit BY2018 enrollment data to the EDGE server.
    - Once the BY2019 EDGE server data is archived and blackout lifted to continue BY2020 data submission, issuers must add BY2019 enrollment data in addition to the BY2020 enrollment data submitted.
    - This means that if issuers choose to load BY2020 enrollment data to their EDGE server during the BY2019 data submission period, issuers would have three years of enrollment data on their EDGE server.

EDGE Data Submission Reminders for Maintaining Enrollment Data (continued)

- Issuers should consider the space on their EDGE server when submitting BY2020 enrollment data in addition to BY2018 and BY2019 enrollment data.
  - If issuers lack space on their EDGE servers to submit BY2020 data, issuers have the options to (1) increase their EDGE server space, (2) wait until BY2019 archiving is complete and blackout is lifted in August 2020 to submit data, or (3) submit only enrollment or only claims data knowing that the latter will be orphaned for now.
  - Space constraints on EDGE servers has been known to cause command failures.

EDGE 32.4 Update

- CMS is in the planning and development stages of EDGE release 32.4, which is *tentatively* scheduled for deployment on the following dates:
    - Production and Test Zones: June 26, 2020

- The following items will be updated in the release to improve operational efficiency:
    - Updated automation of Risk Adjustment Default Charge (RADC)
    - Update automation of Risk Adjustment User Fee (RAUF) Report process for RADC issuers
    - Update Risk Adjustment Transfer Report (TPIR) report fields
        - Adds fields to account for adjustments and application of error rates

EDGE 32.4 Beta Testers Wanted

- CMS is actively seeking issuers who would be interested in Beta Testing this release.
  - Beta testing is critical in helping CMS evaluate build items prior to their release to production.
- Beta testing is scheduled to start on May 8, and end on May 29, 2020.
- If you are interested in beta testing, please email the FMCC at EDGE_Server_Data@cms.hhs.gov with "Beta Testing EDGE 32.4" in the subject line by April 17, 2020.

EDGE Server Announcements: Benefit Year (BY) 2019 Data Submission Extension and COVID-19

EDGE Server Webinar Series IX

Update: BY2019 Data Submission Extension

- Centers for Medicare & Medicaid Services (CMS) realizes that some issuers may be facing challenges related to system access, data quality assurance processes, workforce availability, and other issues related to the need for social distancing to prevent the spread of COVID-19

- On March 25, 2020, CMS announced an extension of the BY2019 deadlines to provide flexibility to all issuers[1]:
  - Issuer's BY2019 EDGE server data submission deadline
    - *Current:* 4:00 p.m. ET, Thursday, April 30, 2020
    - *New:* 4:00 p.m. ET Thursday, May 14, 2020
  - CMS publication of BY2019 Summary Report on Risk Adjustment
    - *Current:* June 30, 2020
    - *New:* No later than July 16, 2020
  - CMS release of BY2019 Issuer-specific risk adjustment transfer reports
    - *Current:* June 30, 2020
    - *New:* No later than July 16, 2020

[1] We believe this guidance is a statement of agency policy not subject to the notice and comment requirements of the Administrative Procedure Act (APA). 5 U.S.C. § 553(b)(A). For the same reasons explained above, CMS additionally finds that, even if this guidance were subject to the public participation provisions of the APA, prior notice and comment for this guidance is impracticable, and there is good cause to issue this guidance without prior public comment and without a delayed effective date. 5 U.S.C. § 553(b)(B) & (d)(3).

Update: COVID-19

- Covid-19 claims using the new ICD-10-CM and HCPCS codes are valid only for the BY2020 EDGE data submission.
  - 02/04/20: New HCPCS Code effective (lab test)
    - Healthcare providers who need to test patients for Coronavirus
      - *U0001* - Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that test using the newly created HCPCS code
      - *U0002* - non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19)
        - Updated in EDGE global reference data on March 20, 2020 with an effective start date of 2/4/2020.
  - 03/31/20: BY2020 EDGE data submission window opens
    - Window opens after off-exchange plan data loaded to EDGE Plan Reference Table
  - 04/01/20: New ICD-10 code
    - *U07.1* – COVID-19
      - Updated in EDGE global reference data on April 17, 2020 with an effective start date of 04/1/2020

Update: COVID-19 (continued)

- For CDC guidance on billing and coding, please visit:
  - https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf
  - https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf

- For more information such as HHS/CMS press releases, guidance and general information/communications about this topic, please see the Coronavirus section on CMS's emergency page (on CMS.gov).
  - https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

- For EDGE data submission inquiries, please send to RARIPaymentOperations@cms.hhs.gov.

