

## **Appendix D – Transitional Reinsurance Program, Risk Adjustment Program, Risk Corridors Program and Payment Operations Data Requirements**

CMS will collect data required from issuers, group health plans, and third party administrators on behalf of either for the Transitional Reinsurance, permanent Risk Adjustment and Risk Corridors programs established by the Affordable Care Act of 2010. In addition, CMS will collect banking information to remit payments to applicable entities.

To ensure accurate information, consistent presentation, and minimize the burden on applicants, extensive analysis has been conducted to determine the minimum data necessary for administering the Transitional Reinsurance program, Risk Adjustment program, Risk Corridors program and payment operations.

### ***Administrative Data Elements (as applicable)***

The section requests that issuers, self-insured and third party administrators when providing services on behalf of either provide basic information required to identify them to facilitate communications and necessary program operations. Data will be pre-populated from HIOS or other templates whenever possible.

#### **Issuer, Self-Insured and TPA Data**

1. HIOS Issuer ID
2. HIOS Company ID
3. Associated HPID
4. Associated OEID
5. State
6. Proposed Exchange Market Coverage
7. Current Sales Market
8. Company Legal Name
9. TIN
10. Not-for-Profit
11. NAIC Company Code
12. NAIC Group Code
13. Name of Holding Company
14. Legal Name
15. Marketing Name
16. Company Address: Address
17. Company Address: Address 2
18. Company Address: City
19. Company Address: State
20. Company Address: Zip Code
21. Issuer: Address
22. Issuer: Address 2
23. Issuer: City
24. Issuer: State
25. Issuer: Zip Code

#### **Contacts**

26. Main Company Contact: First Name
27. Main Company Contact: Last Name
28. Main Contact: E-mail

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29. Main Company Contact: Phone Number
30. Main Company Contact: Phone Ext
31. CEO: First Name
32. CEO: Last Name
33. CEO: E-mail
34. CEO: Phone Number
35. CEO: Phone Ext
36. CEO: Address
37. CEO: Address 2
38. CEO: City
39. CEO: State
40. CEO: Zip Code
41. CFO: First Name
42. CFO: Last Name
43. CFO: E-mail
44. CFO: Phone Number
45. CFO: Phone Number Ext
46. CFO: Address
47. CFO: Address 2
48. CFO: City
49. CFO: State
50. CFO: Zip Code
51. Compliance Officer: First Name
52. Compliance Officer: Last Name
53. Compliance Officer: E-mail
54. Compliance Officer: Phone Number
55. Compliance Officer: Phone Number Ext
56. Compliance Officer: E-mail
57. Compliance Officer: Address
58. Compliance Officer: Address 2
59. Compliance Officer: City
60. Compliance Officer: State
61. Compliance Officer: Zip Code
62. Enrollment Contact: First Name
63. Enrollment Contact: Last Name
64. Enrollment Contact: Phone Number
65. Enrollment Contact: Phone Number Ext
66. Enrollment Contact: E-mail
67. System Contact: First Name
68. System Contact: Last Name
69. System Contact: Phone Number
70. System Contact: Phone Number Ext
71. System Contact: E-mail
72. Payment Contact: First Name
73. Payment Contact: Last Name
74. Payment Contact: Phone Number

