

**DISTRIBUTED DATA COLLECTION (DDC) FOR
RISK ADJUSTMENT (RA) INCLUDING HIGH COST
RISK POOL (HCRP):
EDGE SERVER 32.0 MAINTENANCE RELEASE DETAILS AND
2019 BENEFIT YEAR EDGE SERVER STATUS REPORTING**

August 13, 2019

EDGE Server Webinar Series IX



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[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

Session Agenda

- Session Guidelines
- Intended Audience
- Purpose
- External Data Gathering Environment (EDGE) Server Announcements
- EDGE Server 32.0 Maintenance Release Details
- EDGE Server Status Reporting Overview
- EDGE Server Status Reporting Process
- EDGE Server Status Reporting Web Form
- Question and Answer (Q&A)
- Resources
- Closing Remarks

Session Guidelines

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

Intended Audience

- Health insurance issuers
- Third Party Administrators (TPAs)

Purpose

- This EDGE server session will:
 - Provide a review of EDGE Server 32.1 Maintenance Release update for duplicate claims logic for pharmacy.
 - Provide a review of the EDGE Server 32.0 Maintenance Release that is tentatively scheduled for 9/20/19.
 - Provide information on the following topics:
 - Purpose of EDGE server status reporting
 - Guidance on how to complete the EDGE Server Status web form
 - Timeline to complete EDGE server status reporting

EDGE Server Announcements

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:
 - Validation Zone: October 18, 2019
 - Preview Webinar: October 15, 2019
 - 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 active or inactive pharmacy claim, other than a replacement claim that matches 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)

- Scenario
 - Original and replacement claim submissions validated against the active claim in the database

- Active Claim in the DB

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

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

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 Active and Inactive 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 Active Pharmacy Claims.

Pharmacy Claims: Duplicate Claims Logic (continued)

- Scenario:
 - 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.

- Inactive Claim in the DB

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

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

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 Active and Inactive Pharmacy Claims.

EDGE Server Maintenance Release 32.0

EDGE 32.0 – Tentative Deployment on 9/20/19

- CMS is in the planning and development stages of EDGE release 32.0 which is *tentatively* scheduled for deployment:
 - Validation Zone: August 16, 2019
 - Production and Test Zones: September 20, 2019
- CMS recognizes that issuers need sufficient time to schedule, test, and implement changes so we are making information available now for planning purposes.
- Specific details related to the updates will be communicated during a future webinar session.
- Necessary technical and business documents will be published as early as possible.

EDGE 32.0 – Tentative Deployment on 9/20/19 (continued)

- The following items will be updated in the release:
 - Report Updates
 - RA Reports
 - Frequency Reports
 - EDGE Global Reference Data
 - New Delete Feature
 - Performance Improvements
 - RA performance improvement
 - HCRP performance improvement
 - Truncation Script Update

Report Updates

Report Updates

- Risk Adjustment Data Validation Population Statistics Summary (RADVPS) Report
 - Increased upper limits to 999,999,999,999.99:
 - totalMedicalPlanPaidAmount
 - averagePremium
 - totalPremiumAmount

```
<xsd:element name="averagePremium" minOccurs="1"
maxOccurs="1">
  <xsd:simpleType>
    <xsd:restriction base="xsd:decimal">
      <xsd:minInclusive value="0"/>
      <xsd:maxInclusive
value="999999999999.99"/>
    </xsd:restriction>
  </xsd:simpleType>
</xsd:element>
```

Report Updates (continued)

- Risk Adjustment Risk Score Summary (RARSS) Report
 - Removed two fields
 - meanNumberOfCooccurringHccsWHcc
 - threeMostFrequentCooccurringHccsWHcc

```
<totalRaPaymentHccEnrollees>0</totalRaPaymentHccEnrollees>
<totalRaPaymentRxcEnrollees>0</totalRaPaymentRxcEnrollees>
<meanRiskScoreForRaPaymentHccEnrollees>0.00</meanRiskScoreForRaPaymentHccEnrollees>
<meanRiskScoreForRaPaymentRxcEnrollees>0.00</meanRiskScoreForRaPaymentRxcEnrollees>
<totalEnrolleesWithoutRaPaymentHccs>5</totalEnrolleesWithoutRaPaymentHccs>
<totalEnrolleesWithoutRaPaymentRxcs>5</totalEnrolleesWithoutRaPaymentRxcs>
<totalMeanRsEnrolleeWRaPaymentHcc>0.09</totalMeanRsEnrolleeWRaPaymentHcc>
<totalMeanRsEnrolleeWRaPaymentRxc>0.09</totalMeanRsEnrolleeWRaPaymentRxc>
<percentTotalRAUtilizerCSR>0</percentTotalRAUtilizerCSR>
<percentTotalRaPaymentRxcEnrolleeWhoCSR>0</percentTotalRaPaymentRxcEnrolleeWhoCSR>
<meanRiskScoreTotalRaPaymentHccWithCSR>0.00</meanRiskScoreTotalRaPaymentHccWithCSR>
<meanRiskScoreTotalRaPaymentRxcWithCSR>0.00</meanRiskScoreTotalRaPaymentRxcWithCSR>
<meanRiskScoreTotalRaPaymentHccNoCSR>0.00</meanRiskScoreTotalRaPaymentHccNoCSR>
<meanRiskScoreRaPaymentRxcEnrolleesNoCSR>0.00</meanRiskScoreRaPaymentRxcEnrolleesNoCSR>
<meanUniqueDiagnosisPerUtilizers>0</meanUniqueDiagnosisPerUtilizers>
<meanUniqueNdcPerUtilizers>0</meanUniqueNdcPerUtilizers>
<meanUniqueDiagnosisPerRAUtilizers>0</meanUniqueDiagnosisPerRAUtilizers>
```

