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**Date:** October 25, 2022

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

**Subject:** **Evaluation of EDGE Data Submissions for the 2022 Benefit Year**

## **I. Purpose**

The Centers for Medicare & Medicaid Services (CMS) issues annual guidance describing the thresholds it will use under 45 CFR § 153.710(g) to evaluate the sufficiency of EDGE server data for a given benefit year, including the format and timeline for baseline data submission.<sup>1</sup> In this bulletin, we describe the operational processes and metrics for when and 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 benefit year (BY) 2022.<sup>2</sup>

CMS uses this evaluation to determine which (1) States will be included in the BY 2022 interim summary risk adjustment report published in March 2023, (2) issuers will receive BY 2022 interim risk adjustment transfer reports, (3) issuers will be included in the BY 2022 final risk adjustment transfer calculations or be assessed a default risk adjustment charge in a State market risk pool, and (4) issuers will receive BY 2022 high-cost risk pool (HCRP) payments and charges. **Notwithstanding the process described below, each issuer remains responsible for ensuring the completeness and accuracy of BY 2022 data submitted and accepted to its EDGE server by the final data submission deadline at 4 p.m. EDT on Monday, May 1, 2023.**<sup>3</sup>

## **II. Background**

The integrity of total transfers, including HCRP payments and charges, under the HHS-operated risk adjustment program depends upon the completeness and accuracy of data submitted by issuers to their EDGE servers. For example, insufficient EDGE server data submission for one

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<sup>1</sup> See the HHS Notice of Benefit and Payment Parameters for 2017; Final Rule, 81 FR 12204 at 12234-12235 (March 8, 2016) (“the 2017 Payment Notice”). 45 CFR 153.710(f) was recently redesignated to 45 CFR 153.710(g). See the HHS Notice Benefit and Payment Parameters for 2022; Final Rule; 86 FR 24140 at 24195 (May 5, 2021).

<sup>2</sup> For the 2022 benefit year, HHS operates risk adjustment in all 50 states and the District of Columbia. See the HHS Notice of Benefit and Payment Parameters for 2022; Final Rule; 86 FR 24140 at 24151 (May 5, 2021).

<sup>3</sup> Pursuant to 45 CFR § 153.730, since April 30, 2023 falls on a weekend, the final EDGE data submission deadline for BY 2022 will be the next applicable business day, Monday, May 1, 2023.

issuer can materially affect the risk adjustment transfers for all other issuers in a State market risk pool.

Under 45 CFR §§ 153.710(g) and 153.740(b), if an issuer of a risk adjustment covered plan<sup>4</sup> fails to establish an EDGE server, fails to submit sufficient data, or fails to provide HHS with access to the required data on the EDGE server, such that CMS cannot apply the applicable Federally-certified risk adjustment methodology, a default risk adjustment charge will be assessed. Issuers are required to meet sufficient quantity and quality for enrollment and claims data submitted to their EDGE servers.<sup>5</sup> CMS will evaluate data on an EDGE server for sufficient quantity and quality throughout the data submission process, including while conducting analysis for the interim summary risk adjustment report. If the data submitted by January 12, 2023 is determined to be sufficient, CMS will calculate and provide interim transfer estimates for that issuer.

### ***Interim Risk Adjustment Report***

The BY 2022 interim summary risk adjustment report will be published in March 2023. For a State to be included in this public report, all credible issuers must meet the applicable thresholds for both the quantity and quality evaluations. An issuer is considered credible in a State market if it has 0.5% or more of market share. Issuers with data submissions determined to be sufficient will receive interim transfer estimates even if the State is not eligible for inclusion in the public report. CMS will use an issuer's EDGE server data as of January 12, 2023 to complete these data evaluations.

### ***Final Risk Adjustment Report***

The BY 2022 final summary risk adjustment report will be published by June 30, 2023. Any issuer not meeting sufficient data quantity or quality thresholds will be assessed a default risk adjustment charge and may forgo HCRP payments it may otherwise have been eligible to receive.<sup>6</sup> When all issuers meet data sufficiency requirements, CMS is able to provide reliable State average and issuer-specific risk scores and thus, ensure the integrity of final total risk adjustment transfers. For BY 2022, in the event that CMS discovers that an issuer submitted materially incorrect EDGE data after the calculation of final risk adjustment transfers, CMS will adjust the issuer's total risk adjustment transfers to make other issuers in the State market risk pool whole. For more information about how CMS will adjust BY 2022 transfers in response to materially incorrect EDGE data, please refer to Section VII.

## **III. Data Quantity Evaluation Process**

CMS compares issuer self-reported baseline data to the issuer's EDGE data to determine data quantity sufficiency for enrollment and claims data for a given benefit year. For BY 2022, CMS will continue to use a 90% enrollment data and 90% claims data (non-orphan medical and pharmacy claims) by State market threshold for an issuer to meet data quantity sufficiency. **CMS**

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<sup>4</sup> See 45 CFR § 153.20 for the definition of "risk adjustment covered plan".

<sup>5</sup> See 45 CFR § 153.710(g)(1) and (g)(2).

<sup>6</sup> If an issuer fails the data quality analysis and is assessed a default charge under 45 CFR § 153.740(b) on that basis, CMS will perform additional data quality metrics (described below) to determine the issuer's eligibility for HCRP payments. See the HHS Notice of Benefit and Payment Parameters for 2018; Amendments to Special Enrollment Periods and the Consumer Operated and Oriented Plan Program; Final Rule; 81 FR 94058 at 94081 (December 22, 2016).

