Session Agenda

• Session Guidelines
• Intended Audience
• External Data Gathering Environment (EDGE) Server Quantity and Quality Data Evaluation Process
• Question and Answer (Q&A)
• Resources
• Closing Remarks
Session Guidelines

- This is a 60-minute webinar session.
- For questions regarding content, 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 quality, please submit inquiries to: EDGEDataReply@cms.hhs.gov.
- For questions regarding quantity, please submit inquiries to: RARIPaymentOperations@cms.hhs.gov.
- For questions regarding logistics and registration, contact the Registrar at (800) 257-9520.
Intended Audience

- Health Insurance Issuers
- Third Party Administrators (TPAs)
EDGE Server
Data Evaluation
Background

• For Benefit Year (BY) 2018, the Centers for Medicare & Medicaid Services (CMS) will conduct data evaluations throughout the BY as done in previous BYs with CMS
  – Conducting a quantity assessment to measure completeness
  – Conducting a quality assessment to measure the integrity and accuracy for each issuer’s EDGE server data
  – Publishing an Interim RA Summary Report containing state-level information targeted for release in March 2019
• For states and issuers meeting the EDGE Data Evaluation criteria, the Interim RA Summary Report will contain state-level information for the applicable states with applicable issuers receiving issuer-level interim transfer reports.

• Beginning with BY2018, CMS is implementing HCRP as part of the RA program.

• Final BY2018 RA and HCRP payments or charges will be calculated after the final EDGE data submission deadline of April 30, 2019.

• EDGE server data quantity and quality analyses will be performed to support both interim and final RA reporting.
Issuer Responsibilities

- CMS evaluates the quantity of EDGE data submitted against issuer-submitted baseline data and identifies potential data quality issues through outlier analyses as key program oversight safeguards.
- CMS does not have the same knowledge that issuers have of their own data and CMS cannot detect data quality anomalies that fall within the normal distribution of data (i.e. data that is not an outlier).
- Issuers are responsible for ensuring the completeness and accuracy of all data submitted to their EDGE servers.
EDGE Server Data Evaluation: Quantity
Data Evaluation: Quantity

- The quantity standard requires issuers to submit:
  - 90% of enrollment for the full BY, and
  - 90% of claims data for a defined period of time
    - For example: 90% of claims data for three (3) quarters for BY2018 is required to be submitted by December 6, 2018.
  - To meet the requirement for final data submission, the standard requires issuers to have 90% of enrollment and claims data submitted for the entire BY.*

*During the BY, issuers must meet established data submission deadlines published in the 2018 EDGE Key Milestones, Command Deployments & Plan Data Submission Timeline (10/19/18)
Data Evaluation: Quantity (continued)

• CMS measures quantity by comparing an issuer's EDGE enrollment and claims count to issuer-reported baseline data.

• Orphan claims (claims that do not match an enrollee’s enrollment period) are **not** counted toward the quantity threshold.

• CMS sends notifications to issuers that do not meet quantity data requirements throughout the BY.
EDGE Server
Data Evaluation: Quality
Data Evaluation: Quality

- CMS conducts data evaluation on an ongoing basis for EDGE and program-specific metrics to determine **quality outliers**, as follows:

