RA/RI Attestation & Discrepancy Reporting Guide For the 2016 Benefit Year

Resources

The following RA/RI Attestation & Discrepancy Reporting resources are available for review or download:

- Attestation and Discrepancy Reporting web form: https://acapaymentoperations.secure.force.com/RARIReporting
- Attestation and Discrepancy Reporting webinar training materials from the REGTAP library in the "ACA Financial Appeals" Program Area: https://www.regtap.info
- December 23, 2016: Evaluation of EDGE Data Submissions for 2016 Benefit Year https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/EDGE-2016-Q_Q-Guidance_20161222v1.pdf

Introduction

All issuers of risk adjustment-covered plans and reinsurance-eligible plans are required to provide an attestation to CMS attesting that the enrollment, claims and encounter data submitted to the EDGE server by 4:00 p.m. ET on May 1, 2017, for the 2016 benefit year is accurate and has been submitted in accordance with the regulatory and operational guidance for the EDGE server, risk adjustment (RA) and reinsurance (RI) programs, as applicable.

If issuers identify a discrepancy between the data they believe should be present on their EDGE server(s) and what is reflected in their final EDGE risk adjustment and reinsurance report, they should qualify their attestation with a discrepancy.

CMS developed a web form for the 2016 benefit year RA/RI attestation and discrepancy reporting process. The web form uses the CEO Designate email address to determine the HIOS ID(s) for which each organization must provide attestation and if applicable, discrepancy reporting.

On May 8, 2017, each organization's CEO Designate and Alternate CEO Designate will receive a notification email containing information about the RA/RI attestation and discrepancy reporting process. This email contains a direct link to the attestation and discrepancy reporting web form.

This document is a step-by-step guide to log in, complete and submit the attestation and, if applicable, report any discrepancies within the web form for a company's HIOS ID(s).


The form is optimized for use with Google Chrome™ or Firefox®. Some form features, such as error messaging, may not function properly in Internet Explorer®.


The web form provides the option to save and exit from specific pages. You do not need to complete the entire attestation and discrepancy reporting process in a single session. For example, you can exit the form after saving a completed discrepancy if you have multiple discrepancies to submit. However, **you must complete the attestation and discrepancy reporting process for the 2016 benefit year by 11:59 p.m. ET Monday, May 22, 2017**.

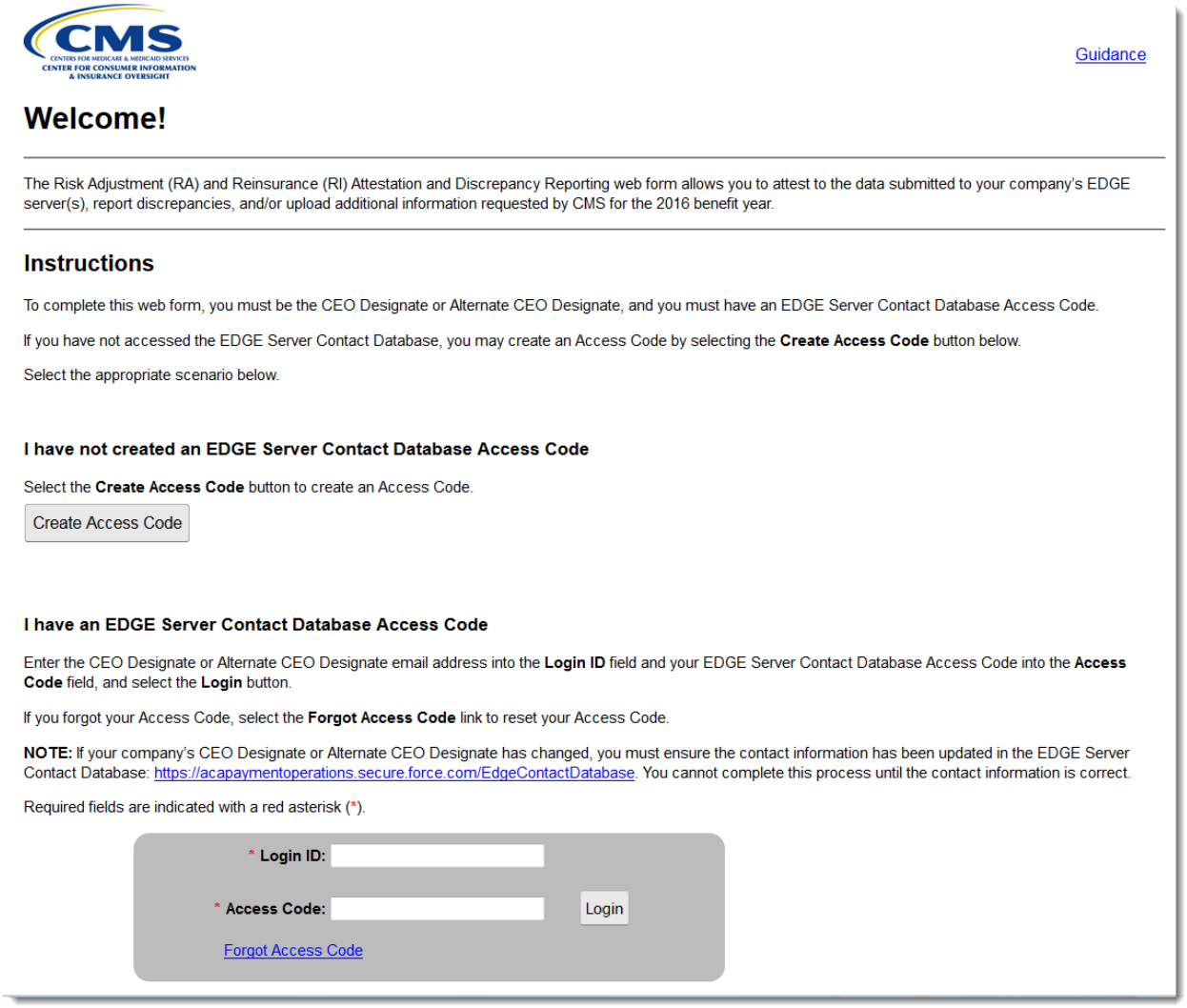
1 Welcome Page

Upon selecting the web form link for the 2016 Benefit Year Risk Adjustment and Reinsurance Attestation and Discrepancy web form, you are directed to the Welcome page (see Figure 1). Refer to Table 1 to determine how to proceed in the web form.

Table 1: Welcome Page

If	Then
You have an EDGE Server Contact Database Access Code,	Proceed to Section 1.1 – Log In with Access Code.
You have **not** previously accessed the EDGE Server Contact Database to create an Access Code,	Select the **Create Access Code** button and proceed to Section 1.2 – Create Access Code.
You have forgotten your EDGE Server Contact Database Access Code,	Select the **Forgot Access Code** link and proceed to Section 1.3 – Forgot Access Code.

Figure 1: Welcome Page



If your company's CEO Designate or Alternate CEO Designate has changed, you must ensure the contact information has been updated in the EDGE Server Contact Database: https://acapaymentoperations.secure.force.com/EdgeContactDatabase You cannot complete the attestation and discrepancy reporting process until the contact information is correct.

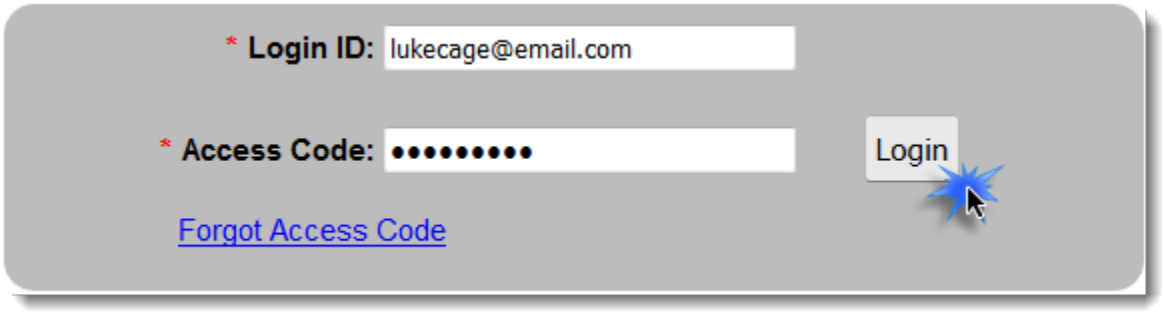
1.1 Log In With Access Code

If you have previously created an access code in the EDGE Server Contact Database web form, you will be ready to log into the 2016 Benefit Year Risk Adjustment and Reinsurance Attestation and Discrepancy web form following the steps in Table 2.

Table 2: Log In With Access Code

Step	Action
1	Enter the CEO Designate or Alternate CEO Designate email address in the **Login ID** field.
2	Enter your EDGE Server Contact Database Access Code in the **Access Code** field.
3	Select the **Login** button.
4	Proceed to Section 3 - Contact Information Page.

Figure 2: Login with Access Code



1.2 Create Access Code

The Welcome page requires the entry or creation of an access code. This web form is designed to accept the access code created for the CEO Designate or Alternate CEO Designate in the EDGE Server Contact Database. If you have not previously created an EDGE Server Contact Database access code, you may create an access code by following the steps in Table 3.

Table 3: Create Access Code

Step	Action
1	Select the **Create Access Code** button.
2	Enter a valid CEO Designate or Alternate CEO Designate email address in the **Email Address** field.

Step	Action
3	Enter an access code in the **Create Access Code** field. Access codes must meet the following requirements: • At least eight (8) characters but no more than 12 characters • At least one (1) capital letter • At least one (1) lower-case letter • At least one (1) number • Cannot begin with a number • Access codes must match
4	Re-enter the access code in the **Confirm Access Code** field.
5	Select a security question from the **Security Question 1** picklist.
6	Enter the security question answer in the **Security Question 1 Answer** field.
7	Select a security question from the **Security Question 2** picklist.
8	Enter the security question answer in the **Security Question 2 Answer** field.
9	Select the **Continue** button. You will be directed to the Access Code Confirmation page of the web form (see Figure 3).
10	Select the **Continue** button. You will be directed to the Welcome page of the web form. Proceed to Section 1.1 — Log In With Access Code.

Figure 3: Create Access Code Button

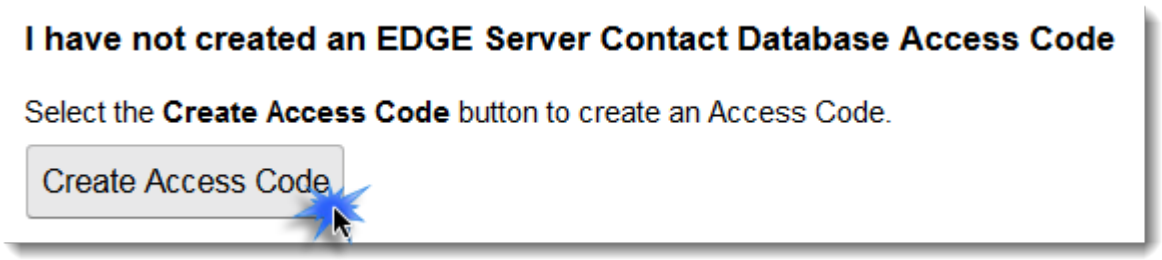


Figure 4: Create Access Code Page

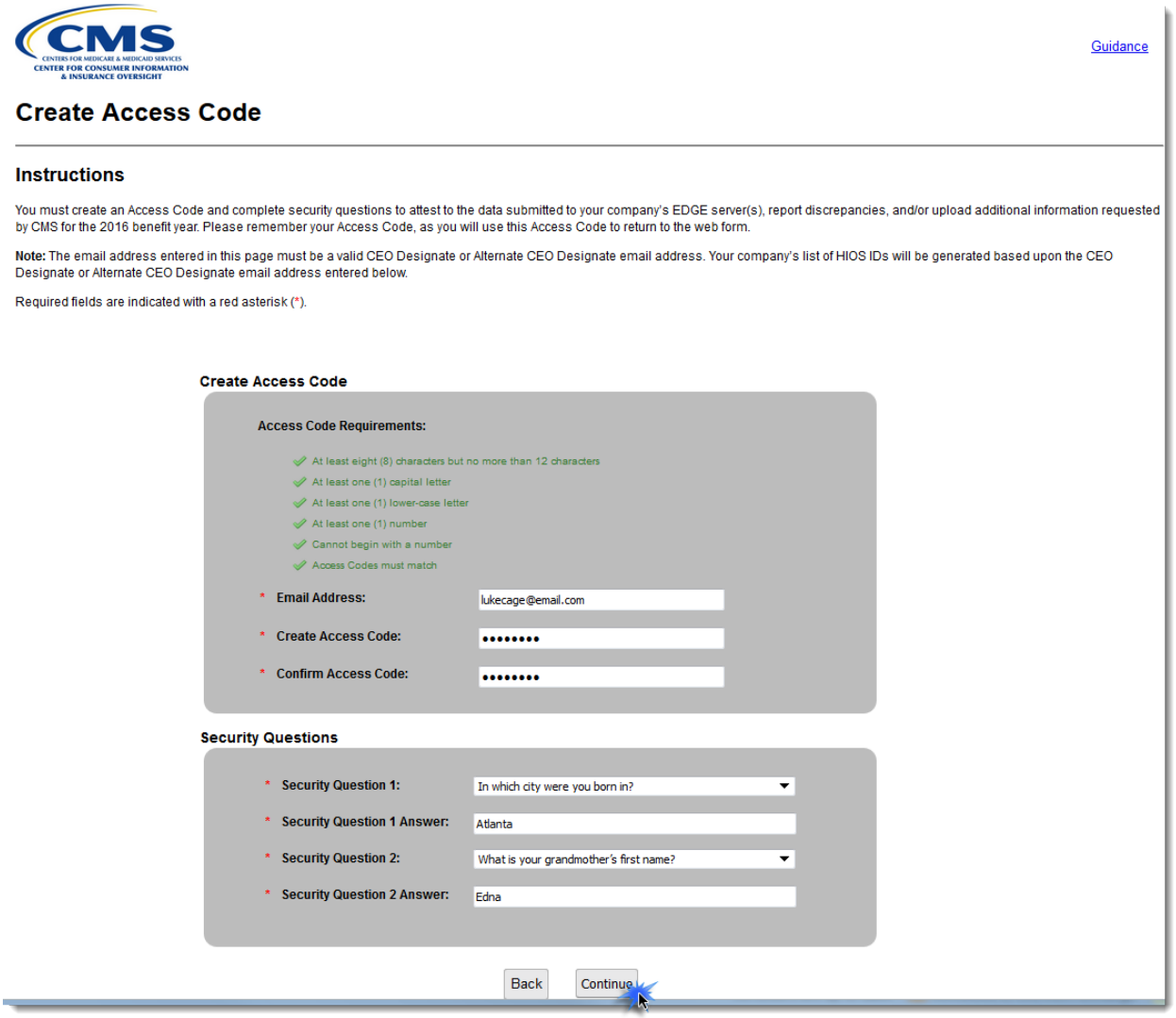
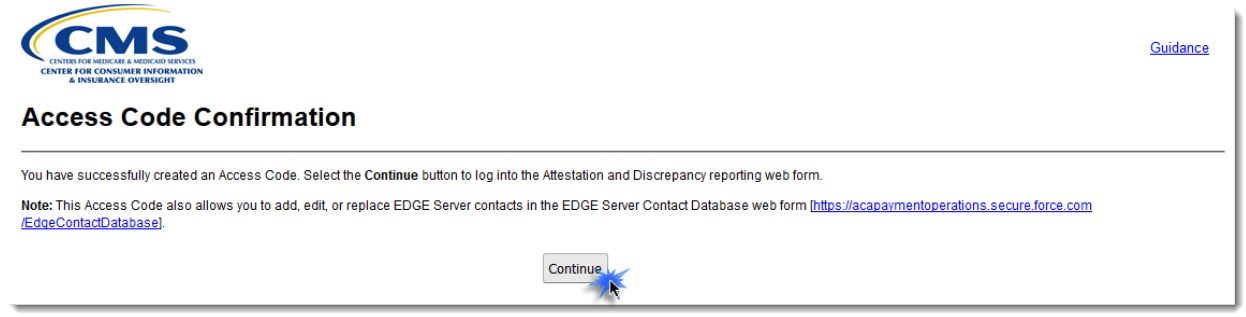


Figure 5: Access Code Confirmation Page



1.3 Forgot Access Code

The web form allows you to reset your access code from the Welcome page in the event you have forgotten the access code, as detailed in Table 4.

Table 4: Forgot Access Code

Step	Action
1	Select the **Forgot Access Code** link (see Figure 6).
2	On the Forgot Access Code page, enter the CEO Designate or Alternate CEO Designate email address in the **Email Address** field (see Figure 7).
3	Select the **Send PIN** button. A six-digit PIN will be sent to the CEO Designate or Alternate CEO Designate email address. For security purposes, the PIN will expire in 24 hours. ***Note: The PIN will expire after a single use.***
4	Enter the PIN in the **PIN** field. ***Note:*** *If you have navigated away from the web form, you do not need to request another PIN. Use the original link you were provided to access the web form and select the* ***Forgot Access Code*** *link again.*
5	Select the **Continue** button. You will be directed to the Reset Access Code page of the web form (see Figure 8).
6	On the Reset Access Code page, enter a new access code in the **New Access Code** field. Access codes must meet the following requirements: • At least eight (8) characters but no more than 12 characters • At least one (1) capital letter • At least one (1) lower-case letter • At least one (1) number • Cannot begin with a number • Access codes must match
7	Re-enter the access code in the **Confirm Access Code** field.
8	Enter the answer to Security Question 1 in the **Security Question 1 Answer** field.
9	Enter the answer to Security Question 2 in the **Security Question 2 Answer** field.