Report Updates (continued)

- Enrollee (without) Claims Summary (ECS) Report Update
 - Update to populate Pharmacy Claim field
 - rxClaimsFlaggedForRaSelection

```
</orphanMedicalClaims>0</orphanMedicalClaims>  
<orphanRxClaims>0</orphanRxClaims>  
<rxClaimsPaidAmount>0.00</rxClaimsPaidAmount>  
<medicalClaimsPaidAmount>3682510.00</medicalClaimsPaidAmount>  
<orphanRxClaimsPaidAmount>0.00</orphanRxClaimsPaidAmount>  
<orphanMedicalClaimsPaidAmount>338500.00</orphanMedicalClaimsPaidAmount>  
<subscriberPremiumAmount>33300.00</subscriberPremiumAmount>  
<medicalClaimsFlaggedForRaSelection>43</medicalClaimsFlaggedForRaSelection>  
<rxClaimsFlaggedForRaSelection>0</rxClaimsFlaggedForRaSelection>  
</includedPlanCategory>  
- <includedPlanCategory>
```

Report Updates (continued)

- Frequency by Data Element for Pharmacy Accepted Files (FDEPAF) Report Update
 - Increased upper limits to 999,999,999,999.99 at all levels:
 - totalAllowedCostForNonOrphanClaims
 - totalAllowedCostForOrphanClaims

```
<xsd:element
name="totalAllowedCostForOrphanClaims" minOccurs="1"
maxOccurs="1">
  <xsd:simpleType>
    <xsd:restriction base="xsd:decimal">
      <xsd:fractionDigits value="2"/>
      <xsd:minInclusive value="0"/>
      <xsd:maxInclusive
value="999999999999.99"/>
    </xsd:restriction>
```

Report Updates (continued)

- Frequency by Data Element for Medical Accepted Files Report (FDEMAF) Report Update
 - Increased upper limits to 999,999,999,999.99
 - totalAllowedCostForNonOrphanClaims
 - totalAllowedCostForOrphanClaims
 - totalPlanPaidAmountNonOrphanClaimsDerivedIndicatorY
 - totalPlanPaidAmountOrphanClaimsDerivedIndicatorN
 - totalPlanPaidAmountNonOrphanClaimsDerivedIndicatorY
 - totalPlanPaidAmountOrphanClaimsDerivedIndicatorN

```
name="totalAllowedCostForNonOrphanClaims" minOccurs="0"
maxOccurs="1">
  <xsd:simpleType>
    <xsd:restriction base="xsd:decimal">
      <xsd:fractionDigits value="2"/>
      <xsd:minInclusive value="0"/>
      <xsd:maxInclusive
value="999999999999.99"/>
    </xsd:restriction>
  </xsd:simpleType>
</xsd:element>
```

Report Updates (continued)

- Claim and Enrollee Frequency Report (CEFR) Update
 - Increased upper limits to 999,999,999,999.99 at all levels
 - totalAllowedCostForInpatientClaims
 - totalAllowedCostForOutpatientClaims
 - totalAllowedCostForProfessionalClaims
 - totalAllowedCostForPharmacyClaims
 - totalAllowedCostForAllClaims
 - totalPaidAmountForInpatientClaims
 - totalPaidAmountForOutpatientClaims
 - totalPaidAmountForProfessionalClaims
 - totalPaidAmountForPharmacyClaims
 - totalPaidAmountForAllClaims
 - totalAllowedCostForRaInpatientClaims
 - totalAllowedCostForRaOutpatientClaims
 - totalAllowedCostForRaProfessionalClaims
 - totalAllowedCostForRaPharmacyClaims
 - totalPlanPaidAmountForRaInpatientClaims
 - totalPlanPaidAmountForRaOutpatientClaims
 - totalPlanPaidAmountForRaProfessionalClaims
 - totalPlanPaidAmountForRaPharmacyClaims

```
<xsd:element
name="totalAllowedCostForRaOutpatientClaims" minOccurs="0"
maxOccurs="1">
  <xsd:simpleType>
    <xsd:restriction base="xsd:decimal">
      <xsd:minInclusive value="0"/>
      <xsd:maxInclusive
value="999999999999.99"/>
    </xsd:restriction>
  </xsd:simpleType>
</xsd:element>
```

Report Updates (continued)

- CEFR Report Updates
 - New fields added to plan-level category
 - totalDiagnosisCodeWithNonOrphanClaims
 - totalUniqueDiagnosisCodeWithNonOrphanClaims

```
<orphanMedicalClaims>8</orphanMedicalClaims>
<nonOrphanMedicalClaims>0</nonOrphanMedicalClaims>
<orphanRxClaims>1</orphanRxClaims>
<nonOrphanRxClaims>0</nonOrphanRxClaims>
<totalUniqueDiagnosisCodeWithNonOrphanClaims>0</totalUniqueDiagnosisCodeWithNonOrphanClaims>
<totalDiagnosisCodeWithNonOrphanClaims>0</totalDiagnosisCodeWithNonOrphanClaims>
<includedClaimCategory>
  <claimType>M</claimType>
  <countofTotalActiveClaims>0</countofTotalActiveClaims>
  <countofTotalInactiveVoidClaims>0</countofTotalInactiveVoidClaims>
  <totalClaimRecordsAccepted>0</totalClaimRecordsAccepted>
  <uniqueClaimRecordsResolved>7</uniqueClaimRecordsResolved>
```

EDGE Global Reference Data Update

EDGE Global Reference Data Update

- EDGE Global Reference Data Update

	Current	EDGE 32
Old	✓	✓
New	✓	✓
Update	✓	✓
Delete		✓

- Delete feature added:

- Used to retire or purge codes as needed
- Example: Diagnosis code O860 expired on 9/30/2018. CMS might choose to retire this code from the Diagnosis Code to Condition Category (CC) Mapping tables in 2019.

