



**Centers for Medicare & Medicaid Services**

## **CMS-EDGE Server / CMS-ES**

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

---

**February 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       | 10/18/18 | Accenture / CCIO | Create separate ICD Addendum for Reinsurance<br><br>**For changes prior to version 05.00.22, refer to the RARI ICD Consolidated Version History |

# Table of Contents

|                                                                                                    |           |
|----------------------------------------------------------------------------------------------------|-----------|
| <b>Table of Contents .....</b>                                                                     | <b>3</b>  |
| <b>List of Figures .....</b>                                                                       | <b>4</b>  |
| <b>List of Tables .....</b>                                                                        | <b>4</b>  |
| <b>1 Purpose of Interface Control Document.....</b>                                                | <b>4</b>  |
| <b>2 Introduction .....</b>                                                                        | <b>5</b>  |
| <b>3 Overview .....</b>                                                                            | <b>5</b>  |
| <b>4 General Interface Requirements.....</b>                                                       | <b>6</b>  |
| Interface Overview .....                                                                           | 6         |
| Functional Allocation.....                                                                         | 6         |
| Transactions .....                                                                                 | 7         |
| <b>5 Detailed Interface Requirements .....</b>                                                     | <b>7</b>  |
| Requirements for Additional EDGE Server Outbound Reports.....                                      | 8         |
| Assumptions .....                                                                                  | 8         |
| General Processing Steps .....                                                                     | 8         |
| File Naming Convention.....                                                                        | 8         |
| Outbound Report Data Components Message Format (or Record Layout) and<br>Required Protocols.....   | 9         |
| RI Detail Enrollee Report (RIDE) Message Format (or Record Layout) and Required<br>Protocols ..... | 12        |
| RI Summary Report (RISR) Message Format (or Record Layout) and Required<br>Protocols .....         | 19        |
| Communication Methods .....                                                                        | 25        |
| • Interface Initiation .....                                                                       | 25        |
| • Flow Control.....                                                                                | 25        |
| Security Requirements.....                                                                         | 25        |
| <b>Acronyms.....</b>                                                                               | <b>26</b> |
| <b>Appendix A      EDGE Server Outbound Reports XSDs.....</b>                                      | <b>28</b> |
| <b>Appendix B      Referenced Documents.....</b>                                                   | <b>28</b> |
| <b>Appendix C      System Error Codes .....</b>                                                    | <b>28</b> |
| <b>Appendix D      Document Control History .....</b>                                              | <b>28</b> |

## List of Figures

|                                                                      |    |
|----------------------------------------------------------------------|----|
| Figure 1 EDGE Server RI Enrollee Detail Report Data Categories ..... | 13 |
| Figure 2: EDGE Server RI Summary Report Data Categories .....        | 19 |

## List of Tables

|                                                                                                   |    |
|---------------------------------------------------------------------------------------------------|----|
| Table 1: Report Type and Recipient.....                                                           | 7  |
| Table 2: File Name Parameters .....                                                               | 9  |
| Table 3: RA RI Common Outbound File Header Record Field Element/Technical<br>Characteristics..... | 10 |
| Table 4: RIDE RI Detail Enrollee File Header .....                                                | 14 |
| Table 5: RIDE RI Enrollee Detail Enrollee.....                                                    | 15 |
| Table 6: RIDE RI Enrollee Detail Report Plan .....                                                | 16 |
| Table 7: RIDE RI Detail Enrollee Report Claim .....                                               | 18 |
| Table 8: RISR Summary File Header.....                                                            | 20 |
| Table 9: RISR Summary Plan Result .....                                                           | 23 |
| Table 13: Acronyms .....                                                                          | 26 |
| Table 14: Referenced Documents.....                                                               | 28 |
| Table 15: System Error Codes .....                                                                | 28 |

## 1 Purpose of Interface Control Document

---

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

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

This RARI ICD Addendum is for the Reinsurance 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](https://www.regtap.info/reg_library.php).

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

compatibility between system segments and components.

*The RARI ICD does not include information about specific business rules or how the verification edits included within this document affect the file processing logic. Additional information can be found in the EDGE Server Business Rules (ESBR) document available at :*

[https://www.regtap.info/reg\\_librarye.php?i=2673](https://www.regtap.info/reg_librarye.php?i=2673)

## 2 Introduction

---

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

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

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

- Additional EDGE server outbound report formats.