Step	Action
10	Select the **Continue** button. You will be directed to the Access Code Reset Confirmation page of the web form (see Figure 9).
11	Select the **Continue** button. You will be directed to the Welcome page of the web form. Proceed to Section 1.1 — Log In With Access Code.

Figure 6: Forgot Access Code Link

Figure 7: Forgot Access Code Page

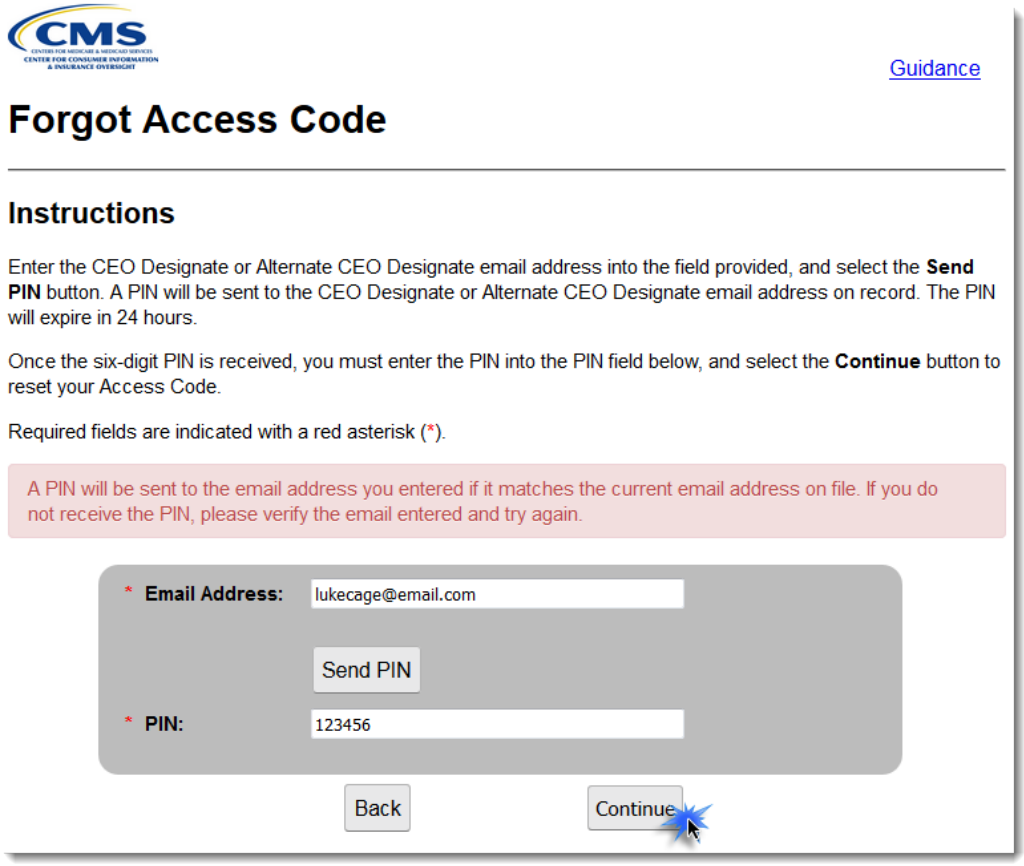


Figure 8: Reset Access Code Page

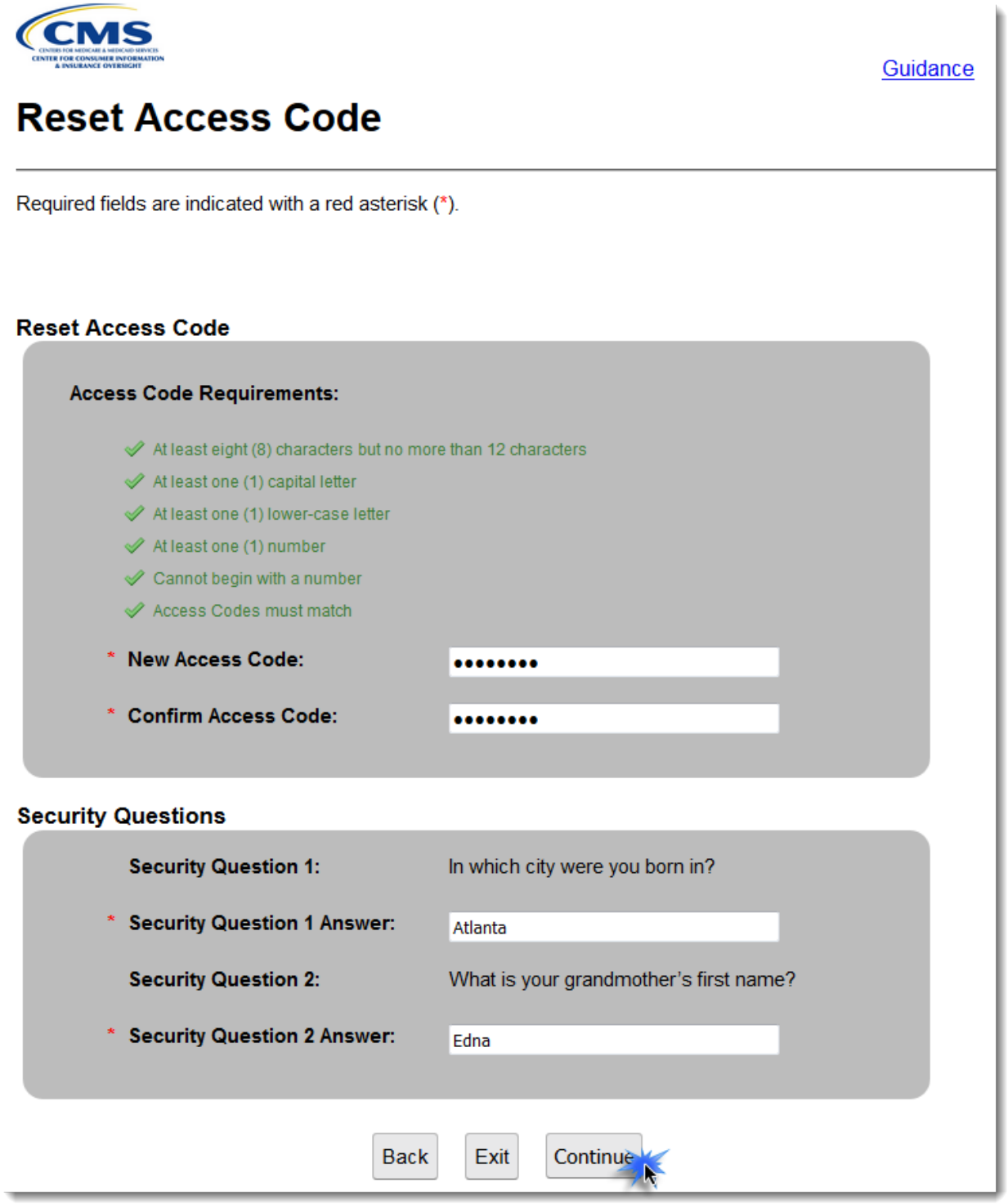
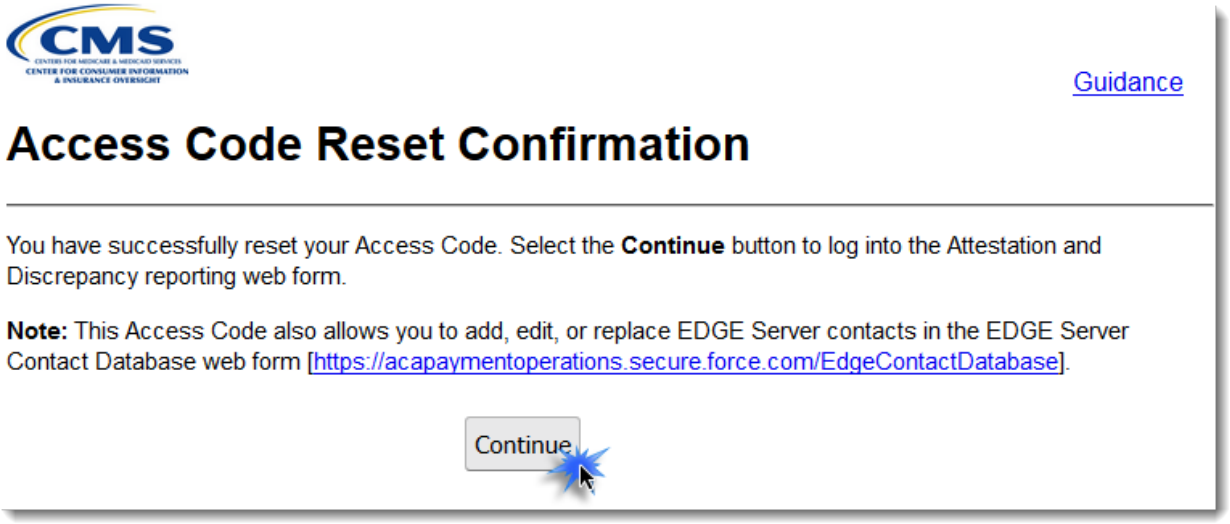


Figure 9: Access Code Reset Confirmation Page



2 Contact Information Page

Upon successfully logging into the web form, the form will navigate to the Contact Information page. Contact information will be pulled from the EDGE Server Contact Database and included as the submitter contact information for this web form. The Contact Information page requires the Alternate Contact Information and Company Mailing Address to be entered in the fields provided following the steps in Table 5. The Submitter and Alternate Contacts must be different.

The Contact Information page includes an indicator regarding whether or not your company's CEO contact information has been added to the EDGE Server Contact Database.

Table 5: Contact Information Page

Step	Action
1	Enter the Alternate Contact information (must be different from the Submitter Contact): • Alternate Contact First Name • Alternate Contact Last Name • Alternate Contact Job Title • Alternate Contact Email Address • Alternate Contact Phone Number • Alternate Contact Phone Extension (optional)

Step	Action
2	Review the CEO Contact Information section (see Figure 11). Note: A red "X" indicates that your company's CEO contact information has not been added to the EDGE Server Contact Database web form. Access the EDGE Server Contact Database web form to add the CEO contact information. A green checkmark indicates that your company's CEO contact information has been updated in the EDGE Server Contact Database.
2	Enter the Company Mailing Address information: • Company Mailing Address Line 1 • Company Mailing Address Line 2 (optional) • City • State • Zip Code
3	Select the **Continue** button.

Figure 10: Contact Information Page

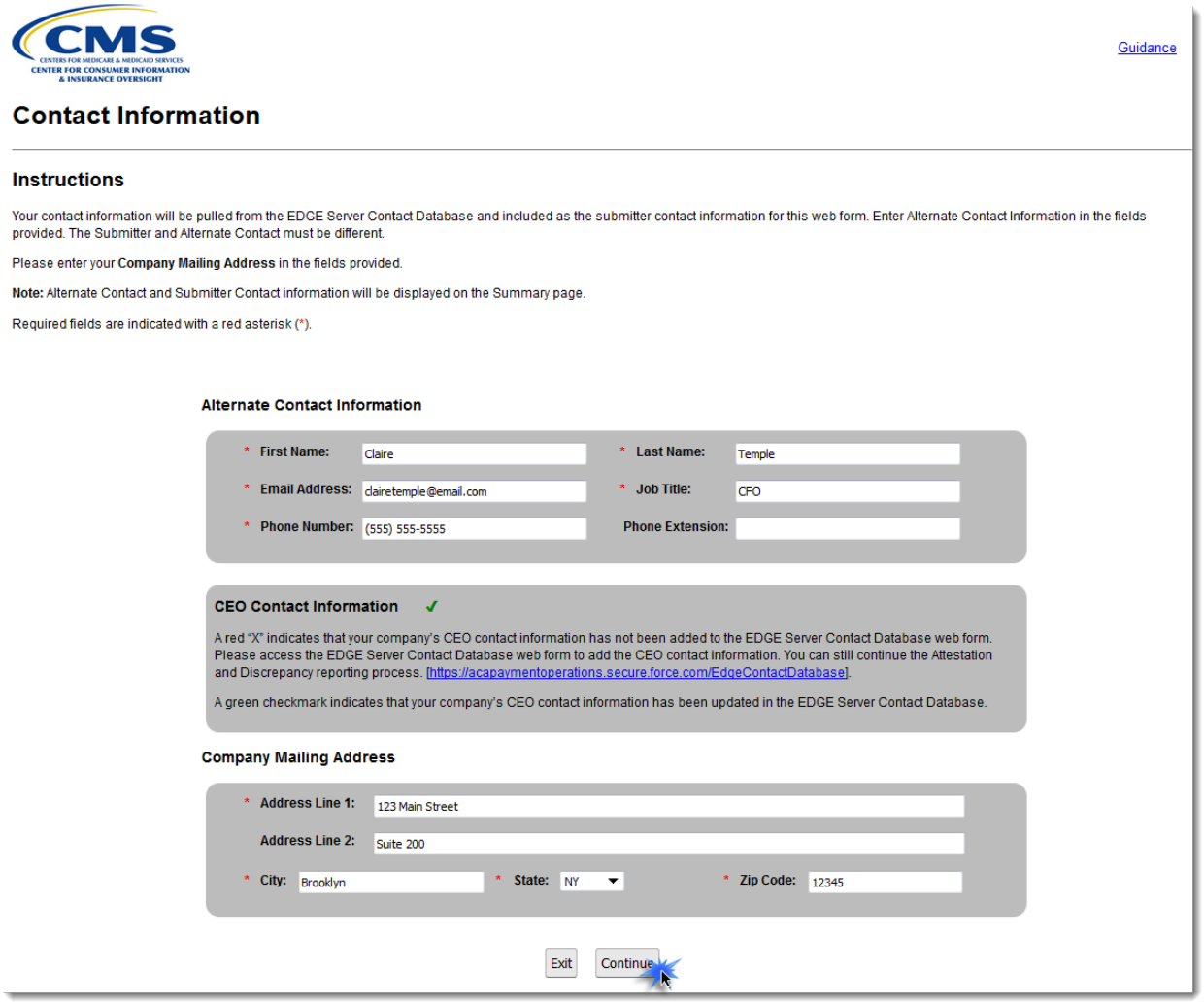


Figure 11: CEO Contact Information Section

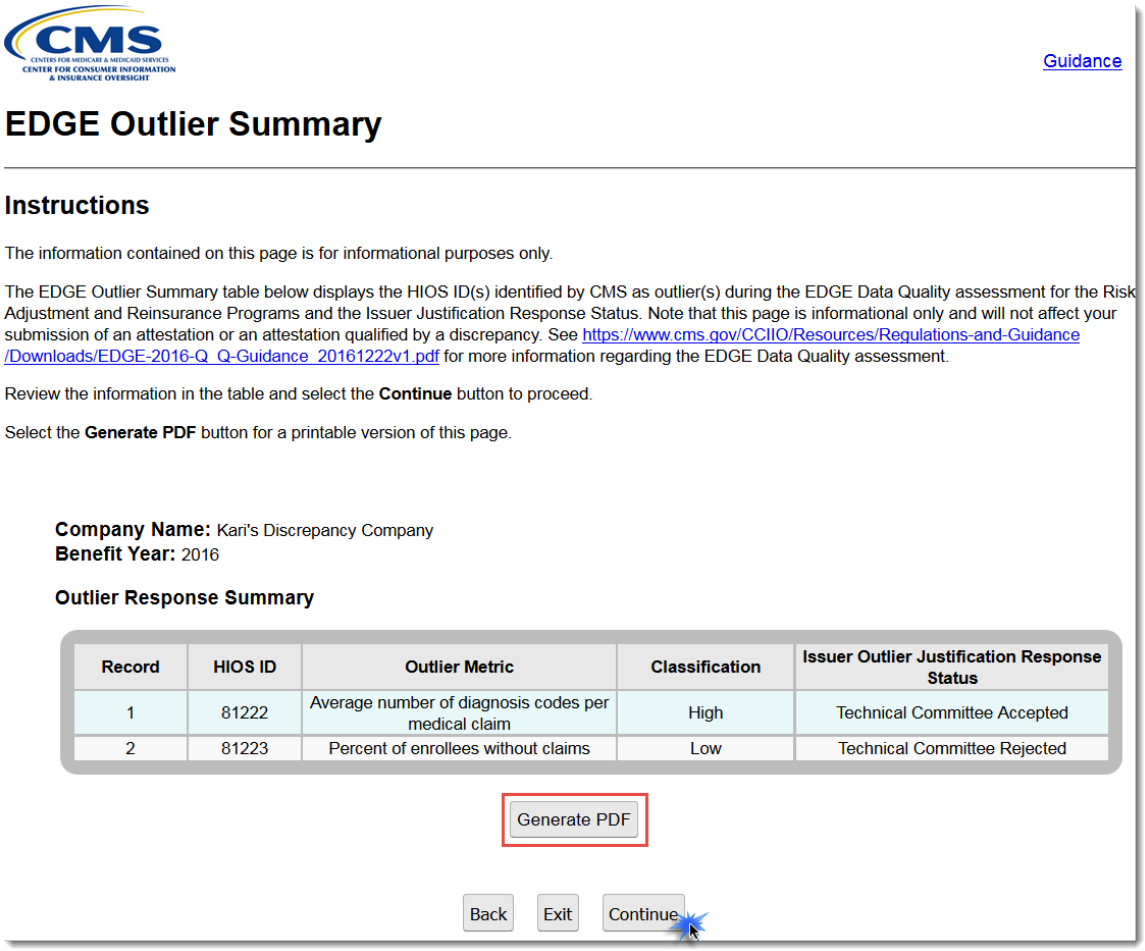
2.1 EDGE Outlier Summary Page

The EDGE Outlier Summary page (see Figure 12) displays the HIOS ID(s) identified by CMS as outlier(s) during the EDGE Data Quality assessment for the 2016 benefit year Risk Adjustment and Reinsurance programs and the Issuer Justification Response Status. **This page is informational only and will not affect the submission of an attestation or an attestation qualified by a discrepancy.** Follow the steps in Table 6 to proceed to the next page of the web form.