Performance Improvement

Performance Improvement

- Performance Updates
 - Creates new staging tables
 - Updates SQLs to refer to staging tables rather than ingest tables
- RA Performance Update
 - Will reduce execution time of RA commands
 - Expected improvement to be 20 – 30%
- HCRP Performance Update
 - Will reduce execution times of HCRP Commands
 - Expected improvement to be 20 – 30%

Truncation Script Update

Truncation Script Update

- Allows Truncation by data type
 - Enrollment Files
 - Medical and Supplemental Claims
 - Pharmacy Claims
- Current system requires truncation of all data
- New web form opens on September 23, 2019
 - Webinar tentatively scheduled for September 17, 2019

EDGE Server Truncation Method: * *Radio buttons*

- ☐ Complete Truncation
- ☐ Truncation by File Type

File Type(s) for the EDGE Server Truncation Request:

- ☐ Enrollment Claims
- ☐ Medical Claims and Supplemental Records
- ☐ Pharmacy Claims

EDGE 32.0 Report Documentation

- Draft documents were posted to the REGTAP Library on:
 - July 31, 2019:
 - Draft Risk Adjustment and Reinsurance (RARI) Interface Control Document (ICD) Addenda
 - XML/XSD Files
 - XML/XSD Zip File Contents Job Aid
 - August 5, 2019:
 - Draft Data Dictionaries
 - Draft Data Models

EDGE Server Status Reporting Overview

EDGE Server Status Reporting Background

- CMS instituted final rule 45CFR §153.700, requiring issuers of RA covered plans to operate a dedicated EDGE server to submit enrollment and claims data.
- Each benefit year, issuers report the status of their market participation and EDGE server.
 - Issuers can submit an explanation regarding why the identified HIOS ID(s) will not be submitting data.
- For the 2019 Benefit Year, issuers will report the status of their EDGE server using the EDGE Server Status Web Form.

New for 2019 Benefit Year



- To streamline processes, CMS requested Departments of Insurance (DOIs) to provide issuer market participation prior to populating the web form so companies can agree or disagree with their DOI.
- The BY2019 EDGE Server Status Web Form:
 - Provides information submitted by the State DOIs on the participation status for each HIOS Issuer ID and market for a company;
 - Provides information about what data submission actions your company the HIOS Issuer ID has completed for BY2019; and
 - Allows you to review and report on the status of your company's off calendar year policies with carry over coverage (i.e., Small Group Rollover Plans), if applicable.

