EDGE SERVER WEBINAR SERIES VII
EDGE 25.0 MAINTENANCE RELEASE

October 31, 2017

Health Insurance Exchange Program Training Series

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO/

Session Agenda

- Purpose
- Session Guidelines
- EDGE Timeline
- EDGE 25.0 Updates
- Open Q&A
- Resources
- Closing Remarks

Purpose

- This External Data Gathering Environment (EDGE) server session will provide an overview of the EDGE 25.0 Maintenance Release, scheduled to be deployed to the:
  - Validation Zone: Friday December 22, 2017
  - Production Zone: Friday, January 12, 2018
- Today, Part 1 of this session topic will cover reference table updates, a new remote command to copy production data and updates to the Risk Adjustment (RA) logic.
- Part 2, scheduled for November 7, 2017, will cover updates to outbound report files.

Session Guidelines

- This is a 90-minute webinar session.
- For questions regarding content, please submit inquiries to EDGE_Server_Data@cms.hhs.gov.
  - Please include “EDGE server” and the HIOS ID in the email subject line.
- For questions regarding logistics and registration, please contact the Registrar at (800) 257-9520.

EDGE 25.0 Updates

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO/

EDGE 25.0 Validation Testing

- On December 22, 2017, EDGE 25.0 will be deployed to the Validation Zone between 8 p.m. and 11:59 p.m. ET.
- **CMS will support beta issuers who test the software updates during the week of December 26, 2017.**[1]
- CMS will notify all non-beta issuers, via REGTAP, when beta testing is complete.
- Non-beta issuers are not required to test the upcoming release but CMS welcomes input from issuers who choose to do so after receiving notification from CMS that beta testing is complete.

[1] CMS will not support non-beta issuers who choose to test in the Validation Zone prior to the completion of beta testing.

EDGE 25.0 Production

- On January 12, 2018, EDGE 25.0 will be deployed to the Production Zone between 8:00 p.m. and 11:59 p.m. ET.
- **Issuers should pick up the maintenance release by the end of Monday, January 15, 2018 and may do so by executing any EDGE command.**
- Issuers who do not pick up the maintenance release will be contacted by the CMS outreach team to determine when the update will be completed.
- Issuers who experience a failure on the server while installing the update will be contacted by the FMCC or they may reach out directly to the FMCC at EDGE_Server_Data@cms.hhs.gov.

EDGE 25.0 Highlights (continued)

- EDGE 25.0 will include the following updates:
  - Script to allow Production and Test or Validation Zone schema synchronization
  - Reference table updates
  - Relaxation of Service Code reference checks for RA claims selection of cross-year claims
  - Updated RA eligibility for cross-year claims on inactive plans and/or inactive Rating Areas
  - Enrollment Duration factors for the RA adult model
  - RA report enhancements
  - Frequency reports

Remote Command Script to Copy Production Data

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO/

Test Zone Data Challenges

- The EDGE server Test Zone was designed to give issuers a place to test data submissions, evaluate the results and make any necessary corrections before submitting them to the Production Zone.
- Based on issuer feedback, CMS recognized that maintaining identical data in the Test and Production Zones could be difficult and a burden on resources.
  - Any issuer who truncated the Test Zone would have to submit multiple files, in the correct order, to achieve a data sync with the Production Zone.
  - Resubmission of data files to the Test Zone also meant that submission to the Production Zone would be interrupted.
- CMS has created a script that will allow issuers to copy data from the Production Zone to address the challenges issuers face when attempting to sync data.

Copy Script Overview

- Issuers will be permitted to copy data from:
  - ✓ Production —— Test Zone
  - ✓ Production —— Validation Zone
    - Issuers interested in testing upcoming maintenance releases in the Validation Zone may find this useful.
    - If any tables in the Validation Zone include mandatory fields not already present in the production tables, the copy script will fail.
- Data stored in the Common data tables will not be copied.
    - The Test Zone shares the same data tables with Production.
    - The Validation Zone includes the latest reference data associated with the EDGE software version deployed to the Validation Zone.
- Issuers are not required to obtain approval from CMS to initiate and execute the new copy functionality.