**measures the threshold for markets (individual<sup>7</sup> and small group) separately**, thus requiring the submission of 90% of enrollment data and 90% of non-orphan claims (medical claims and pharmacy claims) by State market to meet data quantity requirements.<sup>8</sup>

CMS will complete data quantity evaluations throughout the data submission window for BY 2022, which ends at **4 p.m. EDT on Monday, May 1, 2023**. After each data submission deadline discussed below and until data quantity sufficiency is met, CMS will notify all CEO Designates and Alternate CEO Designates by email of their data quantity status, the potential implications of failing to meet data quantity sufficiency, and possible resolutions to mitigate data insufficiencies. As issuers are responsible for ensuring the accuracy and completeness of their respective data submissions, all issuers should monitor the status of the quantity thresholds for their data under the Quantity and Quality tab of the Financial Management Community at <https://crrms-rari.force.com/financialmanagement/>.

CMS will use issuers' data as of January 12, 2023, to determine eligibility for interim risk adjustment transfer estimates and the interim summary risk adjustment report. If an issuer fails to meet data quantity sufficiency, the issuer will not be eligible for interim risk adjustment transfer estimates. If such issuer(s) exceeds 0.5% of market share for the State market risk pool as determined by number of enrollees covered, CMS will not consider the State to be credible and will not include the State in the BY 2022 interim summary risk adjustment report.<sup>9</sup> In such circumstances, the State will only be included in the BY 2022 final risk adjustment summary report that CMS will provide by June 30, 2023.

After the final data submission deadline, an issuer of a risk adjustment covered plan that fails to meet data quantity sufficiency will be subject to a default risk adjustment charge,<sup>10</sup> if the default charge is a smaller charge than the issuer would have received otherwise. If an issuer has low enrollment completion (defined as less than 90%), the issuer will be subject to a default risk adjustment charge if the default charge is smaller than the charge it would have otherwise received. If an issuer has low medical or pharmacy claims completion (less than 90%) within a State market risk pool, then the issuer will be subject to a default risk adjustment charge if the default charge is smaller than the charge it would have otherwise received. Issuers that receive a default risk adjustment charge for not meeting data sufficiency will not be assessed an HCRP charge, unless they are determined to be eligible for HCRP payments.<sup>11</sup>

CMS conducts data quantity evaluations across all issuers after CMS receives the summary EDGE server data from the weekly EDGE server command execution. For BY 2022, there are

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<sup>7</sup> For purposes of identifying outliers and creating these group sizes by market, catastrophic plans are treated as part of the individual market except for risk score and premium-related metrics.

<sup>8</sup> For BY 2022, Massachusetts is treated as having a merged market for purposes of the HHS-operated risk adjustment program. See [https://regtap.cms.gov/uploads/library/RA\\_MergedMarketsFAQ\\_021522\\_5CR\\_021522.pdf](https://regtap.cms.gov/uploads/library/RA_MergedMarketsFAQ_021522_5CR_021522.pdf). For purposes of the quantity assessments, it is treated as its own market, separate and distinct from the individual and small group markets.

<sup>9</sup> As noted above, issuers with data submissions determined to be sufficient will receive interim transfer estimates even if the State is not eligible for inclusion in the public report.

<sup>10</sup> See 45 CFR §§ 153.710(g) and 153.740(b).

<sup>11</sup> Issuers who do not meet data quantity sufficiency will move to the data quality metrics to determine eligibility for HCRP payments.

four (4) ongoing data quantity evaluations and one (1) final data quantity evaluation using an issuer’s most recent data available at each data submission deadline<sup>12</sup>: *October 20, 2022, December 1, 2022, January 12, 2023, February 23, 2023 and May 1, 2023*. Please refer to Section IX for further details about each data submission deadline.

***How to Remedy a Data Quantity Issue***

An issuer that fails to meet data quantity sufficiency can take the following actions at any time prior to the 4 p.m. EDT May 1, 2023, final data submission deadline:

- Correct or add additional data on their EDGE server, and/or
- Correct and resubmit baseline enrollment or claims data (see below Section VIII).

If you encounter any technical problems submitting corrected enrollment and claims data to your EDGE server, please contact the Financial Management Coordination Center (FMCC) at [edge\\_server\\_data@cms.hhs.gov](mailto:edge_server_data@cms.hhs.gov).

**IV. Data Quality Evaluation Process**

CMS will generally assess issuers’ data quality sufficiency throughout the BY 2022 data submission window using the process and metrics set forth in the *Data Quality Evaluation Metrics* table below.

<b>Data Quality Evaluation Metrics</b>	
<b>Area</b>	<b>Key Metrics</b>
<b>EDGE Claims/Enrollment</b>	Average number of medical claims per enrollee
	Percent of enrollees without claims
	Percent of medical claims that are institutional claims
	Average number of pharmacy claims per enrollee
	Enrollment for On-Exchange Plans on EDGE compared to other various Enrollment data sources
	Premium data comparison between EDGE and other sources
<b>Risk Adjustment<sup>13</sup></b>	Historical EDGE average premium per member per month
	Percent of all enrollees with at least one Hierarchical Condition Category (HCC)
	Average number of conditions per enrollee with at least one HCC
	Issuer average risk score
	Average number of diagnosis codes per medical claim
	Percent of all enrollees with at least one Prescription Drug Category (RXC)
	Percent of pharmacy claims that result in RXCs
	High Average Risk Score/Low Average Paid Claims Cost
	Low Average Risk Score/High Average Paid Claims Cost
	Percent Paid Claims from HCRP payment enrollees

<sup>12</sup> For additional information, please see 2022 Benefit Year EDGE Server Key Milestone, Command Deployment, and Plan Data Submission Dates at the following link: [https://regtap.cms.gov/reg\\_librarye.php?i=3916](https://regtap.cms.gov/reg_librarye.php?i=3916).