3/10/20

EDGE Server Announcements: National Drug Code (NDC) Reference Tables

EDGE Server Webinar Series IX

Updates: NDC Reference Tables

- **Background**
    - Prior to October 31, 2018, CMS created the NDC Reference data list with an FDA data source called Structured Product Labeling (SPL).
    - The SPL includes "alien" drugs unsupported by the FDA resulting in these drugs being included in the *initial* NDC Reference Data tables.
    - Alien drugs are:
        - Typically low cost drugs (no issuers reported HCRP impact)
        - Do not map to RXCs (no RA impact)
    - Once CMS realized "alien" drugs were inadvertently included, we
        - End dated these drugs to October 31, 2018
        - Changed data sources to the RxNorm (prescription subset within the RXNSAT file) and Orange Book

- **Issue**
    - When issuers continue to submit the "alien" drugs that were end dated, the claims are rejected on the EDGE server.

Updates: NDC Reference Tables
(continued)

- **Mitigation**
  - Upon review of all NDCs end dated October 31, 2018, CMS will delete 44,703 "alien" drug NDCs.
  - **3/11/2020:** CMS deploys Reference Table Updates to Test and Production zones.
  - **3/16/2020**: Updated Global Reference Data files with deleted NDCs post to the REGTAP Library
  - **3/17/2020**: Issuers can submit/resubmit "alien" drug NDCs with an 01 qualifier to EDGE Server

- For additional information on the Global Reference Data files, please email the FMCC at: EDGE_Server_Data@cms.hhs.gov.

1/21/20

EDGE Server Announcements: EDGE Data Submission Tips, EDGE Server Truncation Requests, and DIY Software Updates.

EDGE Server Webinar Series IX

EDGE Data Submission Deadline Tips

- CMS recommends that issuers do not submit any new enrollment files during the last two weeks of the 2019 data submission period.
  - Data quantity is 90% of enrollment and non-orphan claims submitted when compared to baseline.
  - This recommendation is to reduce the risk of unintentional changes in enrollment completion, an increase in orphan claims, and potential negative impacts to RA and HCRP calculations.

- Issuers attempting to correct known data issues by submitting a new enrollment file may submit files, BUT should back up their servers prior to submission, in the event results are not as expected and to allow for a restore to be performed.

- If there is an enrollment problem or to restore data, issuers should contact EDGE_Server_data@cms.hhs.gov, immediately.

EDGE Data Submission Deadline Tips (continued)

- If issuers submit a new enrollment file, please perform the following actions after processing:

  - Run the Enrollee Claims Summary (ECS) Report command immediately to produce the ECS Report.
  - Review the reports to ensure results are as expected and identify problems as quickly as possible.

- If new claims files are submitted, please perform the following actions after processing:

  - Run ECS and when possible, run HCRP, FREQ, and RA.
  - Review reports to ensure results are as expected and identify problems as quickly as possible.

- For assistance, issuers should contact EDGE_Server_data@cms.hhs.gov.

- CMS will review the ECS Report to ensure new data submission did not cause a significant increase in orphan claims.

EDGE Server Truncation Requests

- CMS discourages issuers from using truncation as a data management tool.
- Truncations should be limited to instances where a significant error, or systemic issue, occurred that cannot be resolved with standard processes, such as void and replace.
  - The Void and Replace process is outlined in section six for pharmacy claims and section seven for medical claims of the EDGE Server Business Rules (ESBR).
- CMS reviews and responds to truncation requests within two business days.
- Truncation requests may be denied if the request is missing required items or a sufficient explanation is not provided.
- If additional information is required, issuers will receive an email from RARIPaymentOperations@cms.hhs.gov.

