



Centers for Medicare & Medicaid Services

CMS-EDGE Server / CMS-ES

Risk Adjustment and Reinsurance (RARI) Interface Control Document – Risk Adjustment Addendum

July 31, 2019

Document Version History – Recent changes

The table below reflects the summary of changes incorporated in the most recent maintenance release of this ICD addendum.

Version Number	Date	Author/Owner	Description of Change
05.00.23	4/19/19	Accenture / CCIIO	EDGE Q3 / 32.0 Release FFMFM-624: Updated the upper limits on the following fields in RAPHCCER in Table 69: totalAllowedAmountRAPmtHCCEnr totalPaidAmountRAPmtHCCEnr Updated the upper limits on the following fields in RAPHCCER in Table 71: totalAllowedAmountRAPmtHCCEnr totalPaidAmountRAPmtHCCEnr Updated the upper limits on the following fields in RAPHCCER in Table 72: totalAllowedAmountRAPmtHCCEnr totalPaidAmountRAPmtHCCEnr Updated the upper limits on the following fields in RAPHCCER in Table 73: totalAllowedAmountRAPmtHCCEnr totalPaidAmountRAPmtHCCEnr Updated the upper limits on the following fields in RADVPS in Table 66: totalMedicalPlanPaidAmountFile averagePremium totalPremiumAmount
05.00.23	6/11/19	Accenture / CCIIO	EDGE Q3 / 32.0 Release FFMFM-624 Added the following two categories in RARSS: RA Transfer Plan Category (Table 43) RA transfer Rating Area Category (Table 44) Deleted the following two elements from RARSS Table 35 and Table 48: meanNumberOfCooccurringHccsWHcc

Version Number	Date	Author/Owner	Description of Change
			threeMostFrequentCooccurringHccsWHcc Changed minInclusive to 0 for all elements in RAPHCCER Updated Table 74: Acronymns
05.00.23	7/16/19	Accenture / CCIIO	EDGE Q3 / 32.0 Release FFMFM-624 Updated description for the Exchange field in RA transfer Plan Category (Table 43 & Table 62) in RARSS and RATEE:

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1 Purpose of Interface Control Document

This Interface Control Document (ICD) Addendum was created from the consolidated Risk Adjustment (RA) and Reinsurance (RI) ICD Addendum that was separated into the following five documents:

- RARI ICD- RA Addendum,
- RARI ICD- Risk Adjustment Data Validation (RADV) Addendum,
- RARI ICD- RI Addendum,
- RARI ICD- High Cost Risk Pool (HCRP) Addendum, and
- RARI ICD- Issuer Frequency Report Addendum.

This RARI ICD Addendum is for the Risk Adjustment outbound reports, and does not contain information regarding the remaining four (4) ICDs listed above. Following is the link to the Registration For Technical Assistance Portal (REGTAP) library for the five (5) ICD Addendums listed above: https://www.regtap.info/reg_library.php.

The RARI ICD (and its accompanying addenda) documents and tracks the necessary information required to effectively define the Centers for Medicare & Medicaid Services (CMS) External Data Gathering Environment (EDGE) server system interface, as well as any rules for communicating with the EDGE servers, to give the development team guidance on the architecture of the system to be developed. In addition, the purpose of the ICD is to clearly communicate all possible inputs for all potential actions. The RARI ICD helps ensure compatibility between system segments and components.

The RARI ICD does not include information about specific business rules or how the verification edits included within this document affect the file processing logic. Additional information can be found in the EDGE Server Business Rules (ESBR) document available at : https://www.regtap.info/reg_librarye.php?i=2673.

2 Introduction

This is one for five addenda to the existing RARI ICD, which describes the relationship between CMS and the issuer's EDGE server. This document serves to define additional reports that will be produced by the issuer's EDGE servers as a supplement to the ICD, currently published in the Registration for Technical Assistance Portal (REGTAP) Library. These reports include the risk adjustment and reinsurance calculation reports that are used for payment processing, as well as additional analytic reports.

The CMS-EDGE server interface is only necessary when CMS is operating the Risk Adjustment and/or Reinsurance programs on behalf of a state.

The following information, with respect to the interface, is described further in this document:

- Additional EDGE server outbound report formats.

3 Overview

As part of the Affordable Care Act (ACA), two (2) programs were identified to mitigate the impact of adverse selection of plans and provide stability for issuers. States have the option to operate the following programs themselves or have the Department of Health and Human Services (HHS) operate the programs on their behalf.

- Section 1343 of the ACA created the Risk Adjustment (RA) program to better spread the financial risk borne by health insurance issuers in order to stabilize premiums and provide issuers the ability to offer a variety of plans to meet the needs of a diverse population. Under the RA program, payments will be transferred from issuers with relatively lower-risk populations to issuers with relatively higher-risk populations. Non-grandfathered, Individual and Small Group Market plans, irrespective of whether they are a part of the Marketplace, will submit RA data (claims and enrollee data) that will be used to determine individual-level risk scores, plan average actuarial risk and associated payments and charges.
- Section 1341 of the ACA establishes the Reinsurance (RI) program as a temporary three-year program that commences in 2014. RI provides funds to issuers that incur high costs for claims in the Individual Market. In accordance with the final rule, RI payments are based on a coinsurance rate or proportion of an issuer's claims costs that are above an attachment point and below a RI cap for the applicable benefit year. The attachment point is the threshold dollar amount after which the issuer is eligible for RI payments, while the RI cap is the dollar limit at which point an issuer is no longer eligible for RI payments. The attachment point, coinsurance rate and RI cap are calculated based on an issuer's total incurred costs for an individual enrollee in a given calendar year. Non-grandfathered, Individual Market plans, both on and off the Marketplace, will submit RI data (claims and enrollee data) that will be used to determine if an individual market plan issuer is eligible for RI.

CMS' Center for Consumer Information and Insurance Oversight (CCIIO) on behalf of HHS will develop the software to evaluate and perform the RA and RI calculations.

When evaluating the model for collecting and processing the data received from issuers, it was determined that a distributed data collection model would prove the most effective. Specifically, this model would ensure:

- Issuer proprietary data would not be transmitted to HHS;
- Minimal transfer of protected health information (PHI) to lower privacy and data security risks;
- Standardization of business processes, timing and rules.

These factors resulted in the concept of the EDGE server. Issuers, in states where HHS is operating an RA and/or RI program, will submit enrollee, pharmacy claim, medical claim and supplemental diagnosis information from their proprietary systems to an issuer-owned or Third Party Administrator (TPA)-hosted EDGE server. The EDGE server will run HHS-developed software designed to verify submitted data and execute the RA and RI processes. Issuers will have the option to own and operate the server themselves, or to have a third-party entity operate the server. Detailed data, file processing metrics and outbound data files will be provided to insurance companies/issuers. Only plan summarized data and file processing metrics will be provided to HHS.

4 General Interface Requirements

Interface Overview

This section describes updates to the EDGE server interface as a result of the additional reports defined in this document. For a complete description of the general interface requirements, refer to the existing EDGE server ICD, published in the REGTAP Library (Interface Control Document, document number: *0.0.4-CMSES-ICD-4763*).

Functional Allocation

The primary responsibility of the EDGE server is to provide distributed data processing capabilities to support RA and RI. The results of the data processing are available to CMS, insurance companies and their associated issuers through reports in the form of data files. Output reports can be generated in the Production, Test or Validation zones.

The reports defined in this document can be initiated by one (1) or more of the following methods:

- CMS Initiated Remote Command
- Issuer Executed EDGE Server Command

Transactions

The following reports are defined in this document. Once executed, all files are provided to the issuer/submitter and files with summary data only are provided to CMS for review.

- RA Claim Selection – Summary
- RA Risk Score – Summary
- RA User Fee
- RA Transfer Elements Extract
- RADV Population Statistics Summary Report
- RA Claim Selection – Detail
- RA Risk Score – Detail
- RA Payment HCC Enrollee Report

There are several types of outbound data files that will be sent to the issuer/submitter and to CMS as part of this process, including the following:

- Process Oriented Reports
- Operations Analytics Reports
- Management Reports
- Payment Processing Reports

The recipient of these outbound files is restricted by the content level of the files as specified by the table below.

Table 1: Report Type and Recipient

Report Type	Report Recipient
File Level Reports	Issuer/Submitter and CMS
Detail Reports	Issuer/Submitter
Summary Reports	Issuer/Submitter and CMS
Activity To Date Reports	Issuer/Submitter and CMS

Process Oriented Reports are data files generated for the issuer/submitter based on the results of the data processing of the submitted data file. This category includes the following report types:

Operations Analytics Reports are data files that help the user in understanding various operational metrics identified, thereby allowing process improvements. This also helps CMS/CCIIO in reaching out to the issuer/submitter to address any aberrant patterns.

Management Reports are outbound files of summary data used by management to gauge the execution of the overall process.

Payment Process Outputs are outbound files used to calculate the RA and RI payment amounts that will be applied for each issuer.

5 Detailed Interface Requirements

This section specifies the requirements for the interface between the insurance company/submitting organization and the EDGE server. This includes explicit definitions of the content and format of every message or file that is expected to be transmitted between the insurance company/submitting organizations and the EDGE server and the conditions under which each file is to be sent.

Requirements for Additional EDGE Server Outbound Reports

This section describes the additional outbound report formats that will be made available to the issuer and CMS to review and analyze the processing results of the enrollment, claims and supplemental diagnosis information submitted for RI and RA processing. The files will be eXtensible Markup Language (XML) based and as per the XML Schema Definition (XSD) defined in this document.

This document describes the following reports:

- Reports sent to the insurance company/issuer administrator only:
 - RA Claim Selection - Detail
 - RA Risk Score – Detail
- Reports sent to both the insurance company/issuer administrator and CMS:
 - RA Claim Selection - Summary
 - RA Risk Score – Summary
 - RA Transfer Element Extract
 - RA User Fee
 - RA Payment HCC Enrollee Report
 - RADV Population Statistics Summary Report

As the design of the remaining reports is completed, this document will be updated.

Assumptions

The assumptions for the delivery of the EDGE server outbound files are as follows:

- Outbound reports are posted to the issuer's Amazon Web Services (AWS) S3 file repository or On-Premise server output directory designated for the remote command execution zone, as described for each report in the below sections.
- Issuers will have a separate Amazon Web Services (AWS) S3 file repository or On-Premise server output directory for the validation zone, independent of the file repositories or output directories for the production and test zone.
- The data files defined to date are XML documents. As the requirements are refined, this section will be updated to reflect the final file layout and data characteristics.

General Processing Steps

After the enrollee and claim files have been validated, designated entities, as determined by the insurance company/issuer administrator, will receive information about the status of their submission through a series of file processing reports. Similarly, CMS/CCIIO will be issued summary reports which provide the status and metrics of the data being processed. All insurance company/issuer reports will be delivered to the AWS S3 bucket configured for the issuer for AWS servers or the server's output directory for On-Premise servers. Summary reports will be delivered to the CMS/CCIIO AWS S3 bucket.

File Naming Convention

All files produced will follow the standard naming convention outlined below.

File Format Mask:

<Submitting Entity ID>.<File Type>.D<YYYYMMDD>T<hhmmss>.<Execution Zone>.xml

Example File Name:

12345. RACSD.D20140402T091533.P.xml

Table 2: File Name Parameters

Parameter	Description	Enumeration Values
Submitting Entity ID	Must be the 5 digit HIOS assigned Issuer ID.	Example: 12345
Date Timestamp	The date timestamp of when the file was generated.	Example: For April 2, 2014 at 9:15:33 AM Date Timestamp: D20140402T091533
Execution Zone	One (1) letter code indicating the execution zone where the file is to be processed.	Production: 'P' Test: 'T' Local: 'L' Validation: 'V'

Shared Outbound Report Data Components Message Format (or Record Layout) and Required Protocols

The structure of the EDGE server output reports has two (2) components:

Common Header category that is reused across the defined output reports; and

- Data elements/structures that are specific to a given report

5.1.1.1 Record Layout and Required Protocols for Common Outbound File Header Record

The data contents of the common outbound file header record data structure include report file identifier, report execution date, file identifier included in the submitted file, date of submission file generated by issuer/submitter, date of submission file received by the EDGE server, report type, sender identifier (EDGE server identifier) and submitter identifier associated with the submission.

5.1.1.1.1 Business Data Element Descriptions and Technical Characteristics

The data characteristics for the Common Outbound File Header Data Structure are as shown in Table 3. These elements are defined in the *RARCommonOutboundFileHeader.xsd*.

Table 3: RA RI Common Outbound File Header Record Field Element/Technical Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
File ID	The CMS system generated unique identifier of a report file.	File Header	1	outboundFileIdentifier	String	minLength = 1 maxLength = 80
CMS Batch ID	CMS generated identifier to uniquely identify a batch job. Note - This field is only populated for reports executed as a result of a CMS initiated remote command.	File Header	1	cmsBatchIdentifier	String	minLength = 1 maxLength = 50
CMS Job ID	CMS generated identifier to uniquely identify the job. Note - This field is only populated for reports executed as a result of a CMS initiated remote command.	File Header	1	cmsJobIdentifier	String	minLength = 1 maxLength = 50

Table 3: RA RI Common Outbound File Header Record Field Element/Technical Characteristics (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Snap Shot File Name	File name of the database snap shot generated during the transfer process.	File Header	0...1	snapShotFileName	String	none
Snap Shot File Hash	Hash value of the database snap shot generated during the transfer process.	File Header	0...1	snapShotFileHash	String	none
Run Date	The date and time when the CMS processed file is generated.	File Header	1	outboundFileGenerationDateTime	String	Strict: YYYY-MM-DDTHH:mm:ss
Interface Control Release Number	Denotes the version number of the ICD that the file corresponds to as identified on page one (1) of this document.	File Header	1	interfaceControlReleaseNumber	String	Length = 8
EDGE Server Version	Version number that corresponds to the Application, Database, Operating System, and reference table versions that were used to process the inbound file and produce the report. The application version in the execution zone for which the report is generated, will be displayed in this field.	File Header	1	edgeServerVersion	String	minLength = 0; maxLength = 75

Table 3: RA RI Common Outbound File Header Record Field Element/Technical Characteristics (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Job ID	System generated unique identifier for job executed on the EDGE server.	File Header	0... 1	edgeServerProcessIdentifier	String	minLength = 0; maxLength= 12
Report Type	Defines values of outbound validation report.	File Header	1	outboundFileTypeCode	String	minLength = 1 maxLength = 30
Server ID	The unique identifier of an EDGE server.	File Header	1	edgeServerIdentifier	String	minLength = 1 maxLength = 12
Issuer ID	The unique identifier for an issuer.	File Header	1	issuerIdentifier	String	Length = 5

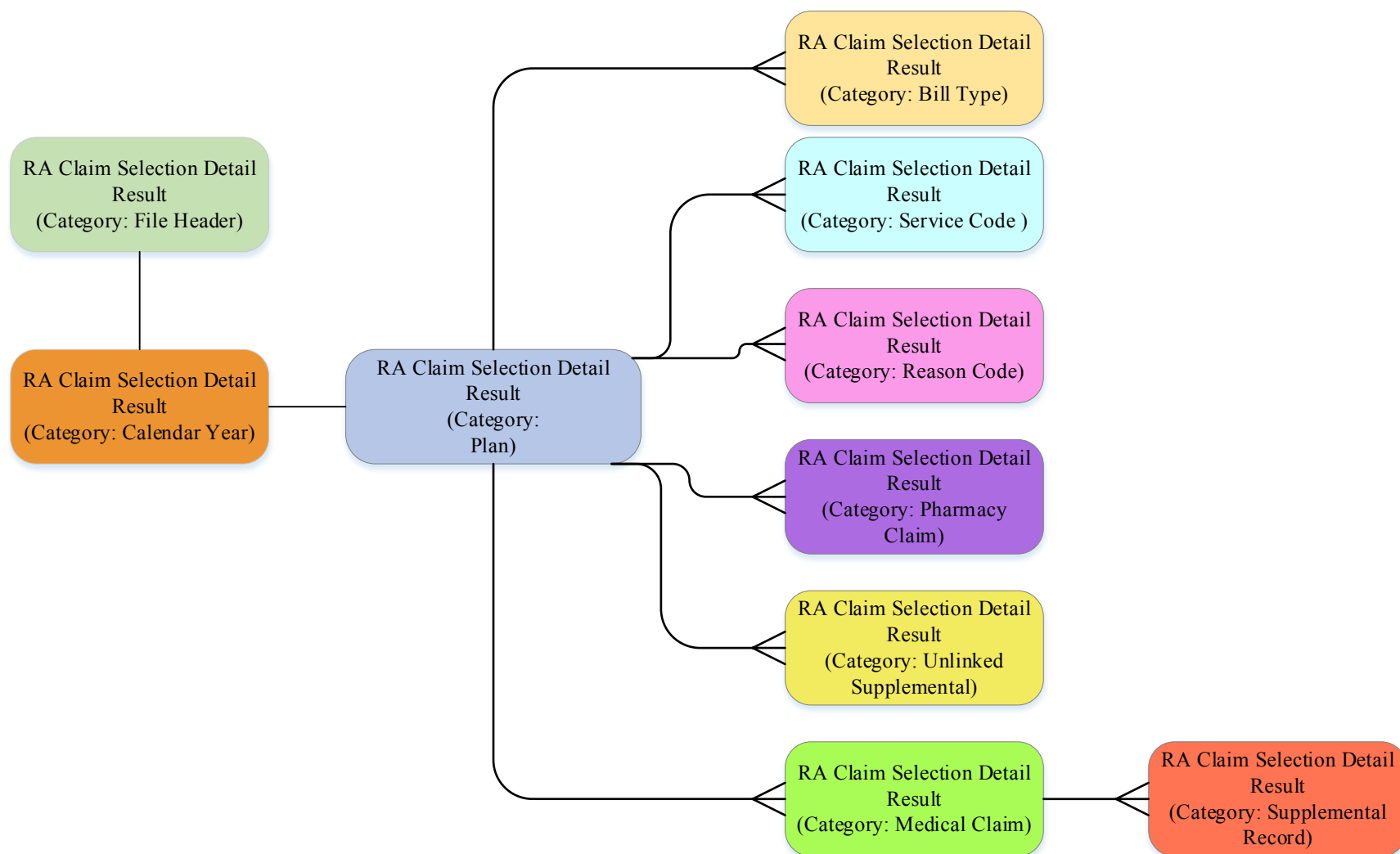
RA Claim Selection Detail Report (RACSD) Message Format (or Record Layout) and Required Protocols

The outbound RACSD Report is available to the issuer/submitting organization. This report contains the included and excluded medical claims for RA pharmacy claims, RA Medical, and supplemental records for RA, with details for each excluded claim. The RACSD Report will be generated with the risk score and transfer extract batch job.

5.1.1.2 File Layout

This section specifies the file layout for the RACSD Report. At a high level, it consists of ten (10) record types or categories, as shown in Figure 1.

Figure 1: EDGE Server RA Claim Selection Detail Report Data Categories



The RACSD Report consists of report File Header, Calendar Year, Plan, Bill Type, Service Code, Reason Code, Pharmacy Claim,

Unlinked Supplemental, Medical Claim and Supplemental Record categories.

The RACSD XSD schema that should be utilized for creating and reading from the XML output report is listed in Appendix A.

5.1.1.3 Field/Data Elements and Descriptions

The data characteristics for the RACSD RA Claim Selection Detail File Header category are as shown in Table 4. The root element of the RACSD in the XSD is ClaimSelectionDetailReport (*ClaimSelectionDetailReport.xsd*). This element is required and all the other elements defined in this section for the RACSD are embedded within this element start and end tags.

Table 4: RACSD Claim Selection Detail File Header

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Report Header	This XML element describes the file processing header related elements for this report. It uses the shared common file header XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the file header section of the report.	File Header	1	includedFileHeader	RARICommonOutboundFileHeader.xsd	none
Calendar Year Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Year	1 or more in the reported submission file	includedCalendarYearCategory	ClaimSelectionDetailCalendarYearCategory	none

The data characteristics for the RACSD RA Claim Selection Detail Calendar Year category are as shown in Table 5. These elements are defined in the *ClaimSelectionDetailCalendarYearCategory.xsd*.

Table 5: RACSD Claim Selection Detail Calendar Year

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Calendar Year	The calendar year associated with the claims as determined by the Statement Covers Through date/Prescription fill date.	File Header	1	calendarYear	String	Strict: YYYY Length = 4
Total Unique Enrollees	Total unique enrollees for all plans for the issuer.	File Header	1	totalEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Medical Claims Included	Total count of medical claims included for RA across all plans belonging to the issuer.	File Header	1	medicalClaimsIncluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Medical Claims Excluded	Total count of medical claims excluded from RA for all plans belonging to the issuer.	File Header	1	medicalClaimsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Supplemental Records Included	Total count of Supplemental Record ID's included for RA claim selection across all plans belonging to the issuer.	File Header	1	supplementalRecordsIncluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Supplemental Records Excluded	Total count of Supplemental Records ID's excluded for RA claim selection across all plans belonging to the issuer.	File Header	1	supplementalRecordsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees with RA Eligible Claims	Total count of enrollees with RA claims included across all plans belonging to the issuer.	File Header	1	totalEnrolleesWRaEligibleclaims	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Pharmacy Claims Included	Total count of pharmacy claims included for RA claim selection across all plans belonging to the issuer.	File Header	1	pharmacyClaimsIncluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Pharmacy Claims Excluded	Total count of pharmacy claims excluded for RA across all plans belonging to the issuer.	File Header	1	pharmacyClaimsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999

Table 5: RACSD Claim Selection Detail Calendar Year (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Unique Count of NDCs for Active Claims	Total unique count of NDCs (first 8 digits) for active claims belonging to the issuer included for RA.	File Header	1	totalUniqueNDC	Integer	minInclusive = 0; maxInclusive = 999999999
Plan Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report.	Plan	1 or more per calendar year in the reported submission file	includedPlanCategory	ClaimSelectionDetailPlanCategory	none

The data characteristics for the RACSD RA Claim Selection Detail Plan category are as shown in Table 6. These elements are defined in the *ClaimSelectionDetailPlanCategory.xsd*.

Table 6: RACSD Claim Selection Detail Plan

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan ID	Unique identifier for the plan at the 16-digit.	Plan	1	planIdentifier	String	minLength = 0 maxLength = 16
Total Enrollees	Total unique enrollees for the plan.	Plan	1	totalEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Medical Claims Included	Total count of medical claims for the plan included for RA claim selection.	Plan	1	medicalClaimsIncluded	Integer	minInclusive = 0; maxInclusive = 999999999

Table 6: RACSD Claim Selection Detail Plan (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Count of Medical Claims Excluded	Total count of medical claims for the plan that were excluded from RA claim selection.	Plan	1	medicalClaimsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Supplemental Records Included	Total count of supplemental records for the plan that were included for RA claim selection.	Plan	1	supplementalRecordsIncluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Supplemental Records Excluded	Total count of supplemental records for the plan that were excluded for RA claim selection.	Plan	1	supplementalRecordsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees with RA Eligible Claims	Total count of enrollees for the plan with RA claims included in claim selection.	Plan	1	totalEnrolleesWRaEligibleclaims	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Pharmacy Claims Included	Total count of pharmacy claims for the plan included for RA claim selection.	Plan	1	pharmacyClaimsIncluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Pharmacy Claims Excluded	Total count of pharmacy claims for the plan excluded for RA claim selection.	Plan	1	pharmacyClaimsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Unique Count of NDCs for Active Claims	Total Unique count of NDCs (first 8 digits) for active claims for the plan included for RA.	Plan	1	totalUniqueNDC	Integer	minInclusive = 0; maxInclusive = 999999999
Bill Type Category	This XML element describes the Claim Selection Plan related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the Claim Selection Plan section of the report.	Bill Type	1 or more per bill type per insurance plan in the reported submission file	includedBilltypeCategory	ClaimSelectionDetailBillTypeCategory	none

Table 6: RACSD Claim Selection Detail Plan (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Service Code Category	This XML element describes the Claim Selection Plan related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the Claim Selection Plan section of the report.	Service Code	1 or more per service code per insurance plan in the reported submission file	includedServiceCodeCategory	ClaimSelectionDetailServiceCodeCategory	none
Reason Code Category	This XML element describes the Claim Selection Plan related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the Claim Selection Plan section of the report.	Reason Code	1 or more per reason code per insurance plan in the reported submission file	includedReasonCodeCategory	ClaimSelectionDetailReasonCodeCategory	none
Pharmacy Claim Category	This XML element describes the Claim Selection Plan related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the Claim Selection Plan section of the report.	Pharmacy	1 or more per claim per insurance plan in the reported submission file	includedPharmacyClaimCategory	ClaimSelectionDetailPharmacyClaimCategory	none
Unlinked Supplemental Category	This XML element describes the Claim Selection Plan related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the Claim Selection Plan section of the report.	Unlinked Supplemental	1 or more per records per insurance plan in the reported submission file	includedUnlinkedSupplementalCategory	ClaimSelectionDetailUnlinkedSupplementalCategory	none

Table 6: RACSD Claim Selection Detail Plan (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Medical Claim Category	This XML element describes the Claim Selection Plan related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the Claim Selection Plan section of the report.	Medical	1 or more per claim per insurance plan in the reported submission file	includedMedicalClaimCategory	ClaimSelectionDetailMedicalClaimCategory	none

The data characteristics for the RACSD RA Claim Selection Detail Bill Type category are as shown in Table 7. These elements are defined in the *ClaimSelectionDetailBillTypeCategory.xsd*.

