

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



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**Date:** November 3, 2017

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

**Subject:** **Evaluation of EDGE Data Submissions for the 2017 Benefit Year**

## **I. Purpose**

In the Department of Health and Human Services (HHS) Notice of Benefit and Payment Parameters for 2017 final rule (81 FR 12234-12235), the Centers for Medicare & Medicaid Services (CMS) stated that it would issue annual guidance describing the appropriate thresholds CMS will use to deem EDGE server data sufficient for a given benefit year, including the format and timeline for baseline data submission. 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 the 2017 benefit year.

CMS will use this evaluation to determine which States will receive interim risk adjustment summary reports in March 2018 and which issuers will be included in final risk adjustment transfer calculations or be assessed a default risk adjustment charge in a risk pool market within a State following the final data submission deadline of April 30, 2018, for the 2017 benefit year. **Notwithstanding the process described below, the issuer remains responsible for ensuring the completeness and accuracy of the data submitted and accepted to its EDGE server by the final data submission deadline at 4 p.m. ET on Monday, April 30, 2018.**

## **II. Background**

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

Under 45 C.F.R. §§ 153.710(f) and 153.740(b), if an issuer of a risk adjustment covered plan 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 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. CMS will evaluate data on an EDGE server for sufficient quantity and quality while conducting analysis for the interim risk adjustment summary report. If the data submitted is determined to be sufficient, CMS will calculate an interim risk score for that issuer.

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

The 2017 benefit year interim risk adjustment report will be provided in March 2018. For a State to be included in this public report, all credible issuers must meet both quantity and quality evaluations. CMS will use an issuer's EDGE server data as of January 12, 2018 to complete the data evaluation. An issuer is considered credible in a State market if it has 0.5% or more of the market share.

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

The 2017 benefit year final risk adjustment report will be provided by June 29, 2018. Any issuer not meeting sufficient data quantity or quality will be assessed a default risk adjustment charge. 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 risk adjustment transfers. 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 risk adjustment transfers to make other issuers in the risk pool whole. For more information about how CMS will adjust transfers for incorrect EDGE data, please refer to Section VII.

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

For the 2017 benefit year, CMS will continue to use a 90% enrollment data and 90% claims data (non-orphaned medical and pharmacy claims) threshold for an issuer to meet data quantity sufficiency. CMS will compare issuer self-reported baseline data by State market to the issuer's EDGE data to determine data quantity sufficiency for enrollment and claims data for a given benefit year.

CMS will complete these data quantity evaluations throughout the data submission window for the 2017 benefit year, which ends at **4 p.m. EST on Monday, April 30, 2018**. After each data submission deadline (discussed below) and until data quantity sufficiency is met, all CEO Designates and Alternate CEO Designates will be notified by email of their data quantity status, and the potential implications of failing to meet data quantity sufficiency and possible resolutions. 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>1</sup> if the default charge is a smaller charge than the issuer would have received otherwise.

CMS will conduct data quantity evaluations across all issuers after CMS receives the summary EDGE server data from the weekly EDGE server command execution. For the 2017 benefit year, there are four (4) ongoing data quantity evaluations and one (1) final data quantity evaluation using the data from each data submission deadline<sup>2</sup>: *October 19, 2017, December 7, 2017, January 12, 2018, March 1, 2018 and April 30, 2018*.

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<sup>1</sup> See 45 CFR 153.740(b).

<sup>2</sup> See [https://www.regtap.info/reg\\_librarye.php?i=2243](https://www.regtap.info/reg_librarye.php?i=2243)

### ***October 19, 2017***

- Issuers must have submitted and accepted to their EDGE servers 90% enrollment and 90% claims (non-orphan medical and pharmacy claims) of **2** quarters of data for the 2017 benefit year by this date.
- Following the CMS data quantity evaluation, issuers will be notified of their status.
  - Issuers in a failed status will be notified of potential implications if they continue to be in a failed status (*i.e.* issuer and State not eligible for the interim risk adjustment summary report).
  - Issuers in a passed status will continue to the CMS data quality evaluation.