## 3 Overview

---

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

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

data (claims and enrollee data) that will be used to determine if an individual market plan issuer is eligible for RI.

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

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

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

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

## 4 General Interface Requirements

---

### Interface Overview

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

### Functional Allocation

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

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

- CMS Initiated Remote Command
- Issuer Executed EDGE Server Command

## Transactions

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

- RI – Summary
- RI Enrollee – Detail

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

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

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

**Table 1: Report Type and Recipient**

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

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

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

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

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

## 5 Detailed Interface Requirements

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

## Requirements for Additional EDGE Server Outbound Reports

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

This document describes the following reports:

- Reports sent to the insurance company/issuer administrator only:
  - RI Detail Enrollee Report
- Reports sent to both the insurance company/issuer administrator and CMS:
  - RI Summary Report
  - System Error Report

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

## Assumptions

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

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

## General Processing Steps

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

## File Naming Convention

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

### File Format Mask:

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

### Example File Name:

12345. RISR.D20140402T091533.P.xml

**Table 2: File Name Parameters**

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

### 5.1.1.2 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 *RARICommonOutboundFileHeader.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<br>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<br>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<br>maxLength = 50 |

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

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

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

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

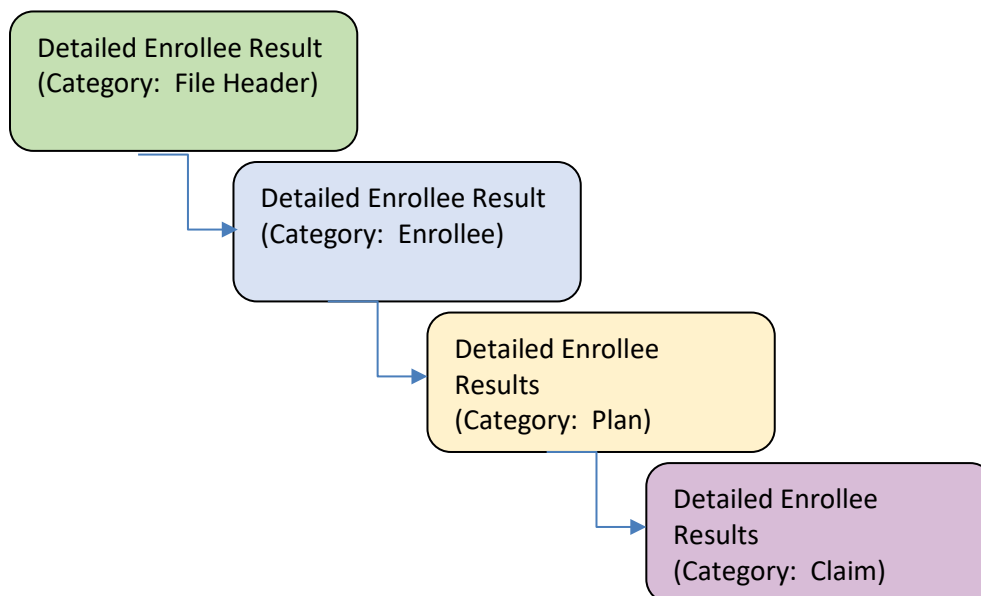
## RI Detail Enrollee Report (RIDE) Message Format (or Record Layout) and Required Protocols

The outbound RIDE Report is available only to the issuer/submitting organization. It is not available to CMS. This report contains enrollee level details used for the RI calculation. The RIDE Report will be generated with the RI batch job.

### 5.1.1.3 File Layout

This section specifies the file layout for the RIDE Report. At a high level, it consists of four (4) record types or categories, as shown in Figure 1.

**Figure 1 EDGE Server RI Enrollee Detail Report Data Categories**



The RIDE Report XSD consists of report File Header, Enrollee, Plan and Claim categories.