Table 7: RACSD Claim Selection Detail Bill Type

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Bill Type Code	Bill Type Code for the medical claim (only include the bill types for RA claim selection).	Bill Type	0..1	billTypeCode	String	minLength = 0 maxLength = 3
Total Count of Claims Included	Total count of medical claims included for RA claim selection with the bill code.	Bill Type	0..1	claimsIncluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Claims Excluded	Total count of medical claims excluded for RA claim selection.	Bill Type	0..1	claimsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RACSD RA Claim Selection Detail Service Code category are as shown in Table 8. These elements are defined in the *ClaimSelectionDetailServiceCodeCategory.xsd*.

Table 8: RACSD Claim Selection Detail Service Code

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Service Code	Service Code for the medical claim (only include Service Codes flagged for RA claim selection).	Service Code	0..1	serviceCode	String	minLength = 0 maxLength = 5
Total Count of Claims Included	Total count of medical claims included for RA claim selection with the Service Code.	Service Code	0..1	claimsIncluded	Integer	minInclusive = 0; maxInclusive = 999999999
Total Count of Claims Excluded	Total count of medical claims excluded for RA claim selection with the Service Code.	Service Code	0..1	claimsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RACSD RA Claim Selection Detail Reason Code category are as shown in Table 9. These elements are defined in the *ClaimSelectionDetailReasonCodeCategory.xsd*.

Table 9: RACSD Claim Selection Detail Reason Code

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Medical Reason Code	Reason Code why the medical claim was excluded from RA claim selection.	Reason Code	0..1	medicalReasonCode	String	minLength = 0 maxLength = 10
Total Count of Medical Claims Excluded	Total count of medical claims excluded for RA claim selection with the Reason Code.	Reason Code	0..1	medicalClaimsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999
Pharmacy Reason Code	Reason Code why the pharmacy claim was excluded from RA claim selection.	Reason Code	0..1	pharmacyReasonCode	String	minLength = 0 maxLength = 10
Total Count of Pharmacy Claims Excluded	Total count of pharmacy claims excluded for RA claim selection with the Reason Code.	Reason Code	0..1	pharmacyClaimsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999
Supplemental Reason Code	Reason Code why the supplemental record was excluded from RA claim selection.	Reason Code	0..1	supplementalReasonCode	String	minLength = 0 maxLength = 10
Total Count of Supplemental Records Excluded	Total count of supplemental records excluded for claim selection with the Reason Code.	Reason Code	0..1	supplementalRecordsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RACSD RA Claim Selection Detail Pharmacy Claim category are as shown in Table 10. These elements are defined in the *ClaimSelectionDetailPharmacyClaimCategory.xsd*.

Table 10: RACSD Claim Selection Detail Pharmacy Claim

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Enrollee ID	Enrollee Identifier.	Pharmacy	1	enrolleeIdentifier	String	minLength = 0; maxLength = 80
Pharmacy Claim ID	Pharmacy Claim Identifier.	Pharmacy	1	pharmacyClaimIdentifier	String	minLength = 0; maxLength = 50
Product/Service ID	Unique ID of the product or service dispensed.	Pharmacy	1	nationalDrugCode	String	minLength=1; maxLength=12
RA Eligible Indicator	Indicates if the claim is eligible for RA or not.	Pharmacy	1	raEligibleIndicator	String	minLength = 0 maxLength = 1 Enumeration Values: "0": RA Ineligible "1": RA Eligible
Policy Paid Amount	The policy paid amount for the claim under the plan.	Pharmacy	1	policyPaidAmount	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Reason Code	Reason Code why the pharmacy claim was excluded from RA if not included.	Pharmacy	0..1	reasonCode	String	minLength = 0; maxLength = 3

The data characteristics for the RACSD RA Claim Selection Detail Unlinked Supplemental category are as shown in **Table 11**. These elements are defined in the *ClaimSelectionDetailUnlinkedSupplementalCategory.xsd*.

Table 11: RACSD Claim Selection Detail Unlinked Supplemental

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Enrollee ID	Enrollee Identifier (Enrollee level for the plan).	Unlinked Supplemental	1	enrolleeIdentifier	String	minLength = 0; maxLength = 80
Original Medical Claim Identifier	The medical Claim ID to which the supplemental record corresponds that was submitted on a previous claim and was accepted by the EDGE server.	Unlinked Supplemental	1	originalMedicalClaimId	String	minLength = 0; maxLength = 50
Supplemental Diagnosis Detail Record Identifier	Unique number generated by the issuer to uniquely identify the supplemental diagnosis transaction.	Unlinked Supplemental	1	supplementalDiagnosisDetailRecordId	String	minLength = 0; maxLength = 50
Add/Delete/Void Indicator	Identifies if a supplemental diagnosis is added, deleted, or if a previously accepted supplemental diagnosis record is to be voided.	Unlinked Supplemental	1	addDeleteVoidCode	String	Length = 1 Enumeration Values: 'A', 'D', 'V' Enumeration Values description: 'A' = Add, 'D' = Delete, 'V' = Void

The data characteristics for the RACSD RA Claim Selection Detail Medical Claim category are as shown in Table 12. These elements are defined in the *ClaimSelectionDetailMedicalClaimCategory.xsd*.

Table 12: RACSD Claim Selection Detail Medical Claim

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Enrollee ID	Enrollee Identifier.	Medical	1	enrolleeIdentifier	String	minLength = 0; maxLength = 80
Medical Claim Identifier	Medical Claim Identifier.	Medical	1	medicalClaimIdentifier	String	minLength = 0; maxLength = 50
RA Eligible Indicator	Indicates if the claim is eligible for RA.	Medical	1	raEligibleIndicator	String	minLength = 0 maxLength = 1 Enumeration Values: "0": RA Ineligible "1": RA Eligible

Table 12: RACSD Claim Selection Detail Medical Claim (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Bill Type Code	Bill Type Code for the medical claim.	Medical	0..1	billTypeCode	String	minLength = 0 maxLength = 3
Service Code	Service Code for the medical claim.	Medical	0..1	serviceCode	String	minLength = 0; maxLength = 5
Reason Code	Reason Code why the medical claim was excluded from RA.	Medical	0..1	reasonCode	String	minLength = 0; maxLength = 3
RXC Eligible Indicator	Identifies if the medical claim satisfied all criteria for at least one HCPCS code from the medical claim to create an RXC	Medical	0..1	rxEligibleIndicator	String	minLength = 0 maxLength = 1 Enumeration Values: "1": RXC eligible "0": RXC Ineligible
Supplemental Category	The XML element exists to connect this level of the XXML file to the nested common elements and has no business meaning. It should be processed to identify the Claim Selection Detail Supplemental record section of the report.	Supplemental	1 or more per supplemental record per insurance plan in the reported submission file	includedSupplementalRecordCategory	ClaimSelectionDetailSupplementalRecordCategory	none

The data characteristics for the RACSD RA Claim Selection Detail Supplemental Record category are as shown in Table 13. These elements are defined in the *ClaimSelectionDetailSupplementalRecordCategory.xsd*.

Table 13: RACSD Claim Selection Detail Supplemental Claim

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Enrollee ID	Enrollee Identifier.	Supplemental	1	enrolleeIdentifier	String	minLength = 0; maxLength = 80
Original Medical Claim Identifier	The medical Claim ID to which the supplemental record corresponds that was submitted on a previous claim and was accepted by the EDGE server.	Supplemental	1	originalMedicalClaimId	String	minLength = 0; maxLength = 50
Supplemental Diagnosis Detail Record Identifier	Unique number generated by the issuer to uniquely identify the supplemental diagnosis transaction.	Supplemental	1	supplementalDetailRecordId	String	minLength = 0; maxLength = 50
Add/Delete/Void Indicator	Identifies if a supplemental diagnosis is added, deleted, or if a previously accepted supplemental diagnosis record is to be voided.	Supplemental	1	addDeleteVoidCode	String	Length = 1 Enumeration Values: 'A', 'D', 'V' Enumeration Values description: 'A' = Add, 'D' = Delete, 'V' = Void
Reason Code	Reason Code why the supplemental record was excluded from RA claim selection.	Supplemental	0..1	reasonCode	String	minLength = 0; maxLength = 3

RA Risk Score Detail Report (RARSD) Message Format (or Record Layout) and Required Protocols

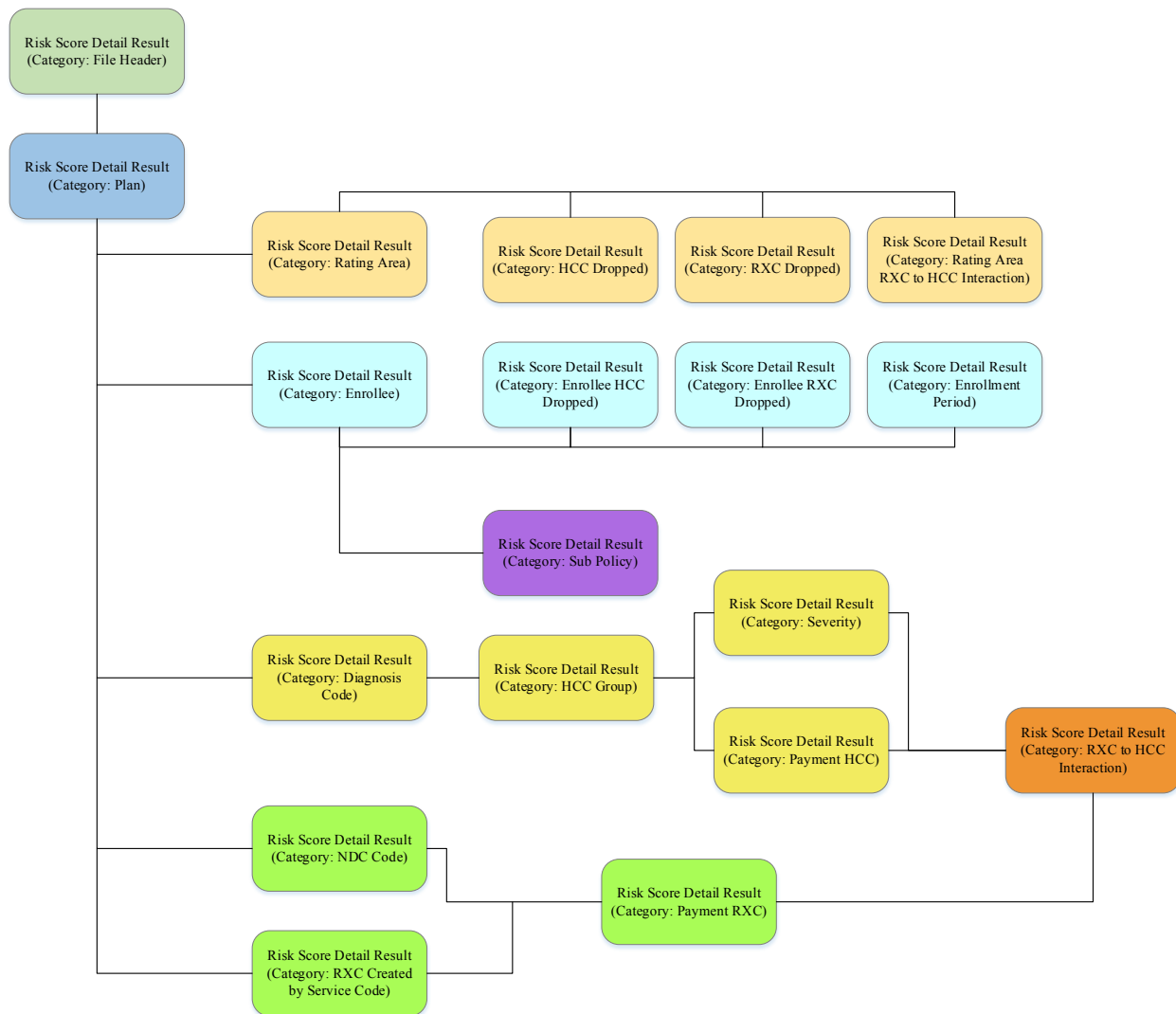
The outbound RARSD Report is available only to the issuer/submitting organization. It is not available to CMS. This report notifies the issuer about the average and individual risk score for the issuer, plan and enrollee. The RARSD Report will be generated when the risk score and transfer extract batch job is executed.

Note – System generated cross year enrollment periods, created during the RA calculation in order to include qualifying cross year claims, are included by the system when calculating the values in this report.

5.1.1.4 File Layout

This section specifies the file layout for the RARSD Report. At a high level, it consists of nineteen (19) record types or categories, as shown in Figure 2: EDGE Server RA Risk Score Detail Report Data Categories.

Figure 2: EDGE Server RA Risk Score Detail Report Data Categories



The RARSD Report consists of report File Header, Plan, Rating Area, Diagnosis Code, HCC Group, Severity, Payment HCC, RXC to HCC Interaction, NDC Code, RXC Created by Service Code, Payment RXC, Enrollee, Enrollment Period and Sub Policy categories.

The RARSD XSD schema that should be utilized for creating and reading from the XML output report is listed in Appendix A.

5.1.1.5 Field/Data Elements and Descriptions

The data characteristics for the RARSD Risk Score Detail File Header category are as shown in **Table 14**. The root element of the RARSD in the XSD is RiskScoreDetailReport (*RiskScoreDetailReport.xsd*). This element is required and all the other elements defined in this section for the RARSD are embedded within this element start and end tags.

Table 14: RARSD Risk Score Detail File Header

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Report Header	This XML element describes the file processing header related elements for this report. It uses the shared common file header XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the file header section of the report.	File Header	1	includedFileHeader	RARCommonOutboundFileHeader.xsd	none
Plan Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Plan	1 or more per insurance plan	includedPlanIdentifier	RiskScoreDetailPlanCategory	none
Calendar Year	The calendar year for which risk score was executed.	File Header	1	calendarYear	String	Length = 4 Strict: YYYY
Execution Type	Designate preliminary or final run.	File Header	1	executionType	String	minLength = 1 maxLength = 30 Enumeration Values: "P": Preliminary "F": Final
Total Enrollees	Total number of unique enrollees across all plans.	File Header	1	totalEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Total Diagnoses Accepted	Total Count of Diagnosis Codes accepted for all plans for the issuer	File Header	1	totalDiagnosesAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total NDCs Accepted	Total Count of NDCs accepted for all adult model enrollees for all plans for the issuer	File Header	1	totalNdcAccepted	Integer	minInclusive = 0; maxInclusive = 999999999

Table 14: RARSD Risk Score Detail File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Risk Adjustment Diagnoses Accepted	Total count of risk adjustment diagnoses accepted for all plans for a distinct issuer.	File Header	1	totalRADiagnosesAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total RA NDCs Accepted	Total count of risk adjustment NDCs accepted for all adult model enrollees for all plans for a distinct issuer	File Header	1	totalRANdcAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total HCCs	Total count of Hierarchical Condition Categories (HCCs) (without hierarchies imposed) for all enrollees for all plans for a distinct issuer.	File Header	1	totalConditionCategories	Integer	minInclusive = 0; maxInclusive = 999999999
Total RXCs	Total unique count of RXCs without hierarchies imposed for all adult model enrollees for all plans for a distinct issuer	File Header	1	totalRxcS	Integer	minInclusive = 0; maxInclusive = 999999999
Total Payment HCCs	Total count of payment HCCs (with hierarchies imposed) for all enrollees for all plans for a distinct issuer.	File Header	1	totalPaymentConditionCategories	Integer	minInclusive = 0; maxInclusive = 999999999
Total Payment RXCs	Total unique count of payment RXCs (with hierarchies imposed) for all adult model enrollees for all plans for a distinct issuer.	File Header	1	totalPaymentRxcS	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees with Payment HCCs	Total count of unique enrollees with payment HCCs for all plans for a distinct issuer.	File Header	1	totalEnrolleesWPaymentHCCs	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees with Payment RXCs	Total count of unique adult model enrollees with payment RXCs for all plans for a distinct issuer.	File Header	1	totalEnrolleesWPaymentRxcS	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees without Payment HCCs	Total count of unique enrollees that have no payment HCCs for all plans for a distinct issuer.	File Header	1	totalEnrolleesWOutPaymentHCCs	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees without Payment RXCs	Total count of unique adult model enrollees that have no payment RXCs for all plans for a distinct issuer.	File Header	1	totalEnrolleesWOutPaymentRxcS	Integer	minInclusive = 0; maxInclusive = 999999999
Total Unique Enrollee Payment HCCs	Total count of unique enrollee payment HCCs across all plans for a distinct issuer.	File Header	1	totalUniqueEnrolleePaymentHCCs	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Average Number of Payment HCCs per Enrollee by all Enrollees (Child Model)	This field is calculated by summing the count of payment HCCs of each unique enrollee in the child model and then dividing by the unique number of enrollees in the child model.	File Header	1	averageNumberPaymentHccsEnrolleeByEnrolleeChild	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of Payment HCCs per Enrollee by all Enrollees (Adult Model)	This field is calculated by summing the count of payment HCCs of each unique enrollee in the adult model and then dividing by the unique number of enrollees in the adult model.	File Header	1	averageNumberPaymentHccsEnrolleeByEnrolleeAdult	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of Payment RXCs per Enrollee by all Enrollees (Adult Model)	This field is calculated by summing the count of unique payment RXCs of each unique enrollee in the adult model and then dividing by the unique number of enrollees in the adult model.	File Header	1	averageNumberPaymentRxcEnrolleeByEnrolleeAdult	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of Payment HCCs per Enrollee by all Enrollees (Infant Model)	This field is calculated by summing the count of payment HCCs of each unique enrollee in the infant model and then dividing by the unique number of enrollees in the infant model.	File Header	1	averageNumberPaymentHccsEnrolleeByEnrolleeInfant	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Table 14: RARSD Risk Score Detail File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Average Number of HCCs per Enrollee by HCC Enrollees (Child Model)	This field is calculated by summing the count of HCCs for each unique enrollee with an HCC in the child model and then dividing by the unique number of enrollees with an HCC in the child model.	File Header	1	averageNumberHccsPerEnrolleeByEnrolleeChild	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of HCCs per Enrollee by HCC Enrollees (Adult Model)	This field is calculated by summing the count of HCCs for each unique enrollee with an HCC in the adult model and then dividing by the unique number of enrollees with an HCC in the adult model.	File Header	1	averageNumberHccsPerEnrolleeByEnrolleeAdult	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of RXCs per Enrollee By Enrollee (Adult Model)	This field is calculated by summing the count of unique RXCs for each unique enrollee with a RXC in the adult model and then dividing by the unique number of enrollees with a RXC in the adult model.	File Header	1	averageNumberRxsPerEnrolleeByEnrolleeAdult	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Male	Total count of unique male enrollees for a distinct issuer.	File Header	1	totalMaleCount	Integer	minInclusive = 0; maxInclusive = 999999999
Males with Payment HCCs	Total count of unique male enrollees with payment HCCs for a distinct issuer.	File Header	1	totalMaleCountWithHCCs	Integer	minInclusive = 0; maxInclusive = 999999999
Males with RXCs	Total count of unique adult model male enrollees with RXCs for a distinct issuer.	File Header	1	totalMaleCountWithRxs	Integer	minInclusive = 0; maxInclusive = 999999999
Males in Infant Model	Total count of unique males in the infant model for a distinct issuer.	File Header	1	malesCountInfantModel	Integer	minInclusive = 0; maxInclusive = 999999999
Males in Child Model	Total count of unique males in the child model for a distinct issuer.	File Header	1	malesCountChildModel	Integer	minInclusive = 0; maxInclusive = 999999999
Males in Adult Model	Total count of unique males in the adult model for a distinct issuer.	File Header	1	malesCountAdultModel	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Female	Total count of unique female enrollees for a distinct issuer.	File Header	1	totalCountFemale	Integer	minInclusive = 0; maxInclusive = 999999999
Females with Payment HCCs	Total count of unique female enrollees with payment HCCs for a distinct issuer.	File Header	1	femaleCountWithHCCs	Integer	minInclusive = 0; maxInclusive = 999999999
Females with RXCs	Total count of unique adult model female enrollees with RXCs for a distinct issuer.	File Header	1	femaleCountWithRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Females in Infant Model	Total count of unique females in the infant model for a distinct issuer.	File Header	1	femaleCountInfantModel	Integer	minInclusive = 0; maxInclusive = 999999999

Table 14: RARSD Risk Score Detail File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Females in Child Model	Total count of unique females in the child model for a distinct issuer.	File Header	1	femaleCountChildModel	Integer	minInclusive = 0; maxInclusive = 999999999
Females in Adult Model	Total count of unique females in the adult model for a distinct issuer.	File Header	1	femaleCountAdultModel	Integer	minInclusive = 0; maxInclusive = 999999999
Infant Count	Total count of unique infant enrollees for a distinct issuer.	File Header	1	infantCount	Integer	minInclusive = 0; maxInclusive = 999999999
Child Count	Total count of unique child enrollees for a distinct issuer.	File Header	1	childCount	Integer	minInclusive = 0; maxInclusive = 999999999
Adult Count	Total count of unique adult enrollees for a distinct issuer.	File Header	1	adultCount	Integer	minInclusive = 0; maxInclusive = 999999999
System Generated Cross Year Enrollee Count	Total count of unique enrollees that have at least one (1) system generated cross year enrollment period for a distinct issuer.	File Header	1	crossYearEnrolleeCount	Integer	minInclusive = 0; maxInclusive = 999999999
System Generated Cross Year Enrollment Period Count	Total count of unique system generated cross year enrollment periods for a distinct issuer.	File Header	1	crossYearEnrollmentPeriodCount	Integer	minInclusive = 0; maxInclusive = 999999999
System Generated Cross Year Member Month Count	Total sum of member months for all system generated cross year enrollment periods for a distinct issuer.	File Header	1	crossYearMemberMonthCount	Decimal	minInclusive = 0; maxInclusive = 999999999.99

The data characteristics for the RARSD Risk Score Detail Plan category are as shown in Table 15. These elements are defined in the *RiskScoreDetailPlanCategory.xsd*.

Table 15: RARSD Risk Score Detail Plan

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Rating Area Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Plan	1 or more per insurance plan in the Rating Area	includedRatingArea	RiskScoreDetailRatingAreaCategory	none
Plan ID	Unique 16-digit identifier for the plan.	Plan	1	planIdentifier	String	minLength = 0 maxLength = 16
Metal Level Indicator	Metal level indicator used to determine the metal level of the 16-digit Plan ID.	Plan	1	metalLevel	String	minLength = 0; maxLength = 15 Enumeration Values: "01-Platinum" "02-Gold" "03-Silver" "04-Bronze" "05-Catastrophic"
State	State where the plan is offered.	Plan	1	state	String	minLength = 0 maxLength = 2
Market	Market in the State where the plan is offered; Individual or Small Group.	Plan	1	market	String	minLength = 0; maxLength = 30 Enumeration Values: "1": Individual "2": Small Group

The data characteristics for the RARSD Risk Score Detail Rating Area category are as shown in Table 16. These elements are defined in the *RiskScoreDetailRatingAreaCategory.xsd*.