### ***December 7, 2017***

- Issuers must have submitted and accepted to their EDGE servers 90% enrollment and 90% claims (non-orphan medical and pharmacy claims) of **3** quarters of 2017 benefit year data.
- Following the CMS data quantity evaluation, issuers will be notified of their status.
  - Issuers in a failed status will be notified of potential implications if they continue to be in a failed status (*i.e.* issuer and State not eligible for the interim risk adjustment summary report), and have until *January 12, 2018*, to meet data quantity sufficiency to be considered for the interim risk adjustment summary report.
  - Issuers in a passed status will continue to the CMS data quality evaluation.

### ***January 12, 2018 (Data for Interim Risk Adjustment Summary Report)***

- **Issuers' data as of January 12, 2018 will be used to determine eligibility for the interim risk adjustment report. If issuers do not pass either of the quantity evaluation or the quality evaluation (described below), the issuer will not be eligible for the interim risk adjustment report.**
- Issuers must have submitted and accepted to their EDGE servers 90% enrollment and 90% claims (non-orphan medical and pharmacy claims) of **3** quarters of 2017 benefit year data.
- Following the CMS data quantity evaluation, issuers will be notified of their status.
  - Issuers in a failed status will be notified of potential implications if they continue to be in a failed status. If such issuer(s) exceeds 0.5% of the State market share as determined by number of enrollees covered, CMS will not consider the State to be credible and will not include the State in the 2017 benefit year interim risk adjustment summary report. The State will only be included in the final risk adjustment summary report on June 29, 2018.
  - Issuers in a passed status will continue to the CMS data quality evaluation.

### ***March 1, 2018***

- Issuers must have submitted and accepted to their EDGE servers 90% enrollment and 90% claims (non-orphan medical and pharmacy claims) of all **4** quarters of 2017 benefit year data.
- Following the CMS data quantity evaluation, issuers will be notified of their status.
  - Issuers in a failed status will be notified of potential implications if they continue to be in a failed status (*i.e.* default risk adjustment charge), and should meet the quantity thresholds *as soon as possible* so CMS can complete the data quality evaluation.
  - Issuers in a passed status will continue to the CMS data quality evaluation.

**April 30, 2018 (Final Quantity Evaluation)**

- Issuers’ data as of April 30, 2018 will be used to determine inclusion in final risk adjustment transfer calculations. If issuers do not meet data quantity sufficiency, the issuer will be assessed a default risk adjustment charge.
- Issuers must have submitted and accepted to their EDGE servers 90% enrollment and 90% claims (non-orphan medical and pharmacy claims) of all 4 quarters of 2017 benefit year data.
- Following the CMS data quantity evaluation, issuers will be notified of their final status.
  - All issuers that meet data quantity sufficiency will be moved to the CMS data quality evaluation. If an issuer has not met data quantity sufficiency and is subject to the default risk adjustment charge, the issuer will be notified after the final benefit year data quantity status notification.

**How to Remedy a Data Quantity Issue**

An issuer that fails to meet data quantity sufficiency can take the following actions as follows at any time prior to the 4 p.m. EST April 30, 2018, 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 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 assess issuers’ data quality sufficiency throughout the 2017 benefit year data submission window using the process and metrics in the *Data Quality Evaluation Metrics* table set forth below.

<b>Data Quality Evaluation Metrics</b>	
<b>Key Metrics</b>	<b>Area</b>
Average number of medical claims per enrollee	<b>EDGE Claims/Enrollment</b>
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	
Percent of all enrollees with at least one Hierarchical Condition Category (HCC)	<b>Risk Adjustment</b>
Average number of conditions per enrollee with at least one HCC	
Issuer average risk score	
Average number of diagnosis codes per medical claim	
Premium data comparison between EDGE and other sources	
Historical EDGE average premium per member per month	

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

- Issuers will be divided into two group sizes: issuers with fewer than 10,000 enrollees, and issuers with 10,000 enrollees or more across all markets within a state.
- A national distribution for all metrics and combinations of metrics by size will identify outliers; additional interactions at the regional and state level will be assessed for further insight about an issuer's data profile 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 the justifications from issuers identified as outliers.

For the 2017 benefit year interim risk adjustment summary report, the technical review will consider justifications received from identified data quality outliers beginning in late October 2017 through February 2018, when evaluating outliers for inclusion in the interim risk adjustment report.