2019 Benefit Year DIY Software Update

- CMS posted the updated 2019 Benefit Year Risk Adjustment Model Algorithm "Do It Yourself (DIY)" Software Instructions and Risk Adjustment Modeling "Statistical Analysis System (SAS)" Software Documentation on the Center for Consumer Information & Insurance Oversight (CCIIO) website on January 17, 2020.

- Please see the links to the updated documents below:
  - 2019 DIY Instructions: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CY2019-DIY-instructions.01.17.2020.pdf
  - Technical Details: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CY2019-DIY-tables.01.17.20.xlsx
  - 2019 SAS Software: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/HHS-HCC-2019-software.01.17.2020.zip

- For questions regarding this announcement, please contact hhshccraops@cms.hhs.gov.

12/10/19

EDGE Server Announcements: Operations and Maintenance Manual (O&MM) Updates and DIY Software

EDGE Server Webinar Series IX

EDGE Server: Update for Operations and Maintenance Manual (O&MM)

- The O&MM streamlines information for issuers by providing 'one-stop' information pertaining to the operations and functional system design of the EDGE Server.

  - Currently, this consolidated document includes several topics such as registering EDGE servers, data maintenance procedures, functional system operations, command execution and troubleshooting steps.

  - As a result, this consolidated document is very large, which makes navigating through sections difficult.

- To ensure issuers can easily access and navigate the O&MM, CMS is dividing the O&MM into five separate documents by EDGE topic.

EDGE Server: Update for Operations and Maintenance Manual (O&MM) (continued)

- The new document titles are listed below:
  - Health Insurance Oversight System (HIOS), EDGE Server Management Console (ESM), & Provisioning
  - File Processing & Commands
  - Configuration, Validation & Application Errors
  - Backup & Maintenance Procedures
  - Reference Data
- CMS will post the documents in one zip file in the Registration for Technical Assistance Portal (REGTAP) Library to ease finding the O&MM.
- The tentative publication date is early January 2020.

2019 Benefit Year DIY Software Update

- CMS publishes the HHS-Developed Risk Adjustment Model Algorithm Instructions and Technical Details, referred to as the "DIY Software." The updated 2019 BY DIY was scheduled to be released in mid December 2019.

- However, CMS will be delaying the update until mid-January 2020 to allow for the update to include the most recent quarterly update of NDCs and HCPCS codes mapping to RXCs (codes as of September 30, 2019).

- CMS will publish a final 2019 BY DIY update in the spring of 2020 that will include the full 2019 BY list of NDCs and HCPCS codes mapping to RXCs.

9/10/19

EDGE Server Announcements: Command Deployments, Financial Management (FM) Community, Truncation Web Form Updates, Claims Processed Data Time Clarification and Overview

EDGE Server Webinar Series IX

EDGE: Recent Command Deployments

- The Centers for Medicare & Medicaid Services (CMS) recently deployed three Ad Hoc Commands on BY2018 Archive Data.

  – Two deployed on August 16, 2019

  – One deployed on August 30, 2019

- These commands will be used to inform the BY2019 Quantity and Quality Evaluation.

- If you have not, please execute them on your EDGE server ASAP.

Upcoming Activities: FM Community

- FM Community will go live on September 23, 2019
  - To prepare for the upcoming transition, issuers must:
    - o Ensure the appropriate individuals are identified as Chief Executive Officer (CEO) Designate and Alternate CEO Designates in the current EDGE Server Contact Database
      - These individuals will be users in the FM Community.
    - o Update any contacts via the EDGE Server Contact Database by September 12, 2019
      - If your organization has a group email address associated with the CEO Designate and Alternate CEO Designate, it MUST be updated prior to the transition to the FM Community.
  - EDGE Contact Database:
    - o https://acapaymentoperations.secure.force.com/EdgeContactDatabase#

Upcoming Activities: Truncation Web Form Updates

- EDGE Server Truncation process updates will deploy on September 20, 2019.
    - Current scripts for the test and validation zones will no longer be active on or after this date.*
    - Starting September 23, 2019, issuers must begin requesting all truncation scripts through the updated web form.
    - EDGE Server Truncation Web Form will only be available through FM Community.
    - Details will be provided during the September 17, 2019 webinar.

