



Centers for Medicare & Medicaid Services

CMS-EDGE Server / CMS-ES

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

Feb 11, 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
05.00.22	10/23/18	Accenture / CCIO	Create separate ICD Addendum for RADV **For changes prior to version 05.00.22, refer to the RARI ICD Consolidated Version History
05.00.22	10/26/18	Accenture / CCIO	EDGE Q1 2019/ EDGE 30.0 release updates For CR FFMFM-585: (Section 5.1.1.7): Added the following elements to the RADVDE report : • Total Pharmacy Claims • Total Payment RXCs • Total Number of RA NDC Codes • RXC • Unique RA NDC Code Updated stratum Indicator description enumeration for stratum 10 to say “No HCCs and No RXCs” in RADVDE report (Section 5.1.1.7) For CR FFMFM-586: Sections 5.1.1.3 and 5.1.1.5: Updated RADVIVAS and RADVPSF reports to include the new pharmacy elements that were added to RADVPS • Total Pharmacy Claims • Total Pharmacy Plan Paid Amount • Total Number of RA NDC Codes • Total Unique Number of RA NDC Codes • Total Number of Payment RXCs • Total Unique HCPCS That Created Payment RXCs • Total Unique Payment RXCs Created By HCPCS Updated field names for following elements: • Total Medical Claims • Total Medical Plan Paid Amount Updated stratum Indicator description enumeration for stratum 10 to say “No HCCs and No RXCs” Updated the following field descriptions to specify RXC and interaction factors: • Mean Risk Score • Min Risk Score • Max Risk Score • Standard Deviation Risk Score

Version Number	Date	Author/Owner	Description of Change
			Section 5.1.1.13: Created EDGE Server RADV Pharmacy Claim Extract Report (RADVPCE) For CR FFMFM-656: Section 5.1.1.9 Added language to section 5.1.1.9 RADVEE report to specify it will now include all enrollment periods for enrollees that are in the IVA sample
05.00.22	11/5/18	Accenture / CCIIO	EDGE Q1 2019/ EDGE 30.0 release updates For all CRs: Specified in Sections 5.1.1.1-5.1.1.14 that reports from preliminary runs are not sent to issuers Updated section 1 to specify that the ICD addendum was split into 5 different ICDs Updated Functional Allocation section in Section 4 Updated FileNaming Convention Example in Section 5 to include RADV example Updated the description for the following field in Section 5.1.1.7 (Table 9) for RADVDE report: - Total Enrollment Periods Add the following field in Section 5.1.1.9 (Table 12) for RADVEE report: - Market Type
05.00.22	11/15/18	Accenture / CCIIO	EDGE Q1 2019/ EDGE 30.0 release updates For all CRs: Updated verbiage in introductory Sections 1 and 4 Updated the description, length restriction and enumeration for the following field in section 5.1.1.9 (Table 12) for the RADVEE report: - Market Type Updated field description for the following field in sections 5.1.1.3 (Table 5) and 5.1.1.5 (Table 7) for RADVPSF and RADVIVAS report - Stratum Indicator Updated the minLength on the following field in section 5.1.1.13 (Table) for RADVPCE report: - voidReplaceCode - dispensingStatusCode Removed the following field in section 5.1.1.13 (Table) for RADVPCE report:

Version Number	Date	Author/Owner	Description of Change
			policyPaidTotalAmount
05.00.22	12/11/18	Accenture / CCIIO	EDGE Q1 2019/ EDGE 30.0 release updates For all CRs: Updated fieldname for the following field in section 5.1.1.3 (Table 5) for RADVPSF report: - totalMedicalClaims Updated fieldname for the following field in sections 5.1.1.3 (Table 5) and 5.1.1.5 (Table 7) for RADVPSF and RADVIVAS report - totalMedicalPlanPaidAmount Removed the following field in section 5.1.1.13 (Table) for RADVPCE report: - originalClaimIdentifier
05.00.23	2/5/19	Accenture / CCIIO	EDGE Q1 2019/ EDGE 30.0 release updates Table 14: RADVMCE RADV Medical Claim Extract Insurance Plan Category Data Updated the description of the Plan ID field. Added two new fields: - RA Eligible Flag - RX Eligible Flag

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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- 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 Data Validation (RADV) 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_library.php?i=2673

2 Introduction

This is one of five addendum 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 RADV reports defined in this document can only be initiated by CMS Initiated Remote Command.

Transactions

The following reports are defined in this document. Once executed, all files only from the RADV final run are provided to the issuer/submitter and all files from both the preliminary and final runs are provided to CMS for review.

- RADV Population Summary Statistics Final Report
- RADV IVA Statistics Report
- RADV Detailed Enrollee Report
- RADV Enrollment Extract Report
- RADV Medical Claim Extract Report
- RADV Pharmacy Claim Extract Report
- RADV Supplemental Extract Report

Note – The Risk Adjustment Data Validation (RADV) Detailed Enrollee Report, RADV Enrollment Extract Report, RADV Medical Claim Extract Report, RADV Pharmacy Claim Extract Report, and RADV Supplemental Extract Report all contain detailed enrollee level data that is provided to CMS in order to support the RADV audit.

Note – The Risk Adjustment Data Validation Population Summary Statistics (RADVPS) report is generated with the RA job and can be found in the RARI ICD- RA Addendum.

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
- Data Validation Sampling 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

Note: RADV sampling detail reports are sent to 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/CCIO 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.

Data Validation Sampling Reports are outbound files indicating data to be validated on a sample of enrollees from the issuer's EDGE server. These reports are used by the issuer and CMS to conduct the RADV audit.

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 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:

- RADV Population Summary Statistics Final Report
- RADV IVA Statistics Report
- RADV Detailed Enrollee Report
- RADV Enrollment Extract Report
- RADV Medical Claim Extract Report
- RADV Pharmacy Claim Extract Report
- RADV Supplemental Extract Report

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. RADVMCE.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

Parameter	Description	Enumeration Values
		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'

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 *RARICCommonOutboundFileHeader.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	outboundFileGenerationDateTim e	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

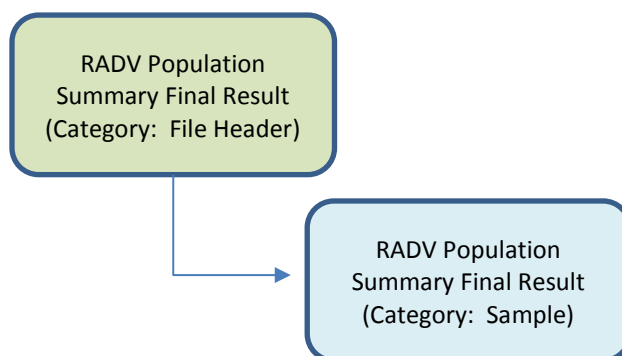
RADV Population Summary Statistics Final (RADVPSF) Report Message Format (or Record Layout and Required Protocols

The outbound RADVPSF Report is available to CMS from both the preliminary and the final run. The RADVPSF report is available to the issuer/submitting organization, only from the RADV final run. This report will be generated with the RADV batch job. The RADVPSF Report has the same field elements as the RADVPS report, however the RADVPSF Report will include only enrollees in a risk pool market where a risk adjustment transfer occurs, and excludes enrollees in a risk pool market if the issuer is the only issuer in that risk pool market. This report contains population statistics calculated per stratum for the population of the issuer from the risk pool markets included in the RADV sample calculation. Additionally, the total enrollees used in the RADV sample calculation are provided by risk pool market (individual, small group, catastrophic) in the RADVPSF report.

5.1.1.2File Layout

This section specifies the file layout for the RADVPSF Report. At a high level, it consists of two (2) record types or categories of information as shown in Figure 1.

Figure 1 : EDGE Server RADV Population Summary Statistics Final Report



The RADVPSF Report consists of a report File Header category and an issuer Summary Result data category.