CMS will conduct ongoing and final data quality evaluations on data submitted between October 19, 2017, and April 30, 2018 to determine data quality sufficiency for inclusion in the final 2017 benefit year risk adjustment calculations. CMS will send outlier notifications to inform applicable issuers that they have been identified as a potential outlier. The notification will include a link to complete the "CMS Data Evaluation Outlier Justification Submission Web Form" and indicate the issuer's response timeframe. Following notification, issuers must take the following actions:

- Complete the "CMS Data Evaluation 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 early submission of explanations 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 conduct data quality evaluations across all issuers after CMS receives the summary EDGE server data from the weekly EDGE server command execution. CMS is unable to publish the outlier thresholds, however, as they may change with each EDGE command run based on other issuers' submission of EDGE data. There are four (4) ongoing and one (1) final data quality evaluations occurring using the data from each data submission deadline as follows: *October 19, 2017, December 7, 2017, January 12, 2017, March 1, 2018 and April 30, 2018.*

#### ***October 19, 2017***

- If CMS identifies an issuer to be an outlier in any of the metrics listed above, CMS will send written notifications to CEO designates on *October 26, 2017*, requesting the issuer complete the "CMS Data Evaluation Outlier Justification Submission Web Form" within 10 calendar days of receiving the notification of the outlier.
- If the outlier indicates a data error, the issuer must update or correct the data on their EDGE servers *as soon as possible, but before December 7, 2017.*

### ***December 7, 2017***

- If CMS identifies an issuer to be an outlier in any of the metrics listed above, CMS will send written notifications to CEO designates on *December 14, 2017*, requesting the issuer complete the “CMS Data Evaluation Outlier Justification Submission Web Form” within 10 calendar days of receiving the notification of the outlier.
- If the outlier indicates a data error, the issuer must update or correct the data on their EDGE servers *as soon as possible, but before January 12, 2018*.

### ***January 12, 2018 (Data for Interim Risk Adjustment Summary Report)***

- If CMS identifies an issuer to be an outlier in any of the metrics listed above, CMS will send written notifications to CEO designates on *January 18, 2018*, 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 within 10 calendar days or the outlier indicates a 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 as determined by the number of enrollees covered.

### ***March 1, 2018***

- If CMS identifies an issuer to be an outlier in any of the metrics listed above, CMS will send written notifications to CEO designates on *March 8, 2018*, requesting that 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 data error, the issuer must update or correct the data on their EDGE servers *as soon as possible, but before April 30, 2018*.

### ***April 30, 2018 (Final Data Quality Evaluation)***

- If CMS identifies an issuer to be an outlier in any of the metrics listed above, CMS will send written notifications to CEO designates on *May 9, 2018*, 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 run.<sup>3</sup>
- Issuers cannot correct any data errors to their EDGE server data.

CMS does not expect that many issuers will be identified as an outlier for the first time during the final data quality evaluation following the **April 30, 2018**, 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 April 30, 2018. If an issuer’s data is identified as a data quality outlier in any of the metrics above following final risk adjustment data submission on April 30, 2018, and that issuer does not have a previously submitted acceptable justification, CMS will provide a final opportunity to submit a justification for our review and will also require the issuer to attest to the accuracy of its data.

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

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<sup>3</sup> As such, issuers must submit outlier justifications no later than May 22, 2017.

- 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, 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 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>4</sup>

### ***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 April 30, 2018** final data submission deadline:

- Correct and resubmit enrollment or claims data, and
- Complete the “CMS Data Evaluation 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.

If you encounter any technical problems submitting corrected 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 accuracy 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 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 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 April 30, 2018, 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 April 30, 2018 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.

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

Under 45 CFR § 153.740(b),<sup>5</sup> 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 is set equal to the 90<sup>th</sup> percentile PMPM amount along a distribution of the absolute value of transfers

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<sup>4</sup>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>.

<sup>5</sup> Also described in preamble at 78 FR 65061-65062, 79 FR 13790-13791, 80 FR 10780-10781, 81 FR 12237-12238.

under HHS risk adjustment in all States, expressed as a percentage of premium.<sup>6</sup> 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<sup>7</sup> 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.<sup>8</sup>

## **VII. Adjustment to Risk Adjustment Transfers Due to Submission of Incorrect Data**

As CMS has stated in previous guidance, CMS has implemented a process to address materially incorrect EDGE data submissions that affect risk adjustment calculations.<sup>9</sup> In general, risk adjustment transfers within a risk pool in a market in a state (or the District of Columbia) are based on the relative risk scores of issuers in the market, with the transfers calibrated based on the average premium in the market. 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 market (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 transfers (and will affect the calculation of the geographic rating area factors).