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

#### **5.1.1.4 Field/Data Elements and Descriptions**

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

**Table 4: RIDE RI Detail Enrollee File Header**

| Business Data Element | Description                                                                                                                                                                                                                                                                                                                                                                                             | Data Category | Frequency of Occurrence | XML Element Names               | Data Type                              | Restrictions                                                                                  |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|---------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------|
| Report Header         | <p>This XML element describes the file processing header related elements for this report.</p> <p>It uses the shared common file header XML elements utilized across the outbound reports.</p> <p>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.</p> | File Header   | 1                       | includedFileHeader              | RARICommonOutboundFileHeader.xsd       | none                                                                                          |
| Calendar Year         | The calendar year for which RI was executed.                                                                                                                                                                                                                                                                                                                                                            | File Header   | 1                       | calendarYear                    | String                                 | Strict: YYYY                                                                                  |
| Execution Type        | Designate preliminary or final run.                                                                                                                                                                                                                                                                                                                                                                     | File Header   | 1                       | executionType                   | String                                 | minLength = 1;<br>maxLength = 30<br><br>Enumeration Values:<br>"P": Preliminary<br>"F": Final |
| Enrollee Category     | <p>It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report.</p> <p>The XML elements defined in the Supplemental Diagnosis Plan Processing result category are within this element as defined in the XSD.</p>                                                  | Enrollee      | 1 or more per Enrollee  | includedInsuredMemberIdentifier | RiDetailEnrolleeReportEnrolleeCategory | none                                                                                          |

The data characteristics for the RIDE RI Detail Enrollee category are as shown Table 5. These elements are defined in the *RiDetailEnrolleeReportEnrolleeCategory.xsd*.

**Table 5: RIDE RI Enrollee Detail Enrollee**

| Business Data Element     | Description                                                                                                  | Data Category | Frequency of Occurrence | XML Element Names       | Data Type | Restrictions                                     |
|---------------------------|--------------------------------------------------------------------------------------------------------------|---------------|-------------------------|-------------------------|-----------|--------------------------------------------------|
| Unique Enrollee ID        | Unique identifier for the enrollee.                                                                          | Enrollee      | 1                       | insuredMemberIdentifier | String    | minLength = 0;<br>maxLength = 80                 |
| Member Months             | The count of months for RI eligible enrollees within the payment year (Jan-Dec) for Individual Market plans. | Enrollee      | 1                       | memberMonths            | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99 |
| Total allowed claims      | Total allowed amount of claims across all Individual Market plans.                                           | Enrollee      | 1                       | totalAllowedClaims      | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99 |
| Total Paid Claims         | Total claim paid amount for claims across all Individual Market plans.                                       | Enrollee      | 1                       | totalPaidClaims         | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99 |
| MOOP Adjusted Paid Claims | Sum of paid claims minus the CSR MOOP Adjustment for the enrollee.                                           | Enrollee      | 1                       | moopAdjustedPaidClaims  | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99 |
| CSR MOOP Adjustment       | Amount applied to the claims for RI payment calculation.                                                     | Enrollee      | 1                       | cSRMOOPAdjustment       | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99 |
| RI Eligible Payments      | The MOOP adjusted paid claims between the attachment point and the cap.                                      | Enrollee      | 1                       | estimatedRIPayment      | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99 |

**Table 5: RIDE RI Enrollee Detail Enrollee (continued)**

| Business Data Element                 | Description                                                                                                                                                                                                                                                                                                                                            | Data Category | Frequency of Occurrence                            | XML Element Names          | Data Type                          | Restrictions                                  |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------|----------------------------|------------------------------------|-----------------------------------------------|
| Coinsurance Adjusted total RI Payment | Coinsurance adjusted total RI payment using the CMS published coinsurance rate for the payment year.                                                                                                                                                                                                                                                   | Enrollee      | 1                                                  | coinsurancePercentPayments | Decimal                            | minInclusive = 0; maxInclusive = 999999999.99 |
| Plan Category                         | <p>It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report.</p> <p>The XML elements defined in the supplemental diagnosis plan processing Result category are within this element as defined in the XSD.</p> | Plan          | 1 or more per plan in the reported submission file | includedPlanIdentifier     | RiDetailEnrolleeReportPlanCategory | none                                          |

The data characteristics for the RIDE RI Enrollee Detail Plan category are as shown in Table 5. These elements are defined in the *RiDetailEnrolleeReportPlanCategory.xsd*.