Table 6: EDGE Outlier Summary Page

Step	Action
1	Review the information in the table.
3	Select the **Generate PDF** button for a printable version of this page.
2	Select the **Continue** button.

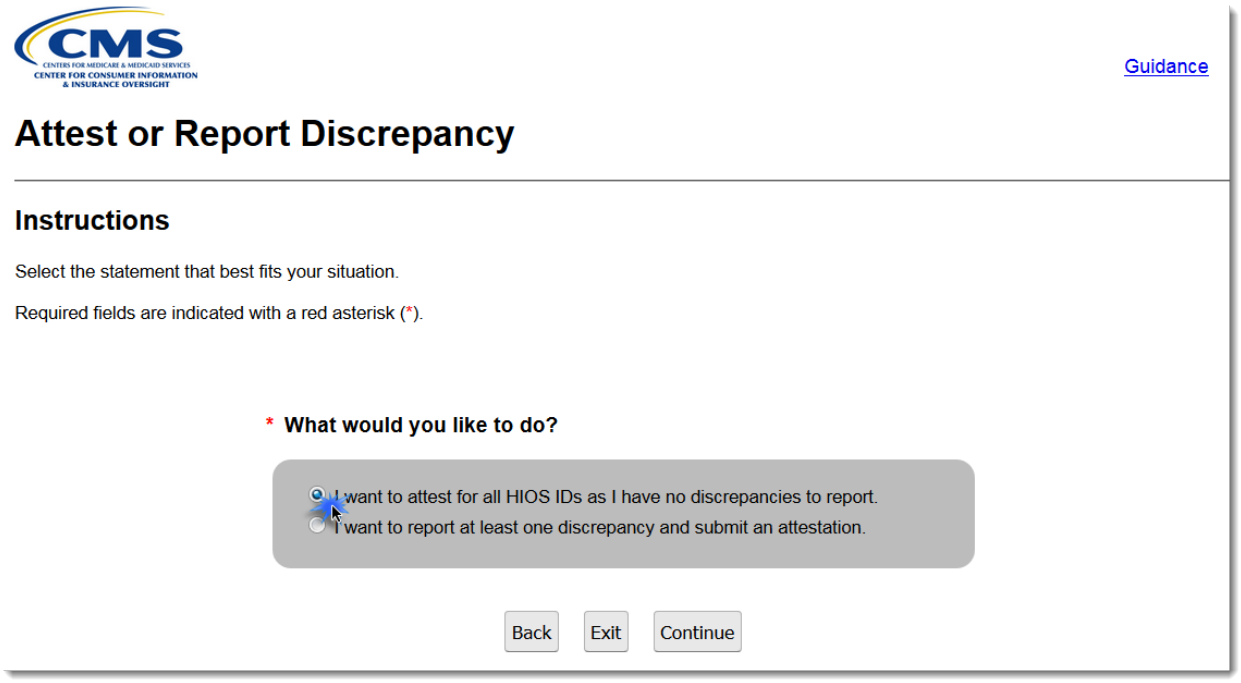
Figure 12: EDGE Outlier Summary Page



3 Attest or Report Discrepancy Page

From the EDGE Outlier Summary page, the form navigates to the Attest or Report Discrepancy page (see Figure 13). To submit an attestation for all HIOS IDs see Section 4.1. To report at least one discrepancy and submit an attestation, see Section 4.2.

Figure 13: Attest or Report Discrepancy Page



3.1 Attest for All HIOS IDs

Table 7: Attest for All HIOS IDs

Step	Action
1	Select the radio button next to the statement, "I want to attest for all HIOS IDs as I have no discrepancies to report."
2	Select the **Continue** button. The form will navigate to the Summary page (see Figure 14). **Note:** If you discover after navigating the the Summary page that you would like to report a discrepancy, you will be provided the opportunity to do so before submitting Attestation.
3	Review the **No Discrepancies Reported for the Following HIOS ID(s)** section.

Step	Action
4	Review the **Contact Information** section for accuracy.
5	To edit Contact Information, select the **Edit Contact Information** button. ***Note:*** *All fields for the Submitter Contact and the Alternate Contact Email Address field are display only.*
6	Select the **View** link to review the **Outlier Response Summary**
7	Select **Yes** or **No** to the question, "Do you have a new discrepancy to report?"
8	Select the **Continue** button.
9	Proceed to the appropriate section based on the response to "Do you have a new discrepancy to report?"

If	Then
Yes	Proceed to Section 4.2 – Report Discrepancy and attest.
No	Proceed to Section 5 – Submitting an Attestation.

Figure 14: Summary Page

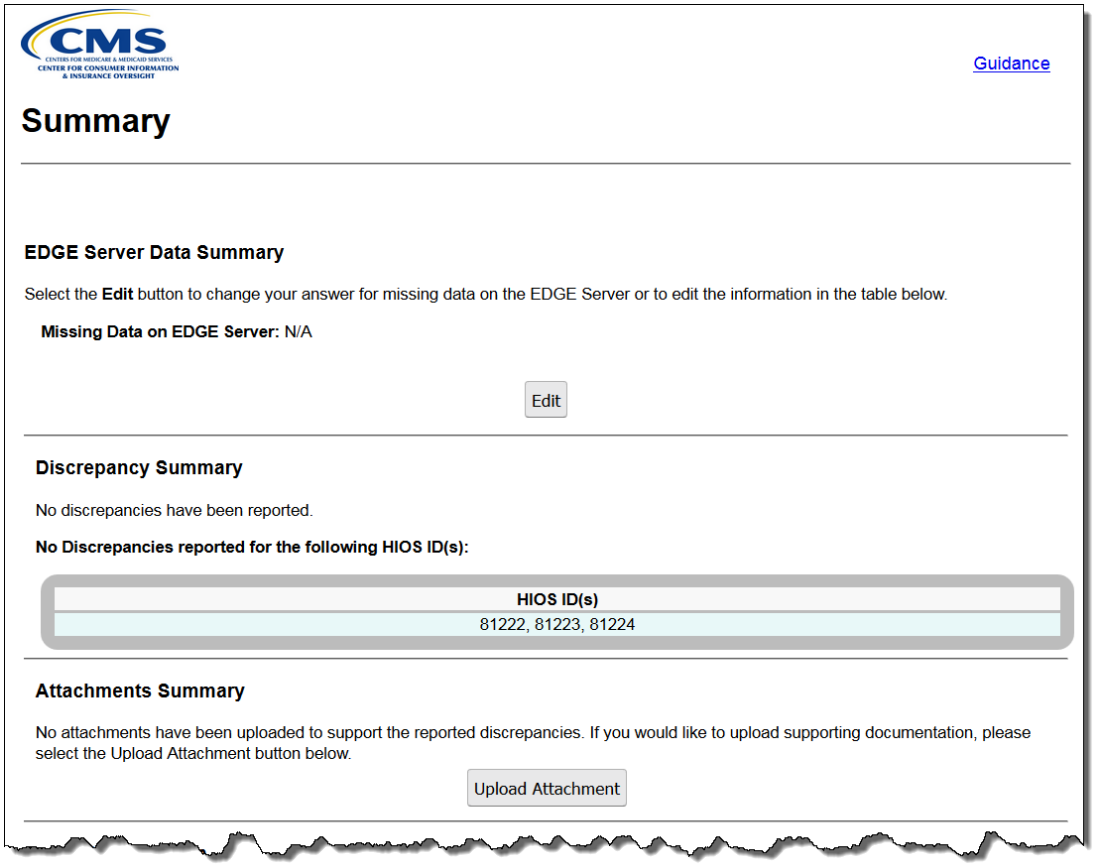
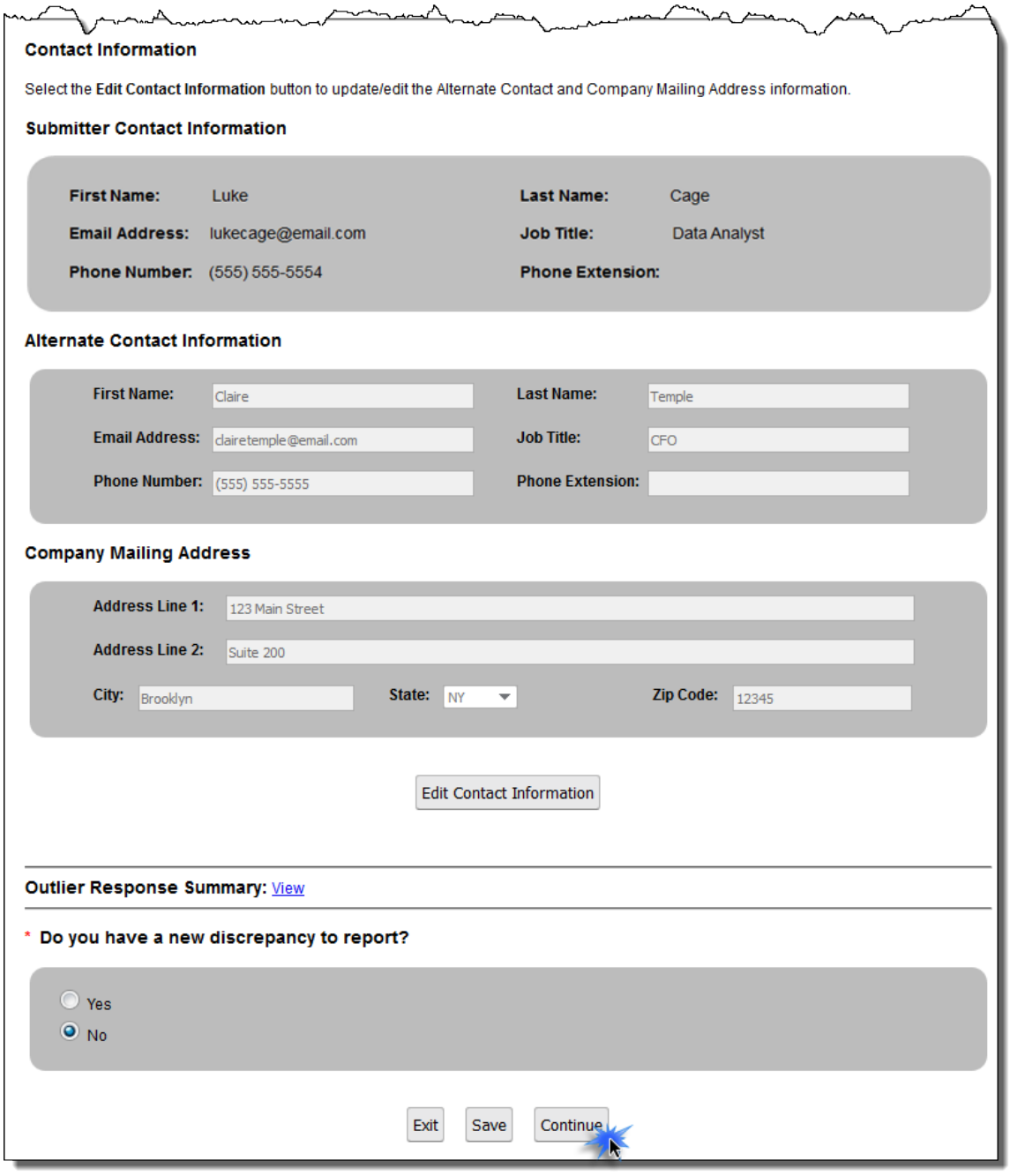


Figure 15: Summary Page, Continued



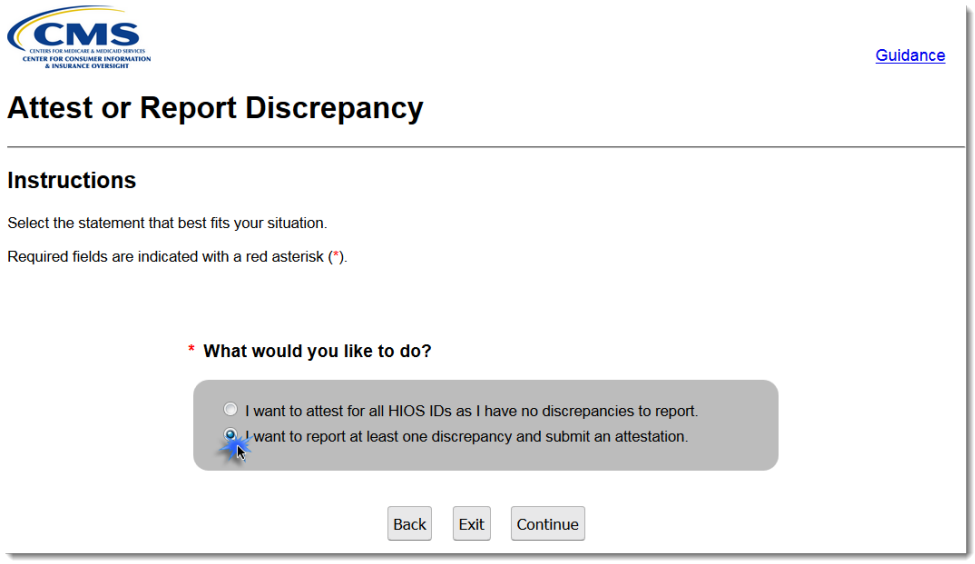
3.2 Report Discrepancy and Attest

In order to report a discrepancy, you must complete all required steps and associated pages. Table 8 outlines the overall process for reporting discrepancies.

Table 8: Reporting a Discrepancy Steps

Step	Action
1	Select the radio button next to the statement, "I want to report at least one discrepancy and submit an attestation." (See Figure 16).
2	Select the **Continue** button. The form will navigate to the EDGE Server Data page.
3	Complete the EDGE Server Data page (see Section 4.2.1) and select the **Continue** button. **Note:** You have the option to save all information entered to this point from this page.
4	Complete the Discrepancy-Specific Information page (see Section 4.2.2) and select the **Continue** button. The form will navigate to the Discrepancy Description page.
5	Complete the Discrepancy Description page (see Section 4.2.3) and select the **Continue** button. The form will navigate to the Summary page.
6	Review the information on the Summary page (see Section 4.2.4) and select the **Continue** button. **Note:** You have the option to save all information entered to this point from this page.