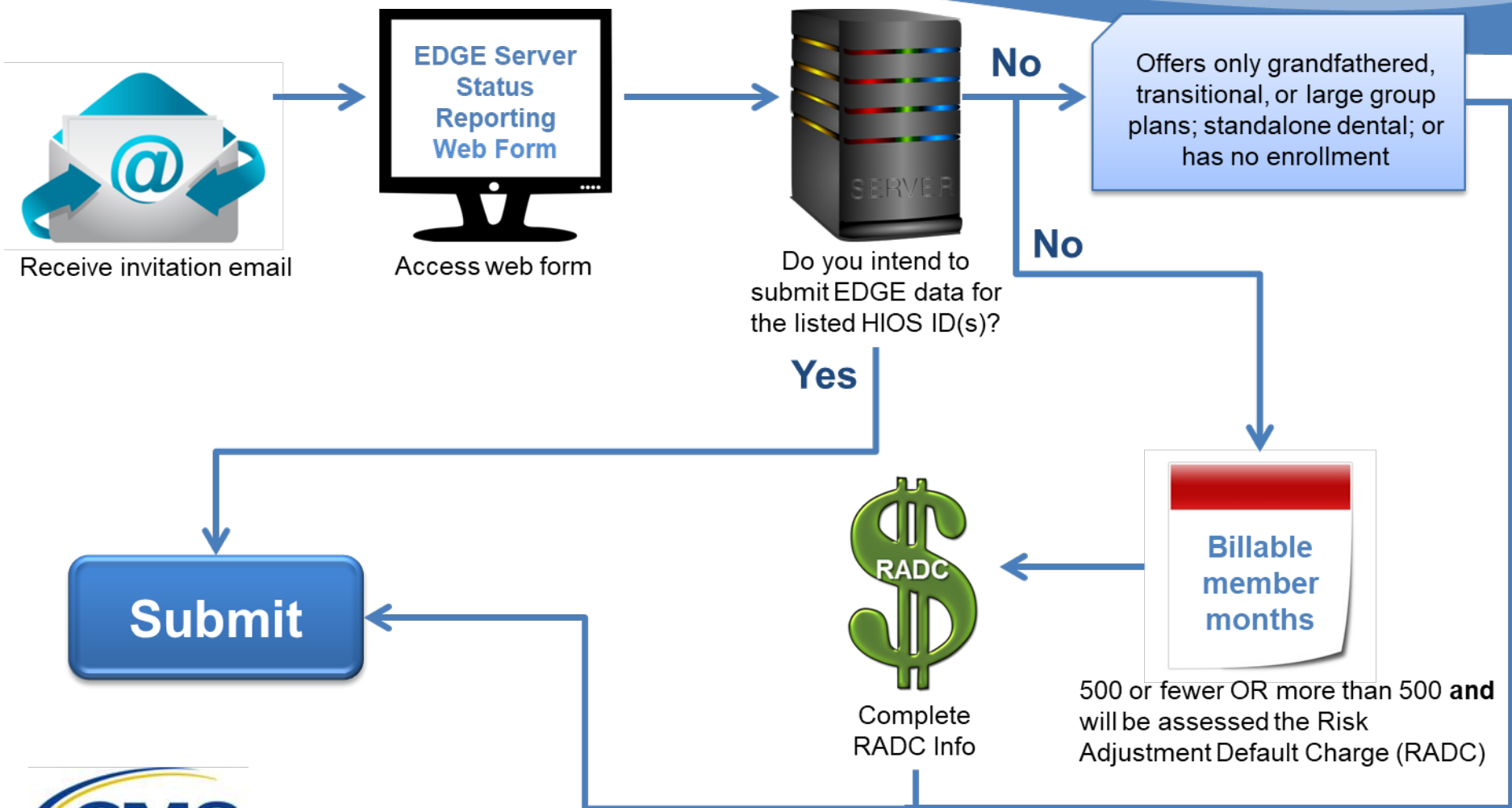
EDGE Server Status Invitation Email

- On August 19, 2019, all Chief Executive Officer (CEO) Designates and Alternate CEO Designates will receive an email from the RARIPaymentOperations@cms.hhs.gov mailbox with a link to the BY2019 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.

EDGE Server Status Reporting Process



EDGE Server Status Reporting Web Form

Welcome Page

Do you have an EDGE
Server Contact Database
Access Code?

YES

1. Enter the CEO Designate or Alternate CEO Designate email address in the **Login ID** field.
2. Enter your **Access Code**.
3. Select the **Log In** button.

NO

1. Select the **EDGE Server Contact Database** link to create an Access Code.
2. Return to the web form to log in.



NOTE

If you forgot your access code, select the **Forgot Access Code** link to reset it.

Welcome Page (continued)



[Guidance](#)

Welcome

The Centers for Medicare & Medicaid Services (CMS) requires all issuers licensed for individual or small group health insurance sales provide information related to their active markets and EDGE server participation.

For each benefit year, the following information must be reported by issuers to CMS:

- Participation in active market(s)
- Status of your company's EDGE server
- If applicable: Status of small group rollover plans
- If applicable: Provide an explanation regarding why data will not be submitted for the identified HIOS ID(s) by market

Purpose of this Web Form

The BY 2019 EDGE Server Status Web Form:

- Allows you to report the status of your company's BY 2019 EDGE server participation by market
- Allows you to report any new HIOS IDs that are subject to the HHS-operated risk adjustment program for BY 2019
- Provides information about what data submission actions your company has completed for BY 2019
- If applicable: Allows you to review and report on the status of your company's off calendar year policies with carry over coverage (i.e., Small Group Rollover Plans)

Submission Window

The first window for submitting BY 2019 EDGE server status is from **August 19, 2019 through August 30, 2019 at 11:59 pm ET.**

Completing This Web Form

To complete this web form, you must be the CEO Designate or the Alternate CEO Designate and you must have an EDGE Server Contact Database Access Code.

If you have not previously accessed the EDGE Server Contact Database, or if you have forgotten your Access Code, please navigate to the EDGE Server Contact Database to either create or reset your access code via the following link:

<https://acapaymentoperations.secure.force.com/EdgeContactDatabase>

Enter the CEO Designate or Alternate CEO Designate email address into the Login ID field, enter your EDGE Server Contact Database Access Code into the Access Code field, and select the Login button.

The red asterisk (*) indicates required fields.

* Login ID:

* Access Code:

[Forgot Access Code](#)

Log In

Note: If your company's CEO Designate has changed, then you must ensure the contact information has been updated in the EDGE Server Contact Database web form:
<https://acapaymentoperations.secure.force.com/EdgeContactDatabase>

You will not be able to complete the process until the update to the CEO Designate's information has been completed.



Small Group Rollover SCIDs/HIOS IDs Page

- The web form requires your company to review and to verify the HIOS IDs and Standard Component IDs (SCIDs) associated with your company's Small Group Rollover Plans.
 - Small Group Rollover Plans are off-calendar year policies with carry over coverage (i.e. offered small group plans in 2018 but did not offer them for new enrollment in 2019).



The web form will only navigate to this page if you have Small Group Rollover Plans.

Small Group Rollover SCIDs/HIOS IDs Page (continued)

- The Small Group Rollover SCIDs/HIOS IDs page allows you to download a CSV file containing:
 - A list of the HIOS IDs and SCIDs associated with your company's small group rollover plans
 - The data submission actions taken by your company
- CMS recommends reviewing this file prior to proceeding in the web form, as you will be required to validate the information contained within the CSV on the Small Group Rollover Market Information page.
 - You will have the opportunity to add any missing HIOS IDs and the number of associated SCIDs, using the Add HIOS ID for Small Group Rollover page.

Small Group Rollover SCIDs/HIOS IDs Page (continued)



[Guidance](#)

Small Group Rollover SCIDs/HIOS IDs

Please do not proceed without reading the below information.