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of medical claims per enrollee</td>
<td></td>
</tr>
<tr>
<td>Percent of enrollees without claims</td>
<td></td>
</tr>
<tr>
<td>Percent of medical claims that are institutional claims</td>
<td></td>
</tr>
<tr>
<td>Average number of pharmacy claims per enrollee</td>
<td></td>
</tr>
<tr>
<td>Enrollment for on-exchange plans on EDGE compared to other various Enrollment data sources</td>
<td>EDGE Claims/Enrollment</td>
</tr>
<tr>
<td>Percent of all enrollees with at least one (1) Hierarchical Condition Category (HCC)</td>
<td></td>
</tr>
<tr>
<td>Average number of conditions per enrollee with at least one (1) HCC</td>
<td></td>
</tr>
<tr>
<td>Issuer average risk score</td>
<td>RA*</td>
</tr>
<tr>
<td>Average number of diagnosis codes per medical claim</td>
<td></td>
</tr>
<tr>
<td>Premium data comparison between EDGE and other sources</td>
<td></td>
</tr>
<tr>
<td>Historical EDGE average premium per member per month</td>
<td></td>
</tr>
<tr>
<td>Percent of all enrollees with at least one (1) Prescription Drug Category (RXC)</td>
<td></td>
</tr>
<tr>
<td>Percent of pharmacy claims that result in RXCs</td>
<td></td>
</tr>
<tr>
<td>Average number of RXCs for enrollees with RXCs</td>
<td></td>
</tr>
<tr>
<td>Prevalence of all enrollees with HCRP payments</td>
<td>HCRP</td>
</tr>
<tr>
<td>Average HCRP payment per enrollee receiving HCRP payment</td>
<td></td>
</tr>
</tbody>
</table>

*Some RA metrics will also be applicable to HCRP metrics*
Data Evaluation: Quality (continued)

• Issuers by market are divided into two (2) groups by enrollee count.
  – Group 1: Fewer than 10,000 enrollees
  – Group 2: 10,000 enrollees or more
• Outliers are identified based on a national distribution for each metric, for each group size.
• Additional interactions at the regional and state level will be assessed for further insight about an issuer’s data profile for each group size.
Data Evaluation: Quality (continued)

- Metrics used for evaluating data sufficiency for EDGE calculations are as follows:

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of medical claims per enrollee</td>
<td>FDEMAF and ECS reports</td>
</tr>
<tr>
<td>Percent of enrollees without claims</td>
<td>ECS and RARSS reports</td>
</tr>
<tr>
<td>Percent of medical claims that are institutional claims</td>
<td>FDEMAF report</td>
</tr>
<tr>
<td>Average number of pharmacy claims per enrollee</td>
<td>FDEPAF and ECS reports</td>
</tr>
<tr>
<td>Enrollment for on-exchange plans on EDGE compared to other enrollment data sources*</td>
<td>ECS and 1A Workbook or PBP</td>
</tr>
</tbody>
</table>
Metrics used for evaluating data sufficiency for RA and HCRP calculations are as follows:

<table>
<thead>
<tr>
<th>Area</th>
<th>Key Metrics</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA*</td>
<td>Percent of all enrollees with at least one (1) HCC</td>
<td>RARSS report</td>
</tr>
<tr>
<td></td>
<td>Average number of conditions per enrollee with at least one (1) HCC</td>
<td>RARSS report</td>
</tr>
<tr>
<td></td>
<td>Issuer average risk score</td>
<td>RATEE report</td>
</tr>
<tr>
<td></td>
<td>Average number of diagnosis codes per medical claim</td>
<td>FDEMAF and FDESAF reports</td>
</tr>
<tr>
<td></td>
<td>Premium data comparison between EDGE and other sources</td>
<td>RATEE report, rate review filings</td>
</tr>
<tr>
<td></td>
<td>Historical EDGE average premium per member per month</td>
<td>Current and previous RATEE reports</td>
</tr>
<tr>
<td></td>
<td>Percent of all enrollees with at least one (1) RXC</td>
<td>RARSS report</td>
</tr>
<tr>
<td></td>
<td>Percent of pharmacy claims that result in RXCs</td>
<td>RACSS and FDEPAF reports</td>
</tr>
<tr>
<td></td>
<td>Average number of RXCs for enrollees with RXCs</td>
<td>RARSS report</td>
</tr>
<tr>
<td>HCRP</td>
<td>Prevalence of enrollees with HCRP payments</td>
<td>HCRPS report</td>
</tr>
<tr>
<td></td>
<td>Average HCRP payment per enrollee with HCRP payment</td>
<td>HCRPS report</td>
</tr>
</tbody>
</table>

*Some RA metrics will also be applicable to HCRP metrics*
As needed, CMS may also identify issuers in other metrics, if other data anomalies are found.