    - *Issuers may continue to request scripts for the test and validation zones via the current web form through September 19, 2019.

Claims Processed Date Time: Clarification

- CMS has received inquiries for clarification *Claims Processed Date Time* data element, specifically:
  - What is the definition of the *Claims Processed Date Time*?
  - How is the *Claims Processed Date Time* used when submitting multiple versions of a claim?
  - When is it appropriate to change the date when submitting a Void or Replace?
  - When is it appropriate to change the time when submitting a Void or Replace?

Claim Processed Date Time: Overview

- *Claim Processed Date Time* is the date and time when the claim was adjudicated and resulted in a paid amount or reported encounter.

- *Claim Processed Date Time* is used to determine the order of processing of the claims.

- To inactivate an original claim, the *Claim Processed Date Time* of void (V) or replacement (R) claim must be later than the original *Claim Processed Date Time.*

  - If the *Claim Processed Date Time* of 'V' or 'R' claim is equal to or earlier than the original *Claim Processed Date Time*, the 'V' or 'R' claim will be rejected and the original claim will remain active.

Claims Processed Date Time: Overview – Medical Claims

- If the medical claim was <u>re-adjudicated</u> for any reason, including in a change in paid date, plan paid amount, or total allowed cost, the *Claim Processed Date Time* should be updated with the new claim processed date and time of the claim.

- If the medical claim was <u>not re-adjudicated</u>, but a keying error needs to be corrected, **only the time in the *Claim Processed Date Time* should be updated**.
    - Example: In- and Out-of-Network Indicator, Diagnosis codes, National Provider Identifiers (NPI)

- The system uses the Original Claim ID to identify the claim family to either Void or Replace. See Chapter 7 of the ESBR for additional Void and Replace scenarios.

Claim Processed Date Time: Example – Medical Claims Re-adjudicated

- Example – Medical Claim Re-adjudicated
  - Claim 123 is adjudicated on January 8, 2019
  - Claim 123 is submitted, accepted and stored with a status of active on the EDGE server
  - Claim 123 is re-adjudicated on May, 2, 2019, resulting in a change in plan paid amount and date
  - Claim 123 is voided and replaced with updated *Claim Processed Date Time*

Issuer ID	Claim ID	V/R Indicator	Claim Processed Date Time	Diagnosis Code	Plan Paid Amount
12345	123		2019-01-08T13:32:05	M54.5	735.00
12345	123	V	2019-01-08T13:33:35	M54.5	735.00
12345	123	R	2019-05-02T16:02:20	M54.5	1735.00

Claim Processed Date Time: Example – Medical Claims NOT Re-adjudicated

- Example – Medical Claim NOT Re-adjudicated
  - Claim 456 is processed on January 7, 2019
  - Claim 456 is submitted, accepted and stored with a status of active on the EDGE server
  - Claim 456 has updates to the diagnosis code due to a keying error
  - Claim 456 is voided with a *Claim Processed Date Time* later than the original claim
  - Claim 456 is replaced with only time update in the *Claim Processed Date Time*

Issuer ID	Claim ID	V/R Indicator	Claim Processed Date Time	Diagnosis Code	Plan Paid Amount
12345	456		2019-01-07T13:33:05	Z12.31	735.00
12345	456	V	2019-01-07T13:33:35	Z12.31	735.00
12345	456	R	2019-01-07T13:34:05	N63.0	735.00

Note: Only the time has changed. The EDGE server uses the Original Claim ID to locate the active claim in the data table.

Claim Processed Date Time: Overview – Rx Claims

- If the pharmacy claim was <u>re-adjudicated</u> for any reason, including a change in paid date, plan paid amount, or total allowed amount cost, the *Claim Processed Date Ti*me should be updated to the new claim processed date and time of the claim.