Copy Script Scope and Limitations

- The script will copy *all data* in the production schema tables listed in the Data Dictionary, published in the REGTAP library.
  - Issuers cannot copy specific tables or data sets.
- Before requesting the copy script, issuers must ensure the EDGE server has sufficient storage capacity.
  - System capacity must be at least two (2) times more than the capacity used by the existing stored data that will be copied.
- Once the copy script is staged, it cannot be cancelled.
- Issuers may not stage multiple copy scripts for the same or different zones at the same time.
  - The first copy script must complete before the next copy script can be requested.

Requesting and Initiating the Copy Script

- Issuers will have the ability to request and deploy the copy script from the EDGE Server Management (ESM) User Interface (UI) to request the script and deploy the command to the EDGE server.
  - Only Issuer Approvers and TPA Approvers may request and deploy the script.



Important Note:

Issuers should not request the script through any CMS mailbox. Requests received via email will redirect issuers to log into the ESM UI to obtain the copy script.

ESM UI Updates

- The ESM UI will have a “Copy Prod Data to Test” and “Copy Prod Data to Validation” button.
  - Selecting a button generates the script and automatically stages it in the remote command execution queue for deployment to the server.
- Messages will provide information on the progress of the request.
  - Copying already scheduled
  - Info: Success
  - Failure: The operation encountered an error
- When the command is deployed, CMS is notified that the command has been scheduled for execution.
- After the issuer has executed the query, CMS is notified whether the execution was successful or if it failed.
  - Issuers who have failed commands will be contacted by the EDGE_Server_Data@cms.hhs.gov mailbox to troubleshoot the problem.

Copy Script Actions

- Once the command is successfully executed, the script will back up any data stored in the Test or Validation tables.
  - CMS recommends issuers truncate the Test or Validation Zone prior to deploying the copy command script.
- After the backup is complete, the data in the Test or Validation tables will be deleted.
- The data from the Production tables will be copied and loaded to the appropriate destination tables in the zone indicated in the script.
- The script will also verify all data was copied similar to what is used when production data is archived.
  - The script will compare the number of records in the Production tables to the number of records loaded to the destination tables.

Copy Script Summary

- Once EDGE release 25.0 is successfully uploaded to issuers' servers, issuers may utilize the feature to copy data from the Production Zone to the Test or Validation Zone.
- Requests must be initiated via the ESM UI by an Issuer Approver or TPA Approver.
  - CMS approval is not required to perform this activity.
- Issuers must ensure they have at least twice the storage capacity of the stored data that will be copied.
- CMS will monitor the status of the script and contact issuers where the script has failed.

Reference Table Updates

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO/

Reference Code Updates

- The following reference updates will be included in EDGE 25.0:
  - 136 Diagnosis Code to HCC mappings, effective 10/1/2017
  - 25 Diagnosis Code to HCC mappings, terminating 9/30/17
  - Update all continuing HCC mappings with an end date of 12/31/9999
  - 12 new Service Codes added, effective 8/1/2017
  - 6 new Service Codes added, effective 10/1/2017
  - 2017 RA User Fee reduced from $0.15 to $0.13 per member per month



Note: The RA DIY model is expected to be updated in November/December 2017.

Service Code Reference Checks and RA Claim Selection



HTTPS://WWW.REGTAP.INFO/

Service Code Reference Checks and RA Claim Selection

- Reference checks are performed on a variety of data elements, most of which have start and end dates in the respective reference table.
- In the current model, outpatient and professional claims are selected for RA if the Service Code is RA-eligible and the service coverage through date is within the effective date ranges of the Service Code and Bill Type Code.