The process for issuer notification and response, explained in the next slides, is the same for issuers identified in the “other” metric as it is for the key metrics.

<table>
<thead>
<tr>
<th>Area</th>
<th>Other Metrics (Examples)</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>High average risk score/ low average paid claims cost</td>
<td>ECS, RATEE, EDGE and non-EDGE data sources</td>
</tr>
<tr>
<td></td>
<td>Low average risk score/ high average paid claims cost</td>
<td></td>
</tr>
</tbody>
</table>
Quality: Outlier Identification

- CMS sends notifications to issuers with data that are potential data quality outliers.
- Do not be alarmed if your data is identified as an outlier.
- Various factors could make your data appear different.
- CMS uses data quality analysis for early detection of possible data issues:
  - Allows issuers to explain data anomalies
  - Allows issuers to correct problems before the final submission deadline

Note: Since BY2018 is the first year of the HCRP, CMS included HCRP metrics as part of EDGE quality evaluation.
• Issuers that submit data identified as outliers in any metric, including “other”, must:
  – Submit a justification to CMS **OR**
  – Correct EDGE server or baseline data so that the outlier no longer exists.
• If the justification is accepted by CMS, then an issuer’s data will no longer be considered an outlier for that metric in subsequent EDGE/RA/HCRP runs, **unless** the issuer has a significant change in data quantity status.
• Issuers who receive outlier notifications during ongoing data quality analysis and who submit acceptable justifications do not need to re-submit justifications after the final data submission deadline.
Quality: Outlier Notification

- Issuers whose data are identified as outliers for the EDGE, RA and HCRP quality metrics will be notified by email, addressed to the Chief Executive Office (CEO) Designate and the Alternate CEO Designate.
  - Initial emails will be sent on approximately November 15, 2018 for the November 2, 2018 command run.
  - The next data quality notifications will be sent on approximately December 14, 2018 for the December 7, 2018 command run.
- CMS will continue to evaluate data on the quality metrics and send email notifications as appropriate, through the final data submission.
• Issuer action:
  – All issuers must respond to the email by completing the “EDGE Server Data Quality Outlier Justification Submission Web Form”
    o The initial justification must explain why a data anomaly exists and generally must be submitted to CMS within ten days of receiving notification.
    o If an issuer fails to provide a complete justification within ten days of notification, then the issuer’s data will remain an outlier and the issuer will continue to be notified of the same outliers.
    o Issuers that identify data issues must correct their EDGE or baseline data as soon as possible.
      ▪ Issuers must note data corrections in the outlier justification web form
Quality: Outlier Notification (continued)

- CMS action:
  - CMS will review the submitted justification and will contact the issuer if CMS needs additional information.
  - Since data evaluations are ongoing, CMS does not send justification acceptance notifications throughout the BY.
EDGE Server
Data Evaluation: Schedule
Data Evaluation: Schedule

- CMS conducts data quantity and quality analysis after each EDGE server data submission deadline and EDGE/RI/RA calculation command deployments.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/25/18</td>
<td>Issuers submit 90% of all enrollment and 90% of claims data for two (2) quarters of BY</td>
</tr>
<tr>
<td>10/26/18 – 04/30/19</td>
<td>CMS conducts ongoing data evaluation and notifies issuers</td>
</tr>
<tr>
<td>12/06/18</td>
<td>Issuers submit 90% of all enrollment and 90% of claims data for three (3) quarters of the BY</td>
</tr>
<tr>
<td>01/17/19</td>
<td>Data evaluation for interim RA based on EDGE server data as of this date</td>
</tr>
</tbody>
</table>
Data Evaluation: Schedule (continued)