Table 16: RARSD Risk Score Detail Rating Area

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Enrollee Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Enrollee	1 or more per enrollee per insurance plan in the Rating Area	includedEnrolleeCategory	RiskScoreDetailEnrolleeCategory	none
Rating Area	Plan Rating Area	Rating Area	1	ratingArea	String	maxLength = 3
Total Enrollees	Total count of unique enrollees for the Plan ID and Rating Area.	Rating Area	1	totalEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Total Diagnoses Accepted	Total count of Diagnosis Codes accepted for all enrollees for the Plan ID and Rating Area.	Rating Area	1	totalDiagnosesAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total NDCs Accepted	Total count of NDC Codes accepted for all adult model enrollees for the Plan ID and Rating Area.	Rating Area	1	totalNdcAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total Risk Adjustment Diagnoses Accepted	Total count of risk adjustment diagnoses accepted for all enrollees for the Plan ID and Rating Area.	Rating Area	1	raDiagnosesAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total RANDCsRA NDCs Accepted	Total count of RA NDCs accepted for all adult model enrollees for the Plan ID and Rating Area.	Rating Area	1	totalRANdcAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total HCCs	Total count of HCCs (without hierarchies imposed) for all enrollees for the Plan ID and Rating Area.	Rating Area	1	totalConditionCategories	Integer	minInclusive = 0; maxInclusive = 999999999
Total RXCs	Total count of unique RXCs (without hierarchies imposed) for all adult model enrollees for the Plan ID and Rating Area.	Rating Area	1	totalRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Total Payment HCCs	Total count of payment HCCs (with hierarchies imposed) for all enrollees for the Plan ID and Rating Area.	Rating Area	1	totalPaymentConditionCategories	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Payment RXCs	Total count of unique Payment RXCs for the Plan ID and Rating Area.for adult model enrollees	Rating Area	1	totalPaymentRxcs	Integer	minInclusive = 0; maxInclusive = 999999999
Total enrollee with Payment HCCs	Total count of unique enrollees with payment HCCs for the Plan ID and Rating Area.	Rating Area	1	totalEnrolleesPaymentConditionCategories	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees with Payment RXCs	Total count of unique adult model Enrollees with Payment RXCs for all enrollees for the Plan ID and Rating Area.	Rating Area	1	totalEnrolleesWPaymentRxcs	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees without Payment HCCs	Total count of unique enrollees that have no payment HCCs for the Plan ID and Rating Area.	Rating Area	1	totalEnrolleesWithoutPaymentConditionCategories	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees without Payment RXCs	Total count of unique adult model Enrollees without Payment RXCs for all enrollees for the Plan ID and Rating Area.	Rating Area	1	totalEnrolleesWOutPaymentRxcs	Integer	minInclusive = 0; maxInclusive = 999999999
Total RXC to HCC interactions	Total unique count of RXC to HCC interactions for all plans for the issuer for all adult model enrollees	Rating Area	1	totalRxcToHccInteractions	Integer	minInclusive = 0; maxInclusive = 999999999
Total RXCs Created From Service Codes	Total unique count of RXCs created from Service codes for all plans for the issuer for all adult model enrollees	Rating Area	1	totalRxcsCreatedFromSvcCodes	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees With RXC to HCC Interactions	Total count of unique adult model Enrollees with RXC to HCC Interactions for all plans for the issuer.	Rating Area	1	totalEnrolleesWithRxcToHccInteractions	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees With RXCs Created From Service Codes	Total count of unique adult model Enrollees with RXCs Created from Service Codes for all plans for the issuer.	Rating Area	1	totalEnrolleesWithRxcsCreatedFromSvcCodes	Integer	minInclusive = 0; maxInclusive = 999999999

Table 16: RARSD Risk Score Detail Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Unique Enrollee Payment HCCs	Total count of unique enrollee payment HCCs for the Plan ID and Rating Area.	Rating Area	1	uniqueEnrolleePaymentConditionCategories	Integer	minInclusive = 0; maxInclusive = 999999999
Average Number of Payment HCCs per Enrollee (all Enrollees) Child Model	Average number of payment HCCs per enrollee for enrollees that have enrollment in the plan and Rating Area. This field is calculated by summing the count of payment HCCs of each unique enrollee in the child model and then dividing by the unique number of enrollees in the child model.	Rating Area	1	averageNumberPaymentHccsEnrolleeByEnrolleeChild	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of Payment HCCs per Enrollee (all Enrollees): Adult Model	Average number of payment HCCs per enrollee for enrollees that have enrollment in the plan and Rating Area. This field is calculated by summing the count of payment HCCs of each unique enrollee in the adult model and then dividing by the unique number of enrollees in the adult model.	Rating Area	1	averageNumberPaymentHccsEnrolleeByEnrolleeAdult	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of Payment RXCs per Enrollee (all Enrollees): Adult Model	Average number of unique payment RXCs per enrollee for enrollees that have enrollment in the plan and Rating Area. This field is calculated by summing the count of unique payment RXCs of each unique enrollee in the adult model and then dividing by the unique number of enrollees in the adult model.	Rating Area	1	averageNumberPaymentRxcEnrolleeByEnrolleeAdult	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Total Member Months	Total sum of member months for all enrollees in the Plan ID and Rating Area within the year.	Rating Area	1	totalMemberMonths	Decimal	minInclusive = 0; maxInclusive = 999999999.999999999999
Male	Total count of unique male enrollees for the Plan ID and Rating Area.	Rating Area	1	totalMaleCount	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Males with Payment HCCs	Total count of unique male enrollees with payment HCCs for the Plan ID and Rating Area.	Rating Area	1	totalMaleCountWithHCCs	Integer	minInclusive = 0; maxInclusive = 999999999
Males Male Adults with Payment RXCs	Total count of unique adult model male enrollees with payment RXCs for the Plan ID and Rating Area.	Rating Area	1	totalMaleCountWithRXcs	Integer	minInclusive = 0; maxInclusive = 999999999

Table 16: RARSD Risk Score Detail Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Males in Infant Model	Total count of unique males in the infant model for the Plan ID and Rating Area.	Rating Area	1	malesCountInfantModel	Integer	minInclusive = 0; maxInclusive = 999999999
Males in Child Model	Total count of unique males in the child model for the Plan ID and Rating Area.	Rating Area	1	malesCountChildModel	Integer	minInclusive = 0; maxInclusive = 999999999
Males in Adult Model	Total count of unique males in the adult model for the Plan ID and Rating Area.	Rating Area	1	malesCountAdultModel	Integer	minInclusive = 0; maxInclusive = 999999999
Female	Total count of unique female enrollees for the Plan ID and Rating Area.	Rating Area	1	totalCountFemale	Integer	minInclusive = 0; maxInclusive = 999999999
Females with Payment HCCs	Total count of unique female enrollees with payment HCCs for the Plan ID and Rating Area.	Rating Area	1	femaleCountWithHCCs	Integer	minInclusive = 0; maxInclusive = 999999999
FemalesFemale Adults with Payment RXCs	Total count of unique adult model female enrollees with payment RXCs for the Plan ID and Rating Area.	Rating Area	1	femaleCountWithRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Females in Infant Model	Total count of unique females in the infant model for the Plan ID and Rating Area.	Rating Area	1	femaleCountInfantModel	Integer	minInclusive = 0; maxInclusive = 999999999
Females in Child Model	Total count of unique females in the child model for the Plan ID and Rating Area.	Rating Area	1	femaleCountChildModel	Integer	minInclusive = 0; maxInclusive = 999999999
Females in Adult Model	Total count of unique females in the adult model for the Plan ID and Rating Area.	Rating Area	1	femaleCountAdultModel	Integer	minInclusive = 0; maxInclusive = 999999999
Infant Count	Total count of unique infant enrollees for a distinct issuer.	Rating Area	1	infantCount	Integer	minInclusive = 0; maxInclusive = 999999999

Table 16: RARSD Risk Score Detail Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Child Count	Total count of unique child enrollees for a distinct issuer.	Rating Area	1	childCount	Integer	minInclusive = 0; maxInclusive = 999999999
Adult Count	Total count of unique adult enrollees for a distinct issuer.	Rating Area	1	adultCount	Integer	minInclusive = 0; maxInclusive = 999999999
System Generated Cross Year Enrollee Count	Total count of unique enrollees that have at least one (1) system generated cross year enrollment period for the Plan ID and Rating Area.	Rating Area	1	crossYearEnrolleeCount	Integer	minInclusive = 0; maxInclusive = 999999999
System Generated Cross Year Enrollment Period Count	Total count of unique system generated cross year enrollment periods for the Plan ID and Rating Area.	Rating Area	1	crossYearEnrollmentPeriodCount	Integer	minInclusive = 0; maxInclusive = 999999999
System Generated Cross Year Member Month Count	Total sum of member months for all system generated cross year enrollment periods for the Plan ID and Rating Area.	Rating Area	1	crossYearMemberMonthCount	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Rating Area Dropped HCC Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	HCC Dropped	1 or more per enrollee per insurance plan in the Rating Area	includedRatingAreaHccDroppedCategory	RiskScoreDetailRatingAreaHccDroppedCategory	none
Severity Level (Infant model includes maturity level)	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Severity Level	1 or more per insurance plan per issuer in the reported submission file	includedRatingAreaSeverityLevelCategory	RiskScoreDetailRatingAreaSeverityLevelCategory	none

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
RXC to HCC Interaction Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	RXC to HCC Interaction	1 or more in the reported submission file	includedRxcToHccInteractionGroupCategory	RiskScoreDetailRxcToHccInteractionGroupCategory	None

The data characteristics for the RARSD Risk Score Detail Rating Area HCC Dropped category are as shown in Table 17. These elements are defined in the *RiskScoreDetailRatingAreaHccDroppedCategory.xsd*.

Table 17: RARSD Risk Score Detail Rating Area HCC Dropped

Table 17: RARSD Risk Score Detail Rating Area HCC Dropped						
Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Dropped HCC	HCCx dropped, across all RA Payment HCC Rating Area, due to HCC hierarchy, HCC Group. (*repeat for each HCC).	HCC Dropped	1	droppedHCCs	String	minLength = 0; maxLength = 10
Frequency of HCC	Frequency of HCCx dropped, across all RA Payment HCC Enrollees, due to HCC hierarchy, HCC Group. (*repeat for each HCC).	HCC Dropped	1	frequencyDroppedHCCs	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSD Risk Score Detail Rating Area Severity Level category are as shown in Table 18.. These elements are defined in the *RiskScoreDetailRatingAreaSeverityLevelCategory.xsd*.

Table 18: RARSD Risk Score Detail Rating Area Severity Level

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
IHCC Severity Level	Severity and maturity level assigned for the infant age model.	Severity Level	0..1	hccSeverity	String	minLength = 0 Enumeration Values: "1": Extremely Immature & Severity 1 "2": Extremely Immature & Severity 2 "3": Extremely Immature & Severity 3 "4": Extremely Immature & Severity 4 "5": Extremely Immature & Severity 5 "6": Immature & Severity 1 "7": Immature & Severity 2 "8": Immature & Severity 3 "9": Immature & Severity 4 "10": Immature & Severity 5 "11": Premature Multiples & Severity 1 "12": Premature Multiples & Severity 2 "13": Premature Multiples & Severity 3 "14": Premature Multiples & Severity 4 "15": Premature Multiples & Severity 5 "16": Term & Severity 1 "17": Term & Severity 2 "18": Term & Severity 3 "19": Term & Severity 4 "20": Term & Severity 5 "21": One Year Old & Severity 1 "22": One Year Old & Severity 2 "23": One Year Old & Severity 3 "24": One Year Old & Severity 4 "25": One Year Old & Severity 5 NULL: No enrollees in the infant model to report
Enrollee Severity Count	Count of infant model enrollees with the defined severity level.	Severity Level	1	enrolleeSeverityCount	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RA Risk Score Detail (RARSD) Risk Score Detail Rating Area RXC to HCC interaction Group category are as shown in Table 19. These elements are defined in the *RiskScoreDetailRxcToHccInteractionGroupCategory.xsd*.

Table 19: RARSD Risk Score Detail Rating Area RXC to HCC Interaction

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
RXC to HCC Interaction	RXC to HCC Interaction from Adult Model Enrollees	RXC to HCC Interaction	1	rxctoHccInteraction	String	minLength = 0 maxLength = 30
RXC to HCC Interaction Count	Total count of unique adult model enrollees with at least one instance of the RXC to HCC interaction	RXC to HCC Interaction	1	rxctoHccInteractionCount	Integer	minInclusive= 0; maxInclusive = 9999999

The data characteristics for the RA Risk Score Detail (RARSD) Risk Score Detail Enrollee category are as shown in Table 20. These elements are defined in the *RiskScoreDetailEnrolleeCategory.xsd*.

Table 20: RARSD Risk Score Detail Enrollee

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Unique Enrollee ID	Issuer provided masked Enrollee ID.	Enrollee	1	insuredMemberIdentifier	String	minLength = 0; maxLength = 80
Enrollment Age	Enrollee age as of the first day of enrollment for the 16 digit plan and rating area combination. Each enrollee can have multiple ages, however only one for each 16 digit plan and rating area combination. Enrollment Age does not consider EPAI (For example from the system perspective an enrollee can have a mod to change plan ID or rating area that would trigger a new age for this field, but not a new ARF age or RA model age) This age is not used for RA	Enrollee	1	enrolleeAge	Integer	minInclusive = 0; maxInclusive = 999999999

Table 20: RARSD Risk Score Detail Enrollee (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Risk Adjustment Age	Age as of the last day of enrollment for the enrollee across all plans within the payment year Each enrollee can only have one RA model age for all plans. Assign RA age model of '1' if cross-year infant enrollment age ≥ 1, but < 2 and does not have a Maturity HCC assigned. Assign RA age model of '1' if the infants enrollment age ≥ 0 but < 1 and does not have a Maturity HCC assigned. Enrollees in the infant model with a cross year birth will be assigned an RA age model of '0'.	Enrollee	1	riskAdjustmentAge	Integer	minInclusive = 0; maxInclusive = 999999999
Applicable RA Model	Infant, child or adult.	Enrollee	1	applicableRAModel	String	minLength = 0; maxLength = 10
Gender	Enrollee gender	Enrollee	1	Gender	String	minLength = 0 maxLength = 1 Enumeration Values: "M", "F", "U"

Table 20: RARSD Risk Score Detail Enrollee (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Diagnosis Code Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Diagnosis Code	1 or more per enrollee	includedDiagnosisCodeCategory	RiskScoreDetailDiagnosisCodeCategory	None
NDC Code Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	NDC Code	1 or more per enrollee	includedNdcCodeCategory	RiskScoreDetailNDCCodeCategory	None
Payment HCC Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Payment HCC	1 or more per enrollee	includedPaymentHccCategory	RiskScoreDetailPaymentHccCategory	none
Payment RXC Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Payment RXC	1 or more per enrollee	includedPaymentRxcCategory	RiskScoreDetailPaymentRxcCategory	none
Severity Level (Infant model includes maturity level)	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It	Severity Level	1 or more per enrollee	includedSeverityLevelCategory	RiskScoreDetailSeverityLevelCategory	none

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
	should be processed to identify the risk score section of the report.					
HCC Group Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	HCC Group	1 or more per enrollee	includedHccGroupCategory	RiskScoreDetailHccGroupCategory	none
RXC to HCC Interaction Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	RXC to HCC interaction	1 or more per enrollee	includedRxcToHccInteractionCategory	RiskScoreDetailRxcToHccInteractionGroupCategory	none
RXC Created by Service Code Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	RXC Created by Service Code	1 or more per enrollee	includedRxcCreatedByServiceCodeCategory	RiskScoreDetailRxcCreatedByServiceCodeCategory	none
Dropped RXC Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	RXC Dropped	1 or more per enrollee	includedEnrolleeRxcDroppedCategory	RiskScoreDetailEnrolleeRxcDroppedCategory	none

Table 20: RARSD Risk Score Detail Enrollee (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Enrollee Dropped HCC Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	HCC Dropped	1 or more per enrollee	includedEnrolleeHccDroppedCategory	RiskScoreDetailEnrolleeHccDroppedCategory	None
Enrollment Period Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Enrollment Period	1 or more per enrollee	includedEnrolleePeriodCategory	RiskScoreDetailEnrolleePeriodCategory	none

The data characteristics for the RARSD Risk Score Detail Diagnosis Code category are as shown in Table 21. These elements are defined in the *RiskScoreDetailDiagnosisCodeCategory.xsd*.

Table 21: RARSD Risk Score Detail Diagnosis Code

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Diagnosis Code	De-duped when Diagnosis Codes occurs multiple times for a benefit year; attributed to the risk score for the enrollment period; includes unique diagnoses from other Plan IDs within the same Issuer ID.	Diagnosis Code	1	diagnosisCode	String	minLength = 0; maxLength = 30

The data characteristics for the RARSD Risk Score Detail NDC Code category are as shown in Table 22. These elements are defined in the *RiskScoreDetailNDCCodeCategory.xsd*.

Table 22: RARSD Risk Score Detail NDC Code

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
NDC Code	De-duped when NDC Codes occurs multiple times for a benefit year; attributed to the risk score for the adult enrollee's enrollment period; includes unique NDCs from other Plan IDs within the same Issuer ID.	NDC Code	1	ndcCode	String	minLength = 0; maxLength = 30

The data characteristics for the RARSD Risk Score Detail Payment HCC category are as shown in Table 23. These elements are defined in the *RiskScoreDetailPaymentHccCategory.xsd*.

Table 23: RARSD Risk Score Detail Payment HCC

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Payment HCC	HCC Hierarchy Imposed.	Payment HCC	1	paymentHcc	String	minLength = 0; maxLength = 10

The data characteristics for the RARSD Risk Score Detail Payment RXC category are as shown in Table 24. These elements are defined in the *RiskScoreDetailPaymentRxcCategory.xsd*.

Table 24: RARSD Risk Score Detail Payment RXC

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Payment RXC	RXC with Hierarchy Imposed.	Payment RXC	1	paymentRxc	String	minLength = 0; maxLength = 10

The data characteristics for the RARSD Risk Score Detail Severity category are as shown in Table 25. These elements are defined in the *RiskScoreDetailSeverityLevelCategory.xsd*.

Table 25: RARSD Risk Score Detail Severity

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
IHCC Severity Level	Severity and maturity level assigned for the infant age model.	Severity Level	0..1	hccSeverity	String	minLength = 0 Enumeration Values: "1": Extremely Immature & Severity 1 "2": Extremely Immature & Severity 2 "3": Extremely Immature & Severity 3 "4": Extremely Immature & Severity 4 "5": Extremely Immature & Severity 5 "6": Immature & Severity 1 "7": Immature & Severity 2 "8": Immature & Severity 3 "9": Immature & Severity 4 "10": Immature & Severity 5 "11": Premature Multiples & Severity 1 "12": Premature Multiples & Severity 2 "13": Premature Multiples & Severity 3 "14": Premature Multiples & Severity 4 "15": Premature Multiples & Severity 5 "16": Term & Severity 1 "17": Term & Severity 2 "18": Term & Severity 3 "19": Term & Severity 4 "20": Term & Severity 5 "21": One Year Old & Severity 1 "22": One Year Old & Severity 2 "23": One Year Old & Severity 3 "24": One Year Old & Severity 4 "25": One Year Old & Severity 5 NULL: No enrollees in the infant model to report
Enrollee V3 Indicator (adult model only)	V3 indicator assigned for the enrollee.	Severity Level	1	enrolleeV3Indicator	String	minLength = 0 maxLength = 1 Enumeration Values: "Y", "N", NULL
Interaction Group	Interaction group assigned for the enrollee.	Severity Level	1	interactionGroup	String	minLength = 0 maxLength = 1 Enumeration Values: "M", "H", NULL

The data characteristics for the RARSD Risk Score Detail HCC Group category are as shown in Table 26. These elements are defined in the *RiskScoreDetailHccGroupCategory.xsd*.

Table 26: RARSD Risk Score Detail HCC Group

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
HCC Group	Lists the groups which have been assigned for the enrollment period.	HCC Group	1	hccGroup	String	minLength = 0 maxLength = 10

The data characteristics for the RARSD Risk Score Detail RXC to HCC Interaction category are as shown in Table 27. These elements are defined in the *RiskScoreDetailRxcToHccInteractionCategory.xsd*.

Table 27: RARSD Risk Score Detail RXC to HCC Interaction

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
RXC to HCC Interaction	Lists unique payment RXC to HCC interactions for the adult enrollee	RXC to HCC Interaction	1	rxctoHccInteraction	String	minLength = 0 maxLength = 30

The data characteristics for the RARSD Risk Score Detail RXC Created by Service Code Category are as shown in Table 28. These elements are defined in the *RiskScoreDetailRxcCreatedByServiceCodeCategory.xsd*.

Table 28: RARSD Risk Score Detail RXC Created by Service Code

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
RXC Created by Service Code	Lists unique payment RXC to HCC interactions for the adult enrollee	RXC Created by Service Code	1	rxccreatedByServiceCode	String	minLength = 0 maxLength = 30

The data characteristics for the RARSD Risk Score Detail Enrollee RXC Dropped category are as shown in Table 29. These elements are defined in the *RiskScoreDetailEnrolleeRxcDroppedCategory.xsd*.

Table 29: RARSD Risk Score Detail Enrollee RXC Dropped

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Dropped RXC	RXC dropped across all RA Payment RXC adult Enrollees due to RXC hierarchy for a distinct user (*repeat for each RXC).	RXC Dropped	1	droppedRxcs	String	minLength = 0 maxLength = 10

The data characteristics for the RARSD Risk Score Detail Enrollee HCC Dropped category are as shown in Table 30. These elements are defined in the *RiskScoreDetailEnrolleeHccDroppedCategory.xsd*.

Table 30: RARSD Risk Score Detail Enrollee HCC Dropped

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Dropped HCC	HCC dropped across all RA Payment HCC Enrollees due to HCC hierarchy and HCC Group for a distinct user (*repeat for each HCC).	HCC Dropped	1	droppedHCCs	String	minLength = 0 maxLength = 10

The data characteristics for the RARSD Risk Score Detail Enrollee Period category are as shown in Table 31. These elements are defined in the *RiskScoreDetailEnrolleePeriodCategory.xsd*.

Table 31: RARSD Risk Score Detail Enrollee Period Category (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Sub-policy Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Sub-policy	1 or more per enrollment period	includedSubPolicy Category	RiskScoreDetailEnrolleePeriodCategory	None

The data characteristics for the RARSD Risk Score Detail Sub Policy category are as shown in Table 32. These elements are defined in the *RiskScoreDetailSubPolicyCategory.xsd*.

Table 32: RARSD Risk Score Detail Sub Policy

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Sub-policy Billable Indicator	Billable indicator used to determine whether enrollee in the sub-policy is billable in the sub-policy.	Sub Policy	1	billableIndicator	String	Length = 1 Enumeration Values: "Y", "N"
Total Member Months	Total count of member months for the sub policy.	Sub Policy	1	totalMemberMonths	Decimal	minInclusive = 0; maxInclusive = 999999999.999999999999999999999999
Sub-policy Start Date	The date when the enrollment coverage for the enrollee became effective for the sub policy.	Sub Policy	1	policyStartDate	Date	Length = 10 Strict: YYYY-MM-DD

Table 32: RARSD Risk Score Detail Sub Policy (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Sub-policy End Date	The last date of enrollment coverage for the enrollee in the sub policy.	Sub Policy	1	policyEndDate	Date	Length = 10 Strict: YYYY-MM-DD
Allowable Rating Factor (ARF) Age	Age based on the first day of the initial issuance enrollment period or first day of the renewal in a subsequent payment year. If an enrollment period is a modification (001), the first day of the previous enrollment period (021028, 021EC, or 021041) is used. ARF Age is calculated at enrollment period level for each initial issuance, renewal, or addition of a member EPAI (Mods do not trigger a new ARF age) The rating area is not considered, only the EPAI Each enrollee can have multiple ARF ages, even for the same 16 digit plan and rating area combination (For example due to a gap in coverage)	Sub Policy	1	allowableRatingFactorAge	Decimal	minInclusive = 0; maxInclusive = 999999999.9999999999999999
Allowable Rating Factor (ARF) Value	For Family Tier rating method: Allowable Rating Factor value determined by family structure as defined in the "State Specific Family Tier Ratios" reference table. Billable members are determined by state according to the "Max Billable Member Children" column of the reference table. For ACA rating method: Allowable Rating Factor is determined from the "ACA Age Rating Curve" reference table, based on the ARF age, state and market.	Sub Policy	1	allowableRatingFactorValue	Decimal	minInclusive = 0; maxInclusive = 999999999.9999999999999999

RA Risk Score Summary Report (RARSS) Message Format (or Record Layout) and Required Protocols

The outbound RARSS Report is available to CMS and the issuer/submitting organization. This report notifies CMS about average/individual risk score for the plan and will not include orphan claims. The RARSS Report will be generated with the risk score and transfer extract batch job.