<sup>13</sup> Risk adjustment premium metrics will also be applicable to the HCRP evaluation metrics.

Data Quality Evaluation Metrics	
Area	Key Metrics
High-Cost Risk Pool <sup>14</sup>	Average HCRP payment per HCRP payment enrollee
State-Based Reinsurance (SRI) <sup>15</sup>	Percent Paid Claims from SRI payment enrollees
	Average SRI payment per SRI payment enrollees
	Percent of enrollees receiving SRI payment

CMS will identify outliers for most metrics using the following process:

- **Issuers will be divided into three group sizes by market<sup>1617</sup>: issuers with fewer than 500 enrollees, issuers with greater than or equal to 500 enrollees but fewer than 7,500 enrollees, and issuers with 7,500 or more enrollees.<sup>18</sup>**
- A national distribution by market for all metrics and combinations of metrics to identify interactions will be used for each group size.
- A technical committee composed of actuaries and risk adjustment experts will establish outlier thresholds for those distributions.
- The technical committee will consider justifications from issuers identified as outliers.

### ***Interim Risk Adjustment Report***

For the BY 2022 interim summary risk adjustment public report, the technical committee will consider justifications received from identified data quality outliers beginning in November 2022 through January 2023. All quality outliers must be resolved by January 12, 2023 for an issuer to receive its interim risk adjustment transfer estimates. If an issuer fails to provide an acceptable justification within 10 calendar days of the outlier notification, or the outlier involves an unresolved data error, CMS will not provide interim summary risk adjustment transfer estimates for that issuer. If such issuer(s) exceeds 0.5% of market share for the State market risk pool, CMS will not consider the State to be credible and will not include any issuers in the State in the BY 2022 interim summary risk adjustment public report.<sup>19</sup> The State will only be included in the final risk adjustment summary report that CMS will provide by June 30, 2023.

### ***Final Risk Adjustment Report***

<sup>14</sup> If an issuer has not met data quantity sufficiency and is subject to the default risk adjustment charge, CMS will evaluate the issuer's data quality using metrics in the above chart, including but not limited to the HCRP metrics, to evaluate the issuers' premiums and claims submissions and to determine the issuer's eligibility for HCRP payments and charges. If determined eligible for HCRP payments, the issuer will also owe an HCRP charge. If the issuer receives a default charge and is not eligible for HCRP payments, then the issuer will not owe an HCRP charge.

<sup>15</sup> These metrics will only apply to issuers in a State market where CMS is providing data to the State in support of a SRI program approved under a [Section 1332 State Innovation Waiver](#). For BY 2022, SRI metrics are only applicable for Colorado, Delaware, Georgia, Maryland, New Hampshire, North Dakota and Pennsylvania issuers. Issuers in states with SRI programs under approved Section 1332 State Innovation Waivers are subject to the specified SRI metrics in addition to the other quantity and quality metrics outlined in this guidance.

<sup>16</sup> See supra note 7.

<sup>17</sup> While the Massachusetts merged market is generally treated as a separate market in the HHS-operated risk adjustment program (see supra note 8), because too few merged market states exist to provide adequate national distributions for calculating quality metrics, issuers in such states are separated into individual and small group markets for the sole purpose of identifying outliers.

<sup>18</sup> As part of CMS' regular review of this guidance, for BY 2022 CMS revised issuer size thresholds to improve issuer and enrollment distributions used in the identification of outliers. The BY 2022 issuer size thresholds are not estimated to increase overall issuer burden to respond to quality outlier notifications.

<sup>19</sup> As noted above, issuers with data submissions determined to be sufficient will receive interim transfer estimates even if the State is not eligible for inclusion in the public report.

CMS will generally conduct ongoing and final data quality evaluations on data submitted between November 4, 2022, and May 1, 2023 to determine data quality sufficiency for inclusion in the BY 2022 risk adjustment transfer and HCRP calculations. CMS will send outlier notifications to inform applicable issuers that they have been identified as a potential quality outlier. The notification will include a link to complete the “EDGE Server Data Quality Outlier Justification Submission Web Form” and indicate the issuer’s response timeframe. After receiving the notification, issuers must take the following actions:

- Complete the “EDGE Server Data Quality Outlier Justification Submission Web Form” within 10 calendar days of receiving outlier notification by either submitting a suitable justification for the relevant data anomalies or providing a date by which any data issues will be resolved. Justifications should include relevant detail and actuarial data as necessary to prove the issuer’s case with respect to the metric(s) in which the issuer was identified as an outlier. CMS recommends that issuers submit their explanations early to allow time for additional clarification or revised explanations.
- Update or correct the data stored on their EDGE server(s) by the date agreed upon with CMS, if the outlier analysis indicates a data error.