Figure 16: Report Discrepancy Selection



3.2.1 EDGE Server Data Page

Table 9: Participation Questions

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>On the EDGE Server Data page, select Yes or No to the question, “Are you missing any data on your EDGE Server(s) (e.g. you have un-submitted data)?”
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Yes</td><td>A. Use the arrow button to select the HIOS ID(s) and market(s) missing data on the EDGE Server.
B. Select the Create Data Table. This table is required to submit data on the nature and quantity of missing data.
C. Provide the required information for each HIOS ID and associated market within the Data Table.
D. Select the Save button.
Note: Select the Delete Data Table button to remove all data from the table.</td></tr>
<tr><td>No</td><td>Continue to Step 2.</td></tr>
</table></td></tr>
<tr><td>2</td><td>Select the Continue button. The form will navigate to the Discrepancy-Specific Information page.</td></tr>
</table>

Figure 17: EDGE Server Data Page

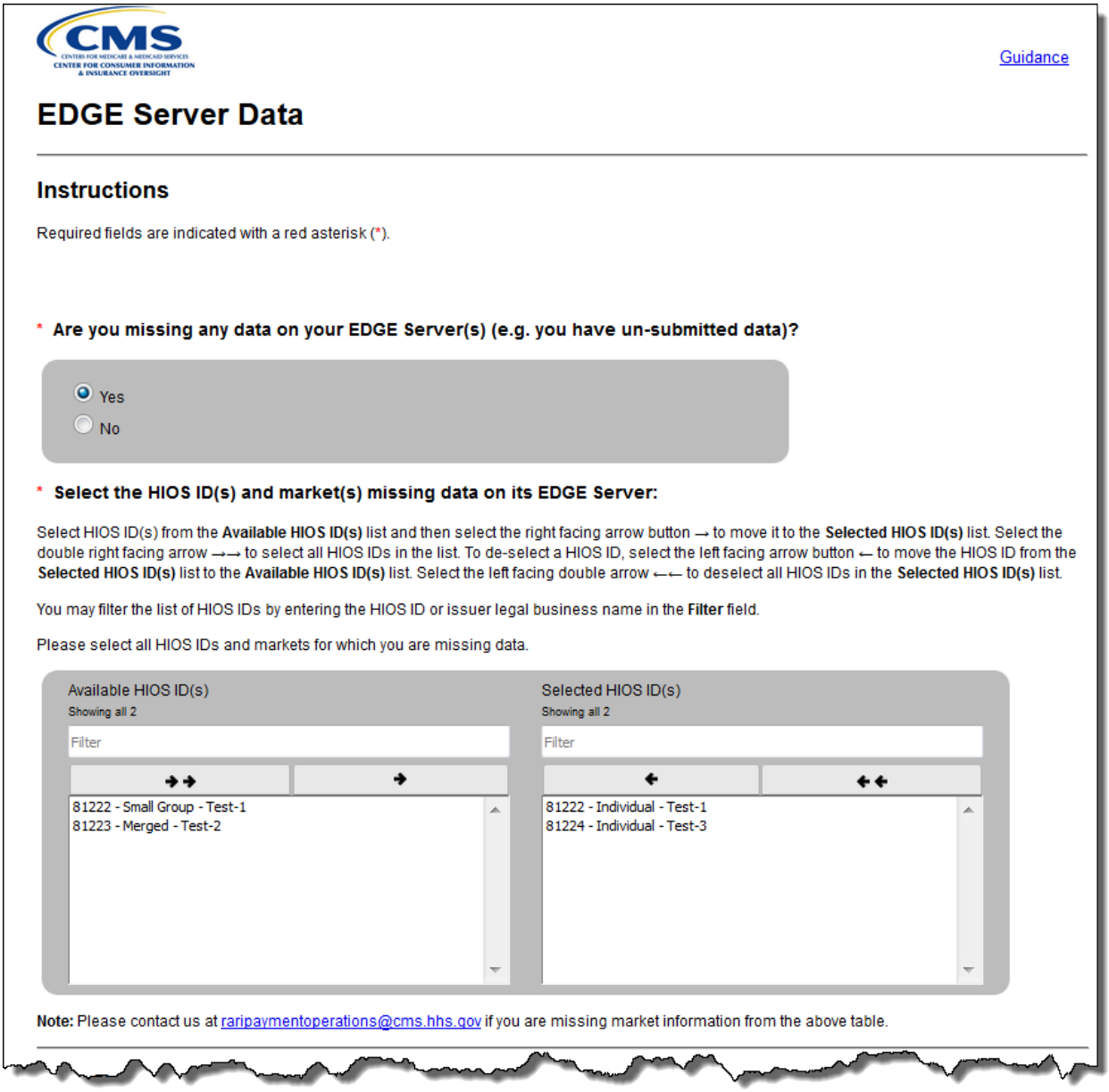
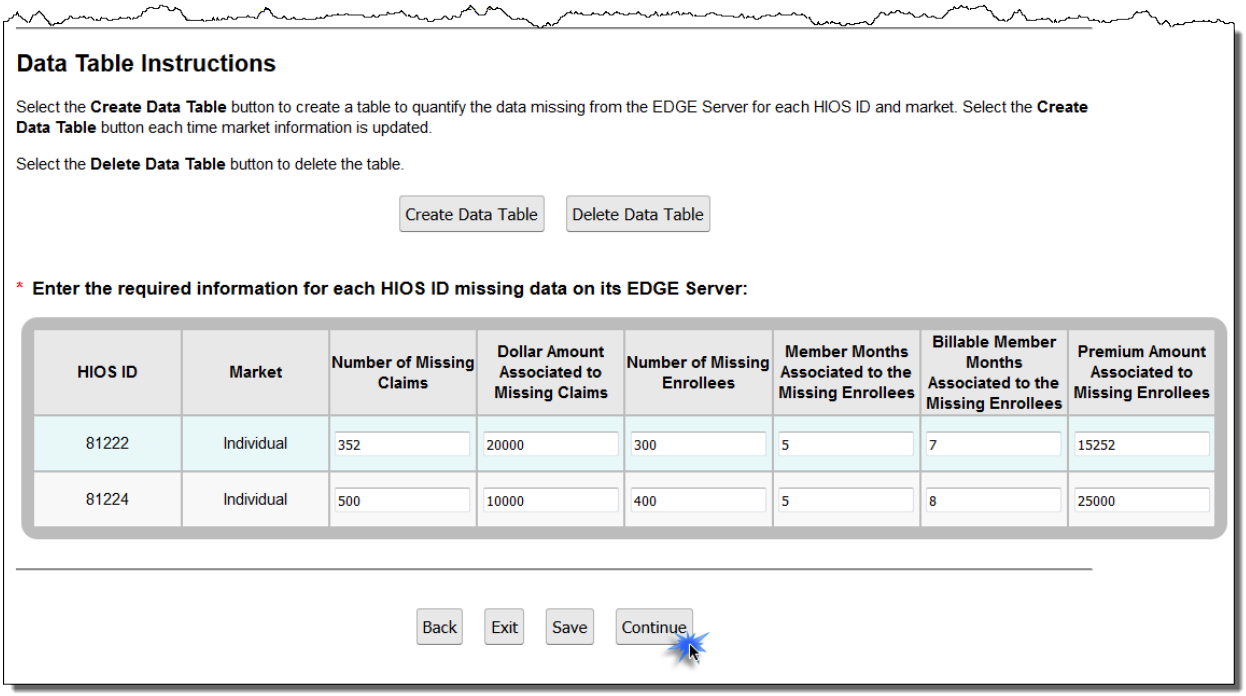


Figure 18: EDGE Server Data Page (continued)



Data Table Instructions

Select the **Create Data Table** button to create a table to quantify the data missing from the EDGE Server for each HIOS ID and market. Select the **Create Data Table** button each time market information is updated.

Select the **Delete Data Table** button to delete the table.

Create Data Table | Delete Data Table

* **Enter the required information for each HIOS ID missing data on its EDGE Server:**

HIOS ID	Market	Number of Missing Claims	Dollar Amount Associated to Missing Claims	Number of Missing Enrollees	Member Months Associated to the Missing Enrollees	Billable Member Months Associated to the Missing Enrollees	Premium Amount Associated to Missing Enrollees
81222	Individual	352	20000	300	5	7	15252
81224	Individual	500	10000	400	5	8	25000

Back | Exit | Save | Continue

3.2.2 Discrepancy-Specific Information Page

On the Discrepancy-Specific Information page, you will report each discrepancy and select the applicable HIOS ID(s) and market(s) impacted by the discrepancy. You are required to report one discrepancy at a time. You will have the opportunity to report additional discrepancies within the web form prior to submitting your attestation. In summary, you can report multiple discrepancies applicable to multiple HIOS ID(s) and market(s) within one web form, prior to completing a qualified attestation for all of the HIOS ID(s) within your company.

Please reference Appendix A for important information regarding reporting discrepancies related to the RADVPS report.

Table 10: Discrepancy-Specific Information Page

Step	Action
1	Enter a nickname for the discrepancy you are reporting in the **Create a nickname for this discrepancy** field. The discrepancy nickname will allow you to identify the specific discrepancy on the summary pages of the web form. There is a 100 character limit for this field.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>2</td><td>Select the HIOS ID(s) and market(s) for which you are reporting this specific discrepancy. You can select the double right arrow button to select all HIOS IDs in the list.</td></tr>
<tr><td>3</td><td>Select Yes or No from the dropdown list next to each risk adjustment or reinsurance report name for the statement, “The information in the final risk adjustment and reinsurance reports listed below accurately reflects the data submitted to the EDGE server(s) by 4:00 p.m. ET on May 1, 2017.
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Yes</td><td>Continue to Step 4</td></tr>
<tr><td>No</td><td>Enter the Batch ID for each applicable RA/RI report.
Note: The Batch ID consists of 14 alphanumeric characters in the following format:
[3 letter code]-[4-digit benefit year]-[5-digit batch number]</td></tr>
</table></td></tr>
<tr><td>4</td><td>Select Yes or No to the question, “Is this discrepancy related to any of your EDGE reports?”
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Yes</td><td>A. Select the applicable EDGE report(s) related to this discrepancy. Select all that apply.
B. Enter the Batch ID for each applicable EDGE report.
Note: The Batch ID consists of 14 alphanumeric characters in the following format:
[3 letter code]-[4-digit benefit year]-[5-digit batch number]</td></tr>
<tr><td>No</td><td>Continue to Step 5.</td></tr>
</table></td></tr>
<tr><td>5</td><td>Select Yes or No to the question, “Is this discrepancy related to any of your risk adjustment or reinsurance reports?”
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Yes</td><td>A. Select the applicable RA/RI report(s) related to this discrepancy. Select as many as apply Same as above
B. Enter the Batch ID for each applicable RA/RI report.
Note: The Batch ID consists of 14 alphanumeric characters in the following format:
[3 letter code]-[4-digit benefit year]-[5-digit batch number]</td></tr>
<tr><td>No</td><td>Continue to Step 6.</td></tr>
</table></td></tr>
</table>

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>6</td><td>Select Yes, No, or Don't Know to the question, "Is there an error code associated with this discrepancy?"
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Yes</td><td>A. Select the applicable error code from the Error Code dropdown list.
B. Select the type of file from the Type of File pick list.
C. Enter mitigation steps taken in the Describe any mitigation steps taken field.</td></tr>
<tr><td>No</td><td>Continue to Step 7.</td></tr>
<tr><td>Don't Know</td><td>Continue to Step 7.</td></tr>
</table></td></tr>
<tr><td>7</td><td>Select Yes or No to the question, "Has your company previously reported the issue(s) involved in this discrepancy?"
<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Yes</td><td>A. Enter the contact information (email and/or contact name) for the individual to whom the issue(s) were reported.
B. Enter the date reported in mm/dd/yyyy format in the Date reported field.</td></tr>
<tr><td>No</td><td>Continue to Step 8.</td></tr>
</table></td></tr>
<tr><td>8</td><td>Select the Continue button.</td></tr>
</table>

Figure 19: Discrepancy-Specific Information Page – Top of Page

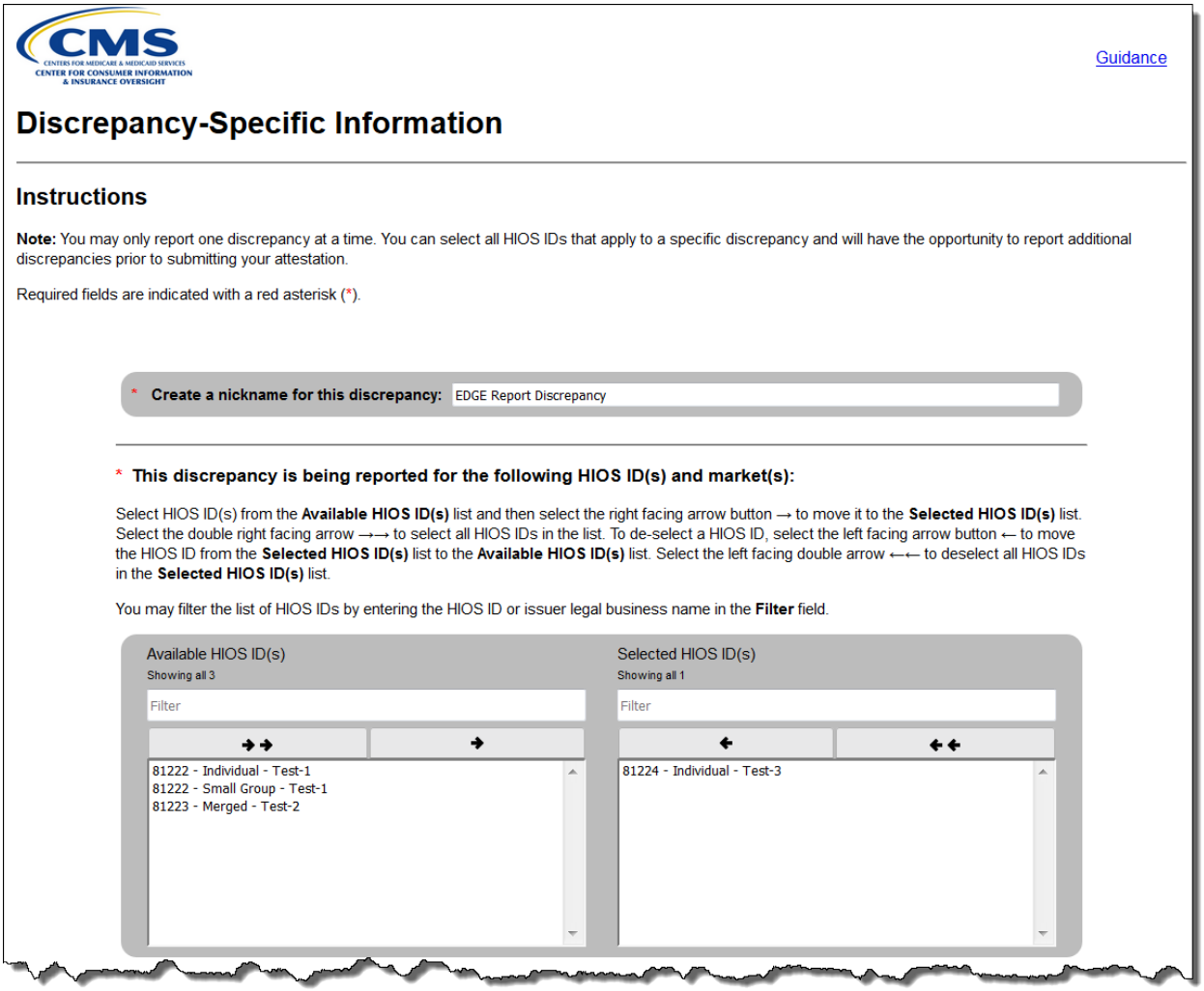
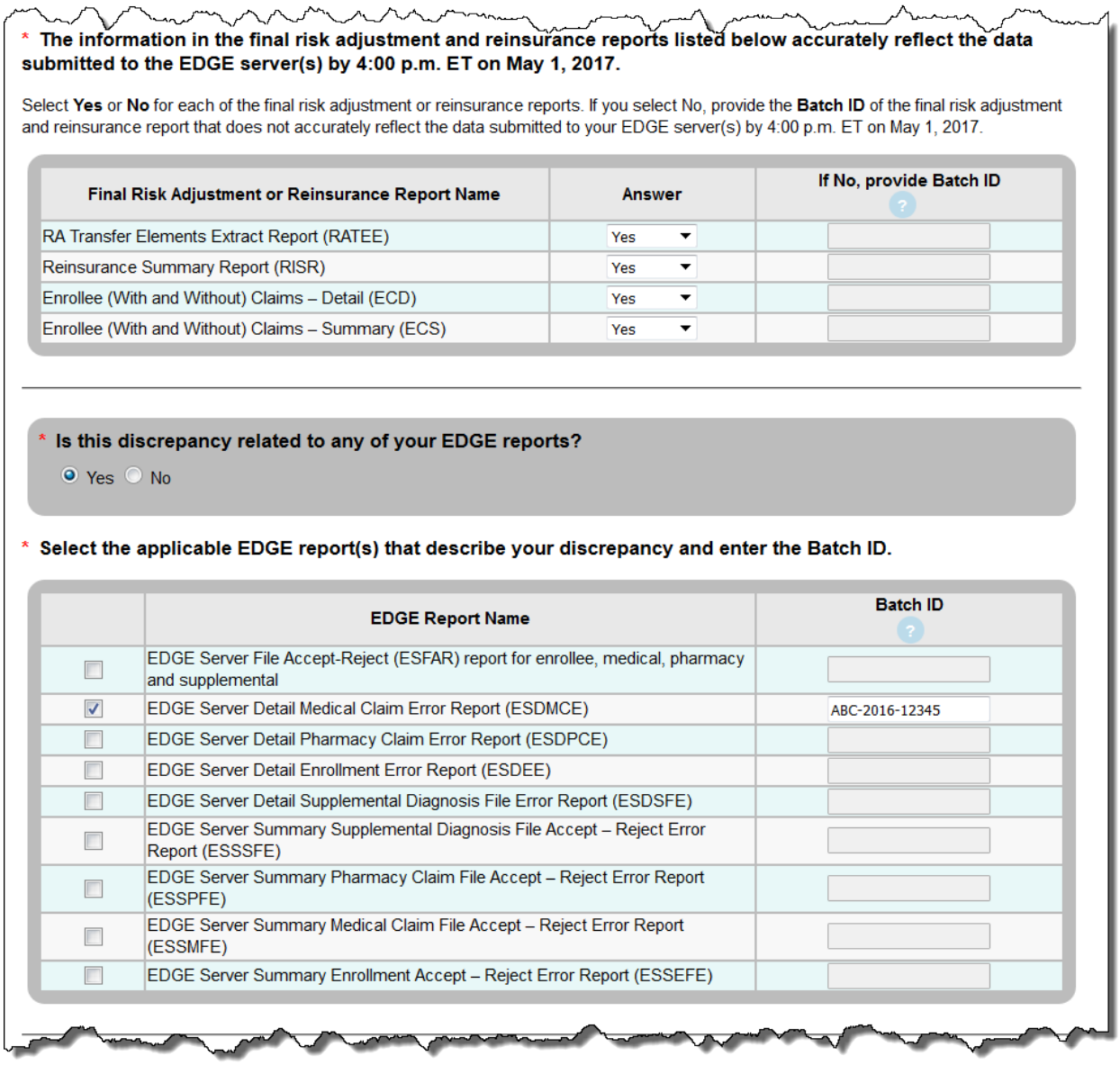


Figure 20: Discrepancy-Specific Information Page – Middle of Page



* **The information in the final risk adjustment and reinsurance reports listed below accurately reflect the data submitted to the EDGE server(s) by 4:00 p.m. ET on May 1, 2017.**

Select **Yes** or **No** for each of the final risk adjustment or reinsurance reports. If you select No, provide the **Batch ID** of the final risk adjustment and reinsurance report that does not accurately reflect the data submitted to your EDGE server(s) by 4:00 p.m. ET on May 1, 2017.