Note – System generated cross year enrollment periods, created during the RA calculation in order to include qualifying cross year claims, are included by the system when calculating the values in this report.

An RA utilizer is an enrollee that has an RA eligible claim

5.1.1.6 File Layout

This section specifies the file layout for the RARSS Report. At a high level, it consists of twelve (12) record types or categories, as shown in Figure 3 : EDGE Server RA Risk Score Summary Report Data Categories.

Figure 3: EDGE Server RA Risk Score Summary Report Data Categories



The RARSS Report consists of report File Header, Plan, Rating Area, Diagnosis Code, Payment HCC, Payment RXC, Severity Level, HCC Group, HCC Interaction, CSR Factor, HCC Dropped and RXC to HCC Interaction.

The RARSS XSD schema that should be utilized for creating and reading from the XML output report is listed in Appendix A.

5.1.1.7 Field/Data Elements and Descriptions

The data characteristics for the RARSS Risk Score Summary File Header category are as shown in Table 33 : RARSS Risk Score Summary File Header. The root element of the RARSS in the XSD is RiskScoreSummaryReport (*RiskScoreSummaryReport.xsd*). This element is required and all the other elements defined in this section for the RARSS are embedded within this element start and end tags.

Table 33: RARSS Risk Score Summary File Header

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Report Header	This XML element describes the file processing header related elements for this report. It uses the shared common file header XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the file header section of the report.	File Header	1	includedFileHeader	RA RISCommonOutboundFileHeader.xsd	none
Plan Category	This XML element describes the risk score plan-related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the Claim Selection Plan section of the report.	Plan	1 or more in the reported submission file	includedPlanIdentifier	RiskScoreSummaryPlanCategory	none
Calendar Year	The calendar year for which RA was executed.	File Header	1	calendarYear	String	Strict: YYYY
Execution Type	Designate preliminary or final run.	File Header	1	executionType	String	minLength = 1 maxLength = 30 Enumeration Values: "P": Preliminary "F": Final
Total Enrollees	Total number of unique enrollees.	File Header	1	totalEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999

Table 33: RARSS Risk Score Summary File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Enrollee Utilizers	Total count of unique utilizers for a distinct issuer. A utilizer is an enrollee that has at least one (1) active medical claim for the payment year that is not orphaned.	File Header	1	totalEnrolleeUtilizer	Integer	minInclusive = 0; maxInclusive = 999999999
Total RA Utilizers	Total count of unique RA utilizers for all models. An RA utilizer is an enrollee that has at least one (1) RA eligible claim.	File Header	1	totalRaUtilizer	Integer	minInclusive = 0; maxInclusive = 999999999
Mean Risk Score for RA Utilizers	Mean risk score for all enrollees with an RA eligible claim (i.e., RA Utilizer). This field is calculated by summing the risk scores of each enrollment period of each enrollee that has at least one (1) RA eligible claim and then dividing by the total number of enrollment periods included.	File Header	1	meanUtilizerRiskScore	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Total RA Payment HCC Enrollees	Total count of unique enrollees with payment HCCs for all RA models.	File Header	1	totalRaPaymentHccEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Total RA Payment RXC Enrollees	Total count of unique enrollees with payment RXCs for adult RA model.	File Header	1	totalRaPaymentRxcEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Mean Risk Score for RA Payment HCC Enrollees	Mean risk score for RA payment HCC Enrollees. This field is calculated by summing the risk scores of each enrollment period of each enrollee that has at least one (1) payment HCC and then dividing by the total number of enrollment periods included.	File Header	1	meanRiskScoreForRaPaymentHccEnrollees	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Risk Score for RA Payment RXC Enrollees	Mean risk score for RA payment RXC Enrollees. This field is calculated by summing the risk scores of each enrollment period of each adult model enrollee that has at least one (1) payment RXC and then dividing by the total number of enrollment periods included.	File Header	1	meanRiskScoreForRaPaymentRxcEnrollees	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Enrollees without RA Payment HCCs	Total count of unique enrollees without RA payment HCCs.	File Header	1	totalEnrolleesWithoutRaPaymentHccs	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees without RA Payment RXCs	Total count of unique adult model enrollees without RA payment RXCs.	File Header	1	totalEnrolleesWithoutRaPaymentRxc	Integer	minInclusive = 0; maxInclusive = 999999999

Table 33: RARSS Risk Score Summary File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Mean Risk Score for Enrollees Without RA Payments HCCs	Mean risk score for enrollees without RA payments HCCs. This field is calculated by summing the risk scores of each enrollment period of each enrollee that has no payment HCCs and then dividing by the total number of enrollment periods included.	File Header	1	meanRsEnrolleesWithoutRaPaymentHccs	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Risk Score for Enrollees Without RA Payments RXCs	Mean risk score for adult model enrollees without RA payments RXCs. This field is calculated by summing the risk scores of each enrollment period of each adult model enrollee that has no payment RXCs and then dividing by the total number of enrollment periods included.	File Header	1	meanRsEnrolleesWithoutRaPaymentRxc	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Percent of total RA Payment HCC Enrollees Who Have CSR	Percent of total RA Payment HCC Enrollees who have CSR. This field is calculated by dividing the unique count of enrollees with an HCC and a CSR factor other than 1.00 by the total unique count of enrollees who have an HCC.	File Header	1	percentTotalRaPaymentHccEnrolleeWhoCSR	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Percent of total RA Payment RXC Enrollees Who Have CSR	Percent of total RA Payment RXC adult model Enrollees who have CSR. This field is calculated by dividing the unique count of adult model enrollees with an RXC and a CSR factor other than 1.00 by the total unique count of enrollees who have an RXC.	File Header	1	percentTotalRaPaymentRxcEnrolleeWhoCSR	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Risk Score for Total RA Payment HCC Enrollees Who Have CSR	Mean risk score for total RA Payment HCC Enrollees who has CSR. This field is calculated by summing the risk scores of each enrollment period of each enrollee that has a payment HCC and a CSR factor (A CSR factor other than 1.00) and then dividing by the total number of enrollment periods included.	File Header	1	meanRiskScoreTotalRaPaymentHccWhoCSR	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Mean Risk Score for Total RA Payment RXC Enrollees Who Have CSR	Mean risk score for total RA Payment RXC adult model Enrollees who have CSR. This field is calculated by summing the risk scores of each enrollment period of each adult model enrollee that has a payment RXC and a CSR factor (A CSR factor other than 1.00) and then dividing by the total number of enrollment periods included.	File Header	1	meanRiskScoreTotalRaPaymentRxcWithCSR	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Risk Score for RA Payment HCC Enrollees Who Do Not Have CSR	Mean risk score for RA Payment HCC Enrollees who do not have CSR. This field is calculated by summing the risk scores of each enrollment period of each enrollee that has at least one (1) payment HCC and no CSR factor (A CSR factor of exactly 1.00) and then dividing by the total number of enrollment periods included.	File Header	1	meanRiskScoreRaPaymentHccEnrolleesNoCSR	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Risk Score for RA Payment RXC Enrollees Who Do Not Have CSR	Mean risk score for RA Payment RXC Enrollees belonging to the adult model who do not have CSR. This field is calculated by summing the risk scores of each enrollment period of each adult model enrollee that has at least one (1) payment RXC and no CSR factor (A CSR factor of exactly 1.00) and then dividing by the total number of enrollment periods included.	File Header	1	meanRiskScoreRaPaymentRxcEnrolleesNoCSR	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Table 33: RARSS Risk Score Summary File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Mean Unique Diagnoses Per Utilizers	Mean unique Diagnoses Codes per utilizer enrollees. This field is calculated by first summing the unique count of Diagnosis Codes for each utilizer and then dividing by the unique number of utilizers.	File Header	1	meanUniqueDiagnosisPerUtilizers	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Unique NDC Per Utilizers	Mean unique NDC Codes per utilizer adult model enrollees. This field is calculated by first summing the unique count of NDC Codes for each adult model utilizer and then dividing by the unique number of adult model utilizers.	File Header	1	meanUniqueNdcPerUtilizers	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Unique Diagnoses Per RA Utilizer	Mean unique Diagnoses Codes per RA utilizer enrollees. This field is calculated by first summing the unique count of Diagnosis Codes for each RA utilizer and then dividing by the unique number of RA utilizers.	File Header	1	meanUniqueDiagnosisPerRAUtilizers	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Unique NDC Per RA Utilizer	Mean unique NDC Codes per RA utilizer enrollees belonging to the adult model This field is calculated by first summing the unique count of NDC Codes for each RA utilizer belonging to the adult model and then dividing by the unique number of RA utilizers belonging to the adult model.	File Header	1	meanUniqueNdcPerRAUtilizers	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Unique Diagnoses Per RA Payment HCC Enrollee	Mean unique Diagnoses Codes per RA payment HCC enrollee. This field is calculated by first summing the unique count of Diagnosis Codes for each RA payment HCC enrollee and then dividing by the unique number of RA payment HCC enrollees.	File Header	1	meanUniqueDiagnosisPerRAPaymentHccEnrollee	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Mean Unique NDC Per RA Payment RXC Enrollee	Mean unique NDC Codes per RA payment RXC enrollee belonging to the adult model This field is calculated by first summing the unique count of NDC Codes for each RA payment RXC enrollee belonging to the adult model and then dividing by the unique number of RA payment RXC enrollees belonging to the adult model	File Header	1	meanUniqueNdcPerRAPaymentRxcEnrollee	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Total Diagnoses Accepted	Total count of Diagnosis Codes accepted for all plans for a distinct issuer.	File Header	1	totalDiagnosesAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total NDC Accepted	Total count of NDC Codes accepted for all plans for a distinct issuer, belonging to adult model enrollees	File Header	1	totalNdcAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total Risk Adjustment Diagnoses Accepted	Total count of Risk Adjustment diagnoses accepted for a distinct issuer.	File Header	1	totalRADiagnosesAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total RA NDC Accepted	Total count of RA NDC Codes accepted for all plans for a distinct issuer, belonging to adult model enrollees	File Header	1	totalRANdcAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total HCCs	Total count of HCCs (without hierarchies imposed) for all enrollees for a distinct issuer.	File Header	1	totalConditionCategory	Integer	minInclusive = 0; maxInclusive = 999999999
Total RXCs	Total count of RXCs (without hierarchies imposed) for all adult model enrollees for a distinct issuer.	File Header	1	totalRxcs	Integer	minInclusive = 0; maxInclusive = 999999999

Table 33: RARSS Risk Score Summary File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Payment HCCs	Total count of payment HCCs (with hierarchies imposed) for all enrollees for a distinct issuer.	File Header	1	totalPaymentsConditionCategories	Integer	minInclusive = 0; maxInclusive = 999999999
Total Payment RXCs	Total count of unique payment RXCs (with hierarchies imposed) for all adult model enrollees for a distinct issuer.	File Header	1	totalPaymentRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Total Unique Payment HCCs	Total count of unique enrollee payment HCCs for a distinct issuer.	File Header	1	totalUniqueEnrolleePaymentHCCs	Integer	minInclusive = 0; maxInclusive = 999999999
Total RxC to HCC interactions	Total unique count of RxC to HCC interactions for all plans for the issuer for enrollees belonging to adult model	File Header	1	totalRxcToHccInteractions	Integer	minInclusive = 0; maxInclusive = 999999999
Total RXCs Created From Service Codes	Total unique count of RXCs created from Service codes for all plans for the issuer, for enrollees belonging to adult model	File Header	1	totalRxcCreatedFromSrvCodes	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees With RxC to HCC Interactions	Total unique count of adult model Enrollees with RxC to HCC Interactions for all plans for the issuer.	File Header	1	totalEnrolleesWithRxcToHccInteractions	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees With RXCs Created From Service Codes	Total unique count of adult model Enrollees with RXCs Created from Service Codes for all plans for the issuer.	File Header	1	totalEnrolleesWithRxcCreatedFromSrvCodes	Integer	minInclusive = 0; maxInclusive = 999999999
Average Number of HCCs per Enrollee (all Enrollees): Infant Model	This field is calculated by summing the count of HCCs of each unique enrollee in the infant model and then dividing by the unique number of enrollees in the infant model.	File Header	1	avgHccConditionCategoriesPerEnbyEnInfant	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Average Number of HCCs per Enrollee (all Enrollees): Child Model	This field is calculated by summing the count of HCCs of each unique enrollee in the child model and then dividing by the unique number of enrollees in the child model.	File Header	1	avgHccConditionCategoriesPerEnbyEnChild	Decimal	minInclusive = 0; maxInclusive = 99999999.99

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Average Number of HCCs per Enrollee (all Enrollees): Adult Model	This field is calculated by summing the count of HCCs of each unique enrollee in the adult model and then dividing by the unique number of enrollees in the adult model.	File Header	1	avgHccsperEnrolleebyHccEnrolleesAdult	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of RXCs per Enrollee (all Enrollees): Adult Model	This field is calculated by summing the count of unique RXCs of each unique enrollee in the adult model and then dividing by the unique number of enrollees in the adult model.	File Header	1	avgRxcPerEnrolleebyRxcEnrolleesAdult	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of Payment HCCs per Enrollee: Child Model	This field is calculated by summing the count of payment HCCs for each unique enrollee with a payment HCC in the child model and then dividing by the unique number of enrollees with a payment HCC in the child model.	File Header	1	avgNumberPaymentHccsEnrolleeChild	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Table 33: RARSS Risk Score Summary File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Average Number of Payment HCCs per Enrollee: Adult Model	This field is calculated by summing the count of payment HCCs for each unique enrollee with a payment HCC in the adult model and then dividing by the unique number of enrollees with a payment HCC in the adult model.	File Header	1	avgNumberPaymentHccsEnrolleeAdult	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Average Number of Payment RXCs per Enrollee: Adult Model	This field is calculated by summing the count of unique payment RXCs for each unique enrollee with a payment RXC in the adult model and then dividing by the unique number of enrollees with a payment RXC in the adult model.	File Header	1	avgNumberPaymentRxcEnrolleeAdult	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Number of RA Utilizers With Count of 1 Unique Dx Code	Number of unique RA utilizers with count of one (1) unique Diagnosis (Dx) code.	File Header	1	numberRaUtiWct1UniqueDx	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With Count of 1 Unique NDC Code	Number of unique adult model RA utilizers with count of one (1) unique NDC code.	File Header	1	numberRaUtiWct1UniqueNdc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With Count of 2 Unique Dx Codes	Number of unique RA utilizers with count of two (2) unique Dx codes.	File Header	1	numberRaUtiWct2UniqueDx	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With Count of 2 Unique NDC Codes	Number of unique adult model RA utilizers with count of two (2) unique NDC codes.	File Header	1	numberRaUtiWct2UniqueNdc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with 3–4 Unique Dx Codes	Number of unique RA utilizers with three (3) to four (4) unique Dx codes.	File Header	1	numberRaUtiW3To4UniqueDx	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Number of RA Utilizers with 3–4 Unique NDC Codes	Number of unique adult model RA utilizers with three (3) to four (4) unique NDC codes.	File Header	1	numberRaUtiW3To4UniqueNdc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with 5–6 Unique Dx Codes	Number of unique RA utilizers with five (5) to six (6) unique Dx codes.	File Header	1	numberRaUtiW5To6UniqueDx	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with 5–6 Unique NDC Codes	Number of unique adult model RA utilizers with five (5) to six (6) unique NDC codes.	File Header	1	numberRaUtiW5To6UniqueNdc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With 7–9 Unique Dx Codes	Number of unique RA utilizers with seven (7) to nine (9) unique Dx codes.	File Header	1	numberRaUtiW7To9UniqueDx	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With 7–9 Unique NDC Codes	Number of unique adult model RA utilizers with seven (7) to nine (9) unique NDC codes.	File Header	1	numberRaUtiW7To9UniqueNdc	Integer	minInclusive = 0; maxInclusive = 999999999

Table 33: RARSS Risk Score Summary File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Number of RA Utilizers with >= 10 Unique Dx Codes	Number of unique RA utilizers with >= 10 unique Dx codes.	File Header	1	numberRaUtiWGreaterOrEquals10UniqueDx	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with >= 10 Unique NDC Codes	Number of unique adult model RA utilizers with >= 10 unique NDC codes.	File Header	1	numberRaUtiWGreaterOrEquals10UniqueNdc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With Count of 1 HCC	Number of unique RA utilizers with count of one (1) HCC.	File Header	1	numberRAUtiWCount1ConditionCategory	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With Count of 1 RXC	Number of unique adult model RA utilizers with count of one (1) RXC.	File Header	1	numberRAUtiWCount1Rxc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With Count of 2 HCCs	Number of unique RA utilizers with count of two (2) HCCs.	File Header	1	numberRaUtilizerWCount2	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With Count of 2 RXCs	Number of unique adult model RA utilizers with count of two (2) RXCs.	File Header	1	numberRaUtilizerWCount2Rxc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With 3–4 HCCs	Number of unique RA utilizers with three (3) to four (4) HCCs.	File Header	1	numberRaUtilizer3To4ConditionCategory	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With 3–4 RXCs	Number of unique adult model RA utilizers with three (3) to four (4) RXCs.	File Header	1	numberRaUtilizer3To4Rxc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With >=5 HCCs	Number of unique RA utilizers with >= five (5) HCCs.	File Header	1	numberRaUtiWGreaterOrEquals5UniqueHcc	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Number of RA Utilizers With >=5 RXCs	Number of unique adult model RA utilizers with >= five (5) RXCs.	File Header	1	numberRaUtilizerOrEquals5UniqueRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment HCC Enrollees With Count of 1 HCC	Number of unique RA payment HCC enrollees with count of one (1) HCC.	File Header	1	numberRaPaymentHccEnrolleesWithCount1	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment RXC Enrollees With Count of 1 RXC	Number of unique RA payment RXC enrollees belonging to the adult model with count of one (1) RXC.	File Header	1	numberRaPaymentRxcEnrolleesWithCount1	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment HCC Enrollees With Count of 2 HCCs	Number of unique RA payment HCC enrollees with count of two (2) HCCs.	File Header	1	numberRaPaymentHccEnrolleesWithCount2	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment RXC Enrollees With Count of 2 RXCs	Number of unique RA payment RXC enrollees belonging to the adult model with count of two (2) RXCs.	File Header	1	numberRaPaymentRxcEnrolleesWithCount2	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment HCC Enrollees With 3–4 HCCs	Number of unique RA payment HCC enrollees with three (3) to four (4) HCCs.	File Header	1	numberRaPaymentHccEnrolleesWithCount3To4	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment RXC Enrollees With 3–4 RXCs	Number of unique RA payment RXC enrollees belonging to the adult model with three (3) to four (4) RXCs.	File Header	1	numberRaPaymentRxcEnrolleesWithCount3To4	Integer	minInclusive = 0; maxInclusive = 999999999

Table 33: RARSS Risk Score Summary File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Number of RA Payment HCC Enrollees With >=5 HCCs	Number of unique RA payment HCC enrollees with >= five (5) HCCs.	File Header	1	numberRaPaymentHccGreaterOrEquals5UniqueHcc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment RXC Enrollees With >=5 RXCs	Number of unique RA payment RXC enrollees belonging to the adult model with >= five (5) RXCs.	File Header	1	numberRaPaymentRxcGreaterOrEquals5UniqueRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Male	Total count of unique male enrollees for a distinct issuer.	File Header	1	totalMaleCount	Integer	minInclusive = 0; maxInclusive = 999999999
Males with Payment HCCs	Total count of unique male enrollees with payment HCCs for a distinct issuer.	File Header	1	totalMaleCountWithHcc	Integer	minInclusive = 0; maxInclusive = 999999999
MalesMale Adults with Payment RXCs	Total count of unique male adult model enrollees with payment RXCs for a distinct issuer.	File Header	1	totalMaleCountWithRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Males in Infant Model	Total count of unique males in the infant model for a distinct issuer.	File Header	1	maleCountInfantModel	Integer	minInclusive = 0; maxInclusive = 999999999
Males in Child Model	Total count of unique males in the child model for a distinct issuer.	File Header	1	malesCountChildModel	Integer	minInclusive = 0; maxInclusive = 999999999
Males in Adult Model	Total count of unique males in the adult model for a distinct issuer.	File Header	1	malesCountAdultModel	Integer	minInclusive = 0; maxInclusive = 999999999
Female	Total count of unique female enrollees for a distinct issuer.	File Header	1	totalCountFemale	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Females with Payment HCCs	Total count of unique female enrollees with HCCs payment for a distinct issuer.	File Header	1	femaleCountWithConditionCategory	Integer	minInclusive = 0; maxInclusive = 999999999
FemalesFemale Adults with Payment RXCs	Total count of unique female adult model enrollees with RXCs payment for a distinct issuer.	File Header	1	femaleCountWithRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Females in Infant Model	Total count of unique females in the infant model for a distinct issuer.	File Header	1	femaleCountInfantModel	Integer	minInclusive = 0; maxInclusive = 999999999

Table 33: RARSS Risk Score Summary File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Females in Child Model	Total count of unique females in the child model for a distinct issuer.	File Header	1	femaleCountChildModel	Integer	minInclusive = 0; maxInclusive = 999999999
Females in Adult Model	Total count of unique females in the adult model for a distinct issuer.	File Header	1	femaleCountAdultModel	Integer	minInclusive = 0; maxInclusive = 999999999
Infant Count	Total count of unique infant enrollees for a distinct issuer <2 – Infant.	File Header	1	infantCount	Integer	minInclusive = 0; maxInclusive = 999999999
Child Count	Total count of unique child enrollees for a distinct issuer >=2 & <=20 – Child.	File Header	1	childCount	Integer	minInclusive = 0; maxInclusive = 999999999
Adult Count	Total count of unique adult enrollees for a distinct issuer >=21 – Adult.	File Header	1	adultCount	Integer	minInclusive = 0; maxInclusive = 999999999
Total V3 Indicator (adult model only)	Total unique count of adult members with severity indicator V3.	File Header	1	totalV3Indicator	Integer	minInclusive = 0; maxInclusive = 999999999
System Generated Cross Year Enrollee Count	Total count of unique enrollees that have at least one (1) system generated cross year enrollment period for a distinct issuer.	File Header	1	crossYearEnrolleeCount	Integer	minInclusive = 0; maxInclusive = 999999999
System Generated Cross Year Enrollment Period Count	Total count of unique system generated cross year enrollment periods for a distinct issuer.	File Header	1	crossYearEnrollmentPeriodCount	Integer	minInclusive = 0; maxInclusive = 999999999

Table 33: RARSS Risk Score Summary File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
System Generated Cross Year Member Month Count	Total sum of member months for all system generated cross year enrollment periods for a distinct issuer.	File Header	1	crossYearMemberMonthCount	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Diagnosis Code Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Diagnosis Code	1 or more per enrollment period per enrollee per insurance plan in the reported submission file	includedDiagnosisCodeCategory	RiskScoreSummaryDiagnosisCodeCategory	none
Payment HCC	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Payment HCC	1 or more in the reported submission file	includedPaymentHccCategory	RiskScoreSummaryPaymentHccCategory	none
Payment RXC	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Payment RXC	1 or more in the reported submission file	includedPaymentRxcCategory	RiskScoreSummaryPaymentRXCCategory	none
Severity Level (infant model includes maturity level)	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Severity Level	1 or more in the reported submission file	includedSeverityLevelCategory	RiskScoreSummarySeverityLevelCategory	none

Table 33: RARSS Risk Score Summary File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
HCC Group Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	HCC Group	1 or more in the reported submission file	includedHccGroupCategory	RiskScoreSummary HccGroupCategory	None
HCC Interaction Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	HCC Interaction	1 or more in the reported submission file	includedHccInteractionCategory	RiskScoreSummary HccInteractionCategory	none
CSR Factor Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	CSR Factor	1 or more in the reported submission file	includedCsrFactorCategory	RiskScoreSummary CsrFactorCategory	none
HCC Dropped Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	HCC Dropped	1 or more in the reported submission file	includedHccDropCategory	RiskScoreSummary HccDropCategory	none

Table 33: RARSS Risk Score Summary File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
RXC to HCC Interaction Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	RXC to HCC Interaction	1 or more in the reported submission file	includedRxcToHccInteractionCategory	RiskScoreSummaryRxcToHccInteractionCategory	None
Transfer Plan Category	This XML element describes the risk score plan related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the claim selection plan section of the report.	Transfer Plan	1 or more per insurance plan in the reported submission file	includedPaymentTransferPlanIdentifier	RATransferPlanCategory	None

The data characteristics for the RARSS Risk Score Summary Diagnosis Code category are as shown in Table 34. These elements are defined in the *RiskScoreSummaryDiagnosisCodeCategory.xsd*.