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75. Payment Contact: Phone Number Ext
76. Payment Contact: E-mail
77. HIPAA Security Officer: First Name
78. HIPAA Security Officer: Last Name
79. HIPAA Security Officer: Phone Number
80. HIPAA Security Officer: Phone Number Ext
81. HIPAA Security Officer: E-mail
82. Complaints Tracking Contact: First Name
83. Primary Contact: Individual or Small Group
84. Individual Market Contact: First Name
85. Individual Market Contact: Last Name
86. Individual Market Contact: Phone Number
87. Individual Market Contact: Phone Number Ext
88. Individual Market Contact: E-mail
89. SHOP Contact: First Name
90. SHOP Contact: Last Name
91. SHOP Contact: Phone Number
92. SHOP Contact: Phone Number Ext
93. SHOP Contact: E-mail
94. APTC/CSR Contact: First Name
95. APTC/CSR Contact: Last Name
96. APTC/CSR Contact: Phone Number
97. APTC/CSR Contact: Phone Number Ext
98. APTC/CSR Contact: Email
99. Risk Corridors Contact: First Name
100. Risk Corridors Contact: Last Name
101. Risk Corridors Contact: Phone Number
102. Risk Corridors Contact: Phone Number Ext
103. Risk Corridors Contact: Email
104. Risk Adjustment Contact: First Name
105. Risk Adjustment Contact: Last Name
106. Risk Adjustment Contact: Phone Number
107. Risk Adjustment Contact: Phone Number Ext
108. Risk Adjustment Contact: Email
109. Risk Adjustment Contact: Address
110. Risk Adjustment Contact: Address 2
111. Risk Adjustment Contact: City
112. Risk Adjustment Contact: State
113. Risk Adjustment Contact: Zip Code
114. Risk Adjustment Data Validation Contact: First Name
115. Risk Adjustment Data Validation Contact: Last Name
116. Risk Adjustment Data Validation Contact: Phone Number
117. Risk Adjustment Data Validation Contact: Phone Number Ext
118. Risk Adjustment Data Validation Contact: Email
119. Risk Adjustment Data Validation Contact Address: Address
120. Risk Adjustment Data Validation Contact Address: Address 2

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121. Risk Adjustment Data Validation Contact Address: City
122. Risk Adjustment Data Validation Contact Address: State
123. Risk Adjustment Data Validation Contact Address: Zip Code
124. Reinsurance Contact: First Name
125. Reinsurance Contact: Last Name
126. Reinsurance Contact: Phone Number
127. Reinsurance Contact: Phone Number Ext
128. Reinsurance Contact: Email
129. Financial Transfers Contact: First Name
130. Financial Transfers Contact: Last Name
131. Financial Transfers Contact: Phone Number
132. Financial Transfers Contact: Phone Number Ext
133. Financial Transfers Contact: E-mail
134. Third Party Administrator (TPA) ID
135. Third Party Administrator (TPA) Name
136. Third Party Administrator (TPA) Process
137. Third Party Administrator (TPA) Process URL/EDI Gateway Info
138. Third Party Administrator (TPA) Confirmation of Services

### Miscellaneous

139. Do you have a TPA that currently provides services for the following processes: Marketplace Enrollment (Y/N), Claims Processing (Y/N), Edge Server (Y/N)
140. Will you allow employees to “buy up” to a higher metal-level coverage than their employer is offering?

### ***State Licensure and Good Standing Documentation***

State licensure documentation necessary to demonstrate that an issuer is licensed and has authority to sell all applicable products in the services areas in which it intends to offer those products. If license and certificate of authority are not in possession for all service areas, attestation that license and certificate of authority will be obtained and a projected date of obtaining license.

Good standing documentation necessary to demonstrate that an issuer is in compliance with all applicable State solvency requirements and other relevant State regulatory requirements.

### ***Attestations (as applicable)***

1. Applicant attests that it will adhere to the risk corridor standards and requirements set by HHS as applicable for:
  - a) risk corridor data standards and annual HHS notice of benefit and payment parameters for the calendar years 2014, 2015, and 2016 (45 CFR 153.510); and
  - b) remit charges to HHS under the circumstances described in 45 CFR 153.510(c).
2. The following applies to applicants participating in the risk adjustment and reinsurance programs inside and/or outside of the Exchange. Applicant attests that it will:
  - a) adhere to the risk adjustment standards and requirements set by HHS in the annual HHS notice of benefit and payment parameters (45 CFR Subparts G and H);
  - b) remit charges to HHS under the circumstances described in 45 CFR 153.610;