CMS will generally conduct data quality evaluations across all issuers after CMS receives the summary EDGE server data from the weekly EDGE server command execution. There are five (5) data submission deadlines: *October 20, 2022, December 1, 2022, January 12, 2023, February 23, 2023 and May 1, 2023*. Ongoing data quality evaluations in between the deadlines occur using an issuer’s most recent data so that an issuer may resolve data quality concerns by the next data submission deadline. Please refer to Section IX for further details about each data submission deadline.

CMS does not expect that many issuers will be identified as outliers for the first time during the final data quality evaluation following the **May 1, 2023** final data submission deadline. 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 just before the final data submission deadline. If an issuer’s data is identified as an outlier in any of the metrics above after May 1, 2023, and that issuer does not have a previously accepted justification for the outlier, CMS will provide a final opportunity for the issuer to submit a justification and will also require the issuer to attest to the accuracy of its data. However, the issuer will not be permitted to correct data errors or submit new data to its EDGE server at that time.

Below are the consequences if CMS’ technical committee determines that the outlier justification is **not acceptable**:

- If the issuer is identified as having a “low side” data quality outlier, such as only submitting one diagnosis per claim or failing to correct claims data, then 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” data quality outlier, or having a premium outlier that is “low” or “high,” then the issuer will be subject to the default risk adjustment

charge, or other appropriate adjustments may be made to its risk adjustment transfer amounts.<sup>20</sup>

- Issuers who receive a default risk adjustment charge and have no HCRP payment will not be assessed an HCRP charge. Issuers who receive a default risk adjustment charge and receive an HCRP payment will be assessed an HCRP charge.

### ***How to Remedy a Data Quality Issue***

An issuer identified as having data quality issues can take the following actions at any time prior to the **4 p.m. EDT May 1, 2023** final data submission deadline:

- Correct and resubmit enrollment or claims data on their EDGE server, and
- Complete the “EDGE Server Data Quality Outlier Justification Submission Web Form” within 10 calendar days of receiving outlier notification by either submitting a suitable justification for the relevant data anomalies and/or providing a date by which any data quality issues will be resolved.

If you encounter any technical problems correcting or submitting updated enrollment or claims data to the EDGE server, please contact the Financial Management Coordination Center (FMCC) at [edge\\_server\\_data@cms.hhs.gov](mailto:edge_server_data@cms.hhs.gov).

## **V. Issuer Responsibility**

The data quantity and quality analysis set forth above will assist CMS with ensuring the integrity of the risk adjustment program, but the issuer remains responsible for ensuring the completeness and accuracy of the data submitted to its EDGE server by the applicable data submission deadline. It is imperative that issuers review their EDGE reports and monitor their own data quantity and quality throughout the data submission process. If an issuer discovers any data error during the data submission period, it must notify CMS as soon as possible. **CMS will not permit issuers to submit additional data or correct data already submitted to their EDGE servers after the May 1, 2023 deadline.** Failure to receive a notice from CMS of a data quantity or quality issue is not a proper basis to request reconsideration under 45 CFR § 156.1220.

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<sup>20</sup>See Section VII for information about how CMS will adjust BY 2022 transfers in response to materially incorrect EDGE data submissions.

## **VI. Default Risk Adjustment Charge**

Under 45 CFR § 153.740(b), the default risk adjustment charge will equal a per member per month (PMPM) amount multiplied by the plan's enrollment. The PMPM amount is equal to the product of the statewide average premium PMPM for a risk pool and the 90<sup>th</sup> percentile plan risk transfer amount along a distribution of the absolute value of state transfers in all States where HHS operates risk adjustment, expressed as a percentage of premium.<sup>21</sup> All compliant risk adjustment covered plans in the state market risk pool, where there is at least one default risk adjustment charge issuer, will receive a portion of the default charges collected from the default risk adjustment issuer in the risk pool. The final default charge amount(s) will be calculated from the final calculation of state risk adjustment transfers in all States where HHS operates risk adjustment. CMS expects that default charges will be invoiced on the same timeline as other risk adjustment payments and charges.

If a plan subject to a default risk adjustment charge has not provided enrollment data to CMS, CMS will contact the issuer via a letter<sup>22</sup> requesting the plan's total billable member months and an attestation of this data, which will be used to calculate the default risk adjustment charge, or requesting submission of enrollment data to the issuer's EDGE server. 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 an attestation for its enrollment data, CMS will estimate the noncompliant plans' enrollment using available alternative data source(s).<sup>23</sup>

## **VII. Adjustment to Total Risk Adjustment Transfers Due to Submission of Incorrect Data**<sup>24</sup>

In general, risk adjustment transfers within a State market risk pool are based on the relative risk scores of issuers in the risk pool, with the State risk adjustment transfers calibrated based on the average premium in the State market risk pool. An overstatement or understatement of diagnoses or other factors driving an issuer's risk score will have a uniform effect on the risk adjustment transfers for the other issuers in the State market risk pool (that is, it will result in either a lower or higher risk adjustment charge, or higher or lower risk adjustment payment, for all issuers). However, an overstatement or understatement of premium data may affect some issuers differently than others, because it will lead to an increase or decrease in the absolute value of the magnitude of the total transfers in the State market risk pool (and will affect the calculation of the geographic rating area factors).

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<sup>21</sup> See the 2017 Payment Notice, 81 FR at 12237. For small issuers (that is, issuers with 500 billable member months or fewer statewide), the default risk adjustment charge is assessed at 14 percent of statewide average premium. *Ibid.*

<sup>22</sup> 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 their reported enrollment data or attest to a different enrollment amount for the applicable benefit year; and one letter for issuers without 90% of their baseline enrollment data submitted to the EDGE server asking the issuer to submit enrollment.