**Table 6: RIDE RI Enrollee Detail Report Plan**

| Business Data Element | Description                                                                                                                      | Data Category | Frequency of Occurrence | XML Element Names | Data Type | Restrictions                    |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|-------------------|-----------|---------------------------------|
| Plan ID               | Unique identifier for insurance plan offered by issuer that the enrollee is covered under. The Plan ID includes the CSR variant. | Plan          | 1                       | planIdentifier    | String    | minLength = 0<br>maxLength = 16 |

| Business Data Element | Description                                                                                                                                                                                                                                                                                                                                            | Data Category | Frequency of Occurrence                             | XML Element Names       | Data Type                               | Restrictions |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------|-------------------------|-----------------------------------------|--------------|
| Claim Category        | <p>It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report.</p> <p>The XML elements defined in the Supplemental Diagnosis Plan Processing result category are within this element as defined in the XSD.</p> | Claim         | 0 or more per claim in the reported submission file | includedClaimIdentifier | RiDetailEnrolleeReport<br>ClaimCategory | none         |

The data characteristics for the RIDE RI Enrollee Detail Claim category are as shown in Table 6. These elements are defined in the *RiDetailEnrolleeReportClaimCategory.xsd*.

**Table 7: RIDE RI Detail Enrollee Report Claim**

| Business Data Element      | Description                                                                                                                                                         | Data Category | Frequency of Occurrence |  | XML Element Names       | Data Type | Restrictions                                                                                                                                                                                                   |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|--|-------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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         | 1                       |  | claimIdentifier         | String    | minLength = 0;<br>maxLength = 50<br><b>Note:</b> 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. |
| Claim Paid Amount          | Total amount paid by enrollee's plan.                                                                                                                               | Claim         | 1                       |  | claimPaidAmount         | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99                                                                                                                                                               |
| Cross Year Claim Indicator | Identifies if the claim is a cross year claim.                                                                                                                      | Claim         | 1                       |  | crossYearClaimIndicator | String    | Length = 1<br>Enumeration Values: "Y", "N"                                                                                                                                                                     |

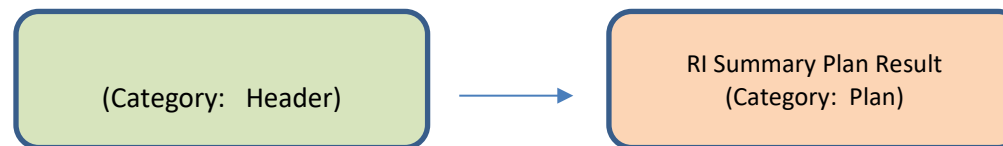
## RI Summary Report (RISR) Message Format (or Record Layout) and Required Protocols

The outbound RISR Report is available to CMS and the issuer/submitting organization. This report contains the issuer level calculated RI outputs that will be used for payment processing. The RISR Report will be generated after the RI plan batch job.

### 5.1.1.5 File Layout

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

**Figure 2: EDGE Server RI Summary Report Data Categories**



The RISR XSD Report consists of report Header and Plan categories. The RISR XSD schema that should be utilized for creating and reading from the XML output report is listed in Appendix A.

### 5.1.1.6 Field/Data Elements and Descriptions

The data characteristics for the RISR Plan Summary File Header Result category are as shown in Table 8. The root element of the RISR in the XSD is *RISummaryReport (RISummaryReport.xsd)*. This element is required and all the other elements defined in this section for the RISR are embedded within this element start and end tags.