- If the pharmacy claim was <u>not re-adjudicated</u>, but one or more of the eight key elements needs to be corrected, **only the time** in the *Claim Processed Date Time* **should be updated.**

- The following eight key elements are used to identify an original pharmacy claim:

Issuer ID	Fill Date
Dispensing Provider ID	Prescription/Service Reference Number
Dispensing Provider ID Qualifier	Fill Number
Dispensing Status	Plan ID

Claim Processed Date Time: Example – Rx Claims Re-adjudicated

- ## Example - Pharmacy Claim Re-adjudicated:
  - Claim is adjudicated on March 3, 2019
  - Claim is re-adjudicated on April 4, 2019 resulting in a change in plan paid amount and date
  - Void claim submitted due to new claim
  - Replacement claim is submitted with updated *Claims Processed Date Time*

Issuer ID	Key Elements	V/R Indicator	Claim Processed Date Time	Plan Paid Amount
12345	Key Elements		2019-03-03-T07:41:20	950.00
12345	Key Elements	V	2019-03-03-T07:41:50	950.00
12345	Key Elements	R	2019-04-04-T03:30:10	1100.00

Claim Processed Date Time: Example – Rx Claims NOT Re-adjudicated

- Example - Pharmacy Claim NOT Re-adjudicated:
    - Fill number, which is key element, is being updated
    - Claim is adjudicated on May 2, 2018
    - Claim is submitted, accepted and stored with active status in EDGE server
    - Void claim submitted due to error with one of the key elements
    - A new original claim is submitted with a new claim ID and only the time updated in the *Claims Processed Date Time*

Issuer ID	Key Elements	V/R Indicator	Claim Processed Date Time	Plan Paid Amount
12345	Key Elements		2018-05-02-T10:02:22	1200.00
12345	Key Elements	V	2018-05-02-T10:02:52	1200.00
12345	New Key Elements		2018-05-02-T10:03:22	1200.00

Note: Only the time was changed. The date remains the same.

Claim Processed Date Time: Exception

- The **date** in the *Claim Processed Date Time* should not be updated when the claim has not been re-adjudicated
  - **One Exception:** If the original claim processed time was 11:59:59, only then are issuers permitted to change the date to the following day.
  - Example:

Issuer ID	Claim ID	V/R Indicator	Claim Processed Date Time	Diagnosis Code	Plan Paid Amount
12345	456		2019-01-07T**11:59:59**	Z12.31	735.00
12345	456	V	2019-01-08T12:00:29	Z12.31	735.00
12345	456	R	2019-01-08T12:01:01	N63.0	735.00

Claim Processed Date Time: Updates to EDGE Server Business Rules (ESBR)

- CMS is in the process of updating ESBR chapters 6 and 7 to include clarifications on the *Claims Processed Date Time*.
  - These updates will be included in the next version of the ESBR tentatively scheduled for publication on September 30, 2019.

8/27/19

EDGE Server Announcements:
Submitting Non-binary Gender Enrollments

EDGE Server Webinar Series IX

Submitting Non-binary Gender Enrollments

- Now permit a non-binary gender selection on birth certificates and other forms of identification
  - Current: EDGE does not permit non-binary gender for any enrollees >90 days of age
    - Exception – gender code of "U" (unknown) allowed for infant enrollees <90 days of age
  - New: For non-binary gender enrollees >90 days of age, issuers should select the most appropriate gender code of male ("M") or female ("F") based on enrollee claims submission and history.
    - If issuer(s) is unable to choose, default as follows to be consistent with "U" gender for infant model:
      - Female ("F") for infants >90 days of age and child
      - Male ("M") for adult
    - Allows for the most appropriate risk score for enrollees

8/13/19

EDGE Server Announcements: Financial Management (FM) Community, Data Element, Duplicate Claims Logic

EDGE Server Webinar Series IX

CMS — CENTERS FOR MEDICARE & MEDICAID SERVICES

REGTAP — Registration for Technical Assistance Portal

Reminder: Financial Management (FM) Community

- The Centers for Medicare & Medicaid Services (CMS) is introducing the FM Community specifically for the EDGE server related processes in one place.

- Issuers are required to register with the CMS Enterprise Portal (EIDM) and then request access to the Salesforce Enterprise Integration (SEI) Enterprise Organization before accessing the FM Community.