Service Code Reference Checks and RA Claim Selection (Continued)

This update provides for RA claim selection if any date in the service coverage period is equal to or within the effective date ranges of the codes.

Example:

		Start Date	End Date	Comments
Service Code	C9478	04/01/2017	06/30/2017	
Claim Dates		06/30/2017	09/15/2017	
Current Logic		Not Selected		Coverage through date is not within the effective dates of the Service Code.
New Logic		Selected		At least one (1) day of coverage is within the Service Code effective dates.

RA Eligibility for Cross-Year Claims

RA Eligibility for Cross-Year Claims

- Currently, the system does not select cross-year claims when a plan record does not exist, or is inactive for the current payment year. Similarly, the system does not select cross-year claims when the Rating Area is inactive for the current payment year.
- This update will create a system-generated plan record to allow RA selection for cross-year claims when plan records do not exist or are inactive for the payment year. Additionally, the system will generate enrollment for cross-year claims when the Rating Area is inactive in the current payment year.

RA Eligibility for Cross-Year Claims: Example 1

Example 1: RA-eligible inpatient cross-year claim with inactive/non-existent plan for the payment year

In this example, we have an RA-eligible inpatient cross-year claim that starts in 2016 and ends in 2017. The cross-year claim is associated to Plan A and enrollment in the payment year is associated to Plan B. However, Plan A is not active or does not exist in the 2017 Payment Year.

Current configuration before EDGE 25.0:

Claim is selected for RA but Diagnosis Codes are excluded from risk score calculation for active Plan B because the claim's associated plan, Plan A, is inactive for the payment year.

***Updated configuration after EDGE 25.0*:**

Claim will be selected for RA and Diagnosis Codes will be included in risk score calculation for Plan B because enrollee has active enrollment in an active plan for the 2017 Payment Year.

RA Eligibility for Cross-Year Claims: Example 2

Example 2: RA-eligible inpatient cross-year claim with inactive/non-existent plan for the payment year and enrollment in the same plan in payment year

In this example, we have an RA-eligible inpatient cross-year claim that starts in 2016 and ends in 2017. The cross-year claim is associated to Plan A and enrollment in the payment year is associated to the same plan. However, Plan A is not active in the 2017 Payment Year.

Current configuration before EDGE 25.0:

Claim is selected for RA, but Diagnosis Codes are excluded from risk score calculation because the only submitted enrollment period in the payment year belongs to Plan A, which is inactive in the payment year.

***Updated configuration after EDGE 25.0*:**

Claim will be selected for RA and a system-generated enrollment period will be created because there is no valid enrollment in the payment year; the only submitted enrollment for the payment year belongs to an inactive plan. Since enrollment now exists in the payment year due to the system-generated enrollment period, Diagnosis Codes will be included in the risk score calculation.

RA Eligibility for Cross-Year Claims: Example 3

Example 3: RA-eligible inpatient cross-year claim with enrollment in a Rating Area which is inactive/non-existent for the payment year

In this example, we have an RA-eligible inpatient cross-year claim that starts in 2016 and ends in 2017. The enrollment in the payment year is associated to Rating Area 001. However, 001 is not active in the 2017 Payment Year.

Current configuration before EDGE 25.0:

Claim is selected for RA and Diagnosis Codes from the cross-year claim are included in the risk score calculation because the system includes all submitted enrollment periods in inactive Rating Areas for risk score calculation.

***Updated configuration after EDGE 25.0*:**

Claim will be selected for RA and a system-generated enrollment period will be created because there is no valid enrollment in the payment year; the only submitted enrollment for the payment year belongs to an inactive Rating Area. Since enrollment exists in the payment year due to the system-generated enrollment period, Diagnosis Codes will be included in the risk score calculation.