**Table 8: RISR Summary File Header**

| Business Data Element                     | Description                                                                                                                                                                                                                                                                                                                                                                                             | Data Category | Frequency of Occurrence | XML Element Names         | Data Type                       | Restrictions                                                                              |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|---------------------------|---------------------------------|-------------------------------------------------------------------------------------------|
| Report Header                             | <p>This XML element describes the file processing header related elements for this report.</p> <p>It uses the shared common file header XML elements utilized across the outbound reports.</p> <p>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.</p> | File Header   | 1                       | includedFileHeader        | RARCommonOutboundFileHeader.xsd | none                                                                                      |
| Calendar Year                             | The calendar year for which RI was executed.                                                                                                                                                                                                                                                                                                                                                            | File Header   | 1                       | calendarYear              | String                          | Strict: YYYY                                                                              |
| Execution Type                            | Designate preliminary or final run.                                                                                                                                                                                                                                                                                                                                                                     | File Header   | 1                       | executionType             | String                          | minLength = 1;<br>maxLength = 30<br>Enumeration Values:<br>"P": Preliminary<br>"F": Final |
| Issuer Legal Name                         | The issuer's legal name.                                                                                                                                                                                                                                                                                                                                                                                | File Header   | 1                       | issuerLegalName           | String                          | minLength = 0, maxLength = 80                                                             |
| State                                     | State.                                                                                                                                                                                                                                                                                                                                                                                                  | File Header   | 1                       | enrolleeState             | String                          | minLength = 0<br>maxLength = 2                                                            |
| Member Months for RI Eligible Enrollees   | The count of months for RI eligible enrollees within the payment year (Jan-Dec) for individual market plans.                                                                                                                                                                                                                                                                                            | File Header   | 1                       | memberMonths              | Decimal                         | minInclusive = 0;<br>maxInclusive = 99999999.99                                           |
| Number of Unique RI Eligible Enrollee IDs | States the number of unique RI eligible Enrollee IDs for individual market plans.                                                                                                                                                                                                                                                                                                                       | File Header   | 1                       | numberOfUniqueEnrolleeIDs | Integer                         | minInclusive = 0;<br>maxInclusive = 999999999                                             |

**Table 8: RISR Summary File Header (continued)**

| Business Data Element                                    | Description                                                                                                                      | Data Category | Frequency of Occurrence | XML Element Names           | Data Type | Restrictions                                       |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|-----------------------------|-----------|----------------------------------------------------|
| Enrollees receiving RI payments                          | Total number of enrollees receiving RI Payments across all Individual Market plans.                                              | File Header   | 1                       | totalIncurredClaims         | Integer   | minInclusive = 0; maxInclusive = 999999999         |
| Paid Amount for RI eligible Enrollees                    | The sum of the Paid Amount across all RI eligible enrollees, including enrollees with \$0 RI payments.                           | File Header   | 1                       | paidAmountForAllEnrollees   | Decimal   | minInclusive = 0; maxInclusive = 99999999999999.99 |
| Paid Amount for RI eligible Enrollees With Payments      | The sum of the Paid Amount for enrollees with non-zero RI payments across all Individual Market plans.                           | File Header   | 1                       | paidAmountForRiEnrollees    | Decimal   | minInclusive = 0; maxInclusive = 99999999999999.99 |
| MOOP Adjusted Paid Claims for RI Enrollees With Payments | Sum of paid claims minus the CSR MOOP Adjustment for RI enrollees with payments.                                                 | File Header   | 1                       | moopAdjustedPaidClaims      | Decimal   | minInclusive = 0; maxInclusive = 99999999999999.99 |
| Total Allowed Amount for RI Eligible Enrollees           | The sum of the allowed amount across all enrollees, including enrollees with \$0 RI payments across all Individual Market plans. | File Header   | 1                       | rEligibleClaimsAmountForAll | Decimal   | minInclusive = 0; maxInclusive = 99999999999999.99 |
| Total Allowed Amount for RI Enrollees With Payments      | The sum of the allowed Paid Amount for enrollees with non-zero (0) RI payments across all Individual Market plans.               | File Header   | 1                       | rEligibleClaimsAmountRI     | Decimal   | minInclusive = 0; maxInclusive = 99999999999999.99 |
| CSR MOOP Adjustment for RI Enrollees with Payments       | Amount applied to the claims for RI payment calculation.                                                                         | File Header   | 1                       | cSRMOOPAdjustment           | Decimal   | minInclusive = 0; maxInclusive = 99999999.99       |
| RI Eligible Payments                                     | The MOOP adjusted paid claims between the attachment point and the cap.                                                          | File Header   | 1                       | estimatedRIPayment          | Decimal   | minInclusive = 0; maxInclusive = 99999999.99       |