The RADVPSF 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 RADV Population Summary Statistics Final category are as shown in Table 4. The root element of the RADVPSF in the XSD is `radvPopulationSummaryStatisticsFinal` (*radvPopulationSummaryStatisticsFinal.xsd*). This element is required and all the other elements defined in this section for the RADVPSF are embedded within this element start and end tags

Table 4: RADVPSF RADV Populations Summary Statistics Final 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	RARICCommonOutboundFileHeader	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. Note: This field is populated with the actual number of plans from the risk pool markets included in RADV.	File Header	1	totalNumberOfPlanIds	Integer	minInclusive = 0; maxInclusive = 999999999

Table 4: Table 4: RADVPSF RADV Populations Summary Statistics Final File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Enrollees	Total number of unique enrollees selected for the risk score calculation. Note: This field is populated with the actual number of enrollees used in the RADV sample calculation.	File Header	1	totalNumberEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
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. Note: This field is populated with the actual number of enrollees in the individual market, if used in the RADV sample 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. Note: This field is populated with the actual number of enrollees in the small group market, if used in the RADV sample calculation.	File Header	1	totalSmallGroupNumberEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999

Table 4: RADVPSF RADV Populations Summary Statistics Final File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
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. Note: This field is populated with the actual number of enrollees in the catastrophic risk pool, if used in the RADV sample 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 RADVPSF Population Summary Stratum Indicator category are as shown in Table 5. These elements are defined in the *radvpsPopulationFinalStratumIndicatorCategory.xsd*

Table 5: RADVPSF Population Summary Statistics Final 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 will include enrollees with RXCs. Note: Stratum in this report must only include enrollees that have at least one enrollment period belonging to a market that has an "Include in RADV" indicator of "Y" in the EDGE Calculation Module (ECM) Issuer Reference Table (IRT). Stratum in this report must exclude enrollment periods belonging to markets that have an Include in RADV indicator of "N" in the ECM IRT table.	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 included in the RADV 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

Table 5: RADVPSF Population Summary Statistics Final Stratum Indicator (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
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
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 5: RADVPSF Population Summary Statistics Final 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 = 999999999.99
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 = 999999999.99
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 = 999999999.99

Table 5: RADVPSF Population Summary Statistics Final 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	totalRxPlanPaidAmount	Decimal	minInclusive = 0; maxInclusive = 9999999999.99
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 RXCs 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

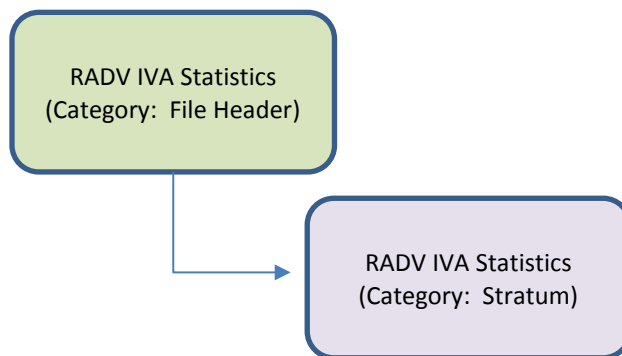
RADV IVA Statistics (RADVIVAS) Report Message Format (or Record Layout) and Required Protocols

The outbound RADVIVAS Report is available to CMS from both, the preliminary run, and the final run. The RADVIVAS is available to the issuer/submitting organization, only from the RADV final run. This report contains sample statistics calculated per stratum for the RADV initial validation audit (IVA) sample. The RADVIVAS Report will be generated with the RADV batch job.

5.1.1.4 File Layout

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

Figure 2 : EDGE Server RADV IVA Statistics Report



The RADVIVAS Report consists of a report File Header category and a Stratum data category.

The RADVIVAS 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 RADV IVA Statistics category are as shown in Table 6. The root element of the RADVIVAS in the XSD is *radvIVASStatistics* (*radvIVASStatistics.xsd*). This element is required and all the other elements defined in this section for the RADVIVAS are embedded within this element start and end tags.

Table 6: RADVIVAS RADV IVA Statistics 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	none
Payment Year	For example, 2014 or 2015.	File Header	1	paymentYear	String	Length = 4 Strict: YYYY
Total Number of Plan IDs	Total number of 16-digit Plan IDs used for the risk score calculation.	File Header	1	totalNumberOfPlanIds	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees	Total number of unique enrollees selected for the audit sample.	File Header	1	totalNumberEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees from Individual Risk Pool Market	Total number of unique enrollees included in the RADV sample from the Individual Risk Pool Market	File Header	1	totalIndividualNumberEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees from Small Group Risk Pool Market	Total number of unique enrollees included in the RADV sample from the Small Group Risk Pool Market	File Header	1	totalSmallGroupNumberEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Total Enrollees from Catastrophic Risk Pool Market	Total number of unique enrollees included in the RADV sample from the Catastrophic Risk Pool Market	File Header	1	totalCatastrophicNumberEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999

Table 6: RADVIVAS RADV IVA Statistics File Header (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
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.	File Header	1..10	includedStratumLevel	radvIVAStatisticsStratumIndicatorCategory	none

The data characteristics for the RADV IVA Statistics Stratum Indicator category are as shown in Table 7. These elements are defined in the *radvIVAStatisticsStratumIndicatorCategory.xsd*.

Table 7: RADVIVAS RADV IVA Statistics 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 that are selected for the IVA sample, 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 will include enrollees with RXCs..	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”

Table 7: RADVIVAS RADV IVA Statistics Stratum Indicator (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Stratum Size	The total number of Enrollee IDs (sample size) that were selected for the IVA sample for this stratum. Note: The target stratum size calculated during the RADV sampling job is always rounded up to the next whole number. For example, 184.2 would be rounded to 185.	Stratum Type	1	stratumSize	Integer	minInclusive = 0; maxInclusive = 999999999
Mean Risk Score	The weighted average of the risk score using member months of the enrollees in the IVA sample, assigned to this stratum. This is using the risk score calculated for RADV based on the demographic, CSR enrollment duration, RXC (and interaction) and HCC (and interaction) factors of the enrollees assigned to this stratum.	Stratum Type	1	meanRiskScore	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Min Risk Score	The minimum of the weighted average risk score using member months of the enrollees in the IVA sample, assigned to this stratum. This is using the risk score calculated for RADV based on the demographic CSR, enrollment duration, RXC (and interaction) and HCC (and interaction) factors of the enrollees assigned to this stratum.	Stratum Type	1	minRiskScore	Decimal	minInclusive = 0; maxInclusive = 999999999.99

Table 7: RADVIVAS RADV IVA Statistics 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 of the enrollees in the IVA sample, assigned to this stratum. This is using the risks score calculated for RADV based on the demographic, CSR enrollment duration, RXC (and interaction) and HCC (and interaction) factors of the enrollees assigned to this stratum.	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 of the enrollees in the IVA sample, assigned to this stratum. This is using the risks score calculated for RADV based on the demographic, CSR enrollment duration, RXC (and interaction) and HCC (and interaction) factors of the enrollees assigned to this stratum. Note: As this represents the standard deviation of a sample, a value of one (1) less than the sample size is used in the denominator of the standard deviation calculation.	Stratum Type	1	stdDevRiskScore	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Minimum Date of Birth	Minimum date of birth of enrollees in the IVA sample selected for this stratum.	Stratum Type	1	minDateOfBirth	String	Strict - YYYY-MM-DD
Maximum Date of Birth	Maximum date of birth of enrollees in the IVA sample selected for this stratum.	Stratum Type	1	maxDateOfBirth	String	Strict - YYYY-MM-DD

Table 7: RADVIVAS RADV IVA Statistics Stratum Indicator (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Mean Age	Mean age of enrollees in the IVA sample selected for this stratum (age as of the last day of the last enrollment period).	Stratum Type	1	meanAge	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Average Premium	Weighted average premium, using member months, of enrollees the IVA sample selected for this stratum. This element is calculated by dividing the total premium paid (totalPremiumAmount) by the total number of member months in the payment year of all enrollee's in the stratum. Note: Non-billable members are included in the denominator when performing the weighted average.	Stratum Type	1	averagePremium	Decimal	minInclusive = 0; maxInclusive = 99999999.99
Total Premium Amount	Total premium amount paid in the payment year for all enrollment periods in the IVA sample for 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 = 99999999.99
Total Medical Claims	Total medical claims for all enrollees in the IVA sample selected for the defined strata. This only includes all active, RA eligible medical claims.	Stratum Type	1	totalMedicalClaims	Integer	minInclusive = 0; maxInclusive = 99999999
Total Medical Plan Paid Amount	Total amount paid for all active, RA eligible medical claims for all enrollees in the IVA sample selected for the defined strata.	Stratum Type	1	totalMedicaPlanPaidAmount	Decimal	minInclusive = 0; maxInclusive = 99999999.99