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- c) adhere to the reinsurance standards and requirements set by HHS in the annual HHS notice of benefit and payment parameters (45 CFR 153.400, 153.405, 153.410, 153.420);
  - d) remit contributions to HHS under the circumstances described in 45 CFR 153.405;
  - e) establish dedicated and secure server environments to host enrollee claims, encounter, and enrollment information for the purpose of performing risk adjustment and reinsurance operations for all plans offered;
  - f) allow proper interface between the dedicated server environment and special, dedicated CMS resources that execute the risk adjustment and reinsurance operations;
  - g) ensure the transfer of timely, routine, and uniform data from local systems to the dedicated server environment using CMS-defined standards, including file formats and processing schedules;
  - h) comply with all information collection and reporting requirements approved through the Paperwork Reduction Act of 1995 and having a valid OMB control number for approved collections. The Issuer will submit all required information in a CMS-established manner and common data format;
  - i) cooperate with CMS, or its designee, through a process for establishing the server environment to implement these functions, including systems testing and operational readiness;
  - j) use sufficient security procedures to ensure that all data available electronically are authorized and protect all data from improper access, and ensure that the operations environment is restricted to only authorized users;
  - k) provide access to all original source documents and medical records related to the eligible organization's submissions, including the beneficiary's authorization and signature to CMS or CMS' designee, if requested, for audit;
  - l) retain all original source documentation and medical records pertaining to any such particular claims data for a period of at least 10 years;
  - m) be responsible for all data submitted to CMS by itself, its employees, or its agents and based on best knowledge, information, and belief, submit data that are accurate, complete, and truthful;
  - n) all information, in any form whatsoever, exchanged for risk adjustment shall be employed solely for the purposes of operating the premium stabilization programs and financial programs associated with state markets, including but not limited to, the calculation of user fees to fund such programs, oversight, and any validation and analysis that CMS determines necessary;
3. Under the False Claims Act, 31 U.S.C. §§ 3729-3733, those who knowingly submit, or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government's damages plus civil penalties of \$5,500 to \$11,000 per false claim. 18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the

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United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute. Applicant acknowledges the False Claims Act, 31 U.S.C. §§ 3729-3733.

4. Applicant attests to provide and promptly update when applicable changes occur in its Tax Identification Number (TIN) and associated legal entity name as registered with the Internal Revenue Service, financial institution account information, and any other information needed by CMS in order for the applicant to receive invoices, demand letters, and payments under the reinsurance, risk adjustment, and risk corridor programs, as well as, any reconciliations of the aforementioned programs.
5. Applicant attests that it will develop, operate and maintain viable systems, processes, procedures and communication protocols to accept payment-related information submitted by CMS.

### ***Plan Data Elements (as applicable)***

The following is a list of the specific plan-level identification information to be provided for non-Exchange plans in the individual and small group market.

1. Plan ID
2. Plan Marketing Name
3. HIOS Product ID
4. Market Type
5. Exchange QHP? (Y/N)
  - If off-Exchange, is it the same or substantially the same as a certified Exchange QHP? Same, Substantially the same, No
  - If the same or substantially the same as a certified Exchange QHP, provide HIOS Plan ID (14-digit standard component) for the certified Exchange QHP.
6. Level of Coverage
7. Issuer calculated actuarial value?
8. Metal Level
9. Child-Only Offering
10. Child-Only Plan ID
11. Plan Type
12. New or Existing Plan Indicator
13. Plan Effective Date
14. Plan Expiration Date
15. Maximum Out-of-Pocket Individual In-Network for EHBs (combined amount for medical and drug)
16. Maximum Out-of-Pocket Family In-Network for EHBs (combined amount for medical and drug)

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17. Federal Tax ID
18. Associated HPID
19. Non-grandfathered (Y/N)
20. Type of Plan Offering: Student Health Plan (Y/N), Medicaid (Y/N), Basic Health Plan (Y/N), Excepted Benefit Plan-Not Standalone Dental (Y/N), Short Term Limited Duration Plan (Y/N), Other (Y/N)

### ***Rating Tables and Issuer Business Rules (as applicable)***

The following is a list of the specific rating table and issuer business rules data elements to be collected for non-Exchange plans in the individual and small group market.