- In the upcoming weeks, CMS will begin preparing for the transition to the FM Community.

  - Starting August 14, 2019, through September 23, 2019, CMS will send email communications and conduct phone outreach to issuers regarding the required steps of transition to the FM Community.

  - On September 23, 2019, the FM community will open.

- For questions regarding the FM community, please email: RARIPaymentOperations@cms.hhs.gov.

EDGE Data Element: Claim Processed Date Time

- Through the BY2018 HHS Risk Adjustment Data Validation (HHS-RADV) process, CMS has identified some issuers that are submitting the pharmacy *Claim Processed Date Time* data element incorrectly to their EDGE server.
    - This error resulted in the Initial Validation Audit (IVA) Entity not being able to properly validate pharmacy claims.
    - Issuers must provide their IVA Entity mapping documentation, work papers, and screenshots to validate the issuer's source system for this data element, as noted in the 2018 Benefit Year HHS-RADV Protocols.
- If the IVA Entity does not have this required documentation, it is the IVA Entity's responsibility to obtain the documentation from the issuer and include this information when submitting the Second Validation Audit (SVA).

EDGE Data Element: Claim Processed Date Time (continued)

- The pharmacy *Claim Processed Date Time* is the date and time when the claim was adjudicated and resulted in a paid amount or reported encounter.
  - Information on the pharmacy *Claim Processed Date Time* is in EDGE Server Interface Control Document (ICD) located in the Registration for Technical Assistance Portal (REGTAP) Library.

- For BY2019 EDGE server data submission, issuers are requested to review how the pharmacy *Claim Processed Date Time* is populated and update to meet the EDGE Server Business Rules as applicable.

EDGE 32.1: Duplicate Claims Logic for Pharmacy

- EDGE 32.1 will include duplicate logic check enhancement for pharmacy claims.
  - *Tentative* scheduled for deployment:
    - o Validation Zone: October 18, 2019
    - o Preview Webinar: October 15, 2019
    - o Production and Test Zones: December 13, 2019

Pharmacy Claims: Duplicate Claims Logic (continued)

- The EDGE server currently uses the following data elements to determine a duplicate pharmacy claim:
  - Issuer ID
  - Plan ID
  - Dispensing Provider ID Qualifier
  - Dispensing Provider ID
  - Fill Date
  - Prescription/ Service Reference Number
  - Fill Number
  - Dispensing Status
- EDGE 32.1 adds Claim ID to the duplicate logic check

Pharmacy Claims: Duplicate Claims Logic (continued)

- The system shall reject **Original** or **Replacement** Pharmacy Claims if the same claim ID (with the same letter case) exists in the database (DB) for another <u>active or inactive</u> pharmacy claim, other than a replacement claim that <u>matches</u> the same 8 fields used to identify duplicates on the original claim.

- Error Code: 3.5.84: Duplicate Claim IDs are not allowed for pharmacy claims.

Pharmacy Claims: Duplicate Claims Logic (continued)

- <u>Scenario</u>
  - Original and replacement claim submissions validated against the active claim in the database

- <u>Active Claim in the DB</u>

UID	Dispensing Provider ID	Fill Date	Prescription/Service Reference Number	Fill Number	Dispensing Status	Void/Replace Indicator	Plan Paid Amount	Claim ID	Accept/Reject	Status
1	1234567890	07/30/2019	87654321	8	C		1000	Abcd1234	Accept	Active

- <u>Ingested Claim: *Validation on each of the following claims only compares against the above active claim in the DB.</u>