Table 7: RADVIVAS RADV IVA Statistics 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 IVA sample selected for the defined strata contained on RA eligible claims. Duplicate codes for an individual enrollee are counted.	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 IVA sample selected for the defined strata contained on RA eligible claims. Duplicate codes for an individual enrollee are counted.	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 de-duplicated Diagnosis Codes in the IVA sample selected for the defined strata contained on RA eligible claims. Duplicate codes are counted only once for an individual enrollee.	Stratum Type	1	totalNumberUniqueDiagnoses	Integer	minInclusive = 0; maxInclusive = 999999999
Total Number of Unique RA Diagnosis Codes	Total number of de-duplicated RA Diagnosis Codes for each enrollee that map to an HCC for all enrollees in the IVA sample selected for the defined strata contained on RA eligible claims. Duplicate codes are counted only 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 IVA sample in the defined strata. This	Stratum Type	1	totalRxClaims	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
	only includes RA eligible pharmacy claims. 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.					
Total Pharmacy Plan Paid Amount	Total plan paid amount from all RA eligible pharmacy claims for enrollees in the IVA sample 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	totalRxPlanPaidAmount	Decimal	minInclusive = 0; maxInclusive = 9999999999.99
Total Number of RA NDC Codes	Total number of RA NDC Codes that map to an RXC for all enrollees in the IVA sample 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 in the IVA sample), that map to an RXC for all enrollees in the IVA sample 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 in the IVA sample within the strata after the RXC hierarchy is applied.	Stratum Type	1	totalPaymentRxcS	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Unique HCPCS That Created Payment RXCs	Total service codes from medical claims, de-duplicated for each enrollee in the IVA sample within the strata that created RXCs for enrollees in the defined strata	Stratum Type	1	totalUniqueHcpcsThatCreatedPmtRxc	Integer	minInclusive = 0; maxInclusive = 999999999
Total Unique Payment RXCs Created By HCPCS	Total number of RXCs de-duplicated for each enrollee in the IVA sample 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	totalUniquePmtRxcCreatedByHcpcs	Integer	minInclusive = 0; maxInclusive = 999999999

RADV Detailed Enrollee (RADVDE) Report Message Format (or Record Layout) and Required Protocols

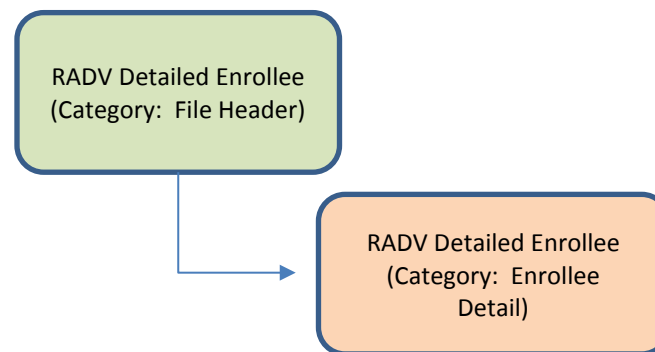
The outbound RADVDE Report is available to CMS from both, the preliminary run, and the final run. The RADVDE is available to the issuer/submitting organization, only from the RADV final run. This report contains enrollee level data for each enrollee included in the RADV IVA sample. The RADVDE Report will be generated with RADV batch job.

This report contains detailed enrollee data and is transmitted to CMS in order to support the RADV audit process.

5.1.1.6 File Layout

This section specifies the file layout for the RADVDE Report. At a high level, it consists of two (2) record types or categories of information, as shown in [Figure 3](#).

Figure 3 : EDGE Server RADV Detailed Enrollee Report



The RADVDE Report consists of a report File Header category and an Enrollee Detail category.

The RADVDE 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 RADV Detailed Enrollee category are as shown in Table 8. The root element of the RADVDE Report in the XSD is *radvDetailedEnrollee* (*radvDetailedEnrollee.xsd*). This element is required and all the other elements defined in this section for the RADVDE Report are embedded within this element start and end tags.

Table 8: RADVDE RADV Detailed Enrollee 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	none
Payment Year	For example, 2014 or 2015.	File Header	1	paymentYear	String	Strict: YYYY
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 audit sample.	File Header	1	totalNumberEnrollees	Integer	minInclusive = 0; maxInclusive = 999999999
Enrollee Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	File Header	1 or more (unbounded)	includedEnrolleeLevel	radvDetailedEnrolleeCategory	none

The data characteristics for the RADV Detailed Enrollee category are as shown in Table 9. These elements are defined in the *radvDetailedEnrolleeCategory.xsd*.

Table 9: RADVDE RADV Detailed Enrollee

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Unique Enrollee ID	Unique identifier for the enrollee. This represents the MASKED identifier submitted by the issuer to the EDGE server.	Enrollee Detail	1	enrolleeIdentifier	String	minLength = 2; maxLength = 80
Risk Score	Risk score calculated for the enrollee.	Enrollee Detail	1	enrolleeRiskScore	Decimal	minInclusive = 0; maxInclusive = 999999999.99999999 99999999
Total Professional Claims	Count of active, RA eligible professional claims selected for the audit sample for the enrollee.	Enrollee Detail	1	totalProfessionalClaims	Integer	minInclusive = 0; maxInclusive = 999999999
Total Institutional Inpatient Claims	Count of active, RA eligible institutional inpatient claims selected for the audit sample for the enrollee.	Enrollee Detail	1	totalInpatientClaims	Integer	minInclusive = 0; maxInclusive = 999999999
Total Institutional Outpatient Claims	Count of active, RA eligible institutional outpatient claims selected for the audit sample for the enrollee.	Enrollee Detail	1	totalOutpatientClaims	Integer	minInclusive = 0; maxInclusive = 999999999
Total Supplemental Records	Count of active supplemental records linked to active, RA eligible claims that were selected for the audit sample for the enrollee.	Enrollee Detail	1	totalSupplementalRecords	Integer	minInclusive = 0; maxInclusive = 999999999
Total Pharmacy Claims	Count of active, RA eligible pharmacy claims selected for the audit sample for the enrollee. Note : Only the adult RA model includes RXCs therefore only enrollees in the adult strata 1-3 can	Enrollee Detail	1	totalRxClaims	Integer	minInclusive = 0; maxInclusive = 999999999

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
	have a pharmacy claim count > 0. Enrollees in Strata 4-10 Total Pharmacy Claims = 0.					
Total Enrollment Periods	Count of enrollment periods with at least one day in the payment year selected for the audit sample for the enrollee, that are included in the RADVEE report.	Enrollee Detail	1	totalEnrollmentPeriods	Integer	minInclusive = 0; maxInclusive = 999999999
Date of Birth	Date of birth of the enrollee.	Enrollee Detail	1	enrolleeDateOfBirth	String	Strict: YYYY-MM-DD

Table 9: RADVDE RADV Detailed Enrollee (continued)

[illegible]

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Number of Unique Diagnoses Codes	Total number of unique Diagnosis Codes on any active, RA eligible medical claims and their associated supplemental records for the benefit year. Duplicate codes are counted only once.	Enrollee Detail	1	totalNumberUniqueDiagnosesCodes	Integer	minInclusive = 0; maxInclusive = 999999999

Table 9: RADVDE RADV Detailed Enrollee (continued)

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Number of RA Diagnoses Codes	Total number of unique RA Diagnosis Codes on any active, RA eligible medical claims and their associated supplemental records for the benefit year. An RA Diagnosis Code is a Diagnosis Code that mapped to a condition category (CC) for the enrollee.	Enrollee Detail	1	totalNumberRADiagnosisCodes	Integer	minInclusive = 0; maxInclusive = 999999999
Total Number of RA NDC Codes	Total number of unique RA NDC Codes on any active, RA eligible pharmacy claims and their associated supplemental records for the benefit year. An RA Diagnosis Code is a Diagnosis Code that mapped to a condition category (CC) for the enrollee Note: Only the adult RA model includes RXCs therefore only the adult strata 1-3 can have a count > 0. Strata 4-10 can have a count = 0..	Enrollee Detail	1	totalNumberRANdcCodes	Integer	minInclusive = 0; maxInclusive = 999999999
HCC	HCC assigned to the enrollee. This includes all HCCs identified after the HCC hierarchy is applied.	Enrollee Detail	1 or more	enrolleeHCC	String	minLength = 0; maxLength = 10
Unique Diagnosis Code	All unique Diagnosis Codes included for the enrollee on any active, RA eligible claims and their associated supplemental records for the benefit year.	Enrollee Detail	1 or more	uniqueDiagnosisCode	String	minLength = 0; maxLength = 30
Unique RA Diagnosis Code	All unique RA eligible Diagnosis Codes included for the enrollee on any active, RA eligible medical claims and their associated	Enrollee Detail	1 or more	uniqueRADiagnosisCode	String	minLength = 0; maxLength = 30

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
	supplemental records for the benefit year. An RA Diagnosis Code is a Diagnosis Code that maps to a condition category (CC) for the enrollee.					
RXC	Payment RXC assigned to the enrollee. This includes all RXCs identified after the RXC hierarchy is applied. Note: Only the adult RA model includes RXCs therefore only the adult strata 1-3 can have RXCs listed but. Strata 4-10 will have blank enrolleePaymentRXC field	Enrollee Detail	1 or more	enrolleePaymentRXC	String	minLength = 0; maxLength = 10
Unique RA NDC Code	All unique RA eligible NDC Codes included for the enrollee on any active, RA eligible pharmacy claims for the benefit year. An RA NDC Code is an NDC Code that maps to a prescription drug category (RXC) for the enrollee.	Enrollee Detail	1 or more	uniqueRANDCCode	String	minLength = 0; maxLength = 30

RADV Enrollment Extract (RADVEE) Message Format (or Record Layout) and Required Protocols

The outbound RADVEE Report is available to CMS from both, the preliminary run, and the final run. The RADVEE is available to the issuer/submitting organization, only from the RADV final run. This report contains enrollment periods belonging to enrollees in the IVA sample that are enrolled in at least one risk pool market that were included in RADV for each enrollee.