Table 34: RARSS Risk Score Summary Diagnosis Code

Table 38: RARSS Risk Score Summary Diagnosis Code						
Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Diagnosis Code	De-duped when Diagnosis Codes occurs multiple times for a benefit year; attributed to the risk score for the enrollment period; includes unique diagnoses from other Plan IDs within the same Issuer ID.	Diagnosis Code	1	diagnosisCode	String	minLength = 0, maxLength = 30
Diagnosis Code Count	Number of unique enrollees with RA payment HCCs with the Diagnosis Code. Total RA Dx Counts for unique enrollees with Payment HCCs.	Diagnosis Code	1	diagnosisCodeCount	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary Payment HCC category are as shown in Table 35. These elements are defined in the *RiskScoreSummaryPaymentHccCategory.xsd*.

Table 35: RARSS Risk Score Summary Payment HCC

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Payment HCC	HCC Hierarchy imposed.	Payment HCC	1	paymentHcc	String	minLength = 0; maxLength = 10
Number of unique RA users with the HCC	Number of unique enrollees with at least one (1) payment HCC.	Payment HCC	1	numberOfUniqueRaUsersWHcc	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary Payment RXC category are as shown in Table 36. These elements are defined in the *RiskScoreSummaryPaymentRxcCategory.xsd*.

Table 36: RARSS Risk Score Summary Payment RXC

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Payment RXC	RXC Hierarchy imposed.	Payment RXC	1	paymentRxc	String	minLength = 0; maxLength = 10
Number of unique RA users with the RXC	Number of unique adult model enrollees with at least one (1) instance of the payment RXC.	Payment RXC	1	numberOfUniqueRaUsersWRxc	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary Severity category are as shown in Table 37. These elements are defined in the *RiskScoreSummarySeverityLevelCategory.xsd*.

Table 37: RARSS Risk Score Summary Severity

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
IHCC Severity Level	Severity and maturity level assigned for the infant age model.	Severity Level	0..1	hccSeverity	String	minLength = 0 Enumeration Values: "1": Extremely Immature & Severity 1 "2": Extremely Immature & Severity 2 "3": Extremely Immature & Severity 3 "4": Extremely Immature & Severity 4 "5": Extremely Immature & Severity 5 "6": Immature & Severity 1 "7": Immature & Severity 2 "8": Immature & Severity 3 "9": Immature & Severity 4 "10": Immature & Severity 5 "11": Premature Multiples & Severity 1 "12": Premature Multiples & Severity 2 "13": Premature Multiples & Severity 3 "14": Premature Multiples & Severity 4 "15": Premature Multiples & Severity 5 "16": Term & Severity 1 "17": Term & Severity 2 "18": Term & Severity 3 "19": Term & Severity 4 "20": Term & Severity 5 "21": One Year Old & Severity 1 "22": One Year Old & Severity 2 "23": One Year Old & Severity 3 "24": One Year Old & Severity 4 "25": One Year Old & Severity 5 NULL: No enrollees in the infant model to report
Enrollee Severity Count	Count of infant model enrollees with the defined severity level.	Severity Level	1	enrolleeSeverityCount	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary HCC Group category are as shown in Table 38. These elements are defined in the *RiskScoreSummaryHccGroupCategory.xsd*.

Table 38: RARSS Risk Score Summary HCC Group

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
HCC Group	Lists the groups which have been assigned for the enrollment period.	HCC Group	1	hccGroup	String	minLength = 0; maxLength = 10
HCC Group Count	Total number of members in each HCC Group for a distinct issuer.	HCC Group	1	hccGroupCount	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary Interaction Group category are as shown in Table 39. These elements are defined in the *RiskScoreSummaryHccInteractionCategory.xsd*.

Table 39: RARSS Risk Score Summary HCC Interaction Group

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Interaction Group	Interaction group H or M.	HCC Interaction	1	interactionGroup	String	minLength = 0 maxLength = 1 Enumeration Values: "H", "M"
Interaction Group Count	Total count of members interaction group H or M.	HCC Interaction	1	interactionGroupCount	Integer	minInclusive= 0; maxInclusive = 9999999

The data characteristics for the RARSS Risk Score Summary CSR Factor category are as shown in Table 40. These elements are defined in the *RiskScoreSummaryCsrFactorCategory.xsd*.

Table 40: RARSS Risk Score Summary CSR Factor

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
CSR Factor	CSR factor for a distinct issuer.	CSR Factor	1	membersbyCsrFactor	Decimal	minInclusive = 0; maxInclusive = 99.99
Members by CSR Factor Count	Total Count of members with the defined CSR factor.	CSR Factor	1	membersbyCsrFactorCount	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary CSR Factor category are as shown in Table 41. These elements are defined in the *RiskScoreSummaryHccDropCategory.xsd*.

Table 41: RARSS Risk Score Summary HCC Dropped

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Dropped HCC	HCCx dropped across all RA Payment HCC Enrollees due to HCC hierarchy, HCC Group, and/or HCC interaction for a distinct user (*repeat for each HCC).	HCC Dropped	1	droppedHCCs	String	minLength = 0; maxLength = 10
Frequency of HCC	Frequency of HCCx dropped across all RA Payment HCC Enrollees due to HCC hierarchy, HCC Group, and/or HCC interaction for a distinct user (*repeat for each HCC).	HCC Dropped	1	frequencyDroppedHCCs	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary RXC to HCC interaction category are as shown in Table 42. These elements are defined in the *RiskScoreSummaryRxcToHccInteractionCategory.xsd*.

Table 42: RARSS Risk Score Summary RXC to HCC Interaction

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
RXC to HCC Interaction	Unique RXC to HCC Interaction from Adult Model Enrollees	RXC to HCC Interaction	1	rxctoHccInteraction	String	minLength = 0 maxLength = 30
RXC to HCC Interaction Count	Total count of unique adult model enrollees with at least one instance of the RXC to HCC interaction	RXC to HCC Interaction	1	rxctoHccInteractionCount	Integer	minInclusive= 0; maxInclusive = 9999999

The data characteristics for the RARSS Risk Score Summary RA Transfer Plan category are as shown in Table 43. These elements are defined in the *RATransferPlanCategory.xsd*.

Table 43: RARSS RA Transfer Plan

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan ID	Unique identifier for the plan.	Plan	1	planIdentifier	String	minLength = 0 maxLength = 14

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan Market Type	Market in the State where the plan is offered; Individual or Small Group.	Plan	1	planMarketType	String	minLength = 0; maxLength = 30 Enumeration Value: "1": Individual "2": Small Group
Exchange (On the Exchange, Off the Exchange)	On the Exchange = plan is both on- and off-exchange where on-exchange includes all Federally-facilitated Marketplaces (FFM) and State-based Marketplace (SBM) Off the Exchange = plan is off-exchange only	Plan	1	Exchange	String	minLength = 0, maxLength = 30
Plans Metal Level	Plan level that determines an enrollee's risk level (Bronze, Silver, Gold, Platinum, and Catastrophic).	Plan	1	plansMetalLevel	String	minLength = 0; maxLength = 30 Enumeration Values: "Catastrophic" "Bronze" "Silver" "Gold" "Platinum"
Rating Area Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Rating Area	1 or more per insurance plan in the reported submission file	includedRatingAreaCategory	RATransferRatingAreaCategory	none

The data characteristics for the RARSS Risk Score Summary RA Transfer Rating Area category are as shown in Table 44. These elements are defined in the *RATransferRatingAreaCategory.xsd*.

Table 44: RARSS RA Transfer Rating Area Category

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Rating Area	Plan Rating Area.	Rating Area	1	ratingArea	String	maxLength = 3
Enrollee Member Months (Me)	Total number of member months an enrollee is enrolled in a plan during the benefit year.	Rating Area	1	enrolleeMemberMonths	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Enrollee Billable Months (Mb)	Billable Member Months for a billable member.	Rating Area	1	enrolleeBillableMonths	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Enrollee Subscriber Months (Ms)	Billable member months attributed to the individual policy subscriber.	Rating Area	1	enrolleeSubscriberMonths	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Plan (PLRSi)	Plan's average plan liability risk score. = (sum of the Product of enrollment months and individual plan liability risk score)/ (Sum of all billable member months for all billable members in a plan).	Rating Area	1	planLiabilityRiskScore	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Plan Allowable Rating Factor (ARFi)	Plan allowable rating factor for use in RA payments and charges calculation.	Rating Area	1	planAllowableRatingFactor	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Plan Average Premium (Pi)	Plan average premium.	Rating Area	1	planAveragePi	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Pi ^{AS}	Plan age standardized average premium.	Rating Area	1	planAgeAvePremium	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999

The data characteristics for the RARSS Risk Score Summary Plan category are as shown in Table 45. These elements are defined in the *RiskScoreSummaryPlanCategory.xsd*.

Table 45: RARSS Risk Score Summary Plan

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Rating Area Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Rating Area	1 or more per insurance plan in the reported submission file	includedRatingArea	RiskScoreSummaryRatingAreaCategory	none
Plan ID	Unique 16-digit identifier for the plan.	Plan	1	planIdentifier	String	minLength = 0 maxLength = 16
Metal Level Indicator	Metal level indicator used to determine the metal level of the 16-digit Plan ID.	Plan	1	metalLevel	String	minLength = 0; maxLength = 15 Enumeration Values: "01-Platinum" "02-Gold" "03-Silver" "04-Bronze" "05-Catastrophic"
State	State where the plan is offered.	Plan	1	state	String	minLength = 0 maxLength = 2
Market	Market in the State where the plan is offered; Individual or Small Group.	Plan	1	market	String	minLength = 0; maxLength = 30 Enumeration Values: "1": Individual "2": Small Group

The data characteristics for the RARSS Risk Score Summary Rating Area category are as shown in Table 46. These elements are defined in the *RiskScoreSummaryRatingAreaCategory.xsd*.

Table 46: RARSS Risk Score Summary Rating Area

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Rating Area	Plan Rating Area.	Rating Area	1	ratingArea	String	maxLength = 3
Member Months	Total count of member months for all enrollees in a distinct plan and Rating Area for the year.	Rating Area	1	memberMonths	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Total Enrollees	Total number of unique enrollees.	Rating Area	1	totalEnrollees	Integer	minInclusive = 0; maxInclusive = 99999999
Total Enrollee Utilizers	Total count of unique utilizers for the plan and Rating Area. A utilizer is an enrollee that has at least one (1) active medical claim for the payment year that is not orphaned.	Rating Area	1	totalEnrolleeUtilizer	Integer	minInclusive = 0; maxInclusive = 99999999
Total RA Utilizer	Total count of unique RA utilizers under the plan and Rating Area. An enrollee is considered an RA utilizer if they have an RA eligible medical claim for any plan and Rating Area.	Rating Area	1	totalRaUtilizer	Integer	minInclusive = 0; maxInclusive = 99999999
Mean Risk Score for RA Utilizers	Mean risk score for all enrollees with enrollment coverage in the plan and Rating Area and an RA eligible claim (i.e., RA Utilizer). This field is calculated by summing the risk scores of each enrollment period of each enrollee that has at least one (1) RA eligible claim and then dividing by the total number of enrollment periods included.	Rating Area	1	meanUtilizerRiskScore	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Total RA Payment HCC Enrollees	Total unique count of enrollees with payment HCCs for all RA models; see definition above.	Rating Area	1	totalRaPaymentHccEnrollees	Integer	minInclusive = 0; maxInclusive = 99999999
Total RA Payment RXC Enrollees	Total unique count of adult model enrollees with payment RXCs for all RA models; see definition above.	Rating Area	1	totalRaPaymentRxcEnrollees	Integer	minInclusive = 0; maxInclusive = 99999999

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Mean Risk Score for RA Payment HCC Enrollees	Mean risk score for all RA payment HCC enrollees with enrollment coverage in the plan and Rating Area. This field is calculated by summing the risk scores of each enrollment period of each enrollee that has at least one (1) payment HCC and then dividing by the total number of enrollment periods included.	Rating Area	1	meanRiskScoreForRaPaymentHccEnrollees	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Risk Score for RA Payment RXC Enrollees	Mean risk score for all RA payment RXC adult model enrollees with enrollment coverage in the plan and Rating Area. This field is calculated by summing the risk scores of each enrollment period of each adult model enrollee that has at least one (1) payment RXC and then dividing by the total number of enrollment periods included.	Rating Area	1	meanRiskScoreForRaPaymentRxcEnrollees	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Total Enrollees Without RA Payment HCCs	Total unique count of enrollees that have no payment HCCs for a distinct plan and Rating Area for all RA models.	Rating Area	1	totalEnrolleesWithoutRaPaymentHccs	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees Without RA Payment RXCs	Total unique count of adult model enrollees that have no payment RXCs for a distinct plan and Rating Area for all RA models.	Rating Area	1	totalEnrolleesWithoutRaPaymentRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Mean Risk Score for Enrollees Without RA Payments HCCs	Mean risk score for all enrollees without a payment HCC that have enrollment coverage in the plan and Rating Area. This field is calculated by summing the risk scores of each enrollment period of each enrollee that has no payment HCCs and then dividing by the total number of enrollment periods included.	Rating Area	1	totalMeanRsEnrolleeWRaPaymentHcc	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Risk Score for Enrollees Without RA Payment RXCs	Mean risk score for all adult model enrollees without a payment RXC that have enrollment coverage in the plan and Rating Area.	Rating Area	1	totalMeanRsEnrolleeWRaPaymentRxc	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
	This field is calculated by summing the risk scores of each enrollment period of each adult model enrollee that has no payment RXCs and then dividing by the total number of enrollment periods included.					
Percent of total RA Utilizers Who Have CSR	Percent of total RA Payment HCC Enrollees who have CSR and enrollment coverage in the plan and Rating Area. This field is calculated by dividing the unique count of enrollees with an HCC and a CSR factor other than 1.00 by the total unique count of enrollees who have an HCC.	Rating Area	1	percentTotalRAUtilizerCSR	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Percent of total RA Payment RXCs Who Have CSR	Percent of total RA Payment RXC adult model Enrollees who have CSR and enrollment coverage in the plan and Rating Area. This field is calculated by dividing the unique count of adult model enrollees with a RXC and a CSR factor other than 1.00 by the total unique count of enrollees who have a RXC.	Rating Area	1	percentTotalRaPaymentRxcEnrolleeWhoCSR	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Mean Risk Score for Total RA Payment HCC Enrollees Who Have CSR	Mean risk score for total RA Payment who have CSR and enrollment coverage in the plan and Rating Area. This field is calculated by summing the risk scores of each enrollment period of each enrollee that has a payment HCC and a CSR factor (A CSR factor other than 1.00) and then dividing by the total number of enrollment periods included.	Rating Area	1	meanRiskScoreTotalRaPaymentHccWithCSR	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Mean Risk Score for Total RA Payment RXC Enrollees Who Have CSR	Mean risk score for total RA Payment RXC adult model enrollees who have CSR and enrollment coverage in the plan and Rating Area. This field is calculated by summing the risk scores of each enrollment period of each adult model enrollee that has a payment RXC and a CSR factor (A CSR factor other than 1.00) and then dividing by the total number of enrollment periods included.	Rating Area	1	meanRiskScoreTotalRaPaymentRxcWithCSR	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Mean Risk Score for RA Utilizers Who Do Not Have CSR	Mean risk score for RA Payment HCC Enrollees who do not have CSR and have enrollment coverage in the plan and Rating Area. This field is calculated by summing the risk scores of each enrollment period of each enrollee that has at least one (1) payment HCC and no CSR factor (A CSR factor of exactly 1.00) and then dividing by the total number of enrollment periods included.	Rating Area	1	meanRiskScoreTotalRaPaymentHccNoCSR	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Mean Risk Score for Total RA Payment RXC Enrollees Who Do Not Have CSR	Mean risk score for RA Payment RXC adult model Enrollees who do not have CSR and have enrollment coverage in the plan and Rating Area. This field is calculated by summing the risk scores of each enrollment period of each adult model enrollee that has at least one (1) payment RXC and no CSR factor	Rating Area	1	meanRiskScoreRaPaymentRxcEnrolleesNoCSR	Decimal	minInclusive = 0; maxInclusive = 99999999.99

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
	(A CSR factor of exactly 1.00) and then dividing by the total number of enrollment periods included.					
Mean Unique Diagnoses per Utilizers	Mean unique Diagnoses Codes per utilizer enrollees for enrollees who have enrollment coverage in the plan and Rating Area. This field is calculated by first summing the unique count of Diagnosis Codes for each utilizer and then dividing by the unique number of utilizers.	Rating Area	1	meanUniqueDiagnosisPerUtilizers	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Mean Unique NDC per Utilizers	Mean unique NDC codes per utilizer enrollees for adult model enrollees who have enrollment coverage in the plan and Rating Area. This field is calculated by first summing the unique count of Diagnosis Codes for each adult model utilizer and then dividing by the unique number of utilizers.	Rating Area	1	meanUniqueNdcPerUtilizers	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Mean Unique Diagnoses per RA Utilizer	Mean unique Diagnoses Codes per RA utilizer enrollees for enrollees who have enrollment coverage in the plan and Rating Area. This field is calculated by first summing the unique count of Diagnosis Codes for each RA utilizer and then dividing by the unique number of RA utilizers.	Rating Area	1	meanUniqueDiagnosisPerRAUtilizers	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Mean Unique NDC per RA Utilizer	Mean unique NDC codes per RA utilizer adult model enrollees for enrollees who have enrollment coverage in the plan and Rating Area. This field is calculated by first summing the unique count of NDC Codes for each adult model RA utilizer and then dividing by the unique number of adult model RA utilizers.	Rating Area	1	meanUniqueNdcPerRAUtilizers	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Mean Unique diagnoses per RA Payment HCC Enrollee	Mean unique Diagnoses Codes per RA payment HCC enrollee This field is calculated by first summing the unique count of Diagnosis Codes for each RA payment HCC enrollee and then dividing by the unique number of RA payment HCC enrollees.	Rating Area	1	meanUniqueDiagnosisPerRAPaymentHccEnrollee	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Mean Unique NDC per RA Payment RXC Enrollee	Mean unique NDC Codes per RA payment RXC enrollee belonging to the adult model This field is calculated by first summing the unique count of NDC Codes for each RA payment RXC enrollee belonging to the adult model and then dividing by the unique number of RA payment RXC enrollees belonging to the adult model	Rating Area	1	meanUniqueNdcPerRAPaymentRxcEnrollee	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Total Diagnoses Accepted	Total count of Dx Codes accepted for a distinct plan and Rating Area.	Rating Area	1	totalDiagnosesAccepted	Integer	minInclusive = 0; maxInclusive = 99999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total NDC Accepted	Total count of NDC Codes accepted for a distinct plan and Rating Area, belonging to adult model enrollees	Rating Area	1	totalNdcAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total Risk Adjustment Diagnoses Accepted	Total count of Risk Adjustment diagnoses accepted for a distinct plan and Rating Area.	Rating Area	1	totalRADiagnosesAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total Risk Adjustment NDC Accepted	Total count of Risk Adjustment NDC codes accepted for a distinct plan and Rating Area, belonging to adult model enrollees	Rating Area	1	totalRANdcAccepted	Integer	minInclusive = 0; maxInclusive = 999999999
Total HCCs	Total count of HCCs (without hierarchies imposed) for all enrollees for a distinct plan and Rating Area.	Rating Area	1	totalConditionCategory	Integer	minInclusive = 0; maxInclusive = 999999999
Total RXCs	Total unique count of RXCs (without hierarchies imposed) for all adult model enrollees for a distinct plan and Rating Area.	Rating Area	1	totalRxcs	Integer	minInclusive = 0; maxInclusive = 999999999
Total Payment HCCs	Total count of payment HCCs (with hierarchies imposed) for all enrollees for a distinct plan and Rating Area.	Rating Area	1	totalPaymentsConditionCategories	Integer	minInclusive = 0; maxInclusive = 999999999
Total Payment RXCs	Total unique count of payment RXCs (with hierarchies imposed) for all adult model enrollees for a distinct plan and Rating Area.	Rating Area	1	totalPaymentRxcs	Integer	minInclusive = 0; maxInclusive = 999999999
Total Unique Enrollee Payment HCCs	Total count of unique enrollee payment HCCs for a distinct plan and Rating Area.	Rating Area	1	totalUniqueEnrolleePaymentHCCs	Integer	minInclusive = 0; maxInclusive = 999999999
Total RXC to HCC interactions	Total count of unique RXC to HCC interactions for all plans for the issuer, for adult model enrollees	Rating Area	1	totalRxcToHCCInteractions	Integer	minInclusive = 0; maxInclusive = 999999999
Total RXCs Created From Service Codes	Total count of unique RXCs created from Service codes for all plans for the issuer for adult model	Rating Area	1	totalRxcsCreatedFromSvcCodes	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees With RXC to HCC Interactions	Total count of unique adult model Enrollees with RXC to HCC Interactions for all plans for the issuer.	Rating Area	1	totalEnrolleesWithRxcToHccInteractions	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Enrollees With RXCs Created From Service Codes	Total count of unique adult model Enrollees with RXCs Created from Service Codes for all plans for the issuer.	Rating Area	1	totalEnrollees WithRxcsCreatedFromSvcCodes	Integer	minInclusive = 0; maxInclusive = 999999999