The BY 2019 EDGE Server Status Web Form requires your company to review and to verify the HIOS IDs and Standard Component IDs (SCIDs) associated with your company's small group rollover plans.

CMS utilized various internal data sources to compile a CSV file containing a list of the HIOS IDs and SCIDs associated with your company. Additionally, this file contains information about each HIOS ID/SCID combination's small group rollover status and the data submission actions taken by your company.

Select the [Download HIOS ID/SCID Information CSV File](#) link to download the CSV file containing the information associated with your company's small group rollover plans. Please save this document for your records.

[Download HIOS ID/SCID Information CSV File](#)



The HIOS ID/SCID Information CSV file contains the following for each HIOS ID/SCID combination:

- HIOS ID
- SCID
- Issuer Legal Business Name (LBN)
- Exchange Type (On Exchange, Off Exchange)
- Metal level (Catastrophic, Bronze, Silver, Gold, Platinum, etc.)
- Rating area
- Data submission information (EDGE Plan Data)

Please review this file as you will be required to validate the information contained within the CSV on the **Small Group Rollover Market Information** page.

If you identify one or more missing HIOS IDs, you will have the opportunity to add each one using the **Add HIOS ID for Small Group Rollover** page.

Because the BY 2019 EDGE Server Status Web Form must be completed in a single session, we recommend that you collect all necessary information prior to continuing.

To exit this web form and return at a later time, select the **Exit** button.

If you have reviewed the CSV file and are ready to proceed, please select the **Continue** button.

Exit

Continue



Contact Information Page

- Your Submitter contact information is pre-populated from the EDGE Server Contact Database.
- Enter the Alternate Contact information.
 - The Submitter and Alternate Contact information must be different.
- Select the **Continue** button.

Contact Information Page (continued)



[Guidance](#)

Contact Information

Instructions

Your contact information was pulled from the EDGE Server Contact Database and included as the **Submitter** contact information for this web form.

Enter your **Alternate Contact** Information in the fields provided. The **Submitter** and the **Alternate Contact** must be different.

Note: Alternate Contact and Submitter Contact information will be displayed on the **Summary** page.

The red asterisk (*) indicates required fields.

Alternate Contact Information

* First Name: Anon	* Last Name: Amous
* Email Address: AAmous@company.gov	* Job Title: BA
* Phone Number: (222) 222-2222	Phone Extension: 4321

Form Navigation

Select the **Back** button to return to the previous page of the web form. Select the **Exit** button to close the form. All information entered up to this point will be lost. Select the **Continue** button to advance to the next page of the web form.

Back

Exit

Continue



BY2019 Market Participation/EDGE Server Status

- The Market Participation by HIOS ID table contains HIOS ID(s) associated with your company and the status provided by the state's DOI.
 - To generate a PDF containing the information verified by the DOI for all HIOS IDs and markets, select the '**View DOI Reported Information PDF**' button.
 - To review the information provided by the DOI for an individual HIOS ID, select the '**View Details**' link in the DOI Reported Market Participation Status column.

BY2019 Market Participation/EDGE Server Status (continued)



CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION
& INSURANCE OVERSIGHT

[Guidance](#)

BY 2019 Market Participation/EDGE Server Status

Instructions

The Market Participation by HIOS ID table has been pre-populated with HIOS ID(s) associated with your company and the status provided by the state's Department of Insurance (DOI) associated with the HIOS IDs. To see an overview of all of the information verified by the DOI, please select the View DOI Reported Information PDF button below to generate a PDF.

Company Name: Health Market Company

[View DOI Reported Information PDF](#)

BY2019 Market Participation/EDGE Server Status (continued)

- For each HIOS ID, select '**Yes**' or '**No**' to indicate whether you agree with the DOI's Market Participation Status.
 - Select the '**Yes to All**' button if you wish to agree with the DOI's Market Participation Status for all HIOS IDs.
- Select a response from the dropdown to indicate if your company is offering Patient Protection and Affordable Care Act (PPACA)-compliant plans for BY2019 and if you will submit EDGE data.
 - If you select '**No, I do not intend to submit *EDGE Data***', then a Reason selection is required.

BY2019 Market Participation/EDGE Server Status (continued)

HIOS ID	Market	DOI Reported Market Participation Status	* Is the DOI Reported Status Correct? Yes to All	* Did You Sell or Have Enrollment in PPACA-Compliant Plans? As a Result, Will You Submit EDGE Data for 2019?	* Reason	Issuer Comments	Data Sources		
							EDGE Plan Data	URRT	HIOS
88880	Individual Catastrophic	Yes View Details	Yes ▼	--None-- ▼	--None-- ▼		Yes	Yes	Yes
88881	Small Group	Unknown View Details	--None-- ▼	Yes, I intend to sub ▼	--None-- ▼				
88882	Merged	Yes View Details	No ▼	No, I do not intend ▼	Has, or will have, n ▼		Yes	No	Yes

Form Navigation

Select the Back button to return to the previous page of the web form. Select the Exit button to close the form. All information entered up to this point will be lost. Select the Continue button to advance to the next page of the web form.

Back

Exit

Continue

BY2019 Market Participation/EDGE Server Status (continued)

- The Data Sources columns provide information about what data submission actions your company completed.
- These columns are informational; however, CMS encourages issuers to ensure all data is submitted, as required by applicable statutes.