- CMS conducts data quantity and quality analysis after each EDGE server data submission deadline and EDGE/RI/RA calculation command deployments.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/28/19</td>
<td>Issuers submit 90% of enrollment and claims data for the entire BY</td>
</tr>
<tr>
<td>04/30/19 (4:00 p.m. ET)</td>
<td>BY2018 data submission deadline for 90% of enrollment and claims</td>
</tr>
<tr>
<td>05/01/19</td>
<td>CMS conducts final data evaluation of quantity and quality</td>
</tr>
</tbody>
</table>
Data Evaluation: Schedule (continued)

- April 30, 2019 is the final data submission deadline.
- Any outliers first identified on April 30, 2019 will require a justification or will represent a data quality failure.
  - Additional or corrected data will not be accepted after this date.
- Data quantity or quality failures after April 30th result in a risk adjustment default charge (RADC) and issuers may forgo an HCRP payment.
  - Issuers who receive an RADC and have no HCRP payment will not be assessed an HCRP charge.
  - Issuers who receive an RADC and receive an HCRP payment will be assessed an HCRP charge.
• Claims data should be submitted by the established deadlines, with the months of March and April used to improve overall data quality and make minor corrections to avoid new data quality issues on April 30, 2019.

• CMS recommends that issuers submit final enrollment data no later than April 12, 2019 to avoid any issues with final data submission.

• Timely submissions and minimizing late changes will prevent outliers from being identified after the April 30th deadline.

• Issuers should use the ongoing outlier process to address and correct issues.
EDGE Data Evaluation:
Interim Summary RA Report
Interim Summary RA Report: Overview

• As outlined in the Evaluation of EDGE Data Submissions for the 2018 Benefit Year, CMS will provide an Interim Summary RA Report for BY2018.
  – This reports contains state-level information only

• The issuer-specific report is an interim RA transfer report that is delivered via the EDGE server.
  – This report will have the same format as the final RA transfer report.
  – Issuers should **not** regard the transfers on this report to be predictive of the value of final transfers.
• Issuers **must meet certain data quantity and quality requirements** to be eligible to receive an issuer-specific interim RA transfer report.

• If an issuer fails either the quantity or quality requirements AND has enrollment representing 0.5% or more of their state’s market risk pool market share, then the affected state will be excluded from the Interim Summary RA Report.
  – If a state is excluded from the report, then individual issuers in that state **will not** receive an issuer-specific interim RA transfer report.

• Interim RA reports will be based on data submitted and **accepted to** an issuer’s EDGE server as of January 17, 2019.
Interim Summary RA Report: Quantity & Quality

• Issuers in a failed status will be notified of potential implications on interim RA eligibility if they continue to be in a failed status.
  – Such issuers will be excluded from data quality evaluation

• CMS will notify issuers that have not met the 90% data submission requirement for three (3) quarters of the 2018 benefit year after December 6, 2018.
  – Issuers meeting this quantity threshold will be moved to the quality evaluation and provides an opportunity to address any issues prior to the Interim Summary RA Report deadline.

• Issuers excluded from the Interim Summary RA Report should continue to load data to their EDGE servers by the final April 30, 2019 data submission deadline as part of the standard RA and HCRP data submission, validation, calculation and payment process.
Interim Summary RA Report: Quality Upcoming Dates

<table>
<thead>
<tr>
<th>Interim RA Data Evaluation</th>
<th>EDGE Data Submission Deadline</th>
<th>CMS Notifies Outlier Issuers (approx.)</th>
<th>Issuer Justification Due to CMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary</td>
<td>December 6, 2018</td>
<td>December 14, 2018</td>
<td>Ten days after notification</td>
</tr>
<tr>
<td>Final</td>
<td>January 17, 2019</td>
<td>January 25, 2019</td>
<td>Ten days after notification</td>
</tr>
</tbody>
</table>

If an issuer is credible (representing 0.5% or more of their state’s market risk pool market share) **AND**:

- is a data quality outlier as of January 17, 2019, **AND**
- fails to submit a justification within ten days after notification **OR** CMS does not accept the justification submitted, **THEN**
- the issuer and all issuers in the issuer’s state will not receive the issuer-specific Interim RA transfer report on their EDGE server.
2018 EDGE Server Data Quality
Outlier Justification Submission
Web Form

HTTPS://WWW.REGTAP.INFO
Web Form Access

- The web form link will be emailed to company CEO Designates and Alternate CEO Designates. The CEO Designate email address determines the reporting company and the HIOS ID(s) with metrics that have a data outlier.