<sup>23</sup> CMS stated in the Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards final rule, 78 FR 65045 at 65062 (October 30, 2013), if an issuer does not submit enrollment data, CMS will seek enrollment data from the issuer's Medical Loss Ratio (MLR) filings for the applicable benefit year, or, if unavailable, other reliable data sources, such as the applicable State Department(s) of Insurance.

<sup>24</sup> Also see the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019; Final Rule, 83 FR 16930 at 16970 - 16971 (April 17, 2018).



If CMS is made aware that an issuer has submitted incorrect EDGE server claims or diagnosis BY 2022 data that will have the effect of understating an issuer's plan average risk score, and thus negatively affecting the issuer without having a negative effect on other issuers within the State market risk pool, we will not permit the issuer to submit supplementary data after the final data submission deadline. The EDGE server deadline is clear, and it is critical to the efficient operation of the risk adjustment program for issuers of risk adjustment covered plans in a State market risk pool to adhere to those deadlines. Unlike a misstatement of premiums, which affects the statewide average premium upon which all total transfers in the risk pool are derived, the inability of an issuer to submit all claims or diagnosis data results in a lower risk score than the issuer would have received, thereby only negatively impacting the issuer that did not submit all claims. CMS requires issuers to adhere to the initial data submission, and to accept the consequences of the data submission, even where the monetary impact of the inaccuracy on the issuer submitting incorrect data may be substantial.<sup>25</sup>

If an issuer has submitted incorrect EDGE server premium data, that action will increase or decrease the magnitude of risk adjustment transfers to other issuers in the State market risk pool depending on the direction of the premium error, holding constant the other elements of the state payment transfer formula. CMS will require an issuer that has submitted incorrect EDGE server premium data to adhere to its initial data submission, and to accept the consequences of the submission, even where the monetary impact of the inaccuracy on the issuer may be substantial. However, in cases where there is a material impact on risk adjustment transfers for that particular State market risk pool as a result of incorrect EDGE server premium data, CMS will calculate the dollar value of differences in risk adjustment transfers where the difference is detrimental to another issuer in the State market risk pool, adjust that other issuer's risk adjustment transfer amount by that calculation, and increase the risk adjustment charge (or decrease the risk adjustment payment) to the issuer making the data error, in order to balance the State market risk pool.<sup>26</sup>

CMS utilizes the issuer's simulation (SML) zone on their EDGE server to assess discrepancies and resolve material and actionable discrepancies. In these circumstances, the issuer's final EDGE data for the applicable benefit year is copied to their SML zone where the issuer is required to update the data to allow CMS to further investigate the discrepancy. CMS then runs the appropriate calculations against this SML zone data and reviews the results to determine whether the discrepancy is actionable and material.

CMS believes this operational approach best serves to balance the need to operate the risk adjustment program efficiently, while ensuring that issuers do not profit from their data submission errors or harm their competitors in the relevant State market risk pool.<sup>27</sup>

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<sup>25</sup> An exception would be if CMS were made aware of claims or diagnosis data that would have the effect of overstating an issuer's plan average risk score. In such circumstances, CMS will calculate the excess amount received by the issuer, and redistribute that amount to the other issuers in the State market risk pool, avoiding the need to have all issuers in a market reactivate their EDGE servers and to recalculate all state transfers within a State market risk pool, while ensuring that the issuer with the overstated data does not profit by its error.

<sup>26</sup> Calculation of the dollar value will include adjustment to the statewide premium average and, to the extent possible, adjustment to the geographic cost factor.

<sup>27</sup> CMS also notes that if an issuer of a risk adjustment covered plan fails to provide access to the required data through an EDGE server in accordance with regulations, such that we cannot apply the applicable Federally certified

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

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. Baseline data can be entered online or uploaded as a .CSV file. The web form is available within the Financial Management (FM) Community at <https://ccrms-rari.force.com/financialmanagement/>. Issuers can access materials to assist in completing the Baseline Reporting Process, including a User Guide, Job Aid, and Job Aid Manual within the Salesforce FM Community and on REGTAP.<sup>28</sup>

The issuer will be prompted to enter a brief explanation when resubmitting its baseline data outside of the collection period. The explanation field is optional, but CMS encourages issuers to provide an explanation if experiencing issues loading data on to their 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](mailto:edge_server_data@cms.hhs.gov).

## IX. Appendix: Schedule of Steps in the Evaluation Process for Data Quantity and Quality

From October 20, 2022 through May 1, 2023, 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 summary risk adjustment public report. When notifying the issuer as described below, CMS will contact the issuer's CEO Designate and CEO Designate Alternate. All issuers should monitor the status of quantity thresholds under the Quantity and Quality tab of the Financial Management Community at <https://ccrms-rari.force.com/financialmanagement/>.

**NOTE:** Submission deadlines pertaining to enrollment in the table below refer to submitting at least 90% of enrollment for the *entire benefit year*. Deadlines for certain *quarters* of data refer to claims submission only.

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risk adjustment methodology to calculate the transfer amount for the risk adjustment covered plans in a timely fashion, we will assess a default risk adjustment charge pursuant to 45 CFR § 153.740(b).

