



## Update on EDGE Server Initial Data Submission Deadline

The Department of Health and Human Services (HHS) had set a deadline of December 19, 2014 for submission of the first production file to the External Data Gathering Environment (EDGE) server by issuers with plans that are subject to HHS-operated reinsurance and risk adjustment distributed data reporting requirements under 45 CFR § 153.700. These files are the first submissions of claims and enrollment data for the 2014 Benefit Year and will be used to calculate the first monthly payment estimates for the Reinsurance and Risk Adjustment programs. **As many issuers are still working on completing their submissions, HHS has elected to extend this deadline until 11:59 p.m. EST on December 28, 2014.** In an effort to support issuers through this process, CMS is releasing an enhancement this weekend that will enable issuers to complete the data submissions process.

Many issuers are currently working on testing their data submissions and resolving file processing errors. HHS is committed to providing technical support to help issuers with the file submission process. Issuers should contact the CMS Help Desk for support via email: [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) or phone: (885) - CMS-1515. Additional resources on the data submission process can be found in the Registration for Technical Assistance Portal (REGTAP) Library <https://www.REGTAP.info/>.

### Background Information on Reinsurance and Risk Adjustment Data Reporting Requirements

All issuers in the individual markets offering non-grandfathered, Affordable Care Act (ACA)-compliant major medical coverage both on and off of the Marketplace in a state where HHS is operating reinsurance are required to establish an EDGE server in order to receive reinsurance payments. All issuers in the individual and small group markets offering non-grandfathered, ACA-compliant coverage both on and off of the Marketplaces in a state where HHS is operating risk adjustment are required to participate in the Risk Adjustment program and must establish an EDGE server. Issuers that only offer transitional plans, grandfathered plans or plans that otherwise are not required to conform with the ACA market reform and coverage rules (e.g., ACA rating requirements, essential health benefits requirements), among others, are not eligible to receive reinsurance payments, and do not participate in the HHS-operated Risk Adjustment program. It is important to remember that different criteria apply to identify which issuers must submit reinsurance enrollment counts and contributions. Issuers should refer to the HHS Notice of Benefit and Payment Parameters for 2014 (<http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf>) and the HHS Notice of Benefit and Payment Parameters for 2015 (<http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf>) for additional guidance on the plans that are subject to the reinsurance and risk adjustment requirements.

In the Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards Rule (<http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf>), CMS established a methodology for calculating the default risk adjustment charge that will be assessed to issuers that fail to comply with the HHS-operated risk adjustment reporting requirements. The Program Integrity Rule also provides CMS with the authority to assess civil money penalties for the failure to comply with the HHS-operated risk adjustment and reinsurance data requirements in certain circumstances.