NOTE
If your company’s CEO Designate has changed, the EDGE server data quality outlier justification submission process for the 2018 benefit year cannot be completed until the CEO Designate is updated and correct.

- Issuers must access, complete and submit the 2018 EDGE Server Data Quality Outlier Justification web form to provide justification for all outliers identified by CMS.
• The web form must be completed in a single session. Information cannot be saved in the web form; therefore, we suggest you collect all necessary information before initiating the process.
  – You must have access to the contact information for your company’s CEO Designate.
  – Ensure that you have worked with all applicable parties to identify potential issues with EDGE server or baseline data.
  – If necessary, finalize a date to resubmit 2018 EDGE data.
• After selecting the web form link in the invitation email, review the Welcome page information and select the Continue button to navigate to the Contact Information page.
Welcome

CMS has identified that your company has potential quality issues in your 2018 EDGE server data. This web form allows you to submit a justification for an outlier, or if your issue is due to a data issue, indicate the date when you resubmitted or plan to resubmit 2018 EDGE server and/or baseline data to rectify the data quality issue(s).

To complete the reporting process for the EDGE Server Data Quality Outlier Justification Submission, you must have access to the contact information for your company’s CEO Designate.

Before completing this web form, please ensure that you have worked with all applicable parties (e.g., TPAs, actuaries, etc.) to identify potential issues with EDGE server data or baseline data as these are the sources of our analysis. If necessary, finalize a date to resubmit 2018 EDGE server or baseline data.

Please note that this web form must be completed in a single session. We recommend you collect all necessary information before initiating the process. Select the Continue button to begin.

Note: If your company’s CEO Designate 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 EDGE Server Data Quality Outlier Justification Submission reporting process until the CEO Designate is correct.

Continue

By using this web form, you accept the terms and conditions. If you decline, you should not use the web form.

- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:
  - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transferring or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transferring or stored on this system.
  - Any communication or data transferring or stored on this system may be disclosed or used for any lawful Government purpose.
The Contact Information page collects Submitter and Alternate contact information. CEO Designate contact information must be entered as either the Submitter or Alternate contact. The Alternate contact information must be different from the Submitter contact information.
• The *EDGE Data Outlier(s)* page contains the EDGE Data Outlier Records table, which displays the potential data quality issues based on the outlier status in one (1) or more EDGE data quality metrics.

• Review the record(s) in the EDGE Data Outlier Records table to determine the appropriate response for each record.
**EDGE Data Outlier(s) Page**

**Instructions**

The EDGE Data Outlier Records table below displays the HIOS ID(s) identified as having potential data quality issues based on the outlier status in one or more EDGE data quality metrics.

The red asterisk (*) indicates required fields.

**Company Name:** test plan Company

**Benefit Year:** 2018

**EDGE Data Outlier Records**

- Select one (1) record from the table, and report a date when you resubmitted or will resubmit your EDGE server data or baseline data, provide an outlier justification, or a description of why the HIOS ID/metric outlier is invalid, incorrect, or inapplicable. A response is required for each record listed in the table.