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Average Number of HCCs per Enrollee (all Enrollees): Infant Model	Average number of HCCs per enrollee for enrollees in the infant model that have enrollment in the plan and Rating Area. This field is calculated by summing the count of HCCs of each unique enrollee in the infant model and then dividing by the unique number of enrollees in the infant model.	Rating Area	1	avgHccConditionCategoriesPerEnbyEnInfant	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of HCCs per Enrollee (all Enrollees): Child Model	Average number of HCCs per enrollee for enrollees in the child model that have enrollment in the plan and Rating Area. This field is calculated by summing the count of HCCs of each unique enrollee in the child model and then dividing by the unique number of enrollees in the child model.	Rating Area	1	avgHccConditionCategoriesPerEnbyEnChild	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of HCCs per Enrollee (all Enrollees): Adult Model	Average number of HCCs per enrollee for enrollees in the adult model that have enrollment in the plan and Rating Area. This field is calculated by summing the count of HCCs of each unique enrollee in the adult model and then dividing by the unique number of enrollees in the adult model.	Rating Area	1	avgHccsperEnrolleebyHccEnrolleesAdult	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Average Number of RXCs per Enrollee (all Enrollees): Adult Model	Average number of unique RXCs per enrollee for enrollees in the adult model that have enrollment in the plan and Rating Area. This field is calculated by summing the count of RXCs of each unique enrollee in the adult model and then dividing by the unique number of enrollees in the adult model.	Rating Area	1	avgRxcPerEnrolleebyRxcEnrolleesAdult	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Average Number of Payment HCCs per Enrollee: Child Model	Average number of payment HCCs per enrollee for enrollees in the child model that have enrollment in the plan and Rating Area. This field is calculated by summing the count of payment HCCs for each unique enrollee with a payment HCC in the child model and then dividing by the unique number of enrollees with a payment HCC in the child model.	Rating Area	1	avgNumberPaymentHccs EnrolleeChild	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Average Number of Payment HCCs per Enrollee: Adult Model	Average number of payment HCCs per enrollee for enrollees in the adult model that have enrollment in the plan and Rating Area. This field is calculated by summing the count of payment HCCs for each unique enrollee with a payment HCC in the adult model and then dividing by the unique number of enrollees with a payment HCC in the adult model.	Rating Area	1	avgNumberPaymentHccs EnrolleeAdult	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Average Number of Payment RXCs per Enrollee: Adult Model	Average number of unique payment RXCs per enrollee for enrollees in the adult model that have enrollment in the plan and Rating Area. This field is calculated by summing the count of payment RXCs for each unique enrollee with a payment RXC in the adult model and then dividing by the unique number of enrollees with a payment RXC in the adult model.	Rating Area	1	avgNumberPaymentRxc EnrolleeAdult	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Number of RA Utilizers with Count of 1 Unique Dx Code	Number of unique RA utilizers with count of one (1) unique Dx Code.	Rating Area	1	numberRaUtiWCt1Unique Dx	Integer	minInclusive = 0; maxInclusive = 99999999
Number of RA Utilizers with Count of 1	Number of unique adult model RA utilizers with count of one (1) unique NDC Code.	Rating Area	1	numberRaUtiWCt1Unique Ndc	Integer	minInclusive = 0; maxInclusive = 99999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Unique NDC Code						
Number of RA Utilizers with Count of 2 Unique Dx Codes	Number of unique RA utilizers with count of two (2) unique Dx Codes.	Rating Area	1	numberRaUtiWCt2UniqueDx	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with Count of 2 Unique NDC Codes	Number of unique adult model RA utilizers with count of two (2) unique NDC Codes.	Rating Area	1	numberRaUtiWCt2UniqueNdc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with 3-4 Unique Dx Codes	Number of unique RA utilizers with three (3) to four (4) unique Dx Codes.	Rating Area	1	numberRaUtiW3To4UniqueDx	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with 3-4 Unique NDC Codes	Number of unique adult model RA utilizers with three (3) to four (4) unique NDC Codes.	Rating Area	1	numberRaUtiW3To4UniqueNdc	Integer	minInclusive = 0; maxInclusive = 999999999

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Number of RA Utilizers with 5-6 Unique Dx Codes	Number of unique RA utilizers with five (5) to six (6) unique Dx Codes.	Rating Area	1	numberRaUtiW5To6UniqueDx	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with 5-6 Unique NDC Codes	Number of unique adult model RA utilizers with five (5) to six (6) unique NDC Codes.	Rating Area	1	numberRaUtiW5To6UniqueNdc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with 7-9 Unique Dx Codes	Number of unique RA utilizers with seven (7) to nine (9) unique Dx Codes.	Rating Area	1	numberRaUtiW7To9UniqueDx	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with 7-9 Unique NDC Codes	Number of unique adult model RA utilizers with seven (7) to nine (9) unique NDC Codes.	Rating Area	1	numberRaUtiW7To9UniqueNdc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with >= 10 unique Dx Codes	Number of unique RA utilizers with >= 10 unique Dx Codes.	Rating Area	1	numberRaUtiWGreaterOrEquals10UniqueDx	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with >= 10 unique NDC Codes	Number of unique adult model RA utilizers with >= 10 unique NDC Codes.	Rating Area	1	numberRaUtiWGreaterOrEquals10UniqueNdc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with Count of 1 HCC	Number of unique RA utilizers with count of one (1) HCC.	Rating Area	1	numberRAUtiWCount1ConditionCategory	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with Count of 1 RXC	Number of unique adult model RA utilizers with count of one (1) RXC.	Rating Area	1	numberRAUtiWCount1Rxc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With Count of 2 HCCs	Number of unique RA utilizers with count of two (2) HCCs.	Rating Area	1	numberRaUtilizerWCount2	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers With Count of 2 RXCs	Number of unique adult model RA utilizers with count of two (2) RXCs.	Rating Area	1	numberRaUtilizerWCount2Rxc	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Number of RA Utilizers with 3-4 HCCs	Number of unique RA utilizers with three (3) to four (4) HCCs.	Rating Area	1	numberRaUtilizer3To4ConditionCategory	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with 3-4 RXCs	Number of unique adult model RA utilizers with three (3) to four (4) Rxcs.	Rating Area	1	numberRaUtilizer3To4Rxc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with >=5 HCCs	Number of unique RA utilizers with >= five (5) HCCs.	Rating Area	1	numberRaUtiWgreaterorequals5UniqueHcc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Utilizers with >=5 RXCs	Number of unique adult model RA utilizers with >= five (5) RXCs.	Rating Area	1	numberRaUtiWgreaterorEquals5UniqueRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment HCC Enrollees with Count of 1 HCC	Number of unique RA utilizers with count of one (1) HCC.	Rating Area	1	numberRaPaymentHccEnrollesWithCount1	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment RXC Enrollees with Count of 1 RXC	Number of unique adult model RA utilizers with count of one (1) RXC.	Rating Area	1	numberRaPaymentRxcEnrollesWithCount1	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment HCC Enrollees with Count of 2 HCCs	Number of unique RA utilizers with count of two (2) HCCs.	Rating Area	1	numberRaPaymentHccEnrollesWithCount2	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment RXC Enrollees with Count of 2 RXCs	Number of unique adult model RA utilizers with count of two (2) RXCs.	Rating Area	1	numberRaPaymentRxcEnrollesWithCount2	Integer	minInclusive = 0; maxInclusive = 999999999

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Number of RA Payment HCC Enrollees with 3–4 HCCs	Number of unique RA utilizers with three (3) to four (4) HCCs.	Rating Area	1	numberRaPaymentHccEnrolleesWithCount3To4	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment RXC Enrollees with 3–4 RXCs	Number of unique adult model RA utilizers with three (3) to four (4) RXCs.	Rating Area	1	numberRaPaymentRxcEnrolleesWithCount3To4	Integer	minInclusive = 0; maxInclusive = 999999999
Number of RA Payment HCC Enrollees with >=5 HCCs	Number of unique RA utilizers with >= five (5) HCCs.	Rating Area	1	numberRaPaymentHccGreaterOrEquals5UniqueHcc	Integer	minInclusive =01; maxInclusive = 999999999
Number of RA Payment RXC Enrollees with >=5 RXCs	Number of unique adult model RA utilizers with >= five (5) RXCs.	Rating Area	1	numberRaPaymentRxcGreaterOrEquals5UniqueRxc	Integer	minInclusive =01; maxInclusive = 999999999
Total V3 Indicator (adult model only)	Total count of unique adult members with severity indicator V3 for a distinct plan.	Rating Area	1	totalV3Indicator	Integer	minInclusive = 0; maxInclusive = 999999999
Male	Total count of unique male enrollees for a distinct plan.	Rating Area	1	totalMaleCount	Integer	minInclusive = 0; maxInclusive = 999999999
Males with Payment HCCs	Total count of unique male enrollees with HCCs for a distinct plan.	Rating Area	1	totalMaleCountWithHCC	Integer	minInclusive = 0; maxInclusive = 999999999
MalesMale Adults with Payment RXCs	Total count of unique adult model male enrollees with RXCs for a distinct plan.	Rating Area	1	totalMaleCountWithRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Males in Infant Model	Total count of unique males in the infant model for a distinct plan.	Rating Area	1	maleCountInfantModel	Integer	minInclusive = 0; maxInclusive = 999999999
Males in Child Model	Total count of unique males in the child model for a distinct plan.	Rating Area	1	malesCountChildModel	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Males in Adult Model	Total count of unique males in the adult model for a distinct plan.	Rating Area	1	malesCountAdultModel	Integer	minInclusive = 0; maxInclusive = 999999999
Female	Total count of unique female enrollees for a distinct plan.	Rating Area	1	totalCountFemale	Integer	minInclusive = 0; maxInclusive = 999999999
Females with Payment HCCs	Total count of unique female enrollees with payment HCCs for a distinct plan.	Rating Area	1	femaleCountWithConditionCategoryHCC	Integer	minInclusive = 0; maxInclusive = 999999999
FemalesFemale Adults with Payment RXCs	Total count of unique adult model female enrollees with payment RXCs for a distinct plan.	Rating Area	1	femaleCountWithRxc	Integer	minInclusive = 0; maxInclusive = 999999999

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Females in Infant Model	Total count of unique females in the infant model for a distinct plan.	Rating Area	1	femaleCountInfantModel	Integer	minInclusive = 0; maxInclusive = 999999999
Females in Child Model	Total count of unique females in the child model for a distinct plan.	Rating Area	1	femaleCountChildModel	Integer	minInclusive = 0; maxInclusive = 999999999
Females in Adult Model	Total count of unique females in the adult model for a distinct plan.	Rating Area	1	femaleCountAdultModel	Integer	minInclusive = 0; maxInclusive = 999999999
Infant Count	Total count of unique infant enrollees for a distinct issuer. < two (2) – Infant.	Rating Area	1	infantCount	Integer	minInclusive = 0; maxInclusive = 999999999
Child Count	Total count of unique child enrollees for a distinct issuer. >= two (2) & <=20 – Child.	Rating Area	1	childCount	Integer	minInclusive = 0; maxInclusive = 999999999
Adult Count	Total count of unique adult enrollees for a distinct issuer. >=21 – Adult.	Rating Area	1	adultCount	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 0–20	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge0To20	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 21	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge21	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 22	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge22	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 23	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge23	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 24	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge24	Integer	minInclusive = 0; maxInclusive = 999999999

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
ARF Age 25	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge25	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 26	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge26	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 27	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge27	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 28	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge28	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 29	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge29	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 30	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge30	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 31	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge31	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 32	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge32	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 33	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge33	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 34	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge34	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 35	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge35	Integer	minInclusive = 0; maxInclusive = 999999999

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
ARF Age 36	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge36	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 37	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge37	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 38	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge38	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 39	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge39	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 40	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge40	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 41	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge41	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 42	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge42	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 43	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge43	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 44	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge44	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 45	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge45	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 46	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge46	Integer	minInclusive = 0; maxInclusive = 999999999

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
ARF Age 47	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge47	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 48	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge48	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 49	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge49	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 50	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge50	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 51	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge51	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 52	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge52	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 53	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge53	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 54	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge54	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 55	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge55	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 56	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge56	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 57	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge57	Integer	minInclusive = 0; maxInclusive = 999999999

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
ARF Age 58	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge58	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 59	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge59	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 60	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge60	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 61	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge61	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 62	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge62	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 63	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge63	Integer	minInclusive = 0; maxInclusive = 999999999
ARF Age 64 and older	Total count of unique members in this ARF bucket for a distinct plan.	Rating Area	1	arfAge64AndOlder	Integer	minInclusive = 0; maxInclusive = 999999999
System Generated Cross Year Enrollee Count	Total count of unique enrollees that have at least one (1) system generated cross year enrollment period for the Plan ID and Rating Area.	Rating Area	1	crossYearEnrolleeCount	Integer	minInclusive = 0; maxInclusive = 999999999
System Generated Cross Year Enrollment Period Count	Total count of unique system generated cross year enrollment periods for the Plan ID and Rating Area.	Rating Area	1	crossYearEnrollmentPeriodCount	Integer	minInclusive = 0; maxInclusive = 999999999
System Generated Cross Year Member Month Count	Total sum of member months for all system generated cross year enrollment periods for the Plan ID and Rating Area.	Rating Area	1	crossYearMemberMonthCount	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Diagnosis Code Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Diagnosis Code	1 or more per enrollment period per enrollee per insurance plan in the reported submission file	includedDiagnosisCodeCategory	RiskScoreSummaryDiagnosisCodeCategory	None
Payment HCC Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Payment HCC	1 or more per enrollment period per enrollee per insurance plan in the reported submission file	includedPaymentHccCategory	RiskScoreSummaryPaymentHccCategory	none
Payment RXC Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Payment RXC	1 or more per enrollment period per enrollee per insurance plan in the reported submission file	includedPaymentRxcCategory	RiskScoreSummaryPlanPaymentRxcCategory	none
Severity Level (Infant model includes maturity level)	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	Severity Level	1 or more per insurance plan per issuer in the reported submission file	includedSeverityLevelCategory	RiskScoreSummarySeverityLevelCategory	none

Table 46: RARSS Risk Score Summary Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
HCC Group Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	HCC Group	1 or more per insurance plan per issuer in the reported submission file	includedHccGroupCategory	RiskScoreSummaryHccGroupCategory	None
HCC Interaction Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	HCC Interaction	0 or more per insurance plan per issuer in the reported submission file	includedHccInteractionCategory	RiskScoreSummaryHccInteractionCategory	none
CSR Factor Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	CSR Factor	0 or more per insurance plan per issuer in the reported submission file	includedCsrFactorCategory	RiskScoreSummaryCsrFactorCategory	none
HCC Dropped Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the risk score section of the report.	HCC Dropped	1 or more per insurance plan per issuer in the reported submission file	includedHCCDroppedCategory	RiskScoreSummaryHccDropCategory	none
RXC to HCC Interaction Category	This XML element describes the risk score related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business	RXC To HCC Interaction	1 or more per insurance plan per issuer in the reported submission file	includedRxcToHccInteractionCategory	RiskScoreSummaryPlanRxcToHccInteractionCategory	none

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
	meaning. It should be processed to identify the risk score section of the report.					

The data characteristics for the RARSS Risk Score Summary Diagnosis Code category are as shown in Table 47. These elements are defined in the *RiskScoreSummaryPlanDiagnosisCodeCategory.xsd*.

Table 47: RARSS Risk Score Summary Plan Diagnosis Code

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Diagnosis Code	De-duped when Diagnosis Codes occurs multiple times for a benefit year; attributed to the risk score for the enrollment period; includes unique diagnoses for a distinct plan.	Diagnosis Code	1	diagnosisCode	String	minLength = 0; maxLength = 30
Diagnosis Code Count	Number of unique enrollees with RA payment HCCs with the Diagnosis Code. Total RA Dx counts for unique enrollees with Payment HCCs.	Diagnosis Code	1	diagnosisCodeCount	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary Payment HCC category are as shown in Table 48. These elements are defined in the *RiskScoreSummaryPlanPaymentHccCategory.xsd*.

Table 48: RARSS Risk Score Summary Plan Payment HCC

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Payment HCC	HCC Hierarchy Imposed.	Payment HCC	1	paymentHcc	String	minLength = 0; maxLength = 10

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Number of Unique RA Users with the HCC	Number of unique enrollees with at least one (1) payment HCC.	Payment HCC	1	numberOfUniqueRaUsersWHcc	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary Payment RXC category are as shown in Table 49. These elements are defined in the *RiskScoreSummaryPlanPaymentRxcCategory.xsd*.

Table 49: RARSS Risk Score Summary Plan Payment RXC

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Payment RXC	RXC Hierarchy imposed.	Payment RXC	1	paymentRxc	String	minLength = 0; maxLength = 10
Number of unique RA users with the RXC	Number of unique adult model enrollees with at least one (1) instance of the payment RXC.	Payment RXC	1	numberOfUniqueRaUsersWRxc	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary Severity category are as shown in Table 50. These elements are defined in the *RiskScoreSummarySeverityLevelCategory.xsd*.

Table 50: RARSS Risk Score Summary Severity

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
IHCC Severity Level	Severity and maturity level assigned for the infant age model.	Severity Level	0..1	hccSeverity	String	minLength = 0 Enumeration Values: "1": Extremely Immature & Severity 1 "2": Extremely Immature & Severity 2 "3": Extremely Immature & Severity 3 "4": Extremely Immature & Severity 4 "5": Extremely Immature & Severity 5 "6": Immature & Severity 1 "7": Immature & Severity 2 "8": Immature & Severity 3 "9": Immature & Severity 4 "10": Immature & Severity 5 "11": Premature Multiples & Severity 1 "12": Premature Multiples & Severity 2 "13": Premature Multiples & Severity 3 "14": Premature Multiples & Severity 4 "15": Premature Multiples & Severity 5 "16": Term & Severity 1 "17": Term & Severity 2 "18": Term & Severity 3 "19": Term & Severity 4 "20": Term & Severity 5 "21": One Year Old & Severity 1 "22": One Year Old & Severity 2 "23": One Year Old & Severity 3 "24": One Year Old & Severity 4 "25": One Year Old & Severity 5 NULL: No enrollees in the infant model to report
Enrollee Severity Count	Count of infant model enrollees with the defined severity level.	Severity Level	1	enrolleeSeverityCount	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary HCC Group category are as shown in Table 51. These elements are defined in the *RiskScoreSummaryPlanHccGroupCategory.xsd*.

Table 51: RARSS Risk Score Summary Plan HCC Group

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
HCC Group	Lists the groups which have been assigned for the enrollment period.	HCC Group	1	hccGroup	String	minLength = 0 maxLength = 10
HCC Group Count	Total number of members in each HCC Group for a distinct plan.	HCC Group	1	hccGroupCount	Integer	minInclusive = 0 maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary Interaction Group category are as shown in Table 52. These elements are defined in the *RiskScoreSummaryHccInteractionCategory.xsd*.

Table 52: RARSS Risk Score Summary HCC Interaction Group

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Interaction Group	Interaction group H or M.	HCC Interaction	1	interactionGroup	String	minLength = 0 maxLength = 1 Enumeration Values: "H", "M"
Interaction Group Count	Total count of members interaction group H or M.	HCC Interaction	1	interactionGroupCount	Integer	minInclusive= 0 maxInclusive = 9999999

The data characteristics for the RARSS Risk Score Summary CSR Factor category are as shown in Table 53. These elements are defined in the *RiskScoreSummaryCsrFactorCategory.xsd*.

Table 53: RARSS Risk Score Summary CSR Factor

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
CSR Factor	CSR factor for a distinct issuer.	CSR Factor	1	membersbyCsrFactor	Decimal	minInclusive = 0 maxInclusive = 99.99
Members by CSR Factor Count	Total Count of members with the defined CSR factor.	CSR Factor	1	membersbyCsrFactorCount	Integer	minInclusive = 0 maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary CSR Factor category are as shown in Table 54. These elements are defined in the *RiskScoreSummaryHccDropCategory.xsd*.

Table 54: RARSS Risk Score Summary HCC Dropped

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Dropped HCC	HCCx dropped across all RA Payment HCC Enrollees, due to HCC hierarchy, HCC Group, and/or HCC interaction for a distinct user (*repeat for each HCC).	HCC Dropped	1	droppedHCCs	String	minLength = 0 maxLength = 10
Frequency of HCC	Frequency of HCCx dropped across all RA Payment HCC Enrollees, due to HCC hierarchy, HCC Group, and/or HCC interaction for a distinct user (*repeat for each HCC).	HCC Dropped	1	frequencyDroppedHCCs	Integer	minInclusive = 0 maxInclusive = 999999999

The data characteristics for the RARSS Risk Score Summary RXC to HCC interaction category are as shown in Table 55. These elements are defined in the *RiskScoreSummaryPlanRxcToHccInteractionCategory.xsd*.

Table 55: RARSS Risk Score Summary Plan RXC to HCC Interaction

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
RXC to HCC Interaction	Unique RXC to HCC Interaction from Adult Model Enrollees	RXC to HCC Interaction	1	rxctoHccInteraction	String	minLength = 0 maxLength = 30
RXC to HCC Interaction Count	Total count of unique adult model enrollees with at least one instance of the RXC to HCC interaction	RXC to HCC Interaction	1	rxctoHccInteractionCount	Integer	minInclusive= 0; maxInclusive = 9999999

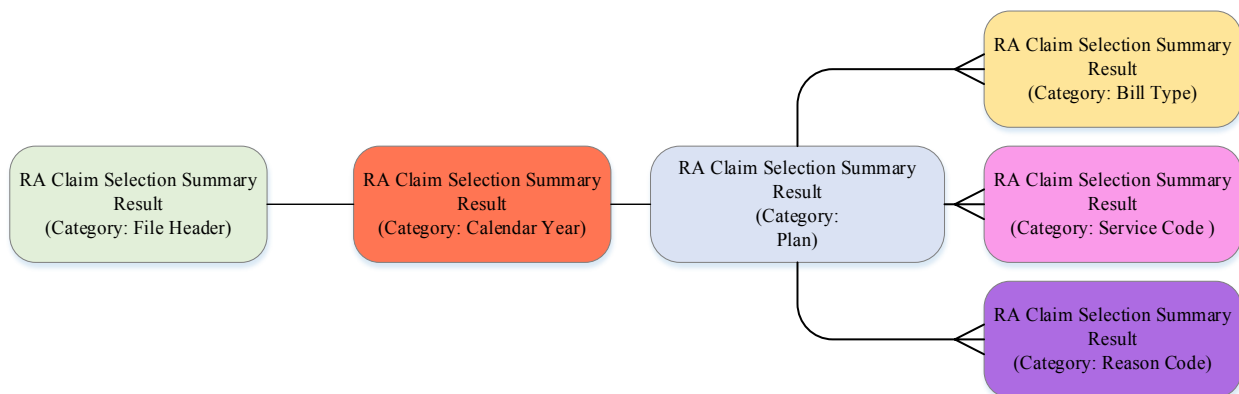
RA Claim Selection Summary Report (RACSS) Message Format (or Record Layout) and Required

The outbound RACSS Report is available to CMS and the issuer/submitting organization. This report contains the included and excluded medical claim summary data. The RACSS Report will be generated with the risk score and transfer extract batch job.

5.1.1.8File Layout

This section specifies the file layout for the RACSS Report. At a high level, it consists of six (6) record types or categories of information, as shown in Figure 4.

Figure 4: EDGE Server RA Claim Selection Summary Report Data Categories



The RACSS XSD Report consists of report File Header, Calendar Year, Plan, Bill Type, Service Code and Reason Code categories.

The RACSS XSD schema that should be utilized for creating and reading from the XML output report is listed in Appendix A.

5.1.1.9 Field/Data Elements and Descriptions

The data characteristics for the RACSS Claim Selection Summary File Header Result category are as shown in Table 54. The root element of the RACSS in the XSD is ClaimSelectionSummaryReport (*ClaimSelectionSummaryReport.xsd*). This element is required and all the other elements defined in this section for the RACSS are embedded within this element start and end tags.

Table 56: RACSS Claim Selection Summary File Header

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Report Header	This XML element describes the file processing header related elements for this report. It uses the shared common file header XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the file header section of the report.	File Header	1	includedFileHeader	RARICommonOutboundFileHeader.xsd	none
Calendar Year Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Year	1 or more per insurance plan per issuer in the reported submission file	includedCalendarYearCategory	ClaimSelectionSummaryCalendarYearCategory	none

The data characteristics for the RA Claim Selection Summary (RACSS) Claim Selection Summary Calendar Year category are as shown in Table 57. These elements are defined in the *ClaimSelectionSummaryCalendarYearCategory.xsd*.