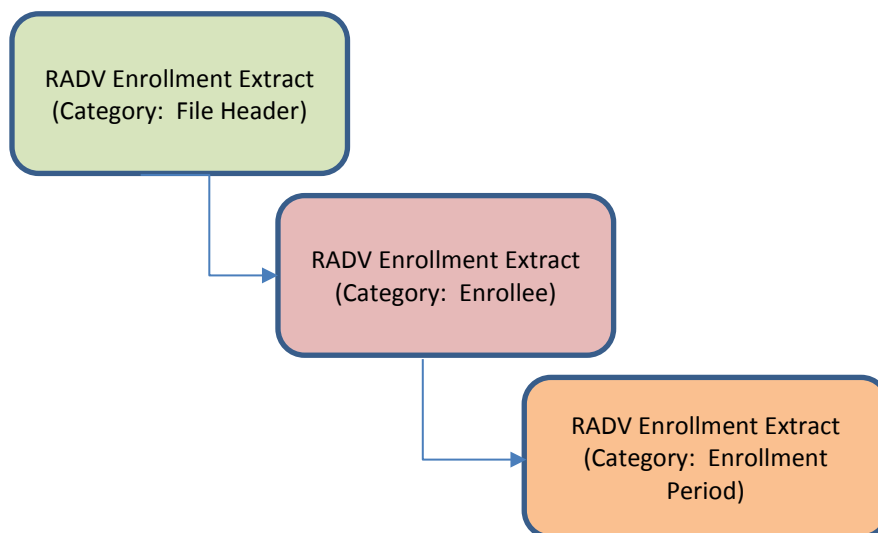
As long as the enrollee is included in the IVA sample, the RADVEE report will extract all active enrolment periods for the enrollee in the payment year that RA calculated a risk score for. The RADVEE Report will be generated with RADV batch job.

This report contains detailed enrollee data and is transmitted to CMS in order to support the RADV audit process.

5.1.1.8 File Layout

This section specifies the file layout for the RADVEE file. At a high level it consists of the three (3) record types or categories of information as shown in Figure 4.

Figure 4: EDGE Server RADV Enrollment Extract Data Categories



The RADVEE Report consists of a report File Header category, an Enrollee category, and an Enrollment Period category.

The RADVEE 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 RADV Enrollment Extract category are as shown in Table 10. The root element of the RADVEE Report in the XSD is `radvEnrollmentExtract` (*radvEnrollmentExtract.xsd*). This element is required and all the other elements defined in this section for the RADVEE Report are embedded within this element start and end tags.

Table 10: RADVEE RADV Enrollment Extract File Header Category Data

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	none
Payment Year	For example, 2014 or 2015.	File Header	1	paymentYear	String	Length = 4 Strict: YYYY
Total Number of Enrollee Records	Total count of enrollee records included in the enrollment extract.	File Header	1	insuredMemberTotalQuantity	Integer	minInclusive = 0; maxInclusive = 999999999
Total Number of Enrollment Period Records	Total count of enrollment period records for all enrollees in the extract file. <i>(Not a count of member months)</i>	File Header	1	insuredMemberProfileTotalQuantity	Integer	minInclusive = 0; maxInclusive = 999999999
Enrollment Extract	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	File Header	1 or more	includedEnrollmentExtract	radvEnrollmentExtractEnrolleeCategory	none

The data characteristics for the RADV Enrollment Extract Enrollee category are as shown in Table 11. These elements are defined in the *radvEnrollmentExtractEnrolleeCategory.xsd*.

Table 11: RADVEE RADV Enrollment Extract Enrollee Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Unique Enrollee ID	Unique identifier for the enrollee. This represents the MASKED identifier submitted by the issuer to the EDGE server.	Enrollee	1	insuredMemberIdentifier	String	minLength = 2; maxLength = 80 Must use a MASKED identifier Must not begin or end with a space.
Enrollee DOB	Date of birth for enrollee.	Enrollee	1	insuredMemberBirthDate	String	Strict: YYYY-MM-DD
Enrollee Gender	Gender of enrollee.	Enrollee	1	insuredMemberGenderCode	String	Length = 1 Enumeration Values: "M", "F", "U" Enumeration Values description: "M" = Male "F" = Female "U" = Unknown
Enrollment Period Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Enrollee	1 or more (unbounded)	includedInsuredMemberProfile	radvEnrollmentExtractProfileCategory	none

The data characteristics for the RADV Enrollment Extract Profile category are as shown in Table 12. These elements are defined in the *radvEnrollmentExtractProfileCategory.xsd*

Table 12: RADVEE RADV Enrollment Extract Profile Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Market Type	Indicates the market that the extracted enrollment period belongs to. Note: The market type for the enrollment period is identified as catastrophic if the market type used for the plan by RA is Individual and the metal level used is Catastrophic. Note: Market type for the extracted issuer submitted or system generated enrollment period should be the same as the market type used by RA for that enrollment period.	Enrollment Period	1	marketType	String	minLength = 0; maxLength = 80 “Individual” OR “Small Group” OR “Catastrophic”
Subscriber Indicator	Indicates when the enrollee linked to this enrollment period record is also the subscriber. A subscriber is defined as the primary insured party.	Enrollment Period	1	subscriberIndicator	String	minLength = 0; maxLength = 1 Enumeration Values: “S” Enumeration Values description: “S” = Subscriber If enumeration value is not applicable, then the value should be empty.

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Subscriber ID	This ID represents a Unique Enrollee ID who is identified as the primary insured party.	Enrollment Period	1	subscriberIdentifier	String	minLength = 0; maxLength = 80 If populated, must match a unique enrollee ID that has been identified as the subscriber on the file. If enumeration value is not applicable, then the value should be empty. Must not begin or end with a space.
Plan ID	Unique 16-digit plan identifier for insurance plan offered by issuer that the enrollee is covered under. The Plan ID includes the CSR variant.	Enrollment Period	1	insurancePlanIdentifier	String	Length = 16 Format: HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)

Table 12: RADVEE RADV Enrollment Extract Profile Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Enrollment Start Date	The date when the enrollment coverage for the enrollee became effective for the associated plan.	Enrollment Period	1	coverageStartDate	String	Strict: YYYY-MM-DD
Enrollment End Date	The date when the enrollment coverage for the enrollee is no longer effective for the associated plan.	Enrollment Period	1	coverageEndDate	String	Strict: YYYY-MM-DD
Enrollment Period Activity Indicator	Identifies the type of activity associated with the creation of an enrollment period.	Enrollment Period	1	enrollmentMaintenanceTypeCode	String	minLength = 3; maxLength = 6 Enumeration Values Description: "021028": Initial issuance of the policy "001": Modification of existing policy "021EC": Addition of member to an existing policy "021041": Renewal of an existing policy for the next year. Note: Change in enrollment dates should be treated as an "021028" or "021EC".

Table 12: RADVEE RADV Enrollment Extract Profile Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Premium Amount	The Premium Amount is the monthly total rated premium charged by the issuer for a subscriber, including the Advanced Premium Tax Credit (APTC) amount. The Premium Amount may include more than the amount charged directly to a subscriber. The Premium Amount does not represent an amount paid by a subscriber.	Enrollment Period	1	insurancePlanPremiumAmount	Decimal	minInclusive = 0; maxInclusive = 999999999999999.99 (explicit decimal is required)
Rating Area	Rating Area used for the enrollee in the plan. If enrollee is not rated, use the subscriber Rating Area.	Enrollment Period	1	ratingAreaIdentifier	String	Length = 3 Leading zeros should be included.