Final Risk Adjustment or Reinsurance Report Name	Answer	If No, provide Batch ID
RA Transfer Elements Extract Report (RATEE)	Yes	
Reinsurance Summary Report (RISR)	Yes	
Enrollee (With and Without) Claims – Detail (ECD)	Yes	
Enrollee (With and Without) Claims – Summary (ECS)	Yes	

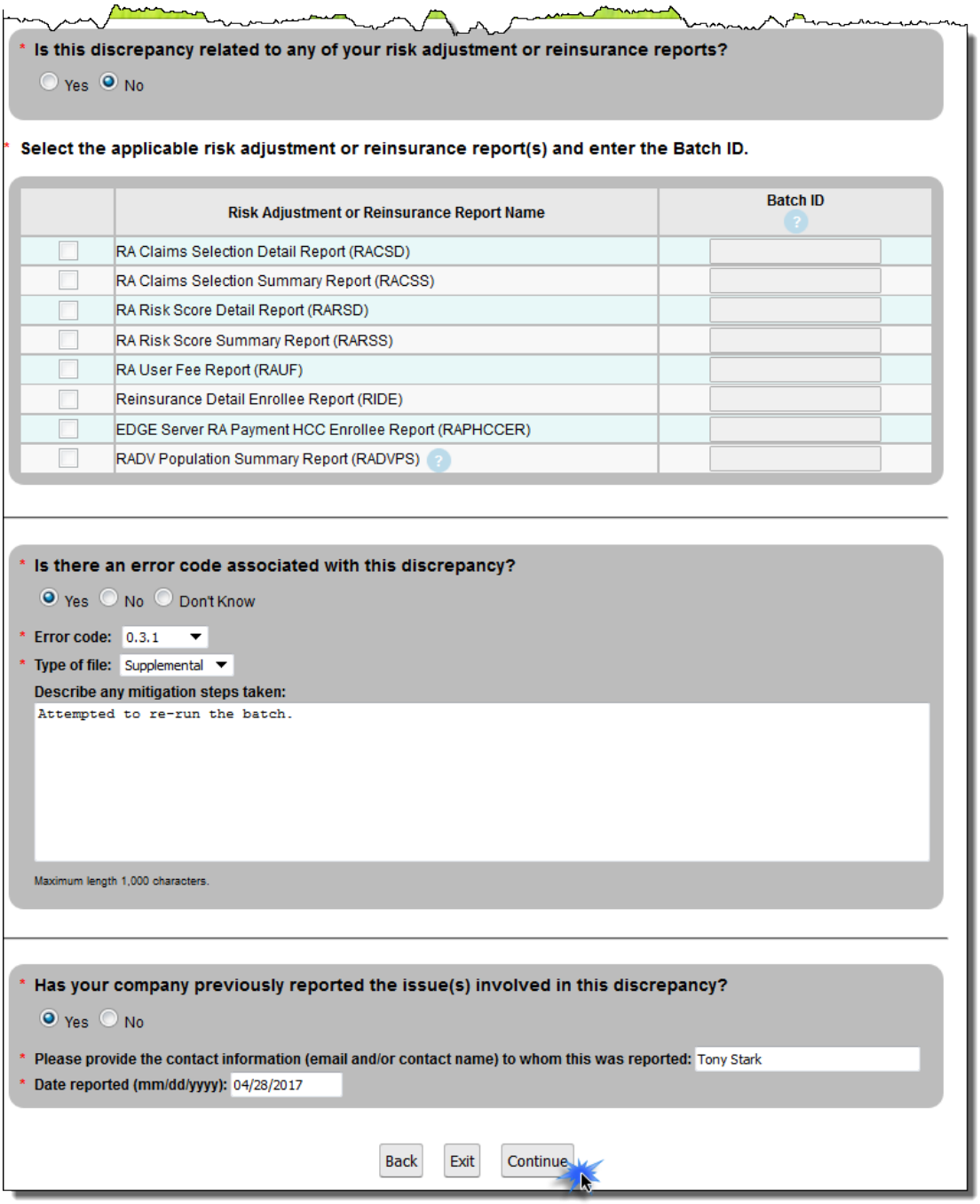
* **Is this discrepancy related to any of your EDGE reports?**

(•) Yes ( ) No

* **Select the applicable EDGE report(s) that describe your discrepancy and enter the Batch ID.**

	EDGE Report Name	Batch ID
☐	EDGE Server File Accept-Reject (ESFAR) report for enrollee, medical, pharmacy and supplemental	
☑	EDGE Server Detail Medical Claim Error Report (ESDMCE)	ABC-2016-12345
☐	EDGE Server Detail Pharmacy Claim Error Report (ESDPCE)	
☐	EDGE Server Detail Enrollment Error Report (ESDEE)	
☐	EDGE Server Detail Supplemental Diagnosis File Error Report (ESDSFE)	
☐	EDGE Server Summary Supplemental Diagnosis File Accept – Reject Error Report (ESSSFE)	
☐	EDGE Server Summary Pharmacy Claim File Accept – Reject Error Report (ESSPFE)	
☐	EDGE Server Summary Medical Claim File Accept – Reject Error Report (ESSMFE)	
☐	EDGE Server Summary Enrollment Accept – Reject Error Report (ESSEFE)	

Figure 21: Discrepancy-Specific Information Page – Bottom of Page

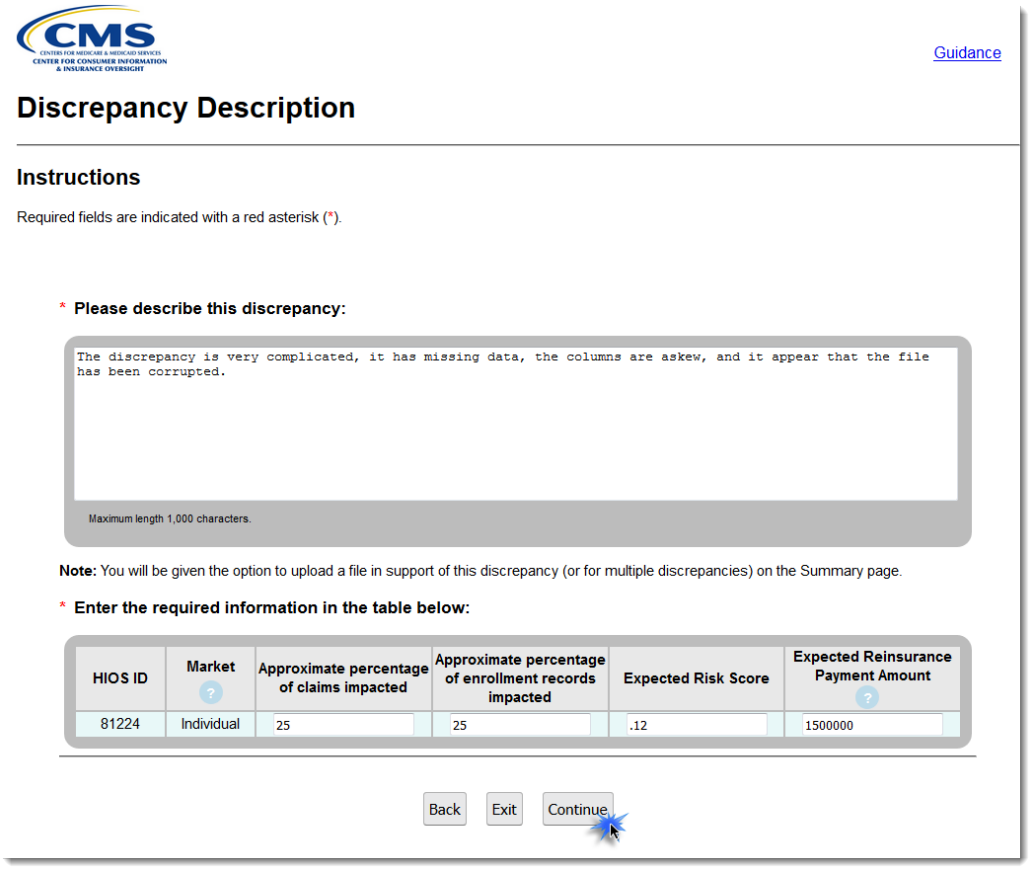


3.2.3 Discrepancy Description Page

Table 11: Discrepancy Description

Step	Action
1	Enter a brief description of the discrepancy in the field provided. You are given the option to upload attachments in support of this discrepancy or multiple discrepancies to provide further detail regarding the discrepancy (ies) from the Attachments Summary on the Summary page (see Section 4.2.4 – Upload Attachments).
2	In the table provided, enter the **approximate percentage of claims and enrollment records** impacted by this discrepancy for each HIOS ID.
3	Enter the **Expected Risk Score** for each HIOS ID.
4	Enter the **Expected Reinsurance Payment Amount** you expected to receive for each HIOS ID had the discrepancy not occurred. .
5	Select the **Continue** button.

Figure 22: Discrepancy Description Page



3.2.4 Summary Page

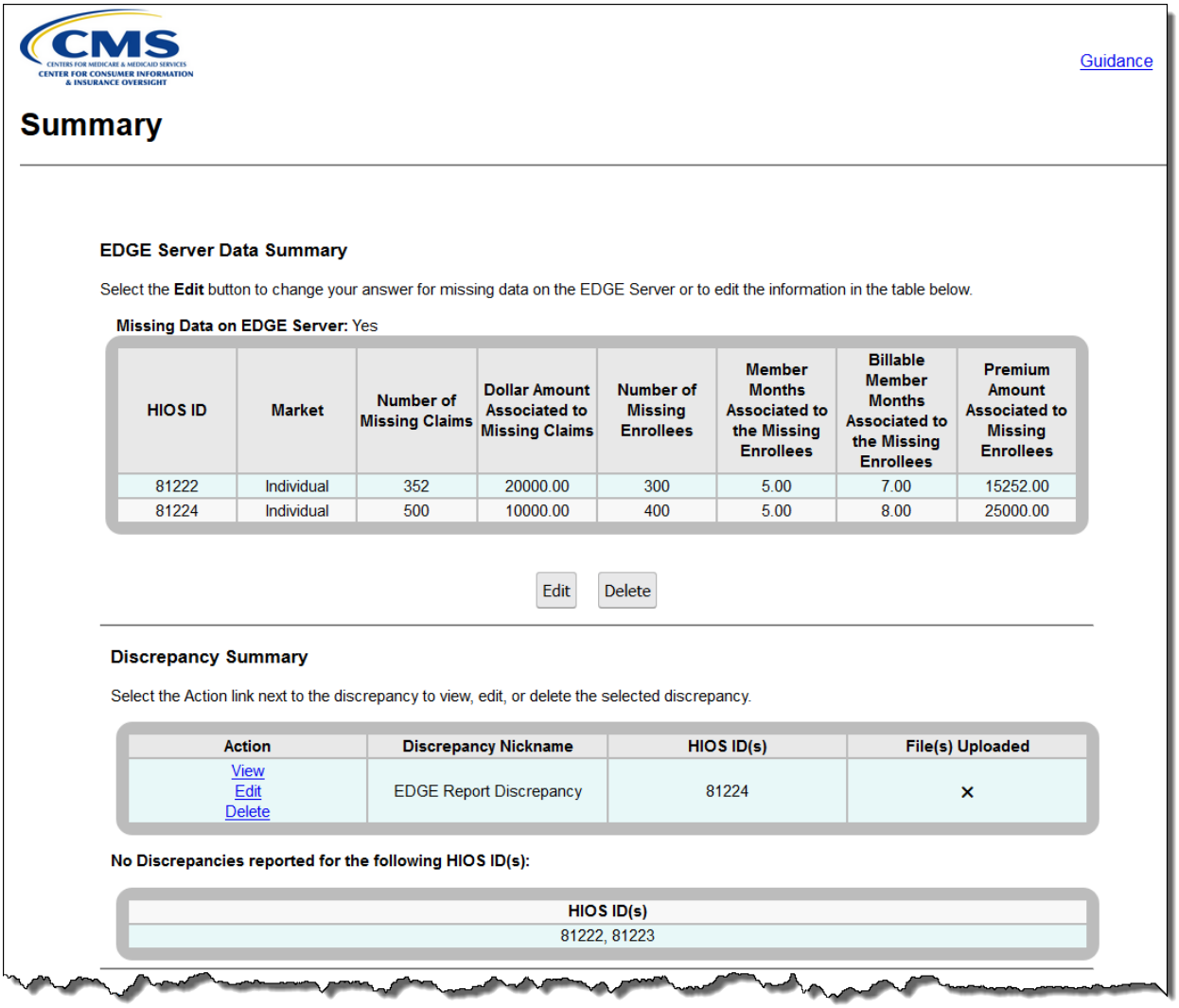
Table 12: Summary Page

Step	Action
1	Review the **EDGE Server Data Summary** section to ensure Accurate responses have been entered. Select the **Edit** or **Delete** button to make changes.
2	Review the **Discrepancy Summary** section to ensure the following: • Discrepancy(ies) listed are linked to the appropriate HIOS ID(s) • When applicable, files have been uploaded Select the **Action** link (**View**, **Edit**, or **Delete**) next to the discrepancy you would like to view, edit, or delete.
3	Review the **No Discrepancies Reported for the Following HIOS ID(s)** section.
4	To upload a(n) attachment(s), follow the instructions in Section 4.2.5. Review the **Attachments Summary** section to ensure the following: • Appropriate named file(s) have been uploaded • Uploaded file(s) listed linked to the appropriate discrepancy(ies) Select the **Action** link (**View**, **Edit**, or **Delete**) next to the file name you would like to view, edit, or delete. To edit attachments, follow the instructions in Section 4.2.6.
5	Review the **Contact Information** section for accuracy. To edit the Alternate Contact Information or Company Mailing Address, select the **Edit Contact Information** button. **Note:** The Submitter Contact Information and the Alternate Contact Email Address field are display only.
6	Select the **View** link to review the **Outlier Response Summary**
7	Select **Yes** or **No** to the question, "Do you have a new discrepancy to report?"
8	Select the **Continue** button. **Note:** If you select the **Save** button from this page, and you previously submitted Attestation/Discrepancy information, the form status will change from Submitted to Saved, and you will be required to re-enter the form and submit the Attestation.

Step	Action
9	Proceed to the appropriate section based on the response to "Do you have a new discrepancy to report?"

If	Then
Yes	Proceed to Section 4.2 – Report Discrepancy and Attest.
No	Proceed to Section 5 – Submitting an Attestation.

Figure 23: Summary Page for Reported Discrepancies – Top of Page



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

Guidance

Summary

EDGE Server Data Summary

Select the **Edit** button to change your answer for missing data on the EDGE Server or to edit the information in the table below.