<table>
<thead>
<tr>
<th>Select</th>
<th>Record</th>
<th>HIOS ID</th>
<th>EDGE Server Data Run date</th>
<th>EDGE Outlier Notification date</th>
<th>Metric</th>
<th>Outlier Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>12121</td>
<td>11/15/2018</td>
<td>11/20/2018</td>
<td>Average number of medical claims per enrollee</td>
<td>Low</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>12121</td>
<td>11/15/2018</td>
<td>11/20/2018</td>
<td>Average number of diagnosis codes per medical claim</td>
<td>High</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>12121</td>
<td>11/15/2018</td>
<td>11/20/2018</td>
<td>Historical EDGE average premium per member per month</td>
<td>Other</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>12121</td>
<td>11/15/2018</td>
<td>11/20/2018</td>
<td>Prevalence of all enrollees with HCNP payments</td>
<td>Low</td>
</tr>
</tbody>
</table>

**What would you like to do for the selected record?**

- Report the date that you resubmitted or will resubmit corrected EDGE server data or baseline data.
Choose one (1) of the three (3) response options to provide an outlier justification for each record in the EDGE Data Outlier Records table.

**NOTE**
The web form will not advance to the next page until a response is entered for each record in the table.

*What would you like to do for the selected record?*
- Report the date that you resubmitted OR will resubmit corrected EDGE server and/or baseline data
- Provide an outlier justification
- Report an invalid, incorrect, or inapplicable HIOS ID/metric outlier
1. Report the date that you resubmitted OR will resubmit corrected EDGE server and/or baseline data.

Enter a resubmission date in the EDGE Server Data Resubmission Date, Baseline Data Resubmission field, or both.

- At least one (1) date is required
- The date entered may only be two (2) weeks prior to or after the email notification date
- The date entered must fall after the EDGE server data run date

* Date you resubmitted or will resubmit to resolve the data issue (enter a date for at least one field below):

- **EDGE Server Data Resubmission Date:** 11/26/2018

- **Baseline Data Resubmission Date:** [blank]
2. **Provide an outlier justification.**

Enter a justification in the Outlier Justification field using a maximum of 4,000 characters. An outlier justification will not be accepted if it only directs CMS to review an attachment, or if it simply states that the outlier results are expected, without any supporting evidence or context.

Outlier justifications should capture a complete and thorough summary of the identified issue so that CMS can evaluate whether the outlier is expected/justified. Outlier justifications will not be accepted if it only directs CMS to review an attachment. You will have the option of adding attachments after a response is added to all outlier records.

*Outlier Justification:* This is a complete and thorough summary of the identified issue. This summary does not just direct CMS to review an attachment.

Maximum of 4,000 characters.

127 of 4000 characters.
3. **Report an invalid, incorrect, or inapplicable HIOS ID/metric outlier.**

Enter an explanation for the invalid, incorrect, or inapplicable HIOS ID/metric outlier in the Explanation of Inapplicable Outlier field for limited instances including:

– The EDGE Data Outlier Records table in the web form does not match the data outliers provided in the email notification.
– The HIOS ID is invalid or not associated with the issuer.
– The outlier is not applicable because CMS accepted a previously submitted justification.
– The outlier is invalid, incorrect, or inapplicable for a reason other than the three (3) stated above.
If an outlier is considered invalid, incorrect, or inapplicable in only limited instances as listed below and described in the job aid, the descriptions entered below should be as succinct and clear as possible. You will have the option of adding attachments after a response is added to all outlier records.

- HIOS ID/metric outlier table and my email notification do not match
- The HIOS ID is invalid or is not ours
- The metric is inapplicable
- This should no longer be an outlier because CMS accepted our previously submitted justification
- Other

*Explanation of Inapplicable Outlier:*

This outlier is invalid because of this, that, and the other thing.

Maximum of 4,000 characters. 67 of 4000 characters.
• Once you have chosen your response option and provided the outlier information, select the **Add Outlier Response** button to add your response for the selected record to the Outlier(s) Response table.

• Repeat the process of selecting a response option and providing outlier information, for each record in the table.
Review the Outlier(s) Response table for accuracy.

If necessary, you can view or edit the HIOS ID/metric information for the selected row by selecting the appropriate link.