Table 57: RACSS Claim Selection Summary Calendar Year

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Calendar Year	The calendar year associated with the claims as determined by the Statement Covers Through date/Prescription Fill date.	Calendar Year	1	calendarYear	String	Strict: YYYY minLength = 0 maxLength = 4
Total Unique Enrollees with Active Medical Claims	Total enrollees with at least one (1) medical claim for all plans for the issuer.	Calendar Year	1	totalEnrolleesWithMedicalClaims	Integer	minInclusive = 0 maxInclusive = 999999999

Table 57: RACSS Claim Selection Summary Calendar Year (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Unique Enrollees with Active Pharmacy Claims	Total enrollees with at least one (1) pharmacy claim for all plans for the issuer.	Calendar Year	1	totalEnrolleesWithPharmacyClaims	Integer	minInclusive = 0 maxInclusive = 999999999
Total Medical Claims Included	Total count of medical claims included for RA claim selection for all plans for the issuer.	Calendar Year	1	medicalClaimsIncluded	Integer	minInclusive = 0 maxInclusive = 999999999
Total Medical Claims Excluded	Total count of medical claims excluded from RA claim selection for all plans for the issuer.	Calendar Year	1	medicalClaimsExcluded	Integer	minInclusive = 0 maxInclusive = 999999999
Total Count of Supplemental Records Included	Total count of Supplemental Record ID's included for RA claim selection across all plans belonging to the issuer.	Calendar Year	1	supplementalRecordsIncluded	Integer	minInclusive = 0 maxInclusive = 999999999
Total Count of Supplemental Records Excluded	Total count of Supplemental Records ID's excluded for RA claim selection across all plans belonging to the issuer.	Calendar Year	1	supplementalRecordsExcluded	Integer	minInclusive = 0 maxInclusive = 999999999
Total Enrollees with RA Eligible Claims	Total enrollees with RA claims included for all plans for the issuer.	Calendar Year	1	totalEnrolleesWRAEligibleclaims	Integer	minInclusive = 0 maxInclusive = 999999999
Total RA Eligible Pharmacy Claims Included	Total count of pharmacy claims included for RA claim selection for all plans for the issuer.	Calendar Year	1	pharmacyClaimsIncluded	Integer	minInclusive = 0 maxInclusive = 999999999

Table 57: RACSS Claim Selection Summary Calendar Year (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Pharmacy Claims Excluded	Total count of pharmacy claims excluded from RA claim selection for all plans for the Issuer.	Calendar Year	1	pharmacyClaimsExcluded	Integer	minInclusive = 0 maxInclusive = 999999999
Plan Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Plan	1 or more per insurance plan in the reported submission file	includedPlanCategory	ClaimSelectionSummaryPlanCategory	none

The data characteristics for the RA Claim Selection Summary (RACSS) Claim Selection Summary Plan category are as shown in Table 58. These elements are defined in the *ClaimSelectionSummaryPlanCategory.xsd*.

Table 58: RACSS Claim Selection Summary Plan

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan ID	Unique identifier for the plan.	Plan	1	planIdentifier	String	minLength = 0 maxLength = 16
Total Enrollees	Total enrollees for the plan.	Plan	1	totalEnrollees	Integer	minInclusive = 0 maxInclusive = 999999999
Total Medical Claims Included	Total count of medical claims included for RA claim selection for the plan.	Plan	1	medicalClaimsIncluded	Integer	minInclusive = 0 maxInclusive = 999999999
Total Medical Claims Excluded	Total count of medical claims excluded from claim selection.	Plan	1	medicalClaimsExcluded	Integer	minInclusive = 0 maxInclusive = 999999999

Table 58: RACSS Claim Selection Summary Plan (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Count of Supplemental Records Included	Total count of Supplemental Record ID's included for RA claim selection belonging to the Plan.	Plan	1	supplementalRecordsIncluded	Integer	minInclusive = 0 maxInclusive = 999999999
Total Count of Supplemental Records Excluded	Total count of Supplemental Records ID's excluded for RA claim selection belonging to the Plan.	Plan	1	supplementalRecordsExcluded	Integer	minInclusive = 0 maxInclusive = 999999999
Total Enrollees with RA Eligible Claims	Total enrollees with RA claims included.	Plan	1	totalEnrolleesWRaEligibleclaims	Integer	minInclusive = 0 maxInclusive = 999999999
Total RA Eligible Pharmacy Claims Included	Total count of pharmacy claims included for RA for the plan.	Plan	1	pharmacyClaimsIncluded	Integer	minInclusive = 0 maxInclusive = 999999999
Total Pharmacy Claims Excluded	Total count of pharmacy claims excluded from RA for the plan.	Plan	1	pharmacyClaimsExcluded	Integer	minInclusive = 0 maxInclusive = 999999999
Bill Type Category	This XML element describes the Claim Selection Plan related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the Claim Selection Plan section of the report.	Bill Type	1 or more per bill type per insurance plan in the reported submission file	includedBilltypeCategory	ClaimSelectionSummaryBillTypeCategory	none

Table 58: RACSS Claim Selection Summary Plan (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Service Code Category	This XML element describes the Claim Selection Plan related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the Claim Selection Plan section of the report.	Service Code	1 or more per service code per insurance plan in the reported submission file	includedServiceCodeCategory	ClaimSelectionSummaryServiceCodeCategory	None
Reason Code Category	This XML element describes the Claim Selection Plan related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the Claim Selection Plan section of the report.	Reason Code	1 or more per Reason Code per insurance plan in the reported submission file	includedReasonCodeCategory	ClaimSelectionSummaryReasonCodeCategory	none

The data characteristics for the RA Claim Selection Summary (RACSS) Claim Selection Summary Bill Type category are as shown in Table 59. These elements are defined in the *ClaimSelectionSummaryBillTypeCategory.xsd*.

Table 59: RACSS Claim Selection Summary Bill Type

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Bill Type Code	Bill Type Code for the medical claim (only include the Bill Types for RA claim selection).	Bill Type	0..1	billTypeCode	String	minLength = 0 maxLength = 3
Number of Claims Included	Number of medical claims included for RA claim selection with the Bill Type Code.	Bill Type	0..1	claimsIncluded	Integer	minInclusive = 0; maxInclusive = 999999999
Number of Claims Excluded	Number of medical claims excluded for RA claim selection with the Bill Type Code.	Bill Type	0..1	claimsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RA Claim Selection Summary (RACSS) Claim Selection Service Code category are as shown in Table 60. These elements are defined in the *ClaimSelectionSummaryServiceCodeCategory.xsd*.

Table 60: RACSS Claim Selection Summary Service Code

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Service Code	Service Code for the medical claim (only include Service Codes flagged for RA claim selection).	Service Code	0..1	serviceCode	String	minLength = 0; maxLength = 80
Number of Claims Included	Number of medical claims included for RA claim selection with the Service Code.	Service Code	0..1	claimsIncluded	Integer	minInclusive = 0; maxInclusive = 999999999
Number of Claims Excluded	Number of medical claims excluded for RA claim selection with the Service Code.	Service Code	0..1	claimsExcluded	Integer	minInclusive = 0; maxInclusive = 999999999

The data characteristics for the RA Claim Selection Summary (RACSS) Claim Selection Summary Reason Code category are as shown in Table 61. These elements are defined in the *ClaimSelectionSummaryReasonCodeCategory.xsd*.

Table 61: RACSS Claim Selection Summary Reason Code

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Medical Reason Code	Reason Code why the medical claim was excluded from RA claim selection.	Reason Code	0..1	medicalReasonCode	String	minLength = 0 maxLength = 10
Total Medical Claims Excluded	Total count of medical claims excluded for RA claim selection.	Reason Code	0..1	medicalClaimsExcluded	Integer	minInclusive = 0 maxInclusive = 999999999
Pharmacy Reason Code	Reason Code why the pharmacy claim was excluded from RA claim selection.	Reason Code	0..1	pharmacyReasonCode	String	minLength = 0 maxLength = 10
Total RA Eligible Pharmacy Claims Excluded	Total count of pharmacy claims excluded for RA claim selection.	Reason Code	0..1	pharmacyClaimsExcluded	Integer	minInclusive = 0 maxInclusive = 999999999
Supplemental Reason Code	Reason Code why the supplemental record was excluded from RA claim selection.	Reason Code	0..1	supplementalReasonCode	String	minLength = 0 maxLength = 10
Total Supplemental Records Excluded	Total count of supplemental records excluded for RA claim selection.	Reason Code	0..1	supplementalRecordsExcluded	Integer	minInclusive = 0 maxInclusive = 999999999

RA Transfer Elements Extract (RATEE) Message Format (or Record Layout) and Required Protocols

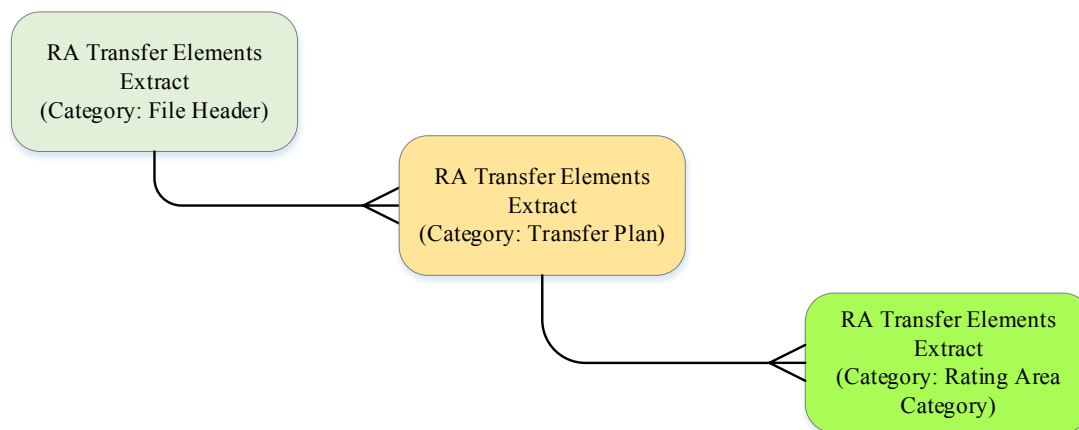
The outbound RATEE Report is available to CMS and the issuer/submitting organization. This report contains information relating to plan inputs to the payment transfers, which will be aggregated and transmitted to CMS to be used to calculate the transfer payment amount. The RATEE report will be generated with the risk score and transfer extract batch job.

Note – System generated cross year enrollment periods, created during the RA calculation in order to include qualifying cross year claims, are included by the system when calculating the values in this report.

5.1.1.10 File Layout

This section specifies the file layout for the RATEE Report. At a high level, it consists of three (3) record types or categories of information, as shown in Figure 5.

Figure 5: EDGE Server RA Transfer Elements Extract Report Data Categories



The RATEE Report consists of a report File Header category, Transfer Plan category, and Rating Area Category.

The RATEE XSD schema that should be utilized for creating and reading from the XML output report is listed in Appendix A.

5.1.1.11 Field/Data Elements and Descriptions

The data characteristics for the RATEE category are as shown in Table 60. The root element of the RATEE in the XSD is *RATransferReport* (*RATransferReport.xsd*). This element is required and all the other elements defined in this section for the RATEE are embedded within this element start and end tags.

Table 62: RATEE RA Transfer File Header

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Report Header	This XML element describes the file processing header related elements for this report. It uses the shared common file header XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the file header section of the report.	File Header	1	includedFileHeader	RARICommonOutboundFileHeader.xsd	none
State	State code where the plan is offered.	File Header	1	State	String	minLength = 0 maxLength = 2
Calendar Year	The calendar year/quarter.	File Header	1	calendarYear	String	Strict: YYYY
Execution Type	Designate preliminary or final run.	File Header	1	executionType	String	minLength = 1; maxLength = 30 Enumeration Values: "P": Preliminary "F": Final
Transfer Plan Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Plan	1 or more per insurance plan in the reported submission file	includedPlanIdentifierCategory	RATransferPlanCategory	none

The data characteristics for the RA Transfer Elements Extract (RATEE) RA Transfer Plan category are as shown in Table 63. These elements are defined in the *RATransferPlanCategory.xsd*.

Table 63: RATEE RA Transfer Plan

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan ID	Unique identifier for the plan.	Plan	1	planIdentifier	String	minLength = 0 maxLength = 14
Plan Market Type	Market in the State where the plan is offered; Individual or Small Group.	Plan	1	planMarketType	String	minLength = 0; maxLength = 30 Enumeration Value: "1": Individual "2": Small Group
Exchange (On the Exchange, Off the Exchange)	On the Exchange = plan is both on- and off-exchange where on-exchange includes all Federally-facilitated Marketplaces (FFM) and State-based Marketplace (SBM) Off the Exchange = plan is off-exchange only	Plan	1	Exchange	String	minLength = 0, maxLength = 30
Plans Metal Level	Plan level that determines an enrollee's risk level (Bronze, Silver, Gold, Platinum, and Catastrophic).	Plan	1	plansMetalLevel	String	minLength = 0; maxLength = 30 Enumeration Values: "Catastrophic" "Bronze" "Silver" "Gold" "Platinum"
Rating Area Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Rating Area	1 or more per insurance plan in the reported submission file	includedRatingAreaCategory	RATransferRatingAreaCategory	none

The data characteristics for the RA Transfer Elements Extract (RATEE) RA Transfer Rating Area category are as shown in Table 64. These elements are defined in the *RATransferRatingAreaCategory.xsd*.

Table 64: RATEE RA Transfer Rating Area Category

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Rating Area	Plan Rating Area.	Rating Area	1	ratingArea	String	maxLength = 3
Enrollee Member Months (Me)	Total number of member months an enrollee is enrolled in a plan during the benefit year.	Rating Area	1	enrolleeMemberMonths	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Enrollee Billable Months (Mb)	Billable Member Months for a billable member.	Rating Area	1	enrolleeBillableMonths	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Enrollee Subscriber Months (Ms)	Billable member months attributed to the individual policy subscriber.	Rating Area	1	enrolleeSubscriberMonths	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Plan (PLRSi)	Plan's average plan liability risk score. = (sum of the Product of enrollment months and individual plan liability risk score)/ (Sum of all billable member months for all billable members in a plan).	Rating Area	1	planLiabilityRiskScore	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Plan Allowable Rating Factor (ARFi)	Plan allowable rating factor for use in RA payments and charges calculation.	Rating Area	1	planAllowableRatingFactor	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Plan Average Premium (Pi)	Plan average premium.	Rating Area	1	planAveragePi	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999
Pi ^{AS}	Plan age standardized average premium.	Rating Area	1	planAgeAvePremium	Decimal	minInclusive = 0; maxInclusive = 999999999.999999 999999999

RADV Population Summary Statistics Report (RADVPS) Message Format (or Record Layout) and Required Protocols

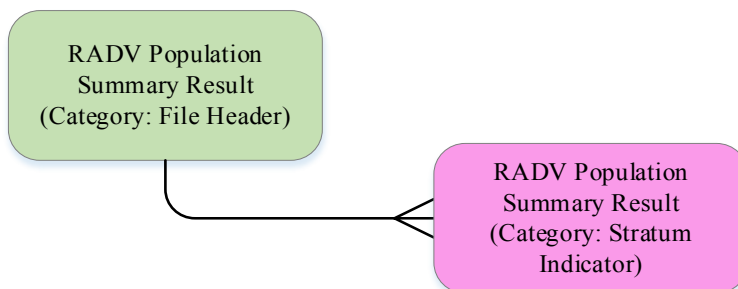
The outbound RADVPS Report is available to CMS and the issuer/submitting organization. This report contains population statistics calculated per stratum for the total population of the issuer from all risk pool market types (individual, small group, catastrophic). The RADVPS Report will be generated with the risk score and transfer element extract batch job.

Note – System generated cross year enrollment periods, created during the RA calculation in order to include qualifying cross year claims, are included by the system when calculating the values in this report.

5.1.1.12 File Layout

This section specifies the file layout for the RADVPS Report. At a high level, it consists of two (2) record types or categories of information, as shown in Figure 6.

Figure 6: EDGE Server RADV Population Summary Statistics



The RADVPS Report consists of a report File Header category and an Stratum Indicator data category.

The RADVPS XSD schema that should be utilized for creating and reading from the XML output report is listed in Appendix A.

5.1.1.13 Field/Data Elements and Descriptions

The data characteristics for the RADV Population Summary Statistics category are as shown in Table 63. The root element of the RADVPS in the XSD is `radvPopulationSummaryStatistics` (*radvPopulationSummaryStatistics.xsd*). This element is required and all the other elements defined in this section for the RADVPS are embedded within this element start and end tags.

Table 65: RADVPS Population Summary Statistics Header

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Report Header	This XML element describes the file processing header related elements for this report. It uses the shared common file header XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the file header section of the report.	File Header	1	includedFileHeader	RARICommonOutboundFileHeader	none
Payment Year	For example, 2014 or 2015.	File Header	1	paymentYear	String	Length = 4 Strict: YYYY
Preliminary/Final Run	Designate preliminary or final run.	File Header	1	preliminaryFinalRun	String	Length = 1 Enumeration Values: "P": Preliminary "F": Final
Total Number of Plan IDs	Total number of 16-digit Plan IDs for the risk score calculation.	File Header	1	totalNumberOfPlanIds	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees	Total number of unique enrollees selected for the risk score calculation.	File Header	1	totalNumberEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999

Table 65: RADVPS Population Summary Statistics Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Enrollees from Individual Risk Pool Market	Total number of unique enrollees selected from the Individual Risk Pool Market that were included in the RA calculation.	File Header	1	totalIndividualNumberEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees from Small Group Risk Pool Market	Total number of unique enrollees selected from the Small Group Risk Pool Market that were included in the RA calculation.	File Header	1	totalSmallGroupNumberEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees from Catastrophic Risk Pool Market	Total number of unique enrollees selected from the Catastrophic Risk Pool Market that were included in the RA calculation.	File Header	1	totalCatastrophicNumberEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Stratum Indicator Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Stratum Indicator	1..10	includedStratumLevel	radvpsPopulationStratumIndicatorCategory	none

The data characteristics for the RADVPS Population Summary Stratum Indicator category are as shown in Table 66. These elements are defined in the *radvpsPopulationStratumIndicatorCategory.xsd*.

Table 66: RADVPS Population Summary Stratum Indicator

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Stratum Indicator	Strata 1-9 represent low, medium and high-risk enrollees with at least one (1) HCC or at least one (1) RXC for each age model. Stratum 10 includes enrollees that have no HCCs and no RXCs. Note: Only the adult RA model includes RXCs therefore only the adult strata 1-3 can have a pharmacy claim count > 0. Strata 4-10 Total Pharmacy Claims = 0.	Stratum Type	1	stratumLevel	String	minLength = 0 Enumeration Values: "1: Adult – Low" "2: Adult – Medium" "3: Adult – High" "4: Child – Low" "5: Child – Medium" "6: Child – High" "7: Infant – Low" "8: Infant – Medium" "9: Infant – High" "10: No HCCs and No RXCs"
Stratum Size	The total number of Enrollee IDs from the issuer's population that were selected for this stratum.	Stratum Type	1	stratumSize	Integer	minInclusive = 0; maxInclusive = 999999999
Mean Risk Score	The weighted average of the risk score using member months. This is using the risk score calculated for RADV based on the demographic, CSR, enrollment duration, RXC (and interaction) and HCC (and interaction) factors.	Stratum Type	1	meanRiskScore	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Min Risk Score	The minimum of the weighted average risk score using member months. This is using the risk score calculated for RADV based on the demographic, CSR, enrollment duration, RXC (and interaction) and HCC (and interaction) factors	Stratum Type	1	minRiskScore	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Table 66: RADVPS Population Summary Stratum Indicator (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Max Risk Score	The maximum of the weighted average risk score using member months. This is using the risk score calculated for RADV based on the demographic, CSR, enrollment duration, RXC (and interaction) and HCC (and interaction) factors.	Stratum Type	1	maxRiskScore	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Standard Deviation Risk Score	The standard deviation of the weighted average risk score using member months. This is using the risk score calculated for RADV based on the demographic, CSR, enrollment duration, RXC (and interaction) and HCC (and interaction) factors.	Stratum Type	1	stdDevRiskScore	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Minimum Date of Birth	Minimum date of birth of enrollees selected for the risk score calculation.	Stratum Type	1	minDateOfBirth	String	Length = 10 Strict: YYYY-MM-DD
Maximum Date of Birth	Maximum date of birth of enrollees selected for the risk score calculation.	Stratum Type	1	maxDateOfBirth	String	Length = 10 Strict: YYYY-MM-DD
Mean Age	Mean Age of enrollees selected for the risk score calculation (age as of the last day of the last enrollment period).	Stratum Type	1	meanAge	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Table 66: RADVPS Population Summary Stratum Indicator (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Average Premium	Weighted average premium, using member months, of enrollees selected for the risk score calculation. This element is calculated by dividing the total premium paid (totalPremiumAmount) by the total number of member months in the payment year of all enrollees in the stratum. Note: Non-billable member months are included in the denominator when performing the weighted average.	Stratum Type	1	averagePremium	Decimal	minInclusive = 0; maxInclusive = 999999999999.99
Total Premium Amount	Total premium amount paid in the payment year for all enrollment periods in the stratum. The paid amount for each enrollment period is calculated by multiplying the monthly premium by the number of member months of the enrollment period within the payment year. Note: Non-subscriber enrollment periods do not contribute to the total premium amount.	Stratum Type	1	totalPremiumAmount	Decimal	minInclusive = 0; maxInclusive = 999999999999.99
Total Medical Claims	Total medical claims for all enrollees in the defined strata. This only includes all active, RA eligible medical claims.	Stratum Type	1	totalMedicalClaims	Integer	minInclusive = 0; maxInclusive = 999999999
Total Medical Plan Paid Amount	Total amount paid for all active, RA eligible medical claims for all enrollees in the defined strata.	Stratum Type	1	totalMedicalPlanPaidAmount	Decimal	minInclusive = 0; maxInclusive = 999999999999.99

Table 66: RADVPS Population Summary Stratum Indicator (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Number of Diagnoses Codes	Total number of Diagnosis Codes for all enrollees in the defined strata contained on RA eligible claims. Duplicate codes are counted for an individual enrollee.	Stratum Type	1	totalNumberDiagnosisCodes	Integer	minInclusive = 0; maxInclusive = 999999999
Total Number of RA Diagnoses Codes	Total number of RA Diagnosis Codes that map to an HCC for all enrollees in the defined strata contained on RA eligible claims. Duplicate codes are counted for an individual enrollee.	Stratum Type	1	totalNumberRADiagnosisCodes	Integer	minInclusive = 0; maxInclusive = 999999999
Total Number of HCCs	Total number of HCCs de-duplicated for each enrollee within the strata after the HCC hierarchy is applied.	Stratum Type	1	totalNumberOfHCCs	Integer	minInclusive = 0; maxInclusive = 999999999
Total Number of Unique Diagnosis Codes	Total number of Diagnosis Codes, de-duplicated for enrollee in the defined strata contained on RA eligible claims. Duplicate codes are only counted once for an individual enrollee.	Stratum Type	1	totalNumberUniqueDiagnoses	Integer	minInclusive = 0; maxInclusive = 999999999
Total Number of Unique RA Diagnosis Codes	Total number of RA Diagnosis Codes, de-duplicated for each enrollee, that map to an HCC for all enrollees in the defined strata contained on RA eligible claims. Duplicate codes are only counted once for an individual enrollee.	Stratum Type	1	totalNumberUniqueRADiagnosis	Integer	minInclusive = 0; maxInclusive = 999999999
Total Pharmacy Claims	Total pharmacy claims for all enrollees in the defined strata. This only includes RA eligible pharmacy claims. Note: Only the adult RA model includes RXCs therefore only the	Stratum Type	1	totalRxClaims	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
	adult strata 1-3 can have a pharmacy claim count > 0. Strata 4-10 Total Pharmacy Claims = 0.					
Total Pharmacy Plan Paid Amount	Total plan paid amount from all RA eligible pharmacy claims for enrollees belonging to the stratum. Note: Only the adult RA model includes RXCs therefore only the adult strata 1-3 will have a Total Pharmacy Plan Paid amount > 0. Strata 4-10 Total Pharmacy Plan Paid Amount = 0.	Stratum Type	1	totalRxPlanPaidAmountok	Decimal	minInclusive = 0; maxInclusive = 99999999999.99
Total Number of RA NDC Codes	Total number of RA NDC Codes that map to an RXC for all enrollees in the defined strata contained on RA eligible pharmacy claims. Duplicate codes are counted for an individual enrollee.	Stratum Type	1	totalRANdcCodes	Integer	minInclusive = 0; maxInclusive = 999999999
Total Unique Number of RA NDC Codes	Total number of RA NDC Codes, de-duplicated for each enrollee, that map to an RXC for all enrollees in the defined strata contained on RA eligible pharmacy claims. Duplicate codes are counted once for an individual enrollee.	Stratum Type	1	totalUniqueRANdcCodes	Integer	minInclusive = 0; maxInclusive = 999999999
Total Number of Payment RXCs	Total number of RXCs de-duplicated for each enrollee within the strata after the RXC hierarchy is applied.	Stratum Type	1	totalPaymentRxcS	Integer	minInclusive = 0; maxInclusive = 999999999
Total Unique HCPCS That Created Payment RXCs	Total service codes from medical claims, de-duplicated for each enrollee within the strata that created payment RXCs (i.e., after imposing hierarchy) for enrollees in the defined strata	Stratum Type	1	totalUniqueHcpcsThatCreatedPmtRxcS	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Unique Payment RXCs Created By HCPCS	Total number of RXCs de-duplicated for each enrollee within the strata after the RXC hierarchy is applied, that are created by a HCPCS service code on medical claim mapping to the RXC.	Stratum Type	1	totalUniquePmtRxcsCreatedByHcpcs	Integer	minInclusive = 0; maxInclusive = 999999999

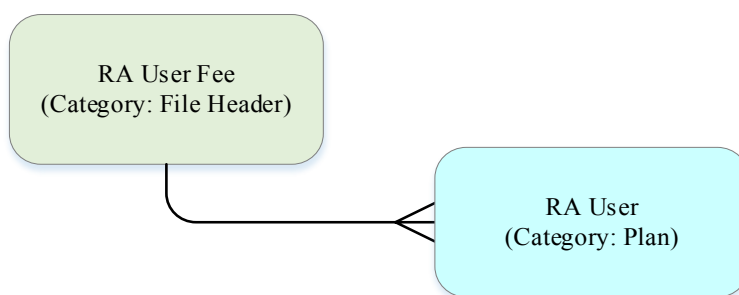
RA User Fee (RAUF) Message Format (or Record Layout) and Required Protocols

The outbound RAUF Report is available to CMS and the issuer/submitting organization. This report contains information on RA User Fee amounts calculated on each issuer's edge server and is an input sent to the edge calculation module. RA User Fee is calculated on each issuer's EDGE server. The RAUF Report will be generated with the RA User Fee batch job.