Missing Data on EDGE Server: Yes

HIOS ID	Market	Number of Missing Claims	Dollar Amount Associated to Missing Claims	Number of Missing Enrollees	Member Months Associated to the Missing Enrollees	Billable Member Months Associated to the Missing Enrollees	Premium Amount Associated to Missing Enrollees
81222	Individual	352	20000.00	300	5.00	7.00	15252.00
81224	Individual	500	10000.00	400	5.00	8.00	25000.00

Edit Delete

Discrepancy Summary

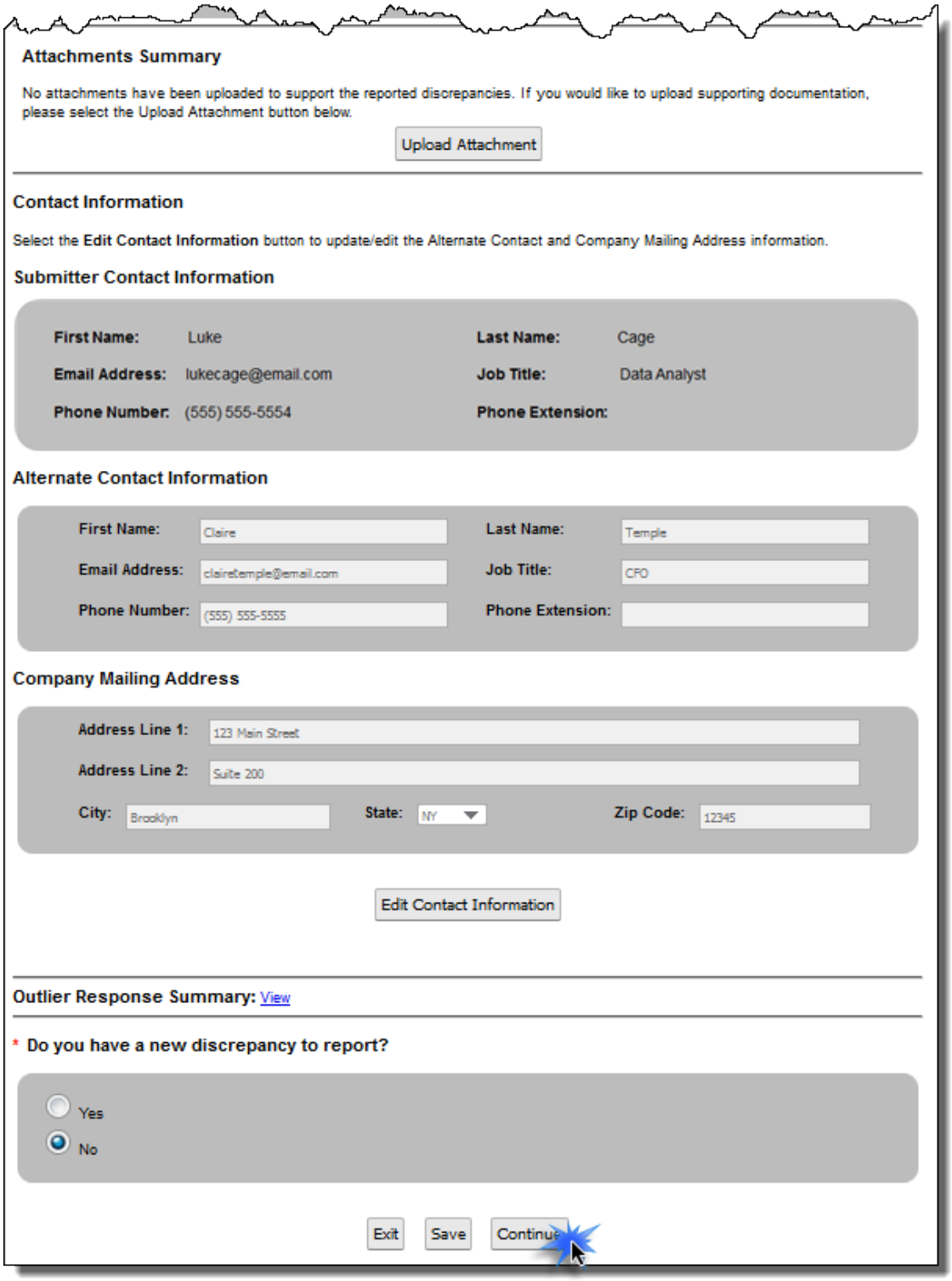
Select the Action link next to the discrepancy to view, edit, or delete the selected discrepancy.

Action	Discrepancy Nickname	HIOS ID(s)	File(s) Uploaded
View Edit Delete	EDGE Report Discrepancy	81224	×

No Discrepancies reported for the following HIOS ID(s):

HIOS ID(s)
81222, 81223

Figure 24: Summary Page for Reported Discrepancies – Bottom of Page



3.2.5 Upload Attachments Page

You have the option to upload a file in support of reported discrepancies or to provide further information from the Attachments Summary section on the Summary page. Please include information on how you arrived at the conclusion that you have a discrepancy, including any calculations, applicable screenshots, etc. The more information you provide at this stage, the faster CMS will be able to process your discrepancy.

You can select one or more discrepancies to link to your uploaded file(s). If you need to submit additional information, please email raripaymentoperations@cms.hhs.gov to request assistance in uploading or sending additional materials.


Uploaded files must **NOT** contain any protected health information (PHI) or personally identifiable information (PII). Files containing PHI or PII will be deleted and not considered as part of the discrepancy filing.

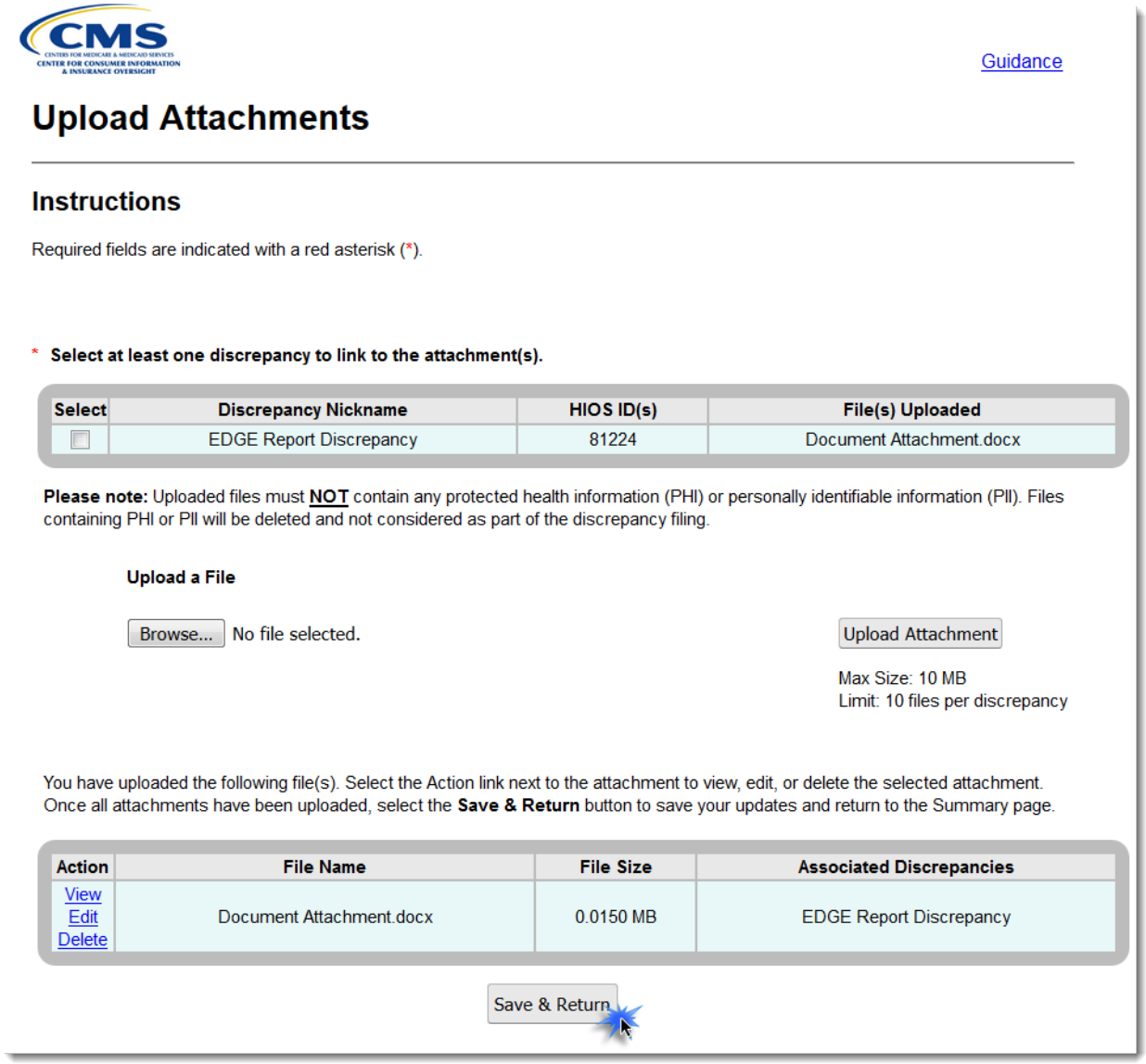

Maximum file size for uploaded files is 10 MB. You may upload up to 10 files per discrepancy.

Table 13: Upload Attachments Page

Step	Action
1	On the Summary page, select the **Upload Attachments** button (see Figure 25).
2	On the Upload Attachment page, select at least one discrepancy for which you want to upload attachment(s).
3	Select the **Browse** button in the Upload a File section.
4	Select the file for upload (the file name will appear in the **Upload a File** field).
5	Select the **Upload Attachment** button. All uploaded files for this discrepancy will appear in a table at the bottom of the page. Select the **Action** link (**View**, **Edit**, or **Delete**) next to the file name you would like to view, edit, or delete.
6	Repeat Steps 2-5 for each discrepancy for which you want to upload attachment(s).
7	Select the **Save and Return** button to save your updates and return to the Summary page.

Figure 25: Upload Attachment Button on Summary Page

Figure 26: Upload Attachments Page

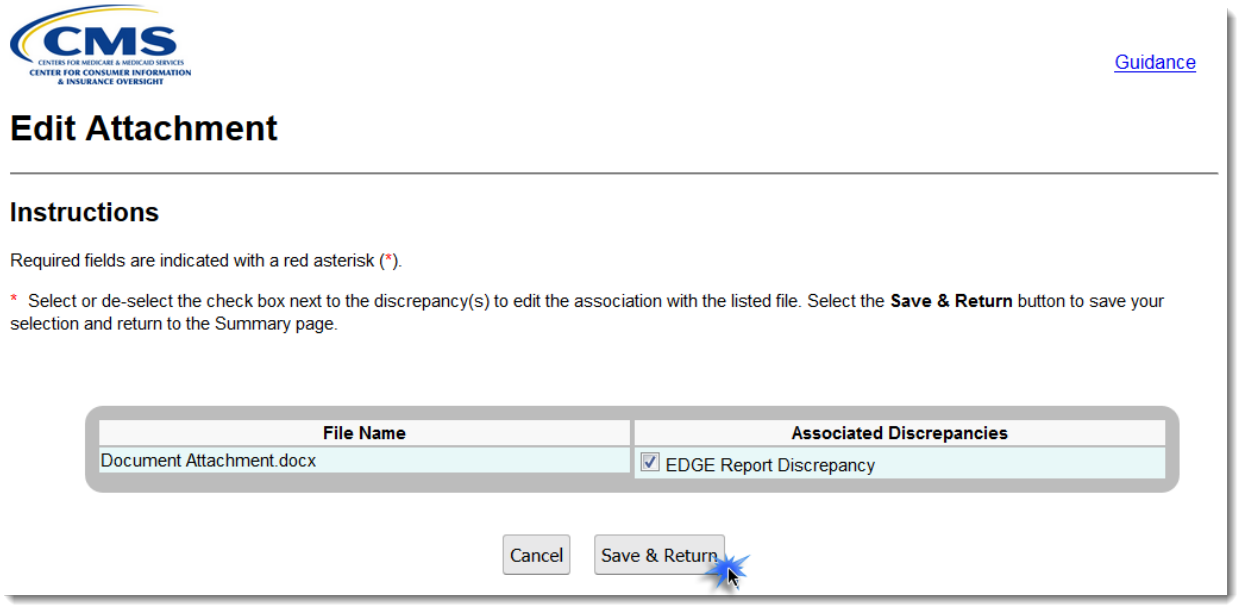


3.2.6 Edit Attachment Page

Table 14: Edit Attachment Page

Step	Action
1	On the Summary or the Upload Attachment page, select the **Edit** link next to the attachment you would like to edit.
2	On the Edit Attachment page, select or de-select the **check box** next to the discrepancy (ies) to edit association with the listed attachment file.
3	Select the **Save & Return** button to save your selection and return to the Summary or the Upload Attachment page.
4	Repeat Steps 1-3 to edit additional attachments.

Figure 27: Edit Attachment Page



4 Submitting an Attestation

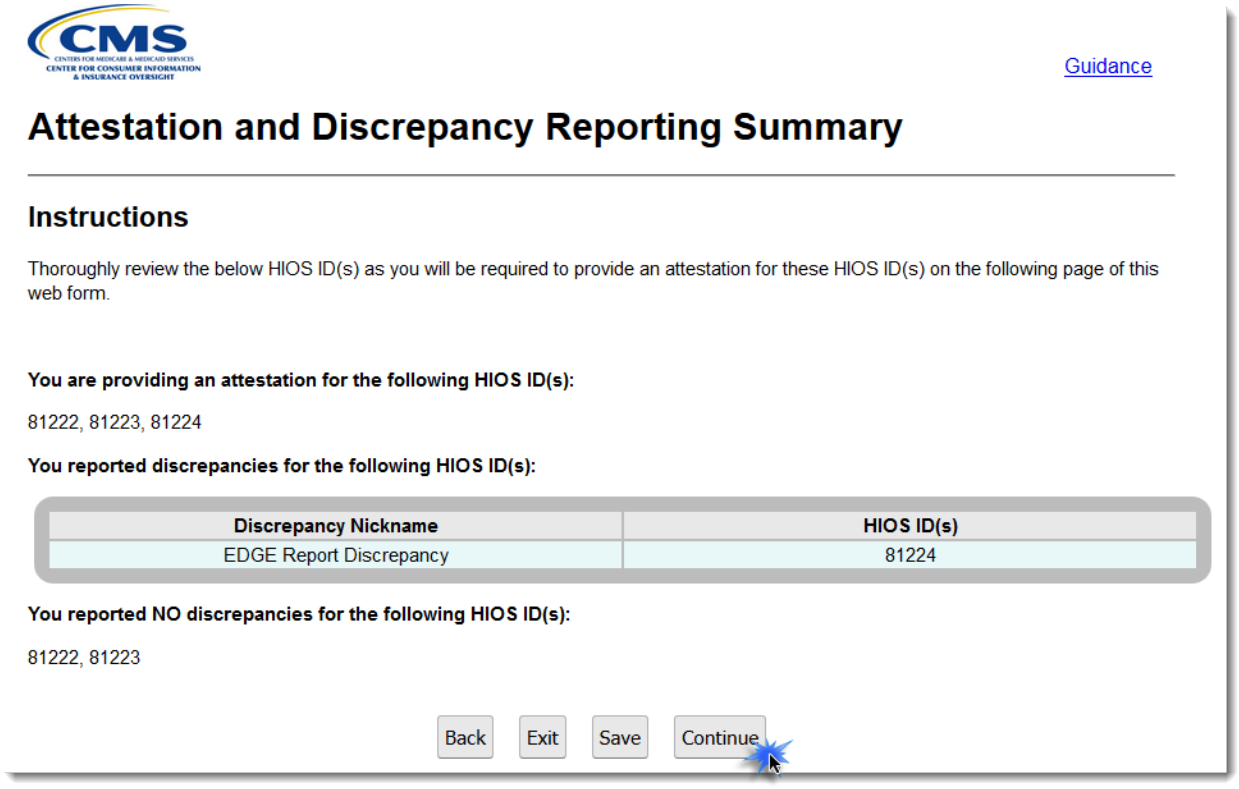
This section will cover review of the Attestation and Discrepancy Reporting Summary, completion of the Attestation page, and review and printing Confirmation of the web form submission.

4.1 Attestation and Discrepancy Reporting Summary Page

Table 15: Attestation and Discrepancy Reporting Summary Page

Step	Action
1	Thoroughly review all the HIOS ID(s) shown on the page as you will be required to provide an attestation for these HIOS ID(s) on the Attestation page of the web form.
2	Select the **Continue** button. The form navigates to the Attestation page.

Figure 28: Attestation and Discrepancy Reporting Summary Page



4.2 Attestation Page

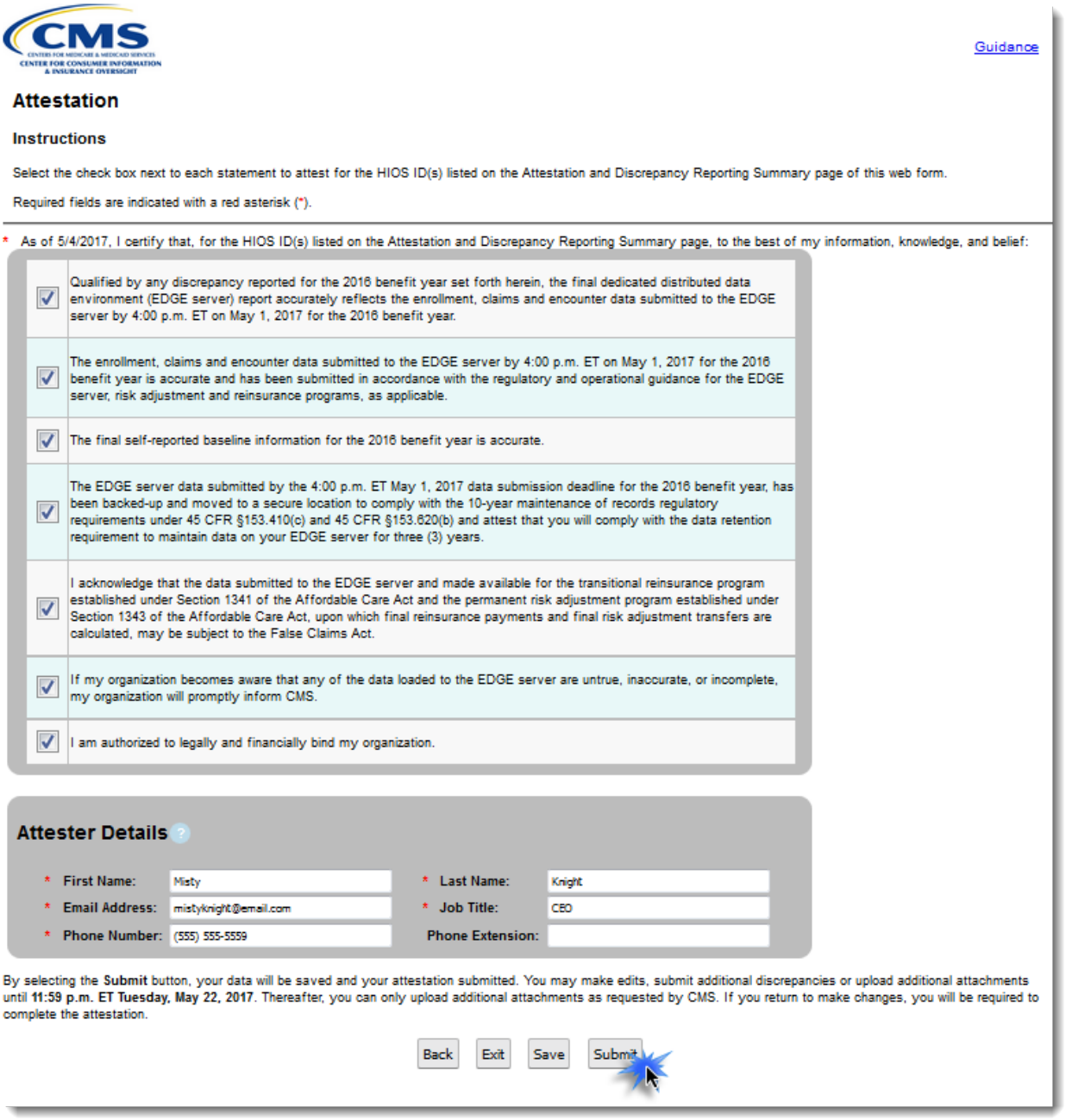
On the Attestation page, the individual providing the attestation must be someone who can legally and financially bind the company. This person is not required to be the Submitter, Alternate Contact nor CEO. Follow the steps in Table 16 to complete this page.