Select the **Continue** button to proceed to the **Summary** page.
The Summary page, which contains the Outlier(s) Response Summary table, displays basic and detailed information about outlier records that have an associated response entered.

The Summary page also contains the Upload Attachments page which allows for the upload of Excel files in support of justification(s) and/or explanation(s) provided in the web form.
## Summary

**Instructions**

Review the following information for accuracy.

**Company Name:** test plan Company  
**Benefit Year:** 2018

## Outlier(s) Response Summary

**Table Instructions**
- Select the **View** Action link to view the HIOS ID/metric information for the selected row
- Select the **Edit** Action link to update/edit the HIOS ID/metric information for the selected row

<table>
<thead>
<tr>
<th>Action</th>
<th>Record</th>
<th>HIOS ID</th>
<th>Metric</th>
<th>Outlier Action</th>
<th>Outlier Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>1</td>
<td>12121</td>
<td>Average number of medical claims per enrollee</td>
<td>Outlier Justification</td>
<td>This is a complete and thorough summary of the identified issue. This summary does not just direct C...</td>
</tr>
<tr>
<td>View</td>
<td>2</td>
<td>12121</td>
<td>Average number of diagnosis codes per medical claim</td>
<td>Resubmission Date</td>
<td>Baseline: 11/27/2018</td>
</tr>
<tr>
<td>View</td>
<td>3</td>
<td>12121</td>
<td>Historical EDGE average premium per member per month</td>
<td>Resubmission Date</td>
<td>EDGE Server: 11/26/2018</td>
</tr>
<tr>
<td>View</td>
<td>4</td>
<td>12121</td>
<td>Prevalence of all enrollees with HCRP payments</td>
<td>Inapplicable Outlier</td>
<td>This outlier is invalid because of this, that, and the other thing.</td>
</tr>
</tbody>
</table>

## Attachments Summary

To upload an attachment, select the **Upload Attachment** button. A maximum of four (4) Excel file attachments can be uploaded.

[Upload Attachment]

## Contact Information
• If necessary, you may upload attachment(s) with your justification from the *Upload Attachments* page.
  – Select the **Browse** button to locate an Excel file.
  – Select the **Upload Attachment** button.
  – Select the **Return to Summary** button to return to the *Summary* page.

• If you have uploaded an attachment, review the Attachments Summary table for accuracy. The Attachments Summary table only displays if a file has been uploaded.
Summary Page: Upload Attachments
(continued)

---

**Upload Attachments**

**Instructions**

Attach a maximum of four (4) Excel files.

**Company Name:** test plan Company  
**Benefit Year:** 2018

Please note:
- 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 support for the Outlier Justification.  
- Uploaded Excel files may include multiple tabs. If including multiple tabs, adequately name the tabs, e.g., name tabs to identify different metrics.  
- Excel files cannot exceed 10MB.

**Upload a File**

[Browse...] No file selected.

[Upload Attachment]

Select the **Action** link to view or delete the uploaded file(s).

<table>
<thead>
<tr>
<th>Action</th>
<th>File Name</th>
<th>File Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>TestFile.xlsx</td>
<td>0.2655 MB</td>
</tr>
</tbody>
</table>

[Return to Summary]

---

HTTPS://WWW.REGTAP.INFO
Summary Page: Upload Attachments (continued)

Attachments Summary

To upload an attachment, select the **Upload Attachment** button. A maximum of four (4) Excel file attachments can be uploaded.

Select the **Action** link next to the file name to view or delete the selected attachment.

<table>
<thead>
<tr>
<th>Action</th>
<th>File Name</th>
<th>File Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>TestFile.xlsx</td>
<td>0.2655 MB</td>
</tr>
</tbody>
</table>

**Contact Information**

Select the **Edit Contact Information** button to update/edit contact information.
Summary Page: Contact Information Section

- Review the Contact Information section for accuracy. If necessary, you can select the **Edit Contact Information** button to update contact information.
The *Attestation* page requires that a Chief Actuary of your company attest to the information submitted in the web form and serve as a contact if CMS has questions regarding the submission.