RADV Medical Claim Extract Report (RADVMCE) Message Format (or Record Layout) and Required Protocols

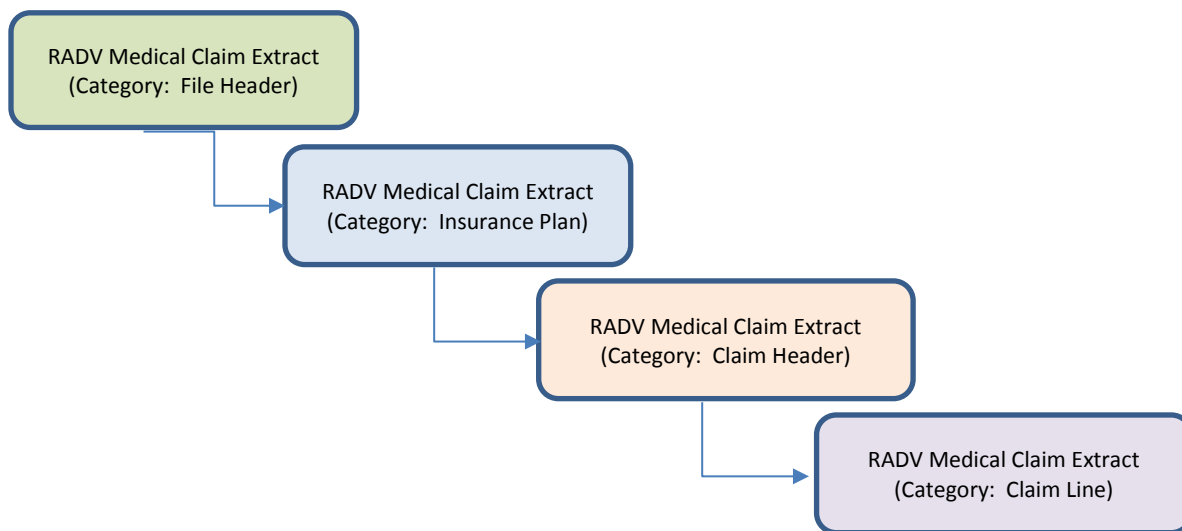
The outbound RADVMCE Report is available to CMS from both, the preliminary run, and the final run. The RADVMCE is available to the issuer/submitting organization, only from the RADV final run. This report contains all active RA eligible and/or RXC eligible medical claims that were submitted by the issuer in the medical claim XML for each enrollee included in the RADV IVA sample. The RADVMCE Report will be generated with RADV batch job.

This report contains detailed medical claim data and is transmitted to CMS in order to support the RADV audit process.

5.1.1.10 File Layout

This section specifies the file layout for the RADVMCE data file. At a high level it consists of four (4) record types or categories of information as shown in Figure 5.

Figure 5: EDGE Server RADV Medical Claim Extract Categories



The RADVMCE Report consists of a report File Header category, an Insurance Plan category, a Claim Header category, and a Claim Line category.

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

5.1.1.11 Business Data Elements and Definitions

The data characteristics for the RADV Medical Claim Extract Header category are as shown in Table 13. The root element of the RADVMCE Report in the XSD is `radvMedicalClaimExtract`

(*radvMedicalClaimExtract.xsd*). This element is required and all the other elements defined in this section for the RADVMCE Report are embedded within this element start and end tags.

Table 13: RADVMCE RADV Medical Claim Extract 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	None
Payment Year	For example, 2014 or 2015.	File Header	1	paymentYear	String	Strict: YYYY
Total Claims	Total count of claims in the file.	File Header	1	claimDetailTotalQuantity	Integer	minInclusive = 0; maxInclusive = 999999999
Total Claim Lines	Total count of claim lines in the file.	File Header	1	claimServiceLineTotalQuantity	Integer	minInclusive = 0; maxInclusive = 999999999
Medical Claim Extract Plan	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	File Header	1 or more	includedMedicalClaimExtractPlan	radvMedicalClaimExtractPlanCategory	None

The data characteristics for the RADV Medical Claim Extract Insurance Plan category are as shown in Table 14. These elements are defined in the *radvMedicalClaimExtractPlanCategory.xsd*

Table 14: RADVMCE RADV Medical Claim Extract Insurance Plan Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan ID	Unique 16-digit plan identifier for insurance plan offered by issuer, that the RA eligible and/or RXC eligible claim for the sampled enrollee belongs to (Regardless of whether the plan is included in RA) For cross-year claims, the claim will always be linked to the Plan ID that the claim originated from, regardless of whether the plan was included in RA and the RADV enrollment extract.	Insurance Plan	1	insurancePlanId entifier	String	Length = 16 Format: HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
Total Claims	Total count of claims for this plan.	Insurance Plan	1	insurancePlanClaimDetailTotalQuantity	Integer	minInclusive = 0; maxInclusive = 999999999
Total Claim Lines	Total count of claim lines for all claims for the plan.	Insurance Plan	1	insurancePlanClaimServiceLineTotalQuantity	Integer	minInclusive = 0; maxInclusive = 999999999
Medical ClaimExtract Claim Header	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Insurance Plan	0 or more (unbounded)	includedMedicalClaimExtractDetail	radvMedicalClaimExtractDetailCategory	None

The data characteristics for the RADV Medical Claim Extract Claim Header category are as shown in Table 15. These elements are defined in the *radvMedicalClaimExtractDetailCategory.xsd*

Table 15: RADVMCE RADV Medical Claim Extract Claim Header Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Unique Enrollee ID	Unique identifier for the enrollee. This represents a MASKED identifier ; not a medical record number or cardholder ID. Issuers should use the same Unique Enrollee ID if the enrollee switches plans within the issuer.	Claim Header	1	insuredMemberIdentifier	String	minLength = 2; maxLength = 80 Must use a MASKED identifier Must not begin or end with a space.
Form type	Describes claim form type as professional or institutional.	Claim Header	1	formTypeCode	String	Length = 1; Enumeration Values: "I", "P" Enumeration Values Description: "I": Institutional "P": Professional
Claim ID	Unique number generated by the issuer adjudication system to uniquely identify the transaction. The issuer adjudicated Claim ID may be de-identified by the issuer.	Claim Header	1	claimIdentifier	String	minLength = 1; maxLength = 50 Note: If issuer has multiple platforms that use identical Claim ID numbers, the issuer must make Claim ID unique or rejects for duplicate claims will result. The last character cannot be a space.
Original Claim ID	The Claim ID submitted on a previous claim file that the issuer intends to void or replace.	Claim Header	1	originalClaimIdentifier	String	minLength = 0; maxLength = 50 NOTE: Used only when submitting a void or replacement claim. If enumeration value is not applicable, then the value should be empty. The last character cannot be a space.

Table 15: RADVMCE RADV Medical Claim Extract Claim Header Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Claim Processed Date Time	The date and time when the claim was adjudicated and resulted in a paid amount or reported encounter.	Claim Header	1	claimProcessedDateTi me	String	Strict: YYYY-MM-DDTHH:mm:SS Note: A default of 00:00:00 for time can be used if no timestamp is available. However, if more than one (1) claim is processed on the same day, the claims will be rejected as we will not know the proper order of processing.
Bill Type	The code indicating a specific type of bill as reported on institutional claims only.	Claim Header	1	billTypeCode	String	minLength = 0; maxLength = 3 Enumeration Values: Values should comply with X12 industry standards. If enumeration value is not applicable, then the value should be empty.
Void/Replace Indicator	Identifies if a previously accepted claim is to be voided or replaced.	Claim Header	1	voidReplaceCode	String	minLength = 0; maxLength = 1 Enumeration Values = "V", "R" when provided, Enumeration Values Description: "V": Void "R": Replace If enumeration value is not applicable, then the value should be empty.