RA Eligibility for Cross-Year Claims:

- The system shall mark any professional or outpatient medical claims as not eligible for RA if the enrollee has 0 days of issuer-submitted enrollment in an active plan and active Rating Area for the year in which RA has been executed against. Reason Code R08 will be used for these claims.
- Reason Code R08: Outpatient or professional cross-year claim excluded from RA because the enrollee has no issuer-submitted enrollment coverage in an active plan and Rating Area for the payment year.

Adult Model
Enrollment Duration Factor

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO/

Enrollment Duration Factors

Partial year enrollment duration factors were incorporated in the final 2017 Benefit Year adult risk adjustment models in the HHS Notice of Benefit and Payment Parameters for 2018 final rule (81 FR 94056), which was published in the *Federal Register* on December 22, 2016.

- Adult Enrollment Duration Model
  - Adds enrollment duration factors to the Adult RA model for calculation of individual risk scores for enrollees who have fewer than 12 months enrollment.

Adult Risk Score = [(Age Model Factors) + (Demographic Factor) + (Enrollment Duration Factor)] * (CSR Factor)

Enrollment Duration Factors (Continued)

The system shall apply the enrollment duration coefficient for the **adult models only** based on the metal level and enrollment duration month provided in the enrollment duration reference table.



Note: Updated DIY table will be released in November/December 2017.

Enrollment Duration Factors (Continued)

Enrollment Duration Months	Platinum	Gold	Silver	Bronze	Catastrophic
1 (1-31 days enrolled)	0.515	0.441	0.396	0.386	0.386
2 (32-62 days enrolled)	0.454	0.381	0.329	0.318	0.318
3 (63-92 days enrolled)	0.387	0.321	0.270	0.258	0.258
4 (93-123 days enrolled)	0.316	0.264	0.221	0.211	0.211
5 (124-153 days enrolled)	0.273	0.228	0.188	0.176	0.176
6 (154-184 days enrolled)	0.248	0.208	0.170	0.156	0.156
7 (185-214 days enrolled)	0.217	0.186	0.155	0.145	0.144
8 (215-245 days enrolled)	0.166	0.142	0.118	0.110	0.109
9 (246-275 days enrolled)	0.114	0.103	0.092	0.089	0.089
10 (276-306 days enrolled)	0.114	0.103	0.092	0.089	0.089
11 (307-335 days enrolled)	0.100	0.092	0.084	0.082	0.082
12 (336-366 days enrolled)	0	0	0	0	0

Enrollment Duration Factors (Continued)

The enrollee's enrollment duration is determined by using the enrollee's enrollment period start date and enrollment period end date.

- When an enrollee has enrolled in multiple plans, the enrollment duration period is determined based on the enrollee's unique enrollment days across all plans.
- The calculated enrollment duration period along with the plan's metal level serves as the basis to determine the enrollment duration factor that will be used for calculating the individual risk score for the adult models.

Enrollment Duration Factors (Continued)

Example 1: Enrollee has two (2) different enrollment periods

In this example, the enrollee has two (2) different enrollment periods within the same plan. The Enrollment Duration Factor is calculated across the total enrollment period as if it were one (1) continuous enrollment.

Plan ID	Plan Rating Area	Enrollee ID	Benefit Year	Enrollment Period	Enrollment Start Date	Enrollment End Date	Last date of the Last Enrollment Period	Metal level	Total Unique Enrollment Duration (Across all Plans	Enrollment Duration Factor (EDF)
A1234VA0019999901	10	r11xtu9874j	2017	1	01/01/2017	03/31/2017	05/31/2017	silver	121 days	0.221
A1234VA0019999901	10	r11xtu9874j	2017	2	05/01/2017	05/31/2017		silver		0.221

Enrollment Duration Factors (Continued)

Example 2: Enrollees associated to more than one (1) metal level

In this example, the enrollee has more than one (1) plan with different metal levels. The enrollment duration period is calculated across both plans as one (1) continuous enrollment period.