HIOS ID	Market	DOI Reported Market Participation Status	* Is the DOI Reported Status Correct?	* Did You Sell or Have Enrollment in PPACA-Compliant Plans? As a Result, Will You Submit EDGE Data for 2019?	* Reason	Issuer Comments	Data Sources		
			Yes to All				EDGE Plan Data	URRT	HIOS
88880	Individual Catastrophic	Yes View Details	Yes ▾	--None-- ▾	--None-- ▾		Yes	Yes	Yes
88881	Small Group	Unknown View Details	--None-- ▾	Yes, I intend to sub ▾	--None-- ▾				

Add HIOS ID Page

- Select '**Yes**' or '**No**' to indicate whether there are additional HIOS IDs for which your company sold plans and will have EDGE data for the 2019 Benefit Year.
 - Do not add HIOS IDs if your company does not offer or have enrollment in any PPACA-compliant plans in the individual non-catastrophic, individual catastrophic, small group, or merged markets.



Web Form moves to the
Additional HIOS ID page

Add HIOS ID Page (continued)



[Guidance](#)

Add HIOS ID

Instructions

Select *Yes* or *No* to indicate whether there are additional HIOS IDs for which your company sold plans and will have EDGE data for the 2019 benefit year.

Do not add HIOS IDs if your company does not offer or have enrollment in any PPACA-compliant plans in the individual non-catastrophic, individual catastrophic, small group, or merged markets.

The red asterisk (*) indicates required fields.

* Additional HIOS IDs

- ☐ Yes
- ☐ No

Form Navigation

Select the **Back** button to return to the previous page of the web form. Select the **Exit** button to close the form. All information entered up to this point will be lost. Select the **Continue** button to advance to the next page of the web form.

Back

Exit

Continue



Add HIOS ID Page (continued)

- Enter all required information in the fields.

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[Guidance](#)

Additional HIOS ID

Instructions

Enter all required information in the fields below.

If you offered Individual Catastrophic Market Plans, then Catastrophic Market Participation must be indicated separately from Individual Non-Catastrophic Market.

Do not add HIOS IDs if your company does not offer or have enrollment in any PPACA-compliant plans in the individual non-catastrophic, individual catastrophic, small group, or merged markets.

Select the **Add to Table** button to add the HIOS ID to the Additional HIOS IDs Table.

The red asterisk (*) indicates required fields.

Company Name: Health Market Company

* HIOS ID: 00078

* Issuer Legal Business Name: Health Market Company

* State: ID

* Market: ☐ Individual Non-Catastrophic ☒ Individual Catastrophic ☐ Small Group ☐ Merged

Add to Table



If you offered Individual Catastrophic Market Plans, then Catastrophic Market Participation must be indicated separately from Individual Non-Catastrophic Market.

Small Group Rollover Market Information

- The Small Group Rollover Market Information table contains HIOS IDs that offered small group plans in 2018 but did not offer them for new enrollment in 2019.
- For each HIOS ID, indicate if there are any additional SCIDs not provided in the CSV.
 - If Yes is selected, enter the number of missing SCIDs.

Small Group Rollover Market Information (continued)



[Guidance](#)

Small Group Rollover Market Information

Instructions

The HIOS IDs listed in the Small Group Rollover Market Information table below offered small group plans in 2018 but did not offer them for new enrollment in 2019. The table below has been pre-populated with HIOS ID(s) associated with your company and the number of SCIDs associated with each HIOS ID. For a more detailed list of HIOS ID/SCID combinations that includes exchange type, metal level, and rating area, please refer to the [HIOS ID/SCID Information CSV File](#).

For each HIOS ID, indicate whether you agree with the information provided by the DOI.

The red asterisk (*) indicates required fields.

Company Name: Health Market Company

Small Group Rollover Market Information

HIOS ID	Total Number of Standard Component IDs (SCIDs)	* Are There Any Additional SCIDs Not Provided in the CSV? No to All	* How Many SCIDs Are Missing?	Issuer Comments	EDGE Plan Data
88880	5	Yes	3		
88882	6	No			Yes

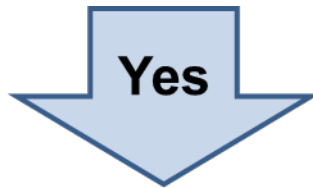
Form Navigation

Select the Back button to return to the previous page of the web form. Select the Exit button to close the form. All information entered up to this point will be lost. Select the Continue button to advance to the next page of the web form.



Add HIOS ID for Small Group Rollover Market Page

- Select '**Yes**' or '**No**' to indicate whether there are additional HIOS IDs that offered small group plans in 2018 but did not offer them for new enrollment in 2019.



Web Form moves to the
Additional HIOS ID page



Add HIOS ID for Small Group Rollover Market

[Guidance](#)

Instructions

Select Yes or No to indicate whether there are additional HIOS IDs associated with your company that offered small group plans in 2018 but did not offer them for new enrollment in 2019.

The red asterisk (*) indicates required fields.

* Additional HIOS IDs associated with small group rollover plans

- ☐ Yes
- ☐ No

Form Navigation

Select the **Back** button to return to the previous page of the web form. Select the **Exit** button to close the form. All information entered up to this point will be lost. Select the **Continue** button to advance to the next page of the web form.

Additional HIOS ID Page

- Enter all required information in the fields.

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[Guidance](#)

Additional Small Group Rollover HIOS ID

Instructions

Enter all required information in the fields below.

Do not add additional Small Group Rollover HIOS IDs unless your company offered small group plans in 2018 but did not offer them for new enrollment in 2019. When you have finished, select the Add to Table button to add the HIOS ID to the Additional HIOS IDs Table.