**Table 8: RISR Summary File Header (continued)**

| Business Data Element                         | Description                                                                                                                                                                                                                                                                          | Data Category | Frequency of Occurrence                   | XML Element Names            | Data Type             | Restrictions                                  |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------|------------------------------|-----------------------|-----------------------------------------------|
| Coinsurance Adjusted RI Payment               | Total RI payment multiplied with the coinsurance rate.                                                                                                                                                                                                                               | File Header   | 1                                         | coinsuranceAdjustedRiPayment | Decimal               | minInclusive = 0; maxInclusive = 999999999.99 |
| Member Months for Enrollees With Payments     | The count of months for RI enrollees with payments within the payment year (Jan-Dec) for Individual Market plans.                                                                                                                                                                    | File Header   | 1                                         | memberMonthsWithPayment      | Decimal               | minInclusive = 0; maxInclusive = 999999999.99 |
| CSR MOOP Adjustment for RI Eligible Enrollees | CSR MOOP Amount for RI eligible enrollees.                                                                                                                                                                                                                                           | File Header   | 1                                         | riEligibleCSRMOOPAdjustment  | Decimal               | minInclusive = 0; maxInclusive = 999999999.99 |
| Number of Enrollees Above the Cap             | Total number of RI eligible enrollees with MOOP adjusted paid claims above the cap.                                                                                                                                                                                                  | File Header   | 1                                         | totalEnrolleesAboveCap       | Integer               | minInclusive = 0; maxInclusive = 999999999    |
| Number of RI Eligible Claims with Payment     | Total number of claims for enrollees with payment across all Individual Market plans.                                                                                                                                                                                                | File Header   | 1                                         | numberOfClaimsWithPayment    | Integer               | minInclusive = 0; maxInclusive = 999999999    |
| Number of RI Eligible Claims                  | Total number of claims eligible for Reinsurance across all Individual Market plans.                                                                                                                                                                                                  | File Header   | 1                                         | numberOfClaims               | Integer               | minInclusive = 0; maxInclusive = 999999999    |
| Plan Category                                 | <p>This XML element describes the RI plan-related elements for this report.</p> <p>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 RI Plan section of the report.</p> | Plan          | 1 or more in the reported submission file | includedPlanIdentifier       | riSummaryPlanCategory | none                                          |

The data characteristics for the RI Summary Plan Result category are as shown in Table 9. These elements are defined in the *RISummaryPlanCategory.xsd*.

**Table 9: RISR Summary Plan Result**

| Business Data Element                                    | Description                                                                                                                                                                                                                                                   | Data Category | Frequency of Occurrence | XML Element Names        | Data Type | Restrictions                                     |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|--------------------------|-----------|--------------------------------------------------|
| Plan ID                                                  | 14-digit plan identifier.                                                                                                                                                                                                                                     | Plan          | 1                       | planIdentifier           | String    | minLength = 0;<br>maxLength = 14                 |
| Unique RI eligible enrollees                             | Number of unique RI eligible Enrollee IDs for Individual Market plans.<br><br>Note: If an enrollee is in multiple plans, the enrollee will only appear in the first plan when sorted alphanumerically.                                                        | Plan          | 1                       | uniqueRIEnrollees        | Integer   | minInclusive = 0;<br>maxInclusive = 999999999    |
| Enrollees receiving RI payments                          | Total number of enrollees receiving RI payments in the plan.<br><br>Note: If an enrollee is in multiple plans, the enrollee will only appear in the first plan when sorted alphanumerically.                                                                  | Plan          | 1                       | enrolleesWithPayment     | Integer   | minInclusive = 0;<br>maxInclusive = 999999999    |
| Member Months for Enrollees With Payments                | The count of months for RI enrollees with payments within the payment year (Jan-Dec) for the plan.<br><br>Note: If an enrollee is in multiple plans, the member months will only be included for the first plan when sorted alphanumerically.                 | Plan          | 1                       | memberMonthsWithPayment  | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99 |
| Paid Amount for RI Eligible Enrollees With Payments      | The sum of the paid amount for enrollees with non-zero (0) RI payments for the plan.<br><br>Note: If an enrollee is in multiple plans, the Paid Amount from all plans will only be included for the first plan when sorted alphanumerically.                  | Plan          | 1                       | paidAmountForRIEnrollees | Integer   | minInclusive = 0;<br>maxInclusive = 999999999    |
| MOOP Adjusted Paid Claims for RI Enrollees With Payments | Sum of paid claims minus the CSR MOOP Adjustment for RI enrollees with payments.<br><br>Note: If an enrollee is in multiple plans, the MOOP adjusted paid claims amount from all plans will only be included for the first plan when sorted alphanumerically. | Plan          | 1                       | moopAdjustedPaidClaims   | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99 |

**Table 9: RISR Summary Plan Result (continued)**

| Business Data Element                              | Description                                                                                                                                                                                                                                                                                 | Data Category | Frequency of Occurrence | XML Element Names            