Where CMS has been made aware that an issuer has submitted incorrect EDGE server claims or diagnosis 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 market, we have not permitted the issuer to submit supplementary data after the data submission deadline. Our EDGE server deadlines have been clear, and we believe it is critical to the efficient operation of the risk adjustment program for the issuers of risk adjustment covered plans in a market in a state to adhere to those deadlines. Unlike a misstatement of premiums, which affects the statewide average premium upon which all transfers in the risk pool are

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<sup>6</sup> For issuers with 500 billable member months or fewer statewide, the default risk adjustment charge will be assessed as 14 percent of statewide average premium.

<sup>7</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 the enrollment or attest to a different enrollment and one letter for issuers without 90% of their baseline enrollment data to submit enrollment.

<sup>8</sup> 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.

<sup>9</sup> <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/RA-Adjustment-Guidance-9-2-15.pdf>



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. We have required 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>10</sup>

However, if an issuer has submitted incorrect EDGE server premium data, that action will increase or decrease the magnitude of risk adjustment transfers to issuers in the market depending on the direction of the premium error, holding constant the other elements of the payment transfer formula. We will similarly 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 market as a result of incorrect EDGE server premium data, we intend to calculate the dollar value of differences in risk adjustment transfers where the difference is detrimental to another issuer in the market, 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 market.<sup>11</sup> We believe 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 market.<sup>12</sup>

## **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. 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 the issuer does not have the Baseline Reporting Process guidance materials, please contact [RARIPaymentoperations@cms.hhs.gov](mailto: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 CMS encourages issuers to provide an explanation if experiencing issues loading data on to their EDGE server.

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<sup>10</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, we would calculate the excess amount received by the issuer, and redistribute that amount to the other issuers in the market, avoiding the need to have all issuers in a market reactivate their EDGE servers and to recalculate all transfers within a market, while ensuring that the issuer with the overstated data does not profit by its error.

<sup>11</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>12</sup> We also note that if an issuer of a risk adjustment covered plan fails to provide us with access to the required risk adjustment data through an EDGE server in accordance with our regulations, such that we cannot apply the applicable Federally certified risk adjustment methodology to calculate the risk adjustment payment transfer amount for the risk adjustment covered plan in a timely fashion, we will assess a default risk adjustment charge pursuant to 45 CFR 153.740(b).

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 19, 2017 through April 30, 2018, 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.

<b>STEP</b>	<b>DATE</b>	<b>DESCRIPTION</b>
<b>EDGE 1<sup>st</sup> Submission Deadline</b>	<b>October 19, 2017</b>	<b>90% Enrollment and Claims for Quarters 1 and 2</b>
First Data Quantity Evaluation	October 26, 2017	<b>Notification of EDGE Data Quantity Status:</b> CMS notifies issuers of their data quantity status based on EDGE server data after the EDGE 1 <sup>st</sup> Submission Deadline.
First Data Quality Evaluation	October 26, 2017	<b>EDGE Data Quality Evaluation Outlier Notification:</b> CMS contacts issuers identified as potential outliers based on analysis of risk adjustment data on an issuer's EDGE server as of the EDGE 1 <sup>st</sup> Submission Deadline.
First Data Quality Evaluation Justification Submission	November 6, 2017	<b>Response Due to EDGE Data Quality Evaluation Outlier Notification:</b> Issuers notified as outliers on October 26, 2017 must submit a justification of data anomalies.
<b>EDGE 2<sup>nd</sup> Submission Deadline</b>	<b>December 7, 2017</b>	<b>90% Enrollment and Claims for Quarters 1, 2 and 3</b>
Second Data Quantity Evaluation	December 14, 2017	<b>EDGE Data Quantity Status Notification:</b> CMS notifies issuers of their data quantity status based on EDGE server data after the EDGE 2 <sup>nd</sup> Submission Deadline.
Second Data Quality Evaluation	December 14, 2017	<b>EDGE Data Quality Evaluation Outlier Notification:</b> CMS contacts issuers identified as potential outliers based on analysis of risk adjustment data on issuer's EDGE server as of the EDGE 2 <sup>nd</sup> Submission Deadline.
Second Data Quality Evaluation Justification Submission	December 27, 2017	<b>Response Due to EDGE Data Quality Evaluation Outlier Notification:</b> Issuers notified as outliers on December 14, 2017 must submit a justification of data anomalies.
<b>EDGE 3<sup>rd</sup> Submission Deadline (Final Deadline for Interim Report)</b>	<b>January 12, 2018</b>	<b>90% Enrollment and Claims for <u>Interim Risk Adjustment Summary Report</u></b>
Third Data Quantity Evaluation	January 18, 2018	<b>EDGE Data Quantity Status Notification:</b> CMS notifies issuers of their data quantity status based on EDGE server data as of the EDGE 3 <sup>rd</sup> Submission Deadline. <i>Interim risk adjustment summary reports in a State(s) that lack issuer(s) with sufficiently credible data will not be released.</i>