<sup>28</sup> Issuers can access Baseline Reporting materials under the Distributed Data Collection (DDC) for Risk Adjustment (RA) Including High Cost Risk Pool (HCRP)/EDGE Server, available at: <https://www.regtap.info/ddc.php>.

STEP	DATE	DESCRIPTION
EDGE 1 <sup>st</sup> Submission Deadline	October 20, 2022	90% Enrollment and Claims for Quarters 1 and 2
Data Quantity Evaluation Notification	Approximately one week after 1 <sup>st</sup> submission deadline	<p><b>Issuers must have the following data submitted and accepted on their EDGE Server:</b></p> <ul style="list-style-type: none"> <li>• 90% of the <b>entire BY 2022</b> enrollment</li> <li>• 90% non-orphan medical claims <b>and</b> 90% non-orphan pharmacy claims for <b>two</b> quarters of BY 2022</li> </ul> <p><b>Issuers in a failed status:</b></p> <ul style="list-style-type: none"> <li>• May be ineligible for interim risk adjustment report</li> <li>• If credible, issuer’s entire State may be ineligible for interim risk adjustment report</li> </ul> <p><b>Issuers in a passed status:</b></p> <ul style="list-style-type: none"> <li>• Will continue to the CMS data quality evaluation</li> </ul> <p><b>EDGE Data Quantity Status Notification</b></p> <ul style="list-style-type: none"> <li>• CMS notifies issuers of their data quantity status</li> </ul>
Data Quality Evaluation Notification	Approximately one week after 1 <sup>st</sup> submission deadline	<p><b>Issuers must meet the quantity threshold to be included in the quality analysis.</b></p> <p><b>Issuers with a data quality outlier:</b></p> <ul style="list-style-type: none"> <li>• CMS contacts issuers identified as potential outliers based on analysis of EDGE Server data</li> <li>• If the outlier indicates a data error, the issuer must update or correct the data on their EDGE servers <i>as soon as possible, but no later than December 1, 2022 when <b>three</b> quarters of BY 2022 data is due</i></li> </ul> <p><b>EDGE Data Quality Evaluation Outlier Notification</b></p> <ul style="list-style-type: none"> <li>• CMS will notify issuers with a data quality outlier in writing approximately one week after issuers execute the EDGE server commands. Issuers must complete the “EDGE Server Data Quality Outlier Justification Submission Web Form” within 10 calendar days of receiving the notification</li> </ul> <p><b><i>Important Reminder: All quality outliers must be resolved by January 12, 2023, for an issuer to receive its interim risk adjustment transfer estimates, and, if the issuer is credible in a State market risk pool, for a State to be included in the interim summary risk adjustment public report.</i></b></p>

STEP	DATE	DESCRIPTION
Data Quality Evaluation Justification Submission	10 days after notification	<p><b>Response Due to EDGE Data Quality Evaluation Outlier Notification</b></p> <ul style="list-style-type: none"> <li>• Issuers notified as outliers must submit a justification of data anomalies or a date by which any data issues will be resolved</li> </ul>
<b>EDGE 2<sup>nd</sup> Submission Deadline</b>	<b>December 1, 2022</b>	<b>90% Enrollment and Claims for Quarters 1, 2 and 3</b>
Data Quantity Evaluation Notification	Approximately one week after 2 <sup>nd</sup> submission deadline	<p><b>Issuers must have the following data submitted and accepted on their EDGE Server:</b></p> <ul style="list-style-type: none"> <li>• 90% of the <b>entire BY 2022</b> enrollment</li> <li>• 90% non-orphan medical claims <b>and</b> 90% non-orphan pharmacy claims for <b>three quarters</b> of BY 2022</li> </ul> <p><b>Issuers in a failed status:</b></p> <ul style="list-style-type: none"> <li>• May be ineligible for interim risk adjustment report</li> <li>• If credible, issuer’s entire State may be ineligible for interim risk adjustment report</li> <li>• Have until <b>January 12, 2023</b>, to meet data quantity sufficiency to be considered for interim summary risk adjustment report</li> </ul> <p><b>Issuers in a passed status:</b></p> <ul style="list-style-type: none"> <li>• Will continue to the CMS data quality evaluation</li> </ul> <p><b>EDGE Data Quantity Status Notification</b></p> <ul style="list-style-type: none"> <li>• CMS notifies issuers of their data quantity status</li> </ul>
Data Quality Evaluation Notification	Approximately one week after 2 <sup>nd</sup> submission deadline	<p><b>Issuers must meet the quantity threshold to be included in the quality analysis.</b></p> <p><b>Issuers with a data quality outlier:</b></p> <ul style="list-style-type: none"> <li>• CMS contacts issuers identified as potential outliers based on analysis of EDGE server data</li> <li>• If the outlier indicates a data error, <i>the issuer must update or correct the data on their EDGE servers as soon as possible but no later than January 12, 2023, when the CMS will deploy the commands for the interim summary report</i></li> </ul> <p><b>EDGE Data Quality Evaluation Outlier Notification</b></p>