UID	Dispensing Provider ID	Fill Date	Prescription/Service Reference Number	Fill Number	Dispensing Status	Void/Replace Indicator	Plan Paid Amount	Claim ID	Accept/Reject	Error Code	Scenario
1	1234567890	08/30/2019	87654321	9	C		1200	Abcd1234	Reject	Error Code: 3.5.84	8 fields don't match, same Claim ID, Original, DB claim is active
2	1234567890	08/30/2019	87654321	9	C	R	1200	Abcd1234	Reject	Error Code: 3.5.84	8 fields don't match, same Claim ID, Replacement, DB claim is active
3	1234567890	08/30/2019	87654321	9	C		1200	Abcd1299	Accept		8 fields don't match, different Claim ID, Original, DB claim is active
4	1234567890	08/30/2019	87654321	9	C	R	1200	Abcd1299	Accept		8 fields don't match, different Claim ID, Replacement, DB claim is active
5	1234567890	07/30/2019	87654321	8	C		1200	Abcd1234	Reject	Error Code: 3.5.11	8 fields match, same Claim ID, Original, DB claim is active
6	1234567890	07/30/2019	87654321	8	C		1200	Abcd1299	Reject	Error Code: 3.5.11	8 fields match, different Claim ID, Original, DB claim is active
7	1234567890	07/30/2019	87654321	8	C	R	1200	Abcd1234	Accept		8 fields match, same Claim ID, Original, DB claim is active
8	1234567890	07/30/2019	87654321	8	C	R	1200	Abcd1299	Accept		8 fields match, different Claim ID, Original, DB claim is active

Error Code 3.5.84: Duplicate Claim IDs are not allowed for pharmacy claims.
Note: Duplicate Claim ID validation checks against both <u>Active</u> and <u>Inactive</u> Pharmacy Claims.
Error Code 3.5.11: Claim level rejected because the claim did not successfully pass duplicate check validation.
Note: The duplicate check validation only checks against <u>Active</u> Pharmacy Claims.

Pharmacy Claims: Duplicate Claims Logic (continued)

- <u>Scenario:</u>
  - Instead of using a replacement claim, some issuers void the Rx claim and submit an updated original Rx claim with the same claim ID. The proposed approach will still allow issuers to do that.

- <u>Inactive Claim in the DB</u>

UID	Dispensing Provider ID	Fill Date	Prescription/Service Reference Number	Fill Number	Dispensing Status	Void/Replace Indicator	Plan Paid Amount	Claim ID	Accept/ Reject	Status
1	1234567890	07/30/2019	87654321	8	C		1000	Abcd1234	Accept	~~Active~~ Inactive
2	1234567890	07/30/2019	87654321	8	C	V	1000	Abcd1234	Accept	Inactive

- <u>Ingested Claim: *Validation on each of the following claims only compares against the above inactive claim in the DB.</u>

UID	Dispensing Provider ID	Fill Date	Prescription/Service Reference Number	Fill Number	Dispensing Status	Void/Replace Indicator	Plan Paid Amount	Claim ID	Accept/ Reject	Error Code	Scenario
3	1234567890	07/30/2019	87654321	8	C		1200	Abcd1234	Accept		8 fields match, same Claim ID, Original, DB claim is inactive
3	1234567890	07/30/2019	87654321	8	C		1200	Abcd1299	Accept		8 fields match, different Claim ID, Original, DB claim is inactive
3	1234567890	07/30/2019	87654321	8	C	R	1200	Abcd1234	Accept		8 fields match, same Claim ID, Replacement, DB claim is inactive
3	1234567890	07/30/2019	87654321	8	C	R	1200	Abcd1299	Accept		8 fields match, different Claim ID, Replacement, DB claim is inactive
3	1234567890	08/30/2019	87654321	9	C		1200	Abcd1234	Reject	Error Code: 3.5.84	8 fields don't match, same Claim ID, Original, DB claim is inactive
3	1234567890	08/30/2019	87654321	9	C		1200	Abcd1299	Accept		8 fields don't match, different Claim ID, Original, DB claim is inactive
3	1234567890	08/30/2019	87654321	9	C	R	1200	Abcd1234	Reject	Error Code: 3.5.84	8 fields don't match, same Claim ID, Replacement, DB claim is inactive
3	1234567890	08/30/2019	87654321	9	C	R	1200	Abcd1299	Accept		8 fields don't match, different Claim ID, Replacement, DB claim is inactive

Error Code 3.5.84: Duplicate Claim IDs are not allowed for pharmacy claims.
Note: Duplicate Claim ID validation checks against both <u>Active</u> and <u>Inactive</u> Pharmacy Claims.