Table 15: RADVMCE RADV Medical Claim Extract Claim Header Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Diagnosis Code Qualifier	Indicates if the Diagnosis Code is International Classification of Diseases, Ninth Revision (ICD-9) or International Classification of Diseases, Tenth Revision (ICD-10). Note: X12 standard allows only one (1) qualifier per claim; any single date of service should have either ICD-9 or 10; issuers need to submit separate claims for each type of code.	Claim Header	1	diagnosisTypeCode	String	Length = 2 Enumeration Values: • "01": ICD - 9-Clinical Modifications • "02": ICD - 10-Clinical Modifications
Diagnosis Code	Code value for the Diagnosis Code as determined by classification of International Classification of Diseases.	Claim Header	1 to 99 per claim	diagnosisCode	String	minLength = 1; maxLength = 30 Enumeration Values: Values must comply with X12 industry standards. Do not include a decimal. Include all relevant digits.
Discharge Status Code	The facility discharge status of the enrollee.	Claim Header	1	dischargeStatusCode	String	minLength = 0; maxLength = 2 Enumeration Values: Values must comply with X12 industry standards.
Statement Covers From	Earliest date of service on the submitted claim (For inpatient claims this would be the admission date.)	Claim Header	1	statementCoverFromDate	String	Strict: YYYY-MM-DD
Statement Covers Through	Latest date of service on the submitted claim (For inpatient claims this would be the discharge date.)	Claim Header	1	statementCoverToDate	String	Strict: YYYY-MM-DD
Billing Provider ID Qualifier	Identifies the type of Provider ID being submitted in the Billing Provider ID field.	Claim Header	1	billingProviderIDQualifier	String	Length = 2 Enumeration Values: "XX", "99" Enumeration Values Description: • "XX": National Provider Identifier (NPI) –A HIPAA-mandated standard unique health identifier for health care providers. • "99": Other –Different from those implied or specified.

Table 15: RADVMCE RADV Medical Claim Extract Claim Header Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Billing Provider ID	The billing provider's identification (NPI or unique issuer assigned provider ID). This may be a group clinic or other facility.	Claim Header	1	billingProviderIdentifier	String	minLength = 1; maxLength = 15
Date Paid	The date a check or electronic funds transfer was issued for paid claims. For encounters, the date paid means the date of claim adjudication.	Claim Header	1	issuerClaimPaidDate	String	Strict: YYYY-MM-DD If value is not applicable, then the value should be empty.
Total Amount Allowed	Total Amount Allowed for this claim.	Claim Header	1	allowedTotalAmount	Decimal	minInclusive = -999999999999999.99; maxInclusive = 999999999999999.99 (explicit decimal is required)
Total Amount Paid	Total paid amount for this claim.	Claim Header	1	policyPaidTotalAmount	Decimal	minInclusive = -999999999999999.99; maxInclusive = 999999999999999.99 (explicit decimal is required)
Derived Amount Indicator	Indicator used to distinguish between fee-for-service claims and claims covered under capitation.	Claim Header	1	derivedServiceClaimIndicator	String	Length = 1; Enumeration Values: "Y", "N" Enumeration Values Description: "Y": Derived (capitated Service) "N": Actual (Fee-For-Service)
RA Eligible Flag	Indicates whether the medical claim is RA eligible or not.	Claim Header	1	raEligibleFlag	String	Length = 1; Enumeration Values: "Y", "N" Enumeration Values Description: "Y": RA Eligible "N": Not RA Eligible
RXC Eligible Flag	Indicates whether the medical claim is RXC eligible or not.	Claim Header	1	rxEligibleFlag	String	Length = 1; Enumeration Values: "Y", "N" Enumeration Values Description: "Y": RXC Eligible "N": Not RXC Eligible

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Medical Claim Extract Service Line	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Claim Header	1 or more (unbounded)	includedMedicalClaimExtractServiceLine	radvMedicalClaimExtractServiceLineCategory	none

The data characteristics for the RADV Medical Claim Extract Service Line category are as shown in Table 16. These elements are defined in the *radvMedicalClaimExtractServiceLineCategory.xsd*

Table 16: RADVMCE RADV Medical Claim Extract Service Line Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Claim Line Sequence Number	Unique number generated to represent service(s) submitted on the claim.	Claim Service Line	1	serviceLineNumber	Integer	minInclusive = 1; maxInclusive = 999
Date of Service – From	Represents the first Date of Service on a submitted claim for a specific claim line. Also represents the service date on an institutional claim.	Claim Service Line	1	serviceFromDate	String	Strict: YYYY-MM-DD Note: This data element represents the Service Date on an institutional claim.
Date of Service – To	Represents the last Date of Service on a submitted claim for a specific claim line.	Claim Service Line	1	serviceToDate	String	Strict: YYYY-MM-DD
Revenue Code	Describes the revenue center in which the service was provided.	Claim Service Line	1	revenueCode	String	minLength = 0; maxLength = 4 Enumeration Values: Values must comply with X12 industry standards. If enumeration value is not applicable, then the value should be empty.
Service Code Qualifier	A code that identifies the source of the procedure code (CPT or HCPCS).	Claim Service Line	1	serviceTypeCode	String	minLength = 0; maxLength = 2 Enumeration Values: “01”: Dental service codes “03”: Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) If enumeration value is not applicable, then the value should be empty.

Table 16: RADVMCE RADV Medical Claim Extract Service Line Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Service Code	A Procedure Code that identifies the service rendered: CPTor HCPC.	Claim Service Line	1	serviceCode	String	minLength = 0; maxLength = 5 Enumeration Values: Values must comply with X12 industry standards. If enumeration value is not applicable, then the value should be empty.
Service Code Modifier	A two (2)-digit code that may be billed with a CPT/HCPCS Service Code.	Claim Service Line	1 to4 per claim line	serviceModifierCode	String	minLength = 0; maxLength = 2 Enumeration Values: Values must comply with X12 industry standards. If enumeration value is not applicable, then the value should be empty.
Place of Service	A code that identifies where the service was rendered.	Claim Service Line	1	serviceFacilityTypeCode	String	minLength = 0; maxLength = 2 Enumeration Values: Values must comply with X12 industry standards. Modifiers should be used otherwise certain Service Codes may be rejected as duplicates. See the business rules for duplicate logic. If enumeration value is not applicable, then the value should be empty.

Table 16: RADVMCE RADV Medical Claim Extract Service Line Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Rendering Provider ID Qualifier	Identifies the type of Provider ID being submitted in the Rendering Provider ID field.	Claim Service Line	1	renderingProviderIDQualifier	String	Length = 2 Enumeration Values: "XX", "99" Enumeration Values Description: "XX": National Provider Identifier (NPI) –A HIPAA-mandated standard unique health identifier for health care providers "99": Other – Different from those implied or specified.
Rendering Provider ID	The rendering provider's identification number. This may be a group clinic or other facility.	Claim Service Line	1	renderingProviderIdentifier	String	minLength = 1; maxLength = 15
Amount Allowed	Total Amount Allowed by plan.	Claim Service Line	1	allowedAmount	Decimal	minInclusive = -999999999999999.99; maxInclusive = 999999999999999.99 (explicit decimal is required)
Amount Paid	Total amount paid, or derived, by plan.	Claim Service Line	1	policyPaidAmount	Decimal	minInclusive = -999999999999999.99; maxInclusive = 999999999999999.99 (explicit decimal is required)
Derived Amount Indicator	Indicator used to distinguish between fee-for-service claims and claims covered under capitation.	Claim Service Line	1	derivedServiceClaimIndicator	String	Length = 1 Enumeration Values: "Y", "N" Enumeration Values Description: "Y": Derived (capitated Service) "N": Actual (Fee-For-Service)

RADV Pharmacy Claim Extract Report (RADVPCE) Message Format (or Record Layout) and Required Protocols

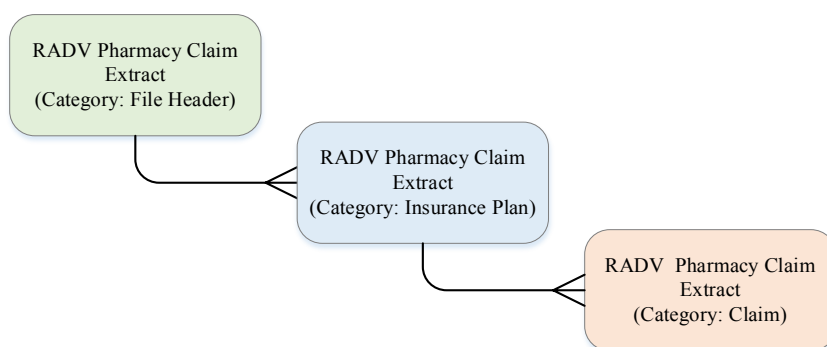
The outbound RADVPCE Report is available to CMS from both, the preliminary run, and the final run. The RADVPCE is available to the issuer/submitting organization, only from the RADV final run. This report contains all active RA eligible pharmacy claims that were submitted by the issuer in the pharmacy claim XML for each enrollee included in the RADV IVA sample. The RADVPCE Report will be generated with RADV batch job.

This report contains detailed pharmacy claim data and is transmitted to CMS in order to support the RADV audit process.

5.1.1.12 File Layout

This section specifies the file layout for the RADVPCE data file. At a high level it consists of three(3) record types or categories of information as shown in Figure 6.