**NOTE**

The individual completing the web form does not need to be the attester; however, the attester must be aware of the web form submission, as s/he will be the individual contacted if CMS identifies an issue or has questions.
• Thoroughly review the Attestation instructions and statement on the page.

• Select the check box next to the Attestation statement to indicate agreement.

• Complete the Attester Details fields with the contact information.

• Select the Submit button to complete the web form to navigate to the Confirmation page. By selecting the Submit button, your EDGE server data quality outlier justification submission and attestation are saved and submitted.
Attestation Page (continued)

Attestation

Instructions

Prior to completing the EDGE Server Data Quality Outlier Justification Submission reporting process, a Chief Actuary for your company must attest to the information submitted in this web form. To attest, the submitter must select the check box next to the attestation statement 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 have reviewed and approved the EDGE Server Data Quality Outlier responses prior to the submission of this form.

The red asterisk (*) indicates required fields.

Attestation

☑️ I hereby attest and certify that the information for all HIOS ID(s)/metric(s) provided in this submission is true, complete, and accurate to the best of my knowledge as of today. If my company discovers that the information contained in this web form is incorrect, incomplete, or misreported, my company will promptly inform CMS. If CMS identifies an issue or has questions about the information submitted, I agree to be a contact for responding to such questions.

Attester Details

* First Name: Jane
* Email Address: example3@email.com
* Phone Number: (333) 333-3333
* Last Name: Gray
* Job Title: Actuary

By selecting the Submit button, your data and attestation for the EDGE Server Data Quality Outlier Justification Submission reporting process is submitted.
• An acknowledgement email is sent to the Submitter, Alternate Contact, and Attester email addresses.

• Select the **PDF** button to print and/or save the confirmation for your records.

• The PDF will not be included with the acknowledgement email, so we recommend printing it from this page before closing the browser.
Confirmation

WARNING. Please print the PDF for your records before closing your browser.

Thank you for your submission

An acknowledgement email has been sent to the email addresses provided. It is recommended that you save and print the PDF for your records; it is the formal confirmation of the information submitted for the EDGE Server Data Quality Outlier Justification. The PDF will not be attached to the confirmation email.

Submission End Time: 11/21/2018 12:41 PM

Acknowledgement email and submission information sent to the following email addresses:
example1@email.com
test@plan.com
example3@email.com

Print/Save
Select the PDF button to generate a PDF confirmation that contains the information submitted for the EDGE Server Data Quality Outlier Justification. It is recommended that you print and save this document for your records. The PDF will not be attached to the confirmation email.
Questions?

To submit or withdraw questions by phone:

- *Dial *# (star-pound) on your phone’s keypad to ask a question.*
  - *Dial *# (star-pound) on your phone’s keypad to withdraw your question.*
## Upcoming Webinar

<table>
<thead>
<tr>
<th>Webinar</th>
<th>Scheduled Event Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Adjustment Default Charge (RADC) Updates</td>
<td>December 11, 2018</td>
</tr>
</tbody>
</table>
Resources
## Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Link/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Consumer Information and Insurance Oversight (CCIIO)</td>
<td><a href="http://cms.gov/cciio/">http://cms.gov/cciio/</a></td>
</tr>
<tr>
<td>Registration for Technical Assistance Portal (REGTAP)</td>
<td></td>
</tr>
<tr>
<td>• Registration</td>
<td></td>
</tr>
<tr>
<td>• Resource Library</td>
<td></td>
</tr>
<tr>
<td>• Frequently Asked Questions (FAQs)</td>
<td><a href="https://www.REGTAP.info/">https://www.REGTAP.info/</a></td>
</tr>
</tbody>
</table>
The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary categories, Benefit Year and Publish Date.

FAQ Database is available at https://www.regtap.info/
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.
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.
Closing Remarks