Table 16: Attestation Page

Step	Action
1	Thoroughly review the **Attestation** statement in its entirety.
2	Select the **check box** next to each section of the Attestation statement to indicate agreement for all HIOS ID(s) listed on the Attestation and Discrepancy Reporting Summary page.
3	Complete the **Attester Details** section with the following information: • First Name • Last Name • Email Address • Job Title • Phone Number • Phone Extension (optional) **Reminder:** The individual providing the attestation must be someone who can legally and financially bind the company. This person is not required to be the Submitter, Alternate Contact, nor CEO.
4	Select the **Submit** button.

By selecting the Submit button on the Attestation page, your data will be saved and your attestation and discrepancies will be submitted and deemed complete by CMS. CMS may request that you provide additional information; however, **you will not be able to edit your attestation and discrepancy report after 11:59 p.m. ET Monday, May 22, 2017**.

Figure 29: Attestation Page



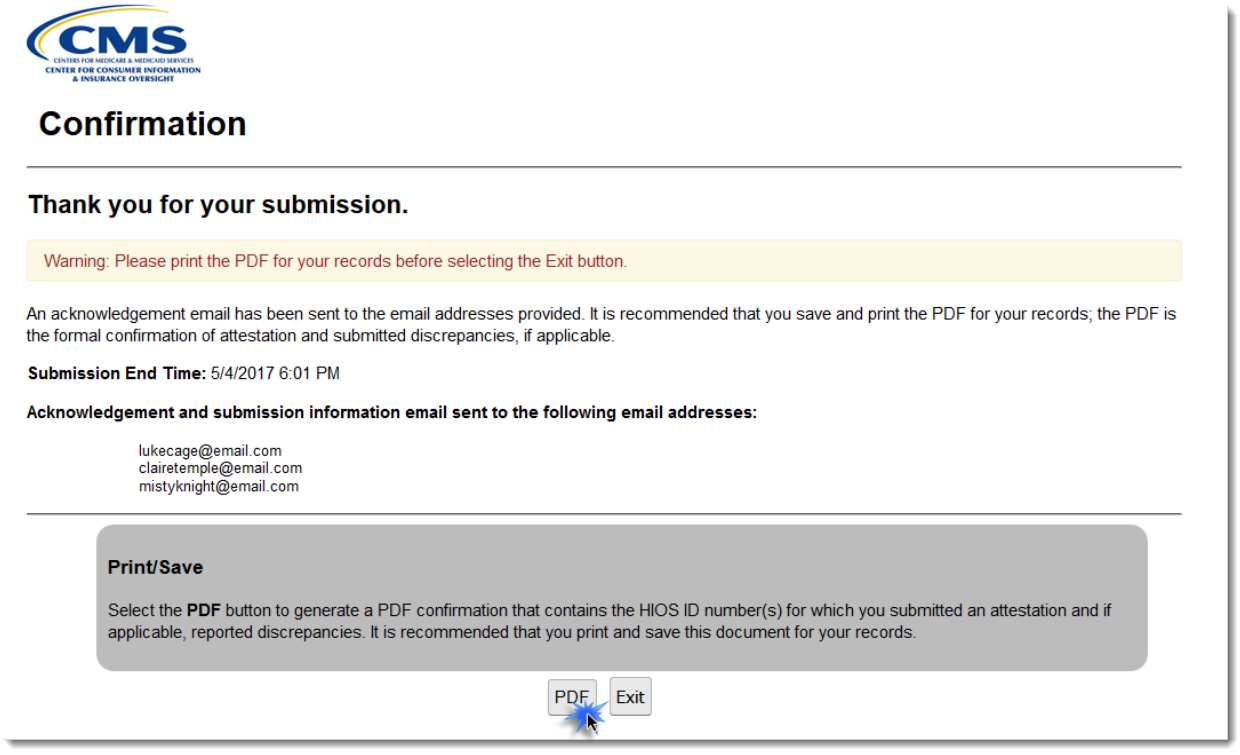
4.3 Confirmation Page

An acknowledgement email will be sent from raripaymentoperations@cms.hhs.gov to the Submitter, Alternate Contact, and Attester. It is recommended that you save and print a PDF of the confirmation for your records. The PDF is the formal confirmation of attestation and submitted discrepancies, if applicable.

Table 17: Confirmation Page

Step	Action
1	Select the **PDF** button to print/save the confirmation for your records.
2	Once your confirmation has been printed and/or saved, select the **Exit** button to exit the web form.

Figure 30: Confirmation Page



5 Uploading Documentation after the Deadline

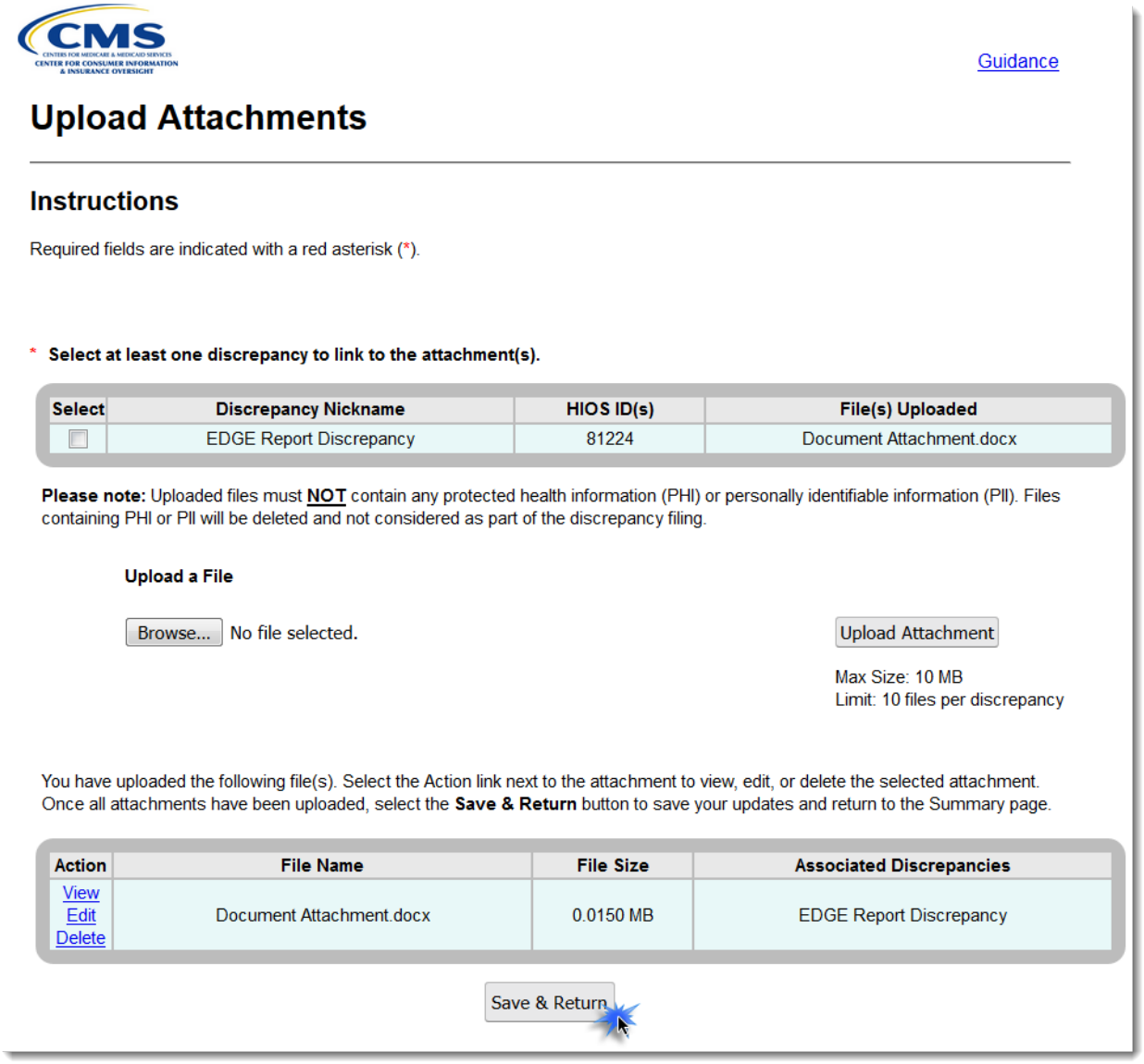
Upon review of a reported discrepancy, CMS may request that additional documentation be uploaded to the web form in support of the discrepancy. You should only upload additional documentation at the request of CMS. To upload the requested documentation, follow the steps in Table 19.

Table 19: Uploading Documentation after the Deadline

Step	Action
1	Access the web form using the original link.
2	Enter the CEO Designate or Alternate CEO Designate email address in the **Login ID** field.
3	Enter the access code created during a prior session in the **Access Code** field. **Note:** If you have forgotten your access code, please see Section 2.3 Forgot Access Code to reset your access code.
4	Select the **Login** button.
5	On the Summary page, locate the **Attachments Summary** section. **Note:** Previously uploaded attachments will not be available to edit or delete after the May 22, 2017 deadline.
6	Select the **Upload Attachment** button.
7	On the Upload Attachments page, select one or more discrepancy to link to the attachment(s) you will be uploading.
8	Select the **Browse** button.
9	Select the file for upload (the file name will appear in the **Upload a File** field.
10	Select the **Upload Attachments** button. All uploaded files for this discrepancy will appear in a table at the bottom of the page. Select the **Action** link (**View**, **Edit**, or **Delete**) next to the file name you would like to view, edit, or delete.
11	Repeat Steps 7-11 for each discrepancy for which you want to upload additional attachment(s).
12	Select the **Return to Summary** button to save your updates and return to the Summary page.
13	Select the **Continue** button.
14	Select the **PDF** button to print/save the confirmation for your records.

Step	Action
15	Once your confirmation has been printed and/or saved, select the **Exit** button to exit the web form.

Figure 31: Upload Attachments Page



Appendix A – RADVPS Report Information

The final EDGE reports include the Risk Adjustment Data Validation Population Summary (RADVPS) report. You have the opportunity to indicate whether you found a discrepancy in the RADVPS report through the 2016 Benefit Year Attestation and Discrepancy Reporting Process for risk adjustment and reinsurance.

Please note that filing a discrepancy related to your RADVPS report do not affect your 2016 benefit year risk adjustment transfers. However, you should still file a discrepancy if the RADVPS report reflects a different sample population than expected, as this could impact your RADV Sampling reports which are generated from the issuer's underlying populate and stratification listed in the RADVPS.

Examples of possible RADVPS-related discrepancies include (but are not limited to):

1. Incorrect population within one of the strata;
2. Incorrect number of total enrollees

However, you should **not** submit a discrepancy if you are simply seeking clarification about the report itself.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201

Date: December 23, 2016

From: Center for Consumer Information & Insurance Oversight (CCIIO), Centers for Medicare & Medicaid Services (CMS)

Title: EDGE Server Data Bulletin – INFORMATION

Subject: Evaluation of EDGE Data Submissions for 2016 Benefit Year

I. Purpose

In the HHS Notice of Benefit and Payment Parameters for 2017 final rule (81 FR 12234-12235), the Centers for Medicare & Medicaid Services (CMS) stated that we would describe in annual guidance the appropriate threshold by which CMS will deem EDGE server data sufficient for a given benefit year, including the format and timeline for submission of baseline data. This bulletin provides guidance on the operational processes that CMS will use to evaluate issuers' EDGE server data for the 2016 benefit year. This analysis will help CMS determine whether an issuer has provided access to EDGE server data that is sufficient for CMS to calculate reinsurance payments and apply the Department of Health and Human Services' (HHS) risk adjustment methodology. This analysis will also assist CMS with ensuring the accuracy of the reinsurance and risk adjustment programs. **However, notwithstanding the process described below, the issuer remains responsible for ensuring the completeness and accuracy of the data submitted to its EDGE server by the May 1, 2017, data submission deadline.**

In this bulletin, we describe how CMS intends to evaluate the sufficiency of data in terms of the "quantity" and "quality" of an issuer's EDGE server data submissions for the 2016 benefit year. CMS will use the data sufficiency evaluation to determine which States will receive interim risk adjustment summary reports in March 2017, calculate reinsurance payments, and apply the Federally certified risk adjustment methodology following the May 1, 2017, final data submission deadline for the 2016 benefit year.[1]

[1] The May 1, 2017 final data submission deadline is for an issuer of a risk adjustment covered plan or reinsurance-eligible plan in a State in which CMS is operating the risk adjustment or reinsurance program to submit complete and accurate claims and enrollment data to its EDGE server for the 2016 benefit year. See FAQ 14472a, available at www.regtap.info.

II. Background

The integrity of payments and charges under the HHS-operated risk adjustment program and payments under the transitional reinsurance program depend upon the data submitted by issuers to their EDGE servers. For example, risk adjustment data submissions for one issuer can materially affect the risk adjustment transfers for all other issuers in a market in a State. Failure to submit complete and accurate data by the data submission deadlines could result in inadequate compensation of reinsurance eligible costs incurred by the issuer.

Under 45 C.F.R. §§ 153.710(f) and 153.740(b), if an issuer of a risk adjustment covered plan fails to provide sufficient data, fails to establish an EDGE server, or fails to provide HHS with access to the required data on the EDGE server, such that CMS cannot apply the Federally certified risk adjustment methodology, a default risk adjustment charge will be assessed. Similarly, under 45 C.F.R. §§ 153.420 and 153.740(a), if an issuer eligible for reinsurance payments fails to establish an EDGE server or meet certain data requirements, the issuer may receive a lower amount of reinsurance payments than it otherwise might have received. The means by which issuers provide access to required data is by submitting sufficient quantity and quality of claims and enrollee data to their EDGE servers. Similar to the 2015 benefit year, as described below, CMS will provide interim risk adjustment summary reports after performing an analysis on EDGE data submissions to determine whether an issuer has submitted data that is of sufficient quantity and quality for CMS to calculate a reliable interim risk score for that issuer.

III. Description of Evaluation Process for Data Quantity

CMS will determine if an issuer meets the data quantity standards by comparing an issuer's self-reported baseline data of total enrollment and claims counts by market for a given benefit year to the issuer's data submitted and accepted to its EDGE server. For the 2016 benefit year, CMS will again use a 90% enrollment and 90% claims data (non-orphaned medical and pharmacy) quantity threshold for an issuer to be considered in compliance. CMS will complete these data quantity evaluations through the 2016 benefit year's data submission window, which ends May 1, 2017. After each data submission deadline (discussed below), all issuers will be notified of whether they have met the data quantity standard, and, when applicable, the potential implications of failing to meet CMS's data quantity thresholds.

Reinsurance

CMS will evaluate data quantity throughout the 2016 benefit year data submission window. After the final data submission deadline of *4 p.m. EDT May 1, 2017*, all issuers with reinsurance eligible claims will proceed to the data quality evaluation described below for the reinsurance program, including issuers who did not meet the data quantity thresholds. The reinsurance implications of failing to submit all data by the final data submission deadline would be inadequate compensation of reinsurance eligible costs.

Risk Adjustment

CMS will evaluate data quantity throughout the 2016 benefit year data submission window. After the final data submission deadline of *4 p.m. EDT May 1, 2017*, an issuer of a risk adjustment covered plan that does not meet the data quantity thresholds for the 2016 benefit year

will be subject to a default risk adjustment charge,[2] if the default charge is smaller than the charge it would have otherwise received.