STEP	DATE	DESCRIPTION
		<ul style="list-style-type: none"> <li>• CMS will notify issuers with a data quality outlier in writing approximately one week after issuers execute the EDGE server commands. Issuers must complete the “EDGE Server Data Quality Outlier Justification Submission Web Form” within 10 calendar days of receiving the notification</li> </ul> <p><b><i>Important Reminder: All quality outliers must be resolved by January 12, 2023, for an issuer to receive its interim risk adjustment transfer estimates and, if the issuer is credible in a State market risk pool, for a State to be included in the interim summary risk adjustment public report.</i></b></p>
Data Quality Evaluation Justification Submission	10 days after notification	<p><b>Response Due to EDGE Data Quality Evaluation Outlier Notification</b></p> <ul style="list-style-type: none"> <li>• Issuers notified as outliers must submit a justification of data anomalies or a date by which any data issues will be resolved</li> </ul>
<p><b>EDGE 3<sup>rd</sup> Submission Deadline</b> <i>(Final Deadline for Interim Report)</i></p>	January 12, 2023	<p><b>90% Enrollment and Claims for <i>Interim Summary Risk Adjustment Report</i> (Quarters 1, 2, 3)</b></p> <p><b>Issuers’ data as of January 12, 2023, will be used to determine eligibility for interim risk adjustment transfer estimates and the interim summary risk adjustment public report. If an issuer does not pass either the quantity evaluation or the quality evaluation, the issuer will not be eligible for interim risk adjustment transfer estimates. All credible issuers in a State market risk pool must meet the applicable thresholds for the quantity and quality evaluations for the State to be included in the interim summary risk adjustment public report.</b></p>
Data Quantity Evaluation Notification	Approximately one week after 3 <sup>rd</sup> submission deadline	<p><b>Issuers must have the following data submitted and accepted on their EDGE Server:</b></p> <ul style="list-style-type: none"> <li>• 90% of the <b>entire BY 2022</b> enrollment</li> <li>• 90% non-orphan medical claims <b>and</b> 90% non-orphan pharmacy claims for <b>three quarters</b> of BY 2022</li> </ul> <p><b>Issuers in a failed status:</b></p> <ul style="list-style-type: none"> <li>• Will be excluded from interim risk adjustment report</li> <li>• If credible, the issuer’s entire State will be excluded from interim risk adjustment report. The State will only be included in the final risk adjustment summary report</li> </ul> <p><b>Issuers in a passed status:</b></p> <ul style="list-style-type: none"> <li>• Will continue to the CMS data quality evaluation</li> </ul> <p><b>EDGE Data Quantity Status Notification</b></p> <ul style="list-style-type: none"> <li>• CMS notifies issuers of their data quantity status</li> </ul>

STEP	DATE	DESCRIPTION
Data Quality Evaluation Notification	Approximately one week after 3 <sup>rd</sup> submission deadline	<p><b>Issuers must meet the quantity threshold to be included in the quality analysis.</b></p> <p><b>Issuers with a data quality outlier:</b></p> <ul style="list-style-type: none"> <li>• CMS contacts issuers identified as potential outliers based on analysis of EDGE server/risk adjustment data</li> <li>• If an issuer fails to provide an acceptable justification within 10 calendar days or the outlier indicates a data error: <ul style="list-style-type: none"> <li>- CMS will not provide an interim summary risk adjustment transfer estimates for that issuer</li> <li>- If credible, the issuer’s entire State will be excluded from interim risk adjustment report. The State will only be included in the final risk adjustment summary report</li> </ul> </li> </ul> <p><b>Interim Risk Adjustment EDGE Data Quality Evaluation Outlier Notification</b></p> <ul style="list-style-type: none"> <li>• CMS will notify issuers with a data quality outlier in writing approximately one week after issuers execute the interim commands. Issuers must complete the “EDGE Server Data Quality Outlier Justification Submission Web Form” within 10 calendar days of receiving the notification</li> </ul>
Data Quality Evaluation Justification Submission	10 days after notification	<p><b>Response Due to Interim Risk Adjustment EDGE Data Quality Evaluation Outlier Notification:</b></p> <ul style="list-style-type: none"> <li>• Issuers notified as outliers must submit a justification of data anomalies</li> </ul> <p><i>Interim summary risk adjustment estimates for a State(s) market risk pool(s) with credible issuer(s) that lack sufficient data will not be included in the public report. These issuers will also not receive interim risk adjustment transfer estimates.</i></p>
<b>EDGE 4<sup>th</sup> Submission Deadline</b>	<b>February 23, 2023</b>	<b>90% Enrollment and Claims for ALL 4 Quarters</b>
Data Quantity Evaluation Notification	Approximately one week after 4 <sup>th</sup> submission deadline	<p><b>Issuers must have the following data submitted and accepted on their EDGE Server:</b></p> <ul style="list-style-type: none"> <li>• 90% of the <b>entire BY 2022</b> enrollment</li> <li>• 90% non-orphan medical claims <b>and</b> 90% non-orphan pharmacy claims for all <b>four quarters</b> of BY 2022</li> </ul> <p><b>Issuers in a failed status:</b></p> <ul style="list-style-type: none"> <li>• May be assessed a default risk adjustment charge and may forgo HCRP payments</li> </ul>