1. Issuer ID
2. Federal TIN
3. Plan ID
4. Rating Area ID
5. Product Level Rules
6. Plan Level Rules (14-digit number that identifies the plan)
7. Are you in a community rated state? (Y/N) If yes, are your premiums based on family tiering? (Y/N)
8. What is the maximum number of underage (under 21) dependents used to quote rates for a two-parent family? In which order are children rated, oldest to youngest or youngest to oldest?
9. What is the maximum number of underage (under 21) dependents used to quote rates for a single parent family? In which order are children rated, oldest to youngest or youngest to oldest?

### ***Banking Data (as applicable)***

The following is a list of the specific banking data to be collected from all entities eligible to receive payments.

1. Reason for Submission: New EFT Authorization (Y/N), Revision to Current Authorization (e.g. account or financial institution changes) (Y/N)
2. Check here if EFT payment is being made to the Affiliate of the Entity (Attach letter authorizing EFT payments to the Affiliated Entity)
3. Since your last EFT authorization agreement submission, have you had a Change of Ownership and/or Change of Address? (Y/N) If yes, submit a change of information prior to accompanying this EFT authorization.
4. Entity ID
5. Vendor ID
6. HIOS ID
7. HPID ID
8. Entity name (Legal) – Legal entity name should be the same name provided to the Internal Revenue Service on Form W-9, Request for Taxpayer Identification Number (TIN) and Certification
9. Entity: Name (DBA)
10. Entity: Name (Division)
11. Entity: Address

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12. Entity: Address 2 – Address should include routing information (e.g. Attention: Accounting Department)
13. Entity: City
14. Entity: State
15. Entity: Zip Code
16. Entity: Country
17. Entity: TIN
18. List of all Entity Affiliated HIOS IDs
19. List of all Entity Affiliated HIOS ID Names
20. List of all Entity Affiliated HPID IDs
21. IRS 1099: Address
22. IRS 1099: Address 2
23. IRS 1099: City
24. IRS 1099: State
25. IRS 1099: Zip Code
26. IRS 1099: Country
27. Copy of Voided Check
28. Letter from Financial Institution for Account Validation
29. Financial Institution Routing Transit Number
30. Entity Depositor Account Number
31. Type of Account: Checking or Savings
32. Plastic Card Holder Name
33. Plastic Card Holder Billing Address
34. Plastic Card Holder Billing City
35. Plastic Card Holder Billing State
36. Plastic Card Holder Billing Zip Code
37. Plastic Card Holder Country
38. Plastic Card Type: Credit Card or Debit Card
39. Plastic Card Company: Visa, Master Card, American Express, or Discover
40. Plastic Card Holder Number
41. Plastic Card Holder Expiration Date
42. Plastic Card Holder Security Code
43. Payment Amount
44. Invoice Number
45. Invoice Date
46. Check Payment Remittance Contact: Title (*up to four instances*)
47. Check Payment Remittance Contact: First Name (*up to four instances*)
48. Check Payment Remittance Contact: Last Name (*up to four instances*)
49. Check Payment Remittance Contact: Phone Number (*up to four instances*)
50. Check Payment Remittance Contact: Phone Number Ext (*up to four instances*)
51. Check Payment Remittance Contact: E-mail (*up to four instances*)
52. Check Payment Remittance Contact: Address (*up to four instances*)
53. Check Payment Remittance Contact: Address 2 (*up to four instances*)
54. Check Payment Remittance Contact: City (*up to four instances*)
55. Check Payment Remittance Contact: State (*up to four instances*)
56. Check Payment Remittance Contact: Zip Code (*up to four instances*)