Figure 6: EDGE Server RADV Pharmacy Claim Extract Categories



The RADVPCE Report consists of a report File Header category, an Insurance Plan category, a Claim Header category, and a Claim Line category.

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

5.1.1.13 Business Data Elements and Definitions

The data characteristics for the RADV Pharmacy Claim Extract Header category are as shown in Table 17. The root element of the RADVPCE Report in the XSD is *radvPharmacyClaimExtract* (*radvPharmacyClaimExtract.xsd*). This element is required and all the other elements defined in this section for the RADVPCE Report are embedded within this element start and end tags.

Table 17: RADVPCE RADV Pharmacy Claim Extract 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	None
Payment Year	For example, 2014 or 2015.	File Header	1	paymentYear	String	Strict: YYYY
Total Claims	Total count of claims in the file.	File Header	1	claimDetailTotalQuantity	Integer	minInclusive = 0; maxInclusive = 999999999
Pharmacy Claim Extract Plan	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	File Header	1 or more	includedPharmacyClaimExtractPlan	radvPharmacyClaimExtractPlanCategory	None

The data characteristics for the RADV Pharmacy Claim Extract Insurance Plan category are as shown in Table 18. These elements are defined in the *radvPharmacyClaimExtractPlanCategory.xsd*

Table 18: RADVPCE RADV Pharmacy Claim Extract Insurance Plan Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan ID	Unique 16-digit plan identifier for insurance plan offered by issuer, that the RA eligible claim for the sampled enrollee belongs to (Regardless of whether the plan is included in RA)	Insurance Plan	1	insurancePlanIdentifier	String	Length = 16 Format: HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
Total Claims	Total count of claims for this plan.	Insurance Plan	1	insurancePlanClaimDetailTotalQuantity	Integer	minInclusive = 0; maxInclusive = 999999999
Pharmacy ClaimExtract Claim Header	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Insurance Plan	0 or more (unbounded)	includedPharmacyClaimExtractDetail	radvPharmacyClaimExtractDetailCategory	None

The data characteristics for the RADV Pharmacy Claim Extract Claim Header category are as shown in Table 19. These elements are defined in the *radvPharmacyClaimExtractDetailCategory.xsd*

Table 19: RADVPCE RADV Pharmacy Claim Extract Claim Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Unique Enrollee ID	Unique identifier of enrollee. This represents a MASKED identifier ; not a medical record number or cardholder ID. Issuers should use the same Unique Enrollee ID if the enrollee switches plans within the issuer.	Claim	1	insuredMemberIdentifier	String	minLength = 2; maxLength = 80 Must use a MASKED identifier.
Claim ID	Unique number generated by issuer adjudication system to uniquely identify the transaction. The issuer-adjudicated Claim ID may be de-identified by the issuer.	Claim	1	claimIdentifier	String	minLength = 1; maxLength = 50 Note: If issuer has multiple platforms that use identical Claim ID numbers, then the Issuer must make Claim IDs unique or rejects for duplicate claims will result. The last character cannot be a space
In-Network or Out-of-Network Indicator	Indicator to identify if a service was provided by an In-Network or Out-of-Network dispensing provider	Claim	1	pharmacyNetworkIndicator	String	Length = 1 Enumeration Values: 'I','O' Enumeration Values Description: "I" = In-Network "O" = Out-of-Network
Claim Processed Date Time	The date and time when the claim was adjudicated and resulted in a paid amount or reported encounter.	Claim	1	claimProcessedDateTime	String	Strict YYYY-MM-DDTHH:mm:ss Note: A default of 00:00:00 for time can be used if no timestamp is available. However, if more than one (1) claim is processed on the same day, the claims will be rejected as we will not know the proper order of processing.

Table 19: RADVPCE RADV Pharmacy Claim Extract Claim Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Fill Date	Indicates the date that the prescription was dispensed by the dispensing pharmacy.	Claim	1	prescriptionFillDate	String	Strict YYYY-MM-DD
Void/Replace Indicator	Identifies if a previously accepted claim is to be voided or replaced.	Claim	1	voidReplaceCode	String	minLength = 0; maxLength 1 Enumeration Values: 'V', 'R' Enumeration Values Description : V = Void; R = Replace Note: Only required when the submitter intends to void or replace a previously accepted claim. If enumeration value is not applicable, then the value should be empty.
Dispensing Provider ID Qualifier	Identifies the type of dispensing provider ID being submitted in the Dispensing Provider ID field.	Claim	1	dispensingProviderIDQualifier	string	Length = 2 Enumeration Values: 'XX', '99' Enumeration Values Description: • XX - National Provider Identifier (NPI) –A HIPAA-mandated standard unique health identifier for health care providers • 99 - Other –Different from those implied or specified.
Dispensing Provider ID	The dispensing provider's identification number [National Provider Identifier (NPI) or unique issuer assigned provider ID].	Claim	1	dispensingProviderIdentifier	string	minLength = 1; maxLength = 15
Fill Number	Code identifying whether the prescription is an original (0) or refill (1-999).	Claim	1	prescriptionFillNumber	integer	minInclusive = 0; maxInclusive = 999

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Dispensing Status	Indicates if the prescription was a partial fill (P) or the completion of a partial fill (C).	Claim	1	dispensingStatusCode	string	minLength = 0; maxLength 1 Enumeration Values: ' ', 'P', 'C' Enumeration Values Description: C – Completion of a partial Fill; P = Partial Fill A blank implies a complete fill at the time dispensed. If enumeration value is not applicable, then the value should be empty.

Table 19: RADVPCE RADV Pharmacy Claim Extract Claim Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Paid Date	The date a check or electronic funds transfer was issued by the insurance company/issuer to the vendor for paid claims. For encounters, the date paid means the date of claim adjudication.	Claim	1	issuerClaimPaidDate	String	Strict YYYY-MM-DD
Prescription/Service Reference Number	Unique number assigned by the pharmacy to the dispensed prescription.	Claim	1	prescriptionServiceReferenceNumber	string	minLength=7; maxLength=12
Total Allowed Cost	Represents the sum of allowed charges for ingredient cost, dispensing fee, and sales tax.	Claim	1	allowedTotalCostAmount	decimal	minExclusive = -99999999999999.99; maxInclusive = 99999999999999.99 (explicit decimal is required)
Plan Paid Amount	Total paid amount for the claim.	Claim	1	policyPaidAmount	decimal	minInclusive = -99999999999999.99; maxInclusive = 99999999999999.99 (explicit decimal is required)
Derived Amount Indicator	Indicator used to distinguish between fee-for-service claims and claims covered under capitation.	Claim	1	derivedServiceClaimIndicator	string	Length = 1; Enumeration Values: "Y", "N" Enumeration Values Description – "Y" = Derived (capitated Service) "N" = Actual (Fee-For-Service)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Product/Service ID Qualifier	Identifies whether the Product/Service ID is an National Drug Code or not.	Claim	1	nationalDrugCodeQualifier	string	Length = 2 Enumeration Values: • 01 – Product/Service ID other than National Drug Code • 02 – Product/Service ID is a National Drug Code Claims with qualifier values of 01 and 02 will be considered for inclusion in the High Cost Risk Pool. Only claims with a qualifier value of 02 will be considered for inclusion in Risk Adjustment.

Table 19: RADVPCE RADV Pharmacy Claim Extract Claim Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Product/Service ID	Unique ID of the product or service dispensed [National Drug Code (NDC)].	Claim	1	nationalDrugCode	string	minLength=1; maxLength=11
Days of Supply	Number of days of supply for the product or service dispensed	Claim	1	daysSupply	Integer	minInclusive = 1, maxInclusive = 999

RADV Supplemental Extract Report (RADVSE) Message Format (or Record Layout) and Required Protocols

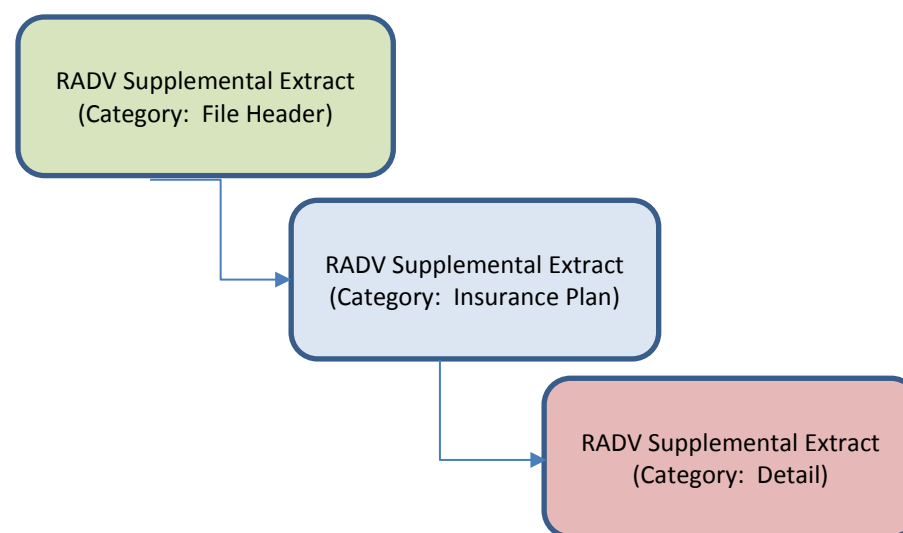
The outbound RADVSE Report is available to CMS and the issuer/submitting organization. This report contains all active supplemental records for active RA eligible medical claims that were submitted by the issuer in the supplemental XML for each enrollee included in the RADV IVA sample. The RADVSE Report will be generated with RADV batch job.