5.1.1.14 File Layout

This section specifies the file layout for the RAUF Report. At a high level, it consists of two (2) record types or categories of information, as shown in Figure 7.

Figure 7: EDGE Server RA User Fee Categories



The RAUF Report consists of a report File Header category and a Plan category.

The RAUF XSD schema that should be utilized for creating and reading from the XML output report is listed in Appendix A.

5.1.1.15 Field/Data Elements and Descriptions

The data characteristics for the RAUF RA File Header category are as shown in Table 65. The root element of the RAUF in the XSD is `RaUserFeeReport` (*RaUserFeeReport.xsd*). This element is required and all the other elements defined in this section for the RAUF are embedded within this element start and end tags.

Table 67: RAUF RA User Fee File Header

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Report Header	This XML element describes the file processing header related elements for this report. It uses the shared common file header XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the file header section of the report.	File Header	1	RARCommonOutboundFileHeader	Report Header	none
Calendar Year	For example, 2014 or 2015	File Header	1	calendarYear	String	Strict: YYYY
Execution Type	Designate preliminary or final run.	File Header	1	executionType	String	minLength = 1; maxLength = 30 Enumeration Values: "P": Preliminary "F": Final
Total Enrollees	Total count of enrollees for a distinct plan.	File Header	1	uniqueEnrollees	Integer	minInclusive = 1; maxInclusive = 999999999
Total Billable Member Months	Total count of billable member months for all enrollees in a distinct plan at the issuer level, reflected using 15 decimal places.	File Header	1	totalBillableMemberMonths	Decimal	None
Total RA User Fee	Sum of all calculated UF across all plans for an issuer, reflected using 15 decimal places.	File Header	1	totalRAUserFee	Decimal	None
Plan Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Plan	1 or more per insurance plan in the reported submission file	includedPlanIdentifier	RaUserFeePlanCategory.xsd	None

The data characteristics for the RAUF RA User Fee Plan category are as shown in Table 68. These elements are defined in the *RaUserFeePlanCategory.xsd*.

Table 68: RAUF User Fee Plan

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan ID	Unique identifier for insurance plan offered by issuer that the enrollee is covered under. The Plan ID includes the CSR variant.	Plan	1	planIdentifier	String	Length = 16
State	State where the plan is offered.	Plan	1	State	String	Length = 2
Total enrollees	Total count of enrollees for a distinct plan.	Plan	1	totalEnrollees	Integer	minInclusive = 1; maxInclusive = 999999999
Total billable member months	Total count of billable member months for all enrollees in a distinct plan, reflected using 15 decimal places.	Plan	1	totalBillableMemberMonths	Decimal	None
Total RA User Fee	Total enrollee billable member months x UF rate for a distinct plan, reflected using 15 decimal places.	Plan	1	totalRAUserFee	Decimal	None

RA Payment HCC Enrollee Report (RAPHCCER) Message Format (or Record Layout) and Required Protocols

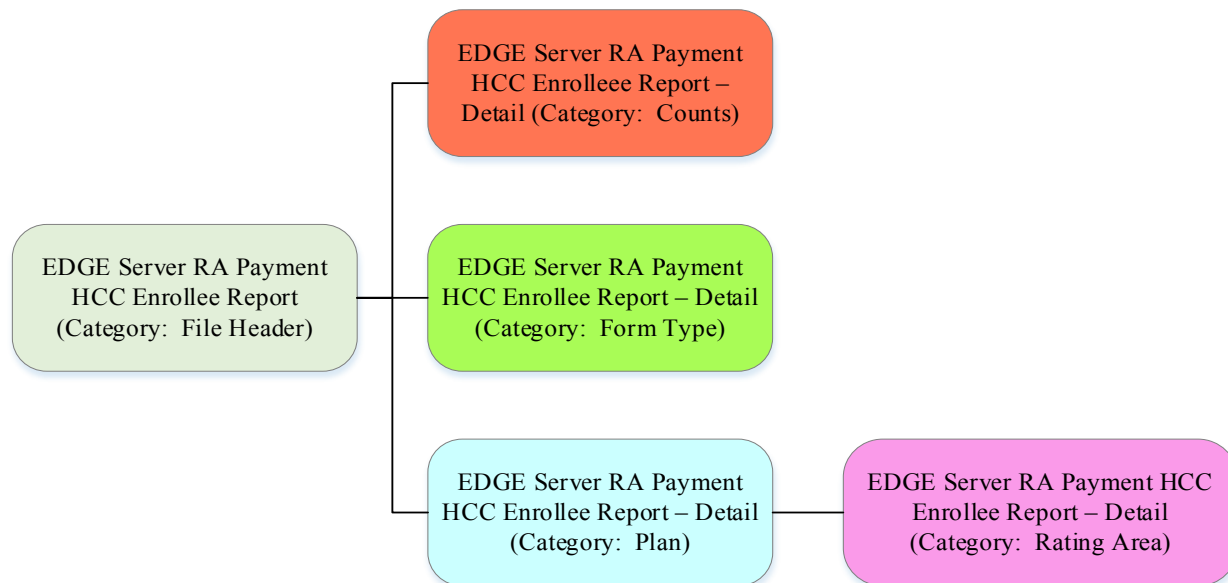
The outbound RAPHCCER Report is available to CMS and the issuer/submitting organization. This report contains information on total counts in relation to RA HCC claims and enrollees. The RAPHCCER Report will be generated each time the RA calculation process is executed.

Note – System generated cross year enrollment periods, created during the RA calculation in order to include qualifying cross year claims, are included by the system when calculating the values in this report.

5.1.1.16 File Layout

This section specifies the file layout for the RAPHCCER Report. At a high level, it consists of Five (5) record types or categories of information, as shown in Figure 20.

Figure 8: EDGE RA Payment HCC Enrollee Report



The RAPHCCER Report consists of report File Header, Counts, Form Type, Plan, and Rating Area categories.

The RAPHCCER XSD schema that should be utilized for creating and reading from the XML output report is listed in Appendix B.

5.1.1.17 Field/Data Elements and Descriptions

The data characteristics for the EDGE Server RA Payment HCC Enrollee Report (RAPHCCER) category are as shown in Table 67. The root element of the RAPHCCER in the XSD is RAPaymentHCCEnrolleeReport (RAPaymentHCCEnrolleeReport.xsd). This element is required and all the other elements defined in this section for the RAPHCCER are embedded within this element start and end tags.

Table 69: EDGE Server RA Payment HCC Enrollee Report Header

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Report Header	This XML element describes the file processing header related elements for this report. It uses the shared common file header XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the file header section of the report.	File Header	1	includedFileHeader	RARCommonOutboundFileHeader.xsd	none
Calendar Year	The calendar year in which RA was executed.	File Header	1	calendarYear	String	Length = 4 Strict: YYYY
State	The issuer state.	File Header	1	State	String	minLength = 0 maxLength = 2
Total Member Months for All Enrollees with Payment HCCs	Total member months for all enrollees with payment HCCs. This count includes all member months for enrollment periods for which the enrollee has at least 1 payment HCC applied for the payment year and the enrollment period has at least 1 day of enrollment in the payment year. Note: Member months for included enrollment periods that fall outside the payment year are included.	File Header	1	totalMemberMonthsEnrolleePmtHCC	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Number of Enrollees with Payment HCCs	Number of Unique Enrollee IDs for the issuer with payment HCCs.	File Header	1	numberOfEnrolleesPmtHCC	Integer	minInclusive = 0 maxInclusive = 999999999

Table 69: EDGE Server RA Payment HCC Enrollee Report Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Allowed Amount for RA Payment HCC Enrollees	Total allowed amount for all accepted medical claims for RA payment HCC enrollees (not limited to RA included medical claims) (issuer level).	File Header	1	totalAllowedAmountRAPmtHCCEnr	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Paid Amount for RA Payment HCC Enrollees	Total paid amount for all accepted medical claims for RA payment HCC Enrollees (not limited to RA included medical claims) (issuer level).	File Header	1	totalPaidAmountRAPmtHCCEnr	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
RA Diagnoses per RA Payment HCC Enrollee	The average number for unique RA Diagnoses Codes per RA Payment HCC Enrollee. (Count of the unique RA Diagnosis Codes for each unique RA payment HCC Enrollee ID /Total unique RA Payment HCC Enrollee ID) (note: diagnoses are de-duplicated at the each level of summation) (Issuer level).	File Header	1	raDiagnosesPerRAHCCEnr	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Counts Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Counts	1	includedCountsCategory	RAPaymentHCCEnrolleeReportCountsCategory.xsd	none
Form Type Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Form Type	2	includedFormTypeCategory	RAPaymentHCCEnrolleeReportFormTypeCategory.xsd	none
Plan Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Plan	1 or more	includedPlanCategory	RAPaymentHCCEnrolleeReportPlanCategory.xsd	none

The data characteristics for the EDGE Server RA Payment HCC Enrollee Report Counts are as shown in Table 70. These elements are defined in the RAPaymentHCCEnrolleeReportCountsCategory.xsd.

Table 70: EDGE Server RA Payment HCC Enrollee Report Counts

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Claims Not Acceptable for RA Utilizers	The total count of RA ineligible medical claims for enrollees that are RA utilizers. RA Utilizer has at least one (1) RA Claim.	Counts	1	totalClaimsNotAcceptableRAUtilizers	Integer	minInclusive = 0 maxInclusive = 999999999
Total Claims Not Acceptable for RA Payment HCC Enrollees	The total count of RA ineligible medical claims for enrollees that are RA Payment HCC Enrollees.	Counts	1	totalClaimsNotAcceptableRAPmtHCCEnr	Integer	minInclusive = 0 maxInclusive = 999999999
Diagnoses per All Claims	The average number of Diagnosis Codes per medical claims.	Counts	1	diagnosesPerAllClaim	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Diagnoses per RA Claim	The average number of Diagnosis Codes per RA claim.	Counts	1	diagnosesPerRAClaim	Decimal	minInclusive = 0 maxInclusive = 999999999.99
RA Diagnoses per RA Claim	The average RA Diagnoses Codes (found in the reference data) per RA claim.	Counts	1	raDiagnosesPerRAClaim	Decimal	minInclusive = 0 maxInclusive = 999999999.99

The data characteristics for the EDGE Server RA Payment HCC Enrollee Report Form Type are as shown in Table 71. These elements are defined in the RAPaymentHCCEnrolleeReportFormTypeCategory.xsd.

Table 71: EDGE Server RA Payment HCC Enrollee Report Form Type

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Form Type	The form type code related to the following calculations.	Form Type	1	formType	String	minLength = 0 maxLength = 1 "I" = Institutional "P" = Professional
Total Allowed Amount for RA Payment HCC Enrollees	Total allowed amount for all accepted medical claims by form type for RA payment HCC enrollees (not limited to RA included medical claims).	Form Type	1	totalAllowedAmtRAPmtHCCEnr	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
Total Plan Paid Amount for RA Payment HCC Enrollees	Total paid amount for all accepted medical claims by form type for RA payment HCC Enrollees (not limited to RA included medical claims).	Form Type	1	totalPlanPaidAmtRAPmtHCCEnr	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
Claims per RA Payment HCC Enrollee	The average medical claims per RA payment HCC enrollee.	Form Type	1	claimsPerRAPmtHCCEnr	Decimal	minInclusive = 0 maxInclusive = 99999999.99
RA Claims per RA Payment HCC Enrollee	The average RA claims per RA payment HCC enrollee.	Form Type	1	raClaimsPerRAPmtHCCEnr	Decimal	minInclusive = 0 maxInclusive = 99999999.99

The data characteristics for the EDGE Server RA Payment HCC Enrollee Report Plan are as shown in Table 72. These elements are defined in the RAPaymentHCCEnrolleeReportPlanCategory.xsd.

Table 72: EDGE Server RA Payment HCC Enrollee Report Plan

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan ID	14-digit plan identifier.	Plan	1	planID	String	minLength = 0 maxLength = 14
Total Member Months for All Enrollees with Payment HCCs	Total member months for all enrollees with payment HCCs. This count includes all member months for enrollment periods for which the enrollee has at least 1 payment HCC applied for the payment year and the enrollment period has at least 1 day of enrollment in the payment year. Note: Member months for included enrollment periods that fall outside the payment year are included.	Plan	1	totalMemberMonthsEnrolleePmtHCC	Decimal	minInclusive = 0.00 maxInclusive = 999999999.99
Number of Enrollees with Payment HCCs	Number of Unique Enrollee IDs with payment HCCs.	Plan	1	numberOfEnrolleesPmtHCC	Integer	minInclusive = 0 maxInclusive = 999999999
Total Allowed Amount for RA Payment HCC Enrollees	Total allowed amount for all accepted medical claims by plan ID for RA payment HCC enrollees (not limited to RA included medical claims).	Plan	1	totalAllowedAmountRAPmtHCCEnr	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Paid Amount for RA Payment HCC Enrollees	Total paid amount for all accepted medical claims by plan ID for RA payment HCC Enrollees (not limited to RA included medical claims).	Plan	1	totalPaidAmountRAPmtHCCEnr	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
RA Diagnoses per RA Payment HCC Enrollee	The average number for Diagnosis Codes per unique RA payment HCC Enrollee ID (count of the unique RA Diagnoses Codes for each Unique Enrollee ID for all plans/Total Unique Enrollee IDs in the plan with an RA Payment HCC in any plan). (Note: diagnoses are de-duplicated at the each level of summation and counted for medical claims in all plans).	Plan	1	raDiagnosesPerRAHCCEnr	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Rating Area Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Rating Area	1 or more	includedRatingAreaCategory	RAPaymentHCCEnrolleeReportRatingAreaCategory.xsd	none

The data characteristics for the EDGE Server RA Payment HCC Enrollee Report Rating Area are as shown in Table 73. These elements are defined in the RAPaymentHCCEnrolleeReportRatingAreaCategory.xsd.

Table 73: EDGE Server RA Payment HCC Enrollee Report Rating Area

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Rating Area	Rating Area associated with the Plan ID.	Rating Area	1	ratingArea	String	maxLength = 3
Total Member Months for All Enrollees with Payment HCCs	Total member months for all enrollees with payment HCCs. This count includes all Member Months for enrollment periods for which the enrollee has at least 1 payment HCC applied for the payment year and the enrollment period has at least 1 day of enrollment in the payment year. Note: Member Months for included enrollment periods that fall outside the payment year are included.	Rating Area	1	totalMemberMonthsEnrolleePmtHCC	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Number of Enrollees with Payment HCCs	Number of enrollees with payment HCCs.	Rating Area	1	numberOfEnrolleesPmtHCC	Integer	minInclusive = 0 maxInclusive = 999999999
Total Allowed Amount for RA Payment HCC Enrollees	Total allowed amount for RA payment HCC enrollees.	Rating Area	1	totalAllowedAmountRAPmtHCCEnr	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 73: EDGE Server RA Payment HCC Enrollee Report Rating Area (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Paid Amount for RA Payment HCC Enrollees	Total paid amount for RA payment HCC enrollees.	Rating Area	1	totalPaidAmountRA PmtHCCEnr	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
RA Diagnoses per RA Payment HCC Enrollee	The average number for diagnoses codes per unique RA payment HCC Enrollee ID (count of the unique RA Diagnoses Codes for each Unique Enrollee ID for all plans by Rating Area/Total Unique Enrollee IDs in the plan with an RA Payment HCC in any plan by Rating Area). (Note: diagnoses are de-duplicated at the each level of summation and counted for medical claims in all plans).	Rating Area	1	raDiagnosesPerRAH CCEnr	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Counts Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Counts	1	includedCountsCate gory	RAPaymentHCCEnroll eeReportCountsCate gory.xsd	none
Form Type Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Form Type	2	includedFormTypeC ategory	RAPaymentHCCEnroll eeReportFormTypeCat egory.xsd	none

Communication Methods

This section describes the communication methods for the EDGE server. All communication between the EDGE server and CMS Management Console will use Secure Sockets Layer (SSL), namely Secure Shell (SSH)/Secure File Transfer Protocol (SFTP) and Hyper Text Transfer Protocol Secure (HTTPS). Further, all Web browser communication with the EDGE server will also be done using HTTPS. Internet Protocol (IP) Tables will be configured for the EDGE server to restrict incoming and outgoing network traffic across the server only for specific ports.

- Interface Initiation

The system operates on a SFTP interface along with user interface for lightweight submission and report access with 24/7 availability.

- Flow Control

Prior to start of the submission file structure and data validations, the system will create a backup of the inbound file and the data repository. After the data processing logic is executed, the system will create another backup of the outbound files and the data processing. This allows the system to recover from any failures and minimize reprocessing of data.

Notification of failures will be communicated to the EDGE server user through email. Detailed processing reports will sent to the issuer/submitter to correct the erroneous data and allow for resubmittal of the corrected information. The detailed error report will identify the records that are in error including the data element, submitted value and the detailed error message flagging the error. This allows the user to quickly identify their errors and apply the appropriate data corrections. The issuer/submitter can view the reports or data files using their Web browser user interface. Alternatively, they can download the files using SFTP either manually or as part of an automated process. The error reports will be placed in the output folder of the EDGE server application.

Security Requirements

The security requirements for accessing the outbound files are described in the existing EDGE server ICD published on REGTAP, document number: *0.0.4-CMSES-ICD-4763*.

Acronyms

Table 74: Acronyms

Acronym	Literal Translation
ACA	Affordable Care Act of 2010
APTC	Advanced Premium Tax Credit
ARF	Age Rating Factor
AWS	Amazon Web Services
CCIO	Center for Consumer Information and Insurance Oversight
CEFR	EDGE Server Claim and Enrollee Frequency Report
CMS	Centers for Medicare & Medicaid Services
CMS-ES	CMS-EDGE Server
CPT/HCPCS	Current Procedural Terminology/ Healthcare Common Procedure Coding System
CSR	Cost Sharing Reduction
DOB	Date Of Birth
Dx	Diagnosis
ECD	Enrollee Claims Detail
ECS	Enrollee Claims Summary
EDGE	External Data Gathering Environment
EDI	Electronic Data Interchange
ES	EDGE Server
ESBR	EDGE Server Business Rules
ESES	EDGE Server Enrollment Submission
ESMCS	EDGE Server Medical Claims Submission
ESPCS	EDGE Server Pharmacy Claims Submission
ESSFS	EDGE Server Supplemental File Submission
FDEEAF	Frequency by Data Element for Enrollment Accepted Files Report
FDEMAF	Frequency by Data Element for Medical Accepted Files Report
FDEPAF	Frequency by Data Element for Pharmacy Accepted Files Report
FDESAF	Frequency by Data Element for Supplemental Accepted Files Report
FFM	Federally Facilitated Marketplace
HCC	Hierarchical Condition Category
HCRP	High Cost Risk Pool
HHS	Health & Human Services
HIPAA	Health Insurance Portability and Accountability Act
HTTPS	Hypertext Transfer Protocol Secure
ICD	Interface Control Document
ICD-10	International Classification of Diseases, Tenth Revision
ICD-9	International Classification of Diseases, Ninth Revision
ID	Identifier

Acronym	Literal Translation
IHCC	Infact Hierarchy Condition Category
IP	Internet Protocol
IVA	Initial Validation Audit
IVAS	Initial Validation Audit Statistics
MC	Medical Claim
MOOP	Maximum Out Of Pocket
MR	Medical Record
NDC	National Drug Code
NPI	National Provider Identifier
PHI	Protected Health Information
RA	Risk Adjustment
RACSD	Risk Adjustment Claim Selection Detail Report
RACSS	Risk Adjustment Claim Selection Summary Report
RADV	Risk Adjustment Data Validation
RADVDE	Risk Adjustment Data Validation Detailed Enrollee Report
RADVEE	Risk Adjustment Data Validation Enrollment Extract Report
RADVIVAS	Risk Adjustment Data Validation Initial Validation Audit Statistics Report
RADVMCE	Risk Adjustment Data Validation Medical Claim Extract Report
RADVPS	Risk Adjustment Data Validation Population Summary Statistics Report
RADVSE	Risk Adjustment Data Validation Supplemental Extract Report
RAPHCCER	Risk Adjustment Hierarchy Condition Category
RARI	Risk justment Reinsurance
RARSD	RA Risk Score Detail Report
RARSS	Risk Adjustment Risk Score Summary Report
RATEE	Risk Adjustment Transfer Elements Extract
RAUF	Risk Adjustment User Fee
REGTAP	Registration for Technical Assistance Portal
RI	Reinsurance
RIDE	Reinsurance Detail Enrollee Report
RISR	Reinsurance Summary Report
RxC	Pharmacy Claim
SBM	State Based Marketplace
SE	EDGE Server System Error Report
SFTP	Secure File Transfer
SSH	Secure Shell
SSL	Secure Sockets Layer
UF	User Fee
XML	Extensible Markup Language
XSD	XML Schema Definition

Appendix A EDGE Server Outbound Reports XSDs

This section presents the XSD schema for the outbound reports generated by the EDGE server. The issuer/submitter will utilize these files to process the XML instance of these reports. These files are located in the REGTAP Library at <https://www.REGTAP.info/>.

- RA Claim Selection Detail
- RA Claim Selection Summary
- RA Risk Score – Detail
- RA Risk Score – Summary
- RA User Fee
- RA Transfer Elements Extract
- RADV Population Statistics Summary

Appendix B Referenced Documents

Table 75: Referenced Documents

Document Name	Document Number / URL	Issuance Date
Interface Control Document (ICD) Version 02.01.07	URL: https://www.REGTAP.info Document Number: 0.0.4-CMSES-ICD-4763	8/11/2015

Appendix C System Error Codes

This section defines the Error Codes that will be used for the EDGE Server System Error outbound Report. The table below specifies the Error Codes:

Table 76: System Error Codes

Unique Error Code	Error Code Description
100	Java.lang.OutOfMemoryError: Java heap space

Appendix D Document Control History

The table below records information regarding changes made to this document prior to the most recent maintenance release of this ICD Addendum.

Version Number	Date	Author/Owner	Description of Change
01.00.00	12/14/2014	Accenture / CCIIO	Initial Version
05.00.22	11/9/18	Accenture / CCIIO	Create separate ICD Addendum for Risk Adjustment **For changes prior to version 05.00.22, refer to the RARI ICD Consolidated Version History