Plan ID	Plan Rating Area	Enrollee ID	Benefit Year	Enrollment Period	Enrollment Start Date	Enrollment End Date	Last date of the Last Enrollment Period	Metal level	Total Unique Enrollment Duration (Across all Plans	Enrollment Duration Factor (EDF)
A1234VA0019999901	10	r11xtu9874j	2017	1	01/01/2017	03/31/2017	06/30/2017	platinum	181 days	0.248
A1234VA0019999901	10	r11xtu9874j	2017	2	04/01/2017	06/30/2017		gold		0.208

Enrollment Duration Factors (Continued)

Example 3: Enrollees associated to more than one (1) plan that overlaps enrollment period.

In this example, the enrollee has more than one (1) plan with overlapping enrollment period. The overlapping days between the two (2) plans will only be calculated once.

Plan ID	Plan Rating Area	Enrollee ID	Benefit Year	Enrollment Period	Enrollment Sstart Date	Enrollment End Date	Last date of the Last Enrollment Period	Metal level	Total Unique Enrollment Duration (Across all Plans	Enrollment Duration Factor (EDF)
A1234VA0019999901	10	r11xtu9874j	2017	1	01/01/2017	03/31/2017	06/30/2017	Platinum	181 days	0.248
A1234VA0019999901	10	r11xtu9874j	2017	2	03/01/2017	06/30/2017		Gold		0.208

Enrollment Duration Factors (Continued)

Example 4: Enrollees associated to more than one (1) plan with a break in coverage.

In this example, the enrollee has more than one (1) plan with a gap in coverage between the two (2) plans. The enrollment duration period is only calculated for the days the enrollee is enrolled in the plan.

Plan ID	Plan Rating Area	Enrollee ID	Benefit Year	Enrollment Period	Enrollment Start Date	Enrollment End Date	Last date of the Last Enrollment Period	Metal level	Total Unique Enrollment Duration (Across all Plans	Enrollment Duration Factor (EDF)
A1234VA0019999901	10	r11xtu9874j	2017	1	01/01/2017	03/31/2017	05/31/2017	Platinum	151 days	0.273
A1234VA0019999901	10	r11xtu9874j	2017	2	05/01/2017	06/30/2017		Gold		0.228

Enrollment Duration Factors (Continued)

Example 5: Enrollees with a system-generated cross-year enrollment record.

In this example, the enrollee has an enrollment period in both the previous payment year, and the current payment year. A system-generated cross-year enrollment period (90 days) was created for the enrollee in the current payment year. The enrollment duration period is only calculated for the current payment year.

Plan ID	Plan Rating Area	Enrollee ID	Benefit Year	Enrollment Period	Enrollment Start Date	Enrollment End Date	Last date of the Last Enrollment Period	Metal level	Total Unique Enrollment Duration (Across all Plans	Enrollment Duration Factor (EDF)
A1234VA0019999901	10	r11xtu9874j	2017	1	01/01/2016	12/31/2016	03/31/2017	silver	90 days	0.387
A1234VA0019999901	10	r11xtu9874j	2017	2	01/01/2017	03/31/2017		silver		

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
EDGE 25.0 Part II	November 7, 2017