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57. Check Payment Remittance Contact: Country (*up to four instances*)
58. EFT Banking Information: Title (*up to four instances*)
59. EFT Banking Information: First Name (*up to four instances*)
60. EFT Banking Information: Last Name (*up to four instances*)
61. EFT Banking Information: Phone Number (*up to four instances*)
62. EFT Banking Information: Phone Number Ext (*up to four instances*)
63. EFT Banking Information: E-mail (*up to four instances*)
64. EFT Banking Information: Bank Name (*up to four instances*)
65. EFT Banking Information: Address (*up to four instances*)
66. EFT Banking Information: Address 2 (*up to four instances*)
67. EFT Banking Information: City (*up to four instances*)
68. EFT Banking Information: State (*up to four instances*)
69. EFT Banking Information: Zip Code (*up to four instances*)
70. EFT Banking Information: Country (*up to four instances*)
71. Profit/Non-Profit Indicator
72. Change of Ownership Date
73. Business Line to which this banking information is applicable – Also referred to as “Business Line” or “Program Type;” includes FFM User Fees, Advanced Premium Tax Credits (APTC), Cost Sharing Reductions (CSR), Reinsurance, Risk Corridors, and Risk Adjustment programs.
74. Financial Reporting IP Address
75. Authorized/Delegated Official: Title
76. Authorized/Delegated Official: First Name
77. Authorized/Delegated Official: Last Name
78. Authorized/Delegated Official: Phone Number
79. Authorized/Delegated Official: Phone Number Ext
80. Authorized/Delegated Official: E-mail
81. Authorized/Delegated Official: Signature
82. Date of Authorization
83. Payment Contact: First Name
84. Payment Contact: Last Name
85. Payment Contact: Phone Number
86. Payment Contact: Phone Number Ext
87. Payment Contact: E-mail
88. Financial Transfers Contact: First Name
89. Financial Transfers Contact: Last Name
90. Financial Transfers Contact: Phone Number
91. Financial Transfers Contact: Phone Number Ext
92. Financial Transfers Contact: E-mail
93. Electronic Funds Transfer Authorization Agreement: I hereby authorize the Centers for Medicare & Medicaid Services (CMS) to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above to credit and/or debit the same to such account. CMS may assign its rights and obligations under this agreement to CMS’ designated contractor. CMS may change its designated contractor at CMS’ discretion. If payment is being made to an account

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controlled by an Affiliated Entity, referred to as Payee Group, the Entity, also known as Health Insurance Company, hereby acknowledges that payment to the Payee Group under these circumstances is still considered payment to the Health Insurance Company, and the Health Insurance Company authorizes the forwarding of payments to the Payee Group. If the account is drawn in the Health Insurance Company's name, or the Legal Business Name of the Health Insurance Company, the said Health Insurance Company certifies that he/she has sole control of the account referenced above, and certifies that all arrangements between the Financial Institution and the said Health Insurance Company are in accordance with all applicable CMS regulations and instructions. This authorization agreement is effective as of the signature date below and is to remain in full force and effect until CMS has received written notification from me of its termination in such time and such manner as to afford CMS and the Financial Institution a reasonable opportunity to act on it. CMS will continue to send the direct deposit to the Financial Institution indicated above until notified by me that I wish to change the Financial Institution receiving the direct deposit. If my Financial Institution information changes, I agree to submit to CMS an updated signed EFT Authorization Agreement.

94. Are you an insurance company?
95. Effective Date for Financial Information
96. Financial Authority Contact: Title
97. Financial Authority Contact: First Name
98. Financial Authority Contact: Last Name
99. Financial Authority Contact: Phone Number
100. Financial Authority Contact: E-mail
101. Financial Institution: Name
102. Financial Institution: City
103. Financial Institution: State
104. Financial Institution: Zip
105. Financial Institution Contact: First Name
106. Financial Institution Contact: Last Name
107. Financial Institution Contact: Phone Number
108. Financial Institution Contact: Phone Number Ext
109. Financial Information Form Contact: First Name
110. Financial Information Form Contact: Last Name
111. Financial Information Form Contact: Title
112. Financial Information Form Contact: Phone Number
113. Financial Information Form Contact: Phone Number Ext
114. Financial Information Form Contact: Email
115. Payee Group: TIN
116. Payee Group: HPID ID
117. Payee Group Contact: Title
118. Payee Group Contact: First Name
119. Payee Group Contact: Last Name
120. Payee Group Contact: Phone Number
121. Payee Group Contact: Phone Number Ext
122. Payee Group Contact: Email