This report contains detailed supplemental record data and is transmitted to CMS in order to support the RADV audit process.

5.1.1.14 File Layout

This section specifies the file layout for the RADVSE data file. At a high level it consists of four (4) record types or categories of information as shown in Figure 7.

Figure 7: EDGE Server RADV Supplemental Extract Data Categories



The RADVSE Report consists of a report File Header category, an Insurance Plan category, and a Detail category.

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

5.1.1.15 Business Data Elements and Definitions

The data characteristics for the RADV Supplemental Extract Header category are as shown in Table 20. The root element of the RADVSE Report in the XSD is `radvSupplementalExtract` (*radvSupplementalExtract.xsd*). This element is required and all the other elements defined in this section for the RADVSE Report are embedded within this element start and end tags.

Table 20: RADVSE RADV Supplemental Extract File Header Category Data

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	none
Payment Year	For example, 2014 or 2015.	File Header	1	paymentYear	String	Strict: YYYY
Total Detail Records	Total count of detail records.	File Header	1	fileDetailTotalQuantity	Integer	minInclusive = 0; maxInclusive = 999999999
Supplemental Extract Plan	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	File Header	1 or more (unbounded)	includedSupplementalExtractPlan	radvSupplementalExtractPlanCategory	none

The data characteristics for the RADV Supplemental Extract Insurance Plan category are as shown in Table 21. These elements are defined in the *radvSupplementalExtractPlanCategory.xsd*

Table 21: RADVSE RADV Supplemental Extract Insurance Plan Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan ID	Unique identifier for insurance plan offered by issuer that the insured member is covered under. The Plan ID includes the CSR variant.	Insurance Plan	1	insurancePlanIdentifier	String	Length = 16 Format = HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
Total Detail Records	Total count of detail records for this plan.	Insurance Plan	1	insurancePlanFileDetailTotalQuantity	Integer	minInclusive = 0; maxInclusive = 999999999
Supplemental Extract Detail	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning.	Insurance Plan	0 or more (unbounded)	includedSupplementalExtractDetail	radvSupplementalExtractDetailCategory	none

The data characteristics for the RADV Supplemental Extract Detail category are as shown in Table 22. These elements are defined in the *radvSupplementalExtractDetailCategory.xsd*

Table 22: RADVSE RADV Supplemental Extract Detail Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Unique Enrollee ID	Unique identifier for the enrollee. This represents a MASKED identifier ; not a medical record number or cardholder ID. Issuers should use the same Unique Enrollee ID if the enrollee switches plans within the issuer.	Detail	1	insuredMemberIdentifier	string	minLength = 2; maxLength = 80 Must use a MASKED identifier Must not begin or end with a space.
Supplemental Diagnosis Detail Record ID	Unique number generated by the issuer to uniquely identify the supplemental diagnosis transaction.	Detail	1	supplementalDiagnosisDetailRecordIdentifier	string	minLength = 1; maxLength = 50 Note: issuer must make identifier unique. The last character cannot be a space
Original Medical Claim ID	The medical Claim ID to which the supplemental claim corresponds that was submitted on a previous claim file and was accepted by the EDGE server.	Detail	1	originalClaimIdentifier	string	minLength = 1; maxLength = 50 The last character cannot be a space
Detail Record Processed Date Time	The date and time when the Supplemental Diagnosis Detail Record was created by the issuer.	Detail	1	detailRecordProcessedDateTime	String	Strict: YYYY-MM-DDTHH:mm:ss Note: A default of 00:00:00 for time can be used if no timestamp is available. However, if more than one (1) claim is processed on the same day, the claims will be rejected as we will not know the proper order of processing.

Table 22: RADVSE RADV Supplemental Extract Detail Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Add/Delete/Void Indicator	Identifies if a supplemental diagnosis is added; identifies if a previously submitted diagnosis is deleted; and identifies if a previously accepted supplemental diagnosis file is to be voided.	Detail	1	addDeleteVoidCode	string	Length = 1 Enumeration Values: "A", "D", "V" Enumeration Values description: "A": Add "D": Delete "V": Void
Original Supplemental Diagnosis Detail ID	Identifies the original Supplemental Diagnosis Detail Record when processing a VOID Supplemental Detail record.	Detail	1	originalSupplementalDetailID	string	minLength = 0; maxLength = 50 The last character cannot be a space
Date of Service – From	Indicates the first day the service occurred that supports the submission of a supplemental diagnosis.	Detail	1	serviceFromDate	String	Strict: YYYY-MM-DD Note: Represents the date of service if there is no service to date.
Date of Service – To	Indicates the last day the service occurred that supports the submission of a supplemental diagnosis.	Detail	1	serviceToDate	String	Strict: YYYY-MM-DD
Supplemental Diagnosis Code Qualifier	Indicates if the Diagnosis Code is International Classification of Diseases, Ninth Revision-CM (ICD - 9-CM) or International Classification of Diseases, Tenth Revision - CM (ICD-10-CM). Note: X12 standard allows only one (1) qualifier per claim; any single Date of Service should have either ICD-9-CM or ICD-10-CM; issuers need to submit separate claims for each type of code.	Detail	1	diagnosisTypeCode	String	Length = 2 Enumeration Values: • "01": ICD-9-Clinical Modifications • "02": ICD-10-Clinical Modifications

Table 22: RADVSE RADV Supplemental Extract Detail Category Data (continued)

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Supplemental Diagnosis Code	Code value for the Diagnosis Code as determined by classification of International Classification of Diseases.	Detail	1 to 99 per claim	supplementalDiagnosisCode	String	minLength = 1; maxLength = 30 Enumeration Values: Values should comply with X12 industry standards. Explicit decimal is not required. Include all relevant digits.
Supplemental Diagnosis Source	Identifies the source of the supplemental diagnosis. MR for medical record EDI for electronic data interchange Only one (1) code per supplemental diagnosis.	Detail	1	sourceCode	String	Enumeration Values: • "MR": medical record • "EDI":electronic data interchange

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 23: Acronyms

Acronym	Literal Translation
ACA	Affordable Care Act of 2010
APTC	Advanced Premium Tax Credit
CCIO	Center for Consumer Information and Insurance Oversight
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
EDI	Electronic Data Interchange
ES	EDGE Server
ESES	EDGE Server Enrollment Submission
ESMCS	EDGE Server Medical Claims Submission
ESPCS	EDGE Server Pharmacy Claims Submission
ESSFS	EDGE Server Supplemental File Submission
HCC	Hierarchical Condition Category
HHS	Health & Human Services
HIPAA	Health Insurance Portability and Accountability Act
HTTPS	Hypertext Transfer Protocol Secure
ICD	Interface Control Document
ICD-9	International Classification of Diseases, Ninth Revision
ICD-10	International Classification of Diseases, Tenth Revision
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
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

Acronym	Literal Translation
RADVMCE	Risk Adjustment Data Validation Medical Claim Extract Report
RADVPCE	Risk Adjustment Data Validation Pharmacy Claim Extract Report
RADVPS	Risk Adjustment Data Validation Population Summary Statistics Report
RADVPSF	Risk Adjustment Data Validation Population Summary Statistics Final Report
RADVSE	Risk Adjustment Data Validation Supplemental Extract Report
RI	Reinsurance
RxC	Pharmacy Claim
SE	EDGE Server System Error Report
SFTP	Secure File Transfer
SSH	Secure Shell
SSL	Secure Sockets Layer
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/reg_library.php.

Appendix B Referenced Documents

Table 24: Referenced Documents

Document Name	Document Number / URL	Issuance Date
Interface Control Document (ICD)	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 25: 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
05.00.22	10/23/18	Accenture / CCIIIO	Separate ICD Document