HTTPS://WWW.REGTAP.INFO/

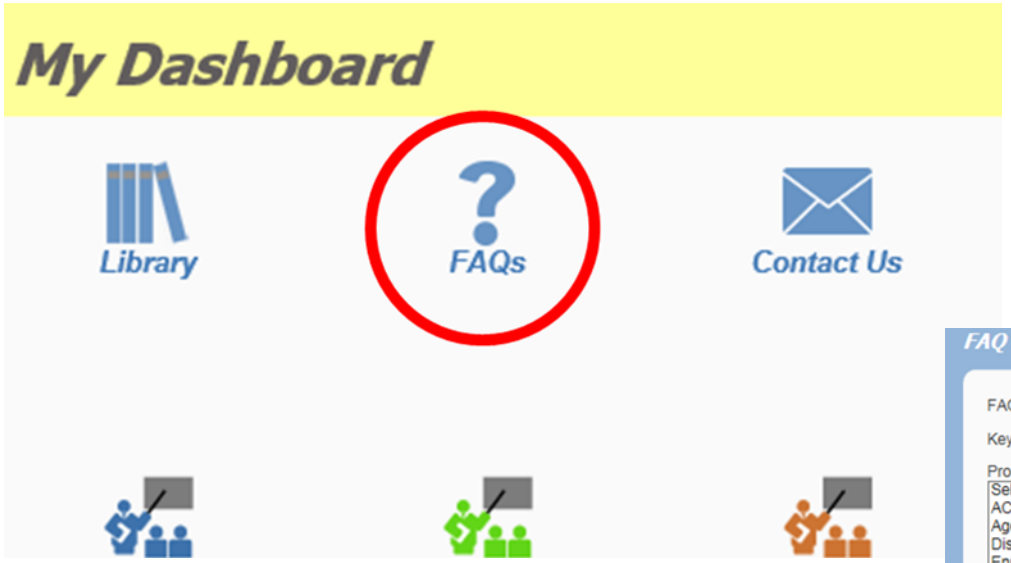
Resources

HTTPS://WWW.REGTAP.INFO/

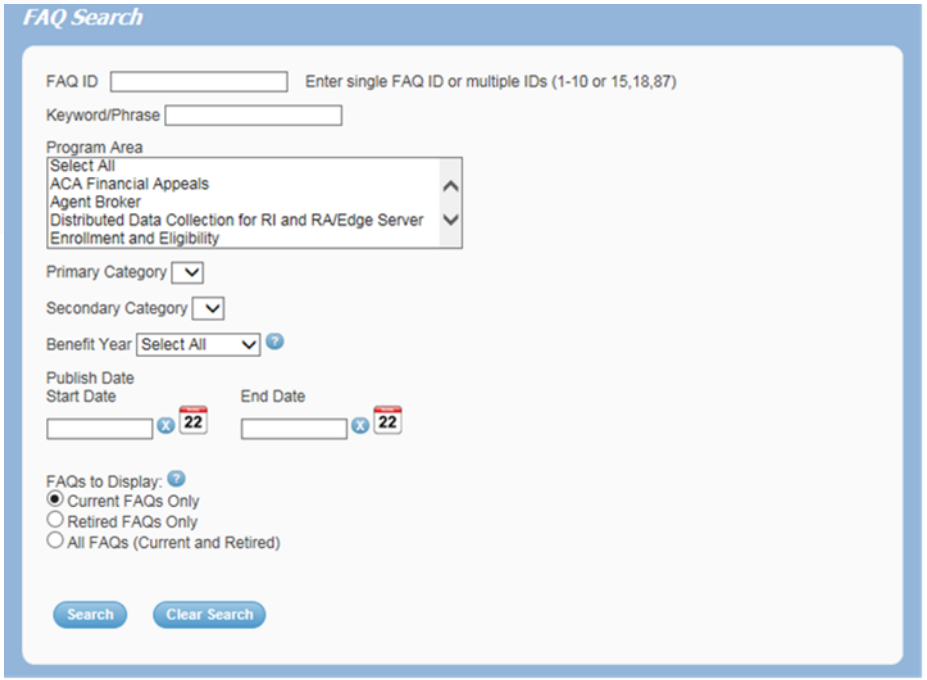
Resources

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/
CMS Help Desk • Technical assistance with EDGE Registration, Provisioning and File Processing	CMS_FEPS@cms.hhs.gov 855-CMS-1515

FAQ Database on REGTAP



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/.