STEP	DATE	DESCRIPTION
		<ul style="list-style-type: none"> <li>• Must take the necessary steps to meet the quantity thresholds as soon as possible so CMS can complete the data quality evaluation</li> </ul> <p><b>Issuers in a passed status:</b></p> <ul style="list-style-type: none"> <li>• Will continue to the CMS data quality evaluation</li> </ul> <p><b>EDGE Data Quantity Status Notification</b></p> <ul style="list-style-type: none"> <li>• CMS notifies issuers of their data quantity status</li> </ul>
Data Quality Evaluation Notification	Approximately one week after 4 <sup>th</sup> submission deadline	<p><b>Issuers must meet the quantity threshold to be included in the quality analysis.</b></p> <p><b>Issuers in an outlier status:</b></p> <ul style="list-style-type: none"> <li>• CMS contacts issuers identified as potential outliers based on analysis of EDGE server/risk adjustment data</li> <li>• If the outlier indicates a data error, <i>the issuer must update or correct the data on their EDGE server(s) as soon as possible, but no later than May 1, 2023</i></li> </ul> <p><b>EDGE Data Quality Evaluation Outlier Notification</b></p> <ul style="list-style-type: none"> <li>• CMS will notify issuers identified as outliers in writing approximately one week after issuers execute the EDGE server commands. Issuers must complete the “EDGE Server Data Quality Outlier Justification Submission Web Form” within 10 calendar days of receiving the notification</li> </ul>
Data Quality Evaluation Justification Submission	10 days after notification	<p><b>Response Due to EDGE Data Quality Evaluation Outlier Notification</b></p> <ul style="list-style-type: none"> <li>• Issuers notified as outliers must submit a justification of data anomalies or a date by which any data issues will be resolved</li> </ul>
<b>Release of Interim Summary Report on Permanent Risk Adjustment for the 2022 Benefit Year</b>	<b>March 2023</b>	<b>CMS releases the Interim Summary Report on Permanent Risk Adjustment for the 2022 Benefit Year that includes States where all credible issuers have submitted sufficient data. Issuers who pass data quantity and quality thresholds receive interim risk adjustment transfer estimates.</b>
<b>EDGE Final Submission Deadline</b>	<b>May 1, 2023</b>	<b>Final Data Submission (90% Enrollment and Claims for ALL 4 Quarters)</b>

STEP	DATE	DESCRIPTION
Final Data Quantity Evaluation	Approximately one week after final submission deadline	<p><b>Issuers must have the following data submitted and accepted on their EDGE Server:</b></p> <ul style="list-style-type: none"> <li>• 90% of the <b>entire BY 2022</b> enrollment</li> <li>• 90% non-orphan medical claims <b>and</b> 90% non-orphan pharmacy claims for <b><u>all four</u> quarters</b> of BY 2022</li> </ul> <p><b>Issuers in a failed status:</b></p> <ul style="list-style-type: none"> <li>• If an issuer has not met data quantity sufficiency, then: <ul style="list-style-type: none"> <li>- <i>An issuer with a low enrollment completion (that is, less than 90%) will be subject to a default risk adjustment charge</i></li> <li>- <i>An issuer with a low medical or pharmacy claims completion (that is, less than 90%) following the May 1, 2023, 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</i></li> <li>- <i>An issuer may forgo HCRP payments</i></li> </ul> </li> <li>• CMS will perform additional data quality evaluations to determine issuer’s eligibility for HCRP payments and charges</li> </ul> <p><b>Issuers in a passed status:</b></p> <ul style="list-style-type: none"> <li>• Will continue to the CMS data quality evaluation</li> </ul> <p><b>Final EDGE Data Quantity Status Notification</b></p> <ul style="list-style-type: none"> <li>• CMS notifies issuers of their data quantity status</li> <li>• The issuer will be formally notified of the default charge (if applicable) after the final benefit year data quantity status notification</li> </ul>
Final Data Quality Evaluation	Approximately one week after final submission deadline	<p><b>Issuers with a data quality outlier:</b></p> <ul style="list-style-type: none"> <li>• CMS contacts issuers newly deemed potential outliers after CMS conducts an analysis of the final EDGE data submissions</li> <li>• Issuers cannot correct any data errors or submit new data to their EDGE server at this time</li> </ul> <p><b>Final EDGE Data Quality Evaluation Outlier Notification</b></p>



STEP	DATE	DESCRIPTION
		<ul style="list-style-type: none"> <li>• CMS will notify issuers with a data quality outlier in writing approximately one week after final command execution. Issuers must complete the “EDGE Server Data Quality Outlier Justification Submission Web Form” within 10 calendar days of receiving the notification</li> </ul>
Final Data Quality Evaluation Justification Submission	10 Calendar Days from Final EDGE Data Quality Status Notification <sup>29</sup>	<p><b>Response due to Final EDGE Data Quality Evaluation Outlier Notification(s):</b></p> <ul style="list-style-type: none"> <li>• CMS will notify the issuer in writing approximately one week after final command execution. Issuers must complete the “EDGE Server Data Quality Outlier Justification Submission Web Form” within 10 calendar days of receiving the notification</li> <li>• Issuers newly notified as outliers must submit justifications of data anomalies by the date(s) specified in their respective notices</li> <li>• <i>Issuers notified as outliers who fail to submit justifications, or for whom the justification is not accepted, may receive a default risk adjustment charge and may forgo HCRP payment</i></li> </ul>
Summary Report on Permanent Risk Adjustment Transfers for the 2022 Benefit Year	June 30, 2023	CMS releases the Summary Report on Permanent Risk Adjustment Transfers for the 2022 Benefit Year

<sup>29</sup> May 18, 2023 will be the approximate date by which final EDGE discrepancy reports and issuer attestations will be due for 2022 BY EDGE server data submissions. CMS intends to issue future guidance and hold webinars on the attestation and discrepancy reporting process for 2022 BY data submissions in May 2023. CMS notes that filing a discrepancy does **not** permit issuers to upload additional data to or correct existing data on their EDGE server for BY 2022 after the final data submission deadline.