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123. Payee Group Contact: Address
124. Payee Group Billing Address: Address
125. Payee Group Billing Address: Attention
126. Payee Group Billing Address: City
127. Payee Group Billing Address: State
128. Payee Group Billing Address: Zip Code
129. Is the payee group an Organization Level Payee?
130. Legal Business Name with no special characters except ampersands and hyphens
131. Type of Corporate Entity
132. Copy of W-9

### ***Edge Server Provisioning Data***

The following is a list of the specific data required for the Edge Server provisioning process.

1. Edge Server Group Name
2. Primary Group Administrator: Prefix (optional)
3. Primary Group Administrator: Suffix (optional)
4. Primary Group Administrator: First Name
5. Primary Group Administrator: Last Name
6. Primary Group Administrator: Username (used to log onto Edge Server)
7. Primary Group Administrator: Position (or Title)
8. Primary Group Administrator: Email
9. Primary Group Administrator: Phone Number
10. Primary Group Administrator: Phone Number Ext
11. Secondary Group Administrator: Prefix (optional)
12. Secondary Group Administrator: Suffix (optional)
13. Secondary Group Administrator: First Name
14. Secondary Group Administrator: Last Name
15. Secondary Group Administrator: Username (used to log onto Edge Server)
16. Secondary Group Administrator: Position (or Title)
17. Secondary Group Administrator: Email
18. Secondary Group Administrator: Phone Number
19. Secondary Group Administrator: Phone Number Ext
20. Edge Server Name
21. Edge Server Group
22. Insurance Company
23. List of Issuers
24. Primary System Administrator: Prefix (optional)
25. Primary System Administrator: Suffix (optional)
26. Primary System Administrator: First Name
27. Primary System Administrator: Last Name
28. Primary System Administrator: Username (used to log onto Edge Server)
29. Primary System Administrator: Position (or Title)
30. Primary System Administrator: Email
31. Primary System Administrator: Phone Number
32. Primary System Administrator: Phone Number Ext
33. Secondary System Administrator: Prefix (optional)

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34. Secondary System Administrator: Suffix (optional)
35. Secondary System Administrator: First Name
36. Secondary System Administrator: Last Name
37. Secondary System Administrator: Username (used to log onto Edge Server)
38. Secondary System Administrator: Position (or Title)
39. Secondary System Administrator: Email
40. Secondary System Administrator: Phone Number
41. Secondary System Administrator: Phone Number Ext
42. Host Name
43. Edge Server Size: Small, Medium or Large (based on server configuration)
44. IP Address (assigned to the Edge Server)
45. Netmask
46. DNS
47. Gateway
48. SMTP
49. Storage Management -
  - For OS Disk:
    - Do you have a RAID? (Y/N)
    - If Yes, RAID 0 or 1?
    - If RAID 1, number of disks?
    - Hardware or software RAID?
    - If hardware RAID, name of device? What is the capacity of the hardware disk?
    - If software RAID, name of device? What is the capacity of the software disk?
    - If software RAID, number of spares?
  - For Data Disk:
    - Do you have a RAID? (Y/N)
    - Confirm Redundant Array of Independent Disks (RAID) 5 (Y/N)
    - If Yes, confirm RAID Level 5: (Y/N)
    - Number of disks?
    - Hardware or software RAID?
    - If hardware RAID, name of device? What is the capacity of the hardware disk?
    - If software RAID, name of device? What is the capacity of the software disk?
    - If software RAID, number of spares?
50. What type of host are you? Self-host or TPA (required)
51. Is the operating system on your edge server pre-installed? (required)
52. Upload of Anaconda file required
53. Upload of Server Configuration required
54. Please specify: new edge server or existing edge server