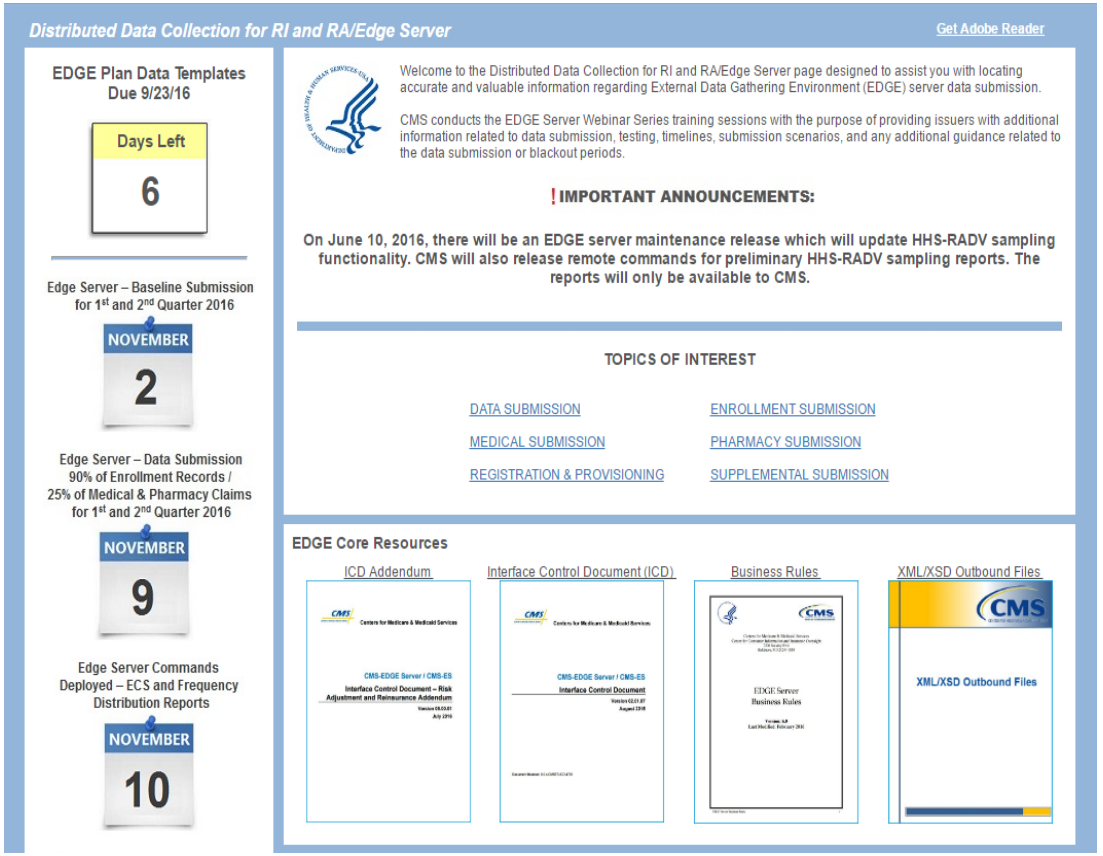
HTTPS://WWW.REGTAP.INFO/

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.



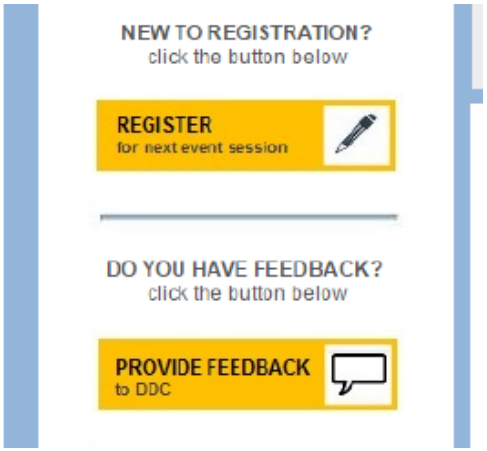


DDC/EDGE Server Resource Page (continued)



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.



HTTPS://WWW.REGTAP.INFO/

Closing Remarks

HTTPS://WWW.REGTAP.INFO/