For the interim risk adjustment summary report, issuers will have two data quantity deadlines[3] that affect their eligibility to receive an interim risk score.

- *December 15, 2016* EDGE data submission deadline. CMS conducts a data quantity evaluation of the data submitted by this deadline. An issuer of a risk adjustment covered plan that failed to meet the 90% enrollment and claims thresholds for the first 3 quarters of the 2016 benefit year will be notified of their status and potential implication (*i.e.*, issuer and State not eligible for the interim risk adjustment summary report). These issuers will not be moved to the data quality evaluation. However, these issuers will have until January 26, 2017 to meet the quantity thresholds, and if the thresholds are met, would then undergo data quality analysis and be considered for the interim risk adjustment summary report.
- *January 26, 2017* EDGE data submission deadline. CMS conducts a second data quantity evaluation of the data submitted by this deadline. An issuer of a risk adjustment covered plan that does not meet the 90% enrollment and claims thresholds for the first three quarters of the 2016 benefit year will be notified of their status and the potential implication (*i.e.*, issuer and State not eligible for the interim risk adjustment summary report). These issuers will not be moved to the data quality evaluation. If such issuer(s) exceeds 0.5% of the market share as determined by number of enrollees covered, CMS will not consider this State to be credible and will not issue a 2016 benefit year interim risk adjustment summary report for that State. Issuers of risk adjustment covered plans in these States will only receive a final risk adjustment summary report on June 30, 2017.

How to Remedy a Data Quantity Issue

An issuer that fails to meet the data quantity thresholds can take the following actions as follows at any time prior to the *4 p.m. EDT May 1, 2017* final data submission deadline:

- Correct the data on their EDGE servers, and/or
- Correct and resubmit baseline enrollment or claims data (see below *Section VIII, How to Notify CMS of Changes to Baseline Enrollment Data*).

If you encounter any technical problems submitting corrected enrollment and claims data to the EDGE server, please contact the Financial Management Coordination Center (FMCC) at edge_server_data@cms.hhs.gov.

If you have any questions about quantity notification(s) received, please email RARIpaymentoperations@cms.hhs.gov.

IV. Description of Evaluation Process for Data Quality/Sufficiency

CMS will assess issuers' data quality/sufficiency throughout the 2016 benefit year data submission window using the process and 11 metrics in the *Data Quality Evaluation Metrics* table set forth below. For the interim risk adjustment summary report, only metrics that measure EDGE

[2] *See*, 45 CFR 153.740(b).
[3] *See*, https://www.regtap.info/uploads/library/DDC_2016EDGECommandDeployments_5CR_111716.pdf.

claims/enrollment and risk adjustment data quality will be assessed to determine issuers' data sufficiency.[4]

Data Quality Evaluation Metrics	
Key Metrics	**Area**
Percent of all enrollees with at least one Hierarchical Condition Category (HCC)	**Risk Adjustment**
Average number of conditions per enrollee with at least one HCC	
Issuer average risk score	
Average number of diagnosis codes per medical claim	
Average premium per member per month	
Percent of individual market enrollees with reinsurance payments	**Reinsurance**
Average reinsurance payment per enrollee receiving reinsurance payment	
Average number of medical claims per enrollee	**EDGE Claims/Enrollment**
Percent of enrollees without claims	
Percent of medical claims that are institutional claims	
Average number of pharmacy claims per enrollee	

CMS will identify outliers for each metric using the following process:

- Issuers, by market, will be divided into two groups: issuers with fewer than 10,000 enrollees, and issuers with 10,000 enrollees or more.
- A national distribution for each market will be created for each of the two groups, for each of the 11 metrics.
- An internal technical committee composed of actuaries, risk adjustment experts, and reinsurance experts will establish outlier thresholds for those distributions.
- The technical committee will consider the justifications from issuers identified as outliers.

For the interim risk adjustment summary report, the technical committee will consider justifications received between January 3, 2017, and February 24, 2017, when identifying outliers as part of the ongoing interim quality process.

December 16, 2016, through April 15, 2017

CMS will conduct ongoing outlier analyses on data submitted between December 15, 2016, and April 15, 2017. CMS will notify issuers of potential outlier status identification, which will result in issuers receiving outlier notifications. The notification will include a link to complete the "CMS Data Evaluation Outlier Justification Submission Web Form" and details regarding the timeframe for issuers to take the necessary steps to respond to these outlier notifications. Following notification, issuers must take the following actions:

- Complete the "CMS Data Evaluation Outlier Justification Submission Web Form" within 10 calendar days of receiving notification of the outlier by either submitting a suitable justification for the relevant data anomalies or providing a date by which any data issues will

[4] An issuer identified as an outlier in a reinsurance data quality metric would not be precluded from being eligible for their interim risk adjustment results, if applicable.

be resolved. Justifications should include relevant detail and actuarial data as necessary to prove the issuer's case with respect to the metrics in which the issuer was identified as an outlier. CMS recommends early submission of explanations to allow time for additional clarification or revised explanations.
- Update or correct the data stored on their EDGE server(s), if the outlier analysis indicates a legitimate data error.

For the interim risk adjustment summary report, issuers will have two data quality deadlines that affect their eligibility to receive their interim risk adjustment results.
- *December 15, 2016* EDGE data submission deadline. CMS will conduct a data quality evaluation. If CMS identifies an issuer to be an outlier in any of the 9 metrics for risk adjustment and EDGE claims/enrollment, CMS will send written notifications to CEO designates on *January 3, 2017,* requesting the issuer complete the "CMS Data Evaluation Outlier Justification Submission Web Form" within 10 calendar days of receiving notification of the outlier. If the outlier indicates a legitimate data error, the issuer must update or correct the data on their EDGE servers by *January 26, 2017*.
- *January 26, 2017* EDGE data submission deadline. CMS will conduct a second data quality evaluation. If CMS identifies an issuer to be an outlier in any of the 9 metrics for risk adjustment and EDGE claims/enrollment, CMS will send written notifications to CEO designates on *February 14, 2017,* requesting that the issuer complete the "CMS Data Evaluation Outlier Justification Submission Web Form" within 10 calendar days of receiving notification of the outlier. For an issuer that fails to provide an acceptable justification by *February 24, 2017,* or the outlier indicates a legitimate data error, CMS will **NOT** provide an interim risk adjustment summary report for that State if the issuer(s) **exceeds 0.5% of the market share**.

How to Remedy a Data Quality Issue

An issuer identified as having data quality issues can take the following actions as follows at any time prior to the *4 p.m. EDT May 1, 2017* final data submission deadline:
- Correct the data on their EDGE servers, and/or
- Correct and resubmit baseline enrollment or claims data (see below *Section VIII, How to Notify CMS of Changes to Baseline Enrollment Data*).

If you encounter any technical problems submitting corrected enrollment and claims data to the EDGE server, please contact the Financial Management Coordination Center (FMCC) at edge_server_data@cms.hhs.gov.

If you have any questions about quality notification(s) received, please email edgedatareply@cms.hhs.gov.

May 2, 2017

CMS does not expect that many issuers will be identified as an outlier for the first time during the *May 2, 2017* final data quality evaluation. However, this may occur if, for example, an issuer truncates data, replaces a large percentage of their EDGE data, or uploads a large amount of new EDGE data after April 15, 2017.

However, if an issuer's data triggers an outlier threshold following the final risk adjustment and reinsurance run on May 2, 2017, and that issuer does not have a previously submitted acceptable justification, CMS will offer the issuer a final opportunity to submit a justification for CMS review and will also require the issuer to attest to the accuracy of its data.

If CMS identifies an issuer to be an outlier in any of the 11 metrics, CMS will send written notifications to CEO designates on *May 10, 2017*, requesting that the issuer complete the "CMS Data Evaluation Outlier Justification Submission Web Form" within 10 calendar days of receiving notification of the outlier status following the final risk adjustment and reinsurance run.[5] Below are the consequences if CMS's technical committee determines that the outlier justification is **not** acceptable:

- If the issuer is identified as having a "*low side*" claims outlier then CMS will consider this a different version of a data quantity problem for claims, such as only submitting one diagnosis per claim or failing to update hospitalization claims. Therefore, as discussed above, the consequences of failing to meet the "low side" data quantity threshold for claims following the *May 1, 2017*, final data submission deadline would apply – the issuer may receive a lower amount of reinsurance payments than it otherwise might have received and the issuer will receive a default risk adjustment charge if the default charge is smaller than the charge it would have otherwise received.
- If the issuer is identified as having a "*high side*" claims outlier then the issuer may receive a lower amount of reinsurance payments than it otherwise might have received, it will be subject to the default risk adjustment charge, or other appropriate adjustments may be made to its risk adjustment transfer amounts.[6]
- If an issuer is identified as having a premium outlier, regardless of whether it is a "*high side*" outlier or "*low side*" outlier, then CMS could assess a default risk adjustment charge or make other appropriate adjustments to risk adjustment transfer amounts.

V. Schedule of Steps in the Evaluation Process for Data Quantity and Quality

From December 16, 2016 through April 15, 2017, CMS will conduct ongoing data quantity and quality evaluations. Below are key dates that issuers must meet for ongoing and final data submission deadlines and the interim risk adjustment summary report.

DATES	STEP IN PROCESS	DESCRIPTION
December 23, 2016	First Interim Quantity Evaluation	**Notification of EDGE Data Quantity Status**: CMS notifies issuers of their quantity status based on EDGE server data as of December 15, 2016.

[5] As such, issuers must submit outlier justifications no later than May 22, 2017.

[6] *See*, "Adjustment of Risk Adjustment Transfers Due to Submission of Incorrect Data" Guidance, available at: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/RA-Adjustment-Guidance-9-2-15.pdf.

DATES	STEP IN PROCESS	DESCRIPTION
January 3, 2017	First Interim Quality Evaluation	**Interim Risk Adjustment Quality Evaluation Outlier Notification:** CMS contacts issuers identified as potential outliers based on analysis of risk adjustment data on issuer's EDGE server as of December 15, 2016.
January 13, 2017	First Interim Quality Evaluation Justification Submission	**Response Due to Interim Risk Adjustment Quality Evaluation Outlier Notification:** Issuers notified as outliers on January 3, 2017 must submit a justification of data anomalies. ***Interim risk adjustment summary reports in a State(s) that lack issuer(s) with sufficiently credible data will not be released.***
February 1, 2017	Final Interim Quantity Evaluation *(used for interim risk adjustment summary report)*	**Notification of EDGE Data Quantity Status**: CMS notifies issuers of their quantity status based on EDGE server data as of January 26, 2017.
February 14, 2017	Final Interim Quality Evaluation *(used for interim risk adjustment summary report)*	**Interim Risk Adjustment Quality Evaluation Outlier Notification:** CMS contacts issuers identified as potential outliers based on analysis of risk adjustment data on issuer's EDGE server as of January 26, 2017.
February 24, 2017	Final Interim Quality Evaluation Justification Submission *(used for interim risk adjustment summary report)*	**Response Due to Interim Risk Adjustment Quality Evaluation Outlier Notification:** Issuers notified as outliers on February 14, 2017 must submit a justification of data anomalies. ***Interim risk adjustment summary reports in a State(s) that lack issuer(s) with sufficiently credible data will not be released.***
March 2017	Release of Interim Risk Adjustment Summary Report	CMS releases interim risk adjustment summary report for States that have sufficiently credible data.
March 8, 2017	Quantity Evaluation	**Notification of EDGE Data Quantity Status**: CMS notifies issuers of their quantity status based on EDGE server data as of March 2, 2017.

DATES	STEP IN PROCESS	DESCRIPTION
May 2, 2017	Final Risk Adjustment and Reinsurance Quantity Evaluation	**Final Notification of EDGE Data Quantity Status**: After the final data submission deadline of May 1, 2017, ***an issuer with a low enrollment count (that is, less than 90%) will be subject to a default risk adjustment charge. An issuer with a low claims count (that is, less than 90%) following the May 1, 2017, data submission deadline will be subject to a default risk adjustment charge if the default charge is smaller than the charge it would have otherwise received. The reinsurance implications of failing to submit all data by the data submission deadlines could be inadequate compensation of reinsurance eligible costs, but any issuers with quantity shortfalls will still be moved to the data quality analysis. However, an issuer with a low enrollment or claims count will not be moved to the data quality analysis for the risk adjustment program and will be subject to a default risk adjustment charge.***
May 10, 2017	Final Quality Evaluation	**Final Notification of EDGE Data Quality Status**: CMS contacts issuers newly deemed potential outliers after CMS conducts an analysis of the final May 1, 2017 EDGE data submissions. ***Issuers notified as outliers who fail to submit justifications may receive a risk adjustment default charge or receive a lower amount of reinsurance payments than it otherwise might have received.***
May 22, 2017[7]	Final Quality Evaluation Justification Submission	**Response due to Final Quality Evaluation Outlier Notification(s):** Issuers newly notified as outliers must submit explanations of data anomalies by the date(s) specified in their respective notices. Issuers with unexplained outliers after the final deadline must submit explanation of data anomalies by May 22, 2017. ***Issuers notified as outliers who fail to submit justifications may receive a default risk adjustment charge or receive a lower amount of reinsurance payments than it otherwise might have received.***

[7] This date (May 22, 2017) is also the date that final EDGE discrepancy reports and issuer attestations are due for 2016 benefit year EDGE server data submissions. CMS intends to issue future guidance and hold webinars on the attestation and discrepancy reporting process in April 2017. We note that filing a discrepancy does **not** permit issuers to upload additional data to or correct existing data on their EDGE server for the applicable benefit year.

VI. Issuer Responsibility

The data quantity and quality analysis set forth above will assist CMS with ensuring the accuracy of the risk adjustment and reinsurance programs; however, the issuer remains responsible for ensuring the completeness and accuracy of the data submitted to its EDGE server by the applicable deadline. It is imperative that issuers review their EDGE reports and monitor their own data completeness and data quality throughout the data submission process. If an issuer discovers a data quantity or quality error, or any data error, it must notify CMS as soon as possible. If a data submission error is identified and/or CMS is notified of such an error prior to May 1, 2017, the issuer has an opportunity to correct the error. **Issuers will not be permitted to submit additional data or correct data already submitted to their respective EDGE servers after the May 1, 2017 deadline.** Failure to receive a CMS notice of a data quantity or quality issue is not a proper basis to request reconsideration under 45 CFR § 156.1220.

VII. Default Risk Adjustment Charge

Under 45 CFR § 153.740(b),[8] the default risk adjustment charge will equal a per member per month (PMPM) amount multiplied by the plan's enrollment. As finalized in the HHS Notice of Benefit and Payment Parameters for 2017, final rule (81 FR 12204), the PMPM amount for the 2016 benefit year is set equal to the 90th percentile PMPM amount along a distribution of the absolute value of transfers under HHS risk adjustment in all States, expressed as a percentage of premium. All compliant risk adjustment covered plans in the risk pool will receive a portion of the default charges collected from a noncompliant issuer in the risk pool. The final default charge amount will be calculated from the final calculation of risk adjustment transfers. CMS expects that default charges will be invoiced on the same timeline as risk adjustment payments and charges.

If a plan subject to a default risk adjustment charge has not provided enrollment data to CMS, CMS contacts the issuer via a letter[9] requesting an attestation of the plan's total billable member months, which will be used to calculate the default risk adjustment charge. An issuer will have 10 calendar days from the date of the letter to respond to the request for an attestation of enrollment. If an issuer does not submit attested enrollment data, CMS will estimate noncompliant plans' enrollment using available data.[10]

VIII. How to Notify CMS of Changes to Baseline Enrollment Data

[8] Also described in preamble at 78 FR 65061-65062, 79 FR 13790-13791, 80 FR 10780-10781, 81 FR 12237-12238.
[9] CMS will send one of two letters to these issuers – one letter for issuers with 90% of their baseline enrollment data submitted to the EDGE server asking the issuer to attest to the enrollment or attest to a different enrollment and one letter for issuers without 90% of their baseline enrollment data to submit enrollment.
[10] CMS stated in the Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards (78 FR 65062), if an issuer does not submit enrollment data, CMS will seek enrollment data from the issuer's Medical Loss Ratio (MLR) and risk corridors filings for the applicable benefit year, or, if unavailable, other reliable data sources, such as the applicable State Department(s) of Insurance.

An issuer that believes its baseline data is not accurate should resubmit its baseline data using the Baseline Reporting Process as soon as possible after identifying the error or problem. Baselines can be entered online or uploaded as a .CSV file. The web-based form is available at https://acapaymentoperations.secure.force.com/BaselineReporting. If you do not have the Baseline Reporting Process guidance materials, please contact RARIpaymentoperations@cms.hhs.gov for materials to assist in completing the Baseline Reporting Process, including a Guidance document, File Layout, Job Aid, and Job Aid Manual.

The issuer will receive a Multiple Response warning message when resubmitting its baseline data and must enter a brief explanation for the resubmission. The explanation field is optional, but we encourage issuers to provide an explanation as it can help CMS understand the issues (if any) you are experiencing loading data to your EDGE server.

If you encounter any technical problems submitting corrected enrollment and claims data to the EDGE server, please contact the Financial Management Coordination Center (FMCC) at edge_server_data@cms.hhs.gov.