<b>STEP</b>	<b>DATE</b>	<b>DESCRIPTION</b>
Third Data Quality Evaluation	January 18, 2018	<b>Interim Risk Adjustment EDGE Data Quality Evaluation Outlier Notification:</b> CMS contacts issuers identified as potential outliers based on analysis of risk adjustment data on issuer's EDGE server as of the EDGE 3 <sup>rd</sup> Submission Deadline.
Third Data Quality Evaluation Justification Submission	January 29, 2018	<b>Response Due to Interim Risk Adjustment EDGE Data Quality Evaluation Outlier Notification:</b> Issuers notified as outliers on January 18, 2018 must submit a justification of data anomalies. <i>Interim risk adjustment summary reports in a State(s) that lack issuer(s) with sufficiently credible data will not be released.</i>
<b>EDGE 4<sup>th</sup> Submission Deadline</b>	<b>March 1, 2018</b>	<b>90% Enrollment and Claims for Interim Risk Adjustment Summary Report</b>
EDGE 4 <sup>th</sup> Data Quality Evaluation Justification Submission	March 1, 2018	<b>EDGE Data Quality Evaluation Outlier Notification:</b> CMS contacts issuers identified as potential outliers based on analysis of risk adjustment data on issuer's EDGE server as of the EDGE 4 <sup>th</sup> Submission Deadline.
EDGE 4 <sup>th</sup> Data Quantity Evaluation	March 8, 2018	<b>EDGE Data Quantity Status Notification:</b> CMS notifies issuers of their data quantity status as of the EDGE 4 <sup>th</sup> Submission Deadline.
<b>Release of <u>Interim</u> Risk Adjustment Summary Report</b>	<b>March 2018</b>	<b>CMS releases interim risk adjustment summary report for States that have sufficiently credible data.</b>
<b>EDGE Final Data Submission Deadline</b>	<b>April 30, 2018</b>	<b>Final Data Submission</b>
Final Data Quantity Evaluation	May 4, 2018	<b>Final EDGE Data Quantity Status Notification:</b> After the EDGE final data submission deadline, <i>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 April 30, 2018, 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>
Final Data Quality Evaluation	May 9, 2018	<b>Final EDGE Data Quality Status Notification:</b> CMS contacts issuers newly deemed potential outliers after CMS conducts an analysis of the final EDGE data submissions. <i>Issuers notified as outliers who fail to submit justifications may receive a default risk adjustment charge.</i>

STEP	DATE	DESCRIPTION
Final Data Quality Evaluation Justification Submission	May 22, 2018 <sup>13</sup>	<b>Response due to Final EDGE Data Quality Evaluation Outlier Notification(s):</b> Issuers newly notified as outliers must submit justifications of data anomalies by the date(s) specified in their respective notices. Issuers with unexplained outliers after the final deadline must submit justification of data anomalies by May 22, 2018. <i>Issuers notified as outliers who fail to submit justifications may receive a default risk adjustment charge.</i>
<b>Final Risk Adjustment Report</b>	<b>June 2018</b>	<b>CMS releases the final risk adjustment summary report</b>

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<sup>13</sup> This date (May 22, 2018) is also the date that final EDGE discrepancy reports and issuer attestations are due for 2017 benefit year EDGE server data submissions. CMS intends to issue future guidance and hold webinars on the attestation and discrepancy reporting process in April 2018. 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.