The red asterisk (*) indicates required fields.

Company Name: Health Market Company

* HIOS ID:

* Issuer Legal Business Name:

* State:

Market: Small Group Rollover Plan

* Number of Associated SCIDs:

Action	HIOS ID	Market	Issuer Legal Business Name	State	Number of Associated SCIDs	Issuer Comments
Edit Delete	80123	Small Group Rollover	Health Market Company	IN	3	

Form Navigation

Select the Back button to return to the previous page of the web form. Select the Exit button to close the form. All information entered up to this point will be lost. Select the Continue button to advance to the next page of the web form.



NOTE

Do not add additional Small Group Rollover HIOS IDs unless your company offered small group plans in 2018 but did not offer them for new enrollment in 2019.

Summary Page

- Review the following information for accuracy:
 - Market Participation by HIOS ID
 - Additional HIOS ID(s), if applicable
 - Small Group Rollover Market Information, if applicable
 - Additional Small Group Rollover Market Plans, if applicable
 - Contact Information
- Follow instructions and links to make changes, if necessary.

Summary Page (continued)



[Guidance](#)

Summary

Instructions

Review the information below to ensure accuracy prior to submitting the BY 2019 EDGE Server Status Web Form.

Market Participation by HIOS ID

Instructions

Select the Edit button to update the Market Participation by HIOS ID table.

HIOS ID	Market	DOI Reported Market Participation Status	Is the DOI Reported Market Participation Status Correct for 2019?	Did You Sell or Have Enrollment in PPACA-Compliant Plans? As a Result, Will You Submit EDGE Data for 2019?	Reason	Issuer Comments	Data Sources		
							EDGE Plan Data	URRT	HIOS
88880	Individual	Yes	Yes				Yes	Yes	Yes
88881	Catastrophic Small Group	Unknown	Yes						
88882	Merged	Yes	No	No, I do not intend to submit EDGE data.	Has, or will have, more than 500 billable member months and will be assessed a RADC.		Yes	No	Yes

Additional HIOS ID(s)

Small Group Rollover Market Information

Select the Edit button to update the Small Group Rollover Market Information table.

HIOS ID	Total Number of Standard Component IDs (SCIDs)	Are There Any Additional SCIDs Not Provided in the CSV?	How Many SCIDs Are Missing?	Issuer Comments	EDGE Plan Data
88880	5	Yes	3		
88882		No			Yes

Summary Page (continued)

Edit Contact Information

Contact Information

Select the **Edit Contact Information** button to update/edit contact information.

The red asterisk (*) indicates required fields.

Submitter Contact Information

First Name: Topsy

Last Name: Krets

Email Address: TKrets@company.gov

Job Title: Mngr

Phone Number: 222-333-4444

Phone Extension:

Alternate Contact Information

* First Name: Anon

* Last Name: Amous

* Email Address: aamous@company.gov

* Job Title: BA

* Phone Number: (222) 222-2222

Phone Extension:

Edit Contact Information

Form Navigation

Select the **Exit** button to close the web form. All information entered up to this point will be lost. Select the **Continue** button to advance to the next page of the web form.

Exit

Continue



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[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

Attestation Page

- The Attestation page requires the submitter to select the check box next to the attestation statement and enter the Attester contact information.
- The attester must be an individual with the authority to legally and financially bind the company.
- The submitter and attester do not have to be the same individual; however, the Attester must be aware of the BY2019 EDGE server status filing.

Attestation Page (continued)



[Guidance](#)

Attestation

Instructions

Prior to completing the BY 2019 EDGE server status process, an individual with the authority to legally and financially bind the company must attest to the information submitted in this web form.

To attest, the submitter must select the check box next to the attestation and complete the Attester Details.

Please note that the individual completing the web form does not need to be the Attester; however, the Attester must be aware of the BY 2019 EDGE server status filing as they will be the individual contacted if CMS identifies an issue or has questions.

The red asterisk (*) indicates required fields.

Attestation

As of 8/9/2019, I certify that the information entered for all of the HIOS ID(s) provided in this status submission is true, complete, and accurate to the best of my knowledge:

- ☒ * If my company becomes aware that the information contained in this BY 2019 EDGE Server Status form is incorrect, incomplete, or misreported, my company will promptly inform CMS.
- ☒ * If CMS identifies an issue or has questions about the information submitted, then I agree to be a contact for responding to such questions.
- ☒ * I acknowledge that failing to comply with the HHS-operated risk adjustment data requirements could result in my organization triggering the enforcement actions under 45 CFR § 153.740.
- ☒ * I acknowledge that the data submitted to the EDGE server and made available for the permanent risk adjustment program established under Section 1343 of the Affordable Care Act may be subject to the False Claims Act.
- ☒ * I am authorized to legally and financially bind my organization.

Attester Details ?

* **First Name:** Anon * **Last Name:** Amous
* **Email Address:** AAmous@company.gov * **Job Title:** BA
* **Phone Number:** (222) 222-2222 **Phone Extension:** 4321

Form Navigation

Select the **Cancel** button to discard your changes and return to the previous page. Select the **Exit** button to exit the web form. All information entered up to this point will be lost. Select the **Submit** button to submit the EDGE server status information and attestation.

Cancel Exit Submit



Confirmation Page

- An acknowledgement email will be sent to:
 - CEO Designate
 - Alternate CEO Designate
 - Alternate Contact
 - Attester
- The confirmation page includes a button to generate a PDF containing the information submitted.

Confirmation Page (continued)



Confirmation Page

Warning: Please print the PDF for your records before selecting the Exit button.

Thank you for your submission.

An acknowledgement email has been sent to the email addresses provided.

Please print and save the PDF document for your records. It is formal confirmation of attestation and submission of the BY 2019 EDGE server status web form for all applicable HIOS IDs.

Please direct any questions to raripaymentoperations@cms.hhs.gov.

Submission End Time: 8/9/2019 3:15 PM

An acknowledgment email was sent to the following email addresses:

TKrets@company.gov
aamous@company.gov

Print/Save

Select the PDF button to generate a PDF confirmation that contains your 2019 EDGE server status. Please print and save this document for your records.

PDF

Exit



EDGE Server Status Reporting Deadline

- The window for submitting 2019 EDGE Server Status is from August 19, 2019 to August 30, 2019 at 11:59 p.m. ET.



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 Series IX Webinar

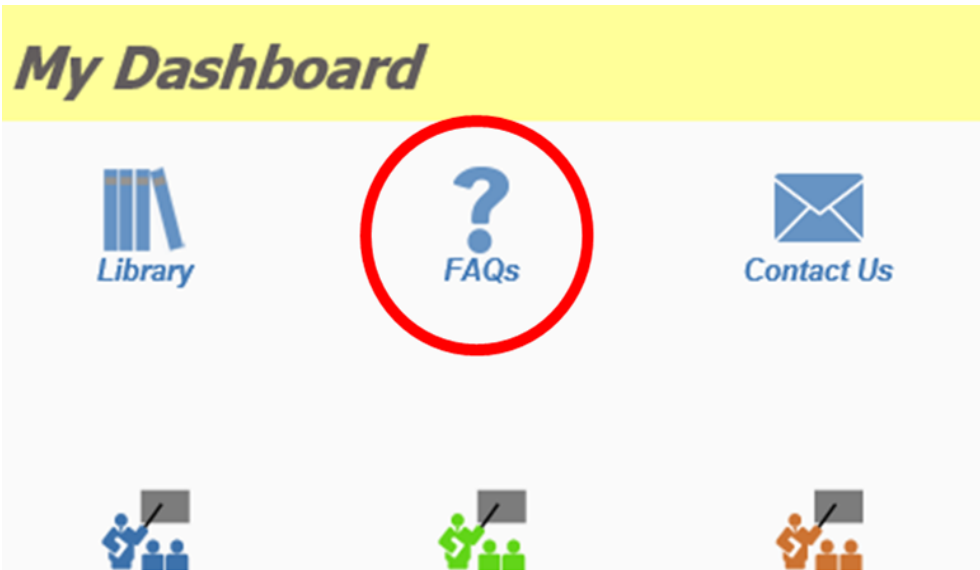
Webinar	Scheduled Event Date
Financial Management (FM) Community Build	August 20, 2019

Resources

Resources

Resource	Link/Contact Information
Center for Consumer Information and Insurance Oversight (CCIIO)	http://cms.gov/ccio/
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, Benefit Year, and Publish Date.

The 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>.



Distributed Data Collection (DDC) for Risk Adjustment (RA) Including High Cost Risk Pool (HCRP)/EDGE Server [Get Adobe Reader](#)

2018 RA Default Charge Data Submission
March 5 - April 12, 2019 (Deadline - 11:59 p.m. ET)

Days Left
28

EDGE 30.0 Released to Test and Production Zones

MARCH
29

EDGE SERVER TIMELINE
click image to enlarge

Welcome to the Distributed Data Collection (DDC) for Risk Adjustment (RA) Including High Cost Risk Pool (HCRP)/EDGE Server page designed to assist you with locating accurate and valuable information regarding External Data Gathering Environment (EDGE) server data submission.

CMS conducts the EDGE Server Webinar Series training sessions with the purpose of providing issuers with additional information related to data submission, testing, timelines, submission scenarios, and any additional guidance related to the data submission or blackout periods.

Please visit [CCIIO's Regulation and Guidance Page](#) for further guidance.

TOPICS OF INTEREST

REFERENCE TABLE UPDATES	BASELINE SUBMISSION
DATA SUBMISSION	ENROLLMENT SUBMISSION
MEDICAL SUBMISSION	PHARMACY SUBMISSION
SUPPLEMENTAL SUBMISSION	

EDGE Core Resources

EDGE Server Operations & Maintenance Manual (O&MM) V 4.0	EDGE Server Business Rules (ESBR) V 11.0	Interface Control Document (ICD) V 02.01.15	EDGE Server Mailbox Assistance
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[View More](#)

DDC/EDGE Server Resource Page

(continued)

TOPICS OF INTEREST

REFERENCE TABLE UPDATES	BASELINE SUBMISSION
DATA SUBMISSION	ENROLLMENT SUBMISSION
MEDICAL SUBMISSION	PHARMACY SUBMISSION
SUPPLEMENTAL SUBMISSION	

EDGE Core Resources

[EDGE Server Operations & Maintenance Manual \(O&MM\) V 3.0](#)



[EDGE Server Business Rules \(ESBR\) V 10.0](#)



[Interface Control Document \(ICD\) V 02.01.15](#)



[EDGE Server Mailbox Assistance](#)



[View More](#)

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

Closing Remarks

- Immediately following this session you will be directed to complete a survey.
 - Please take a moment to submit any ideas, suggestions, or feedback you may have regarding DDC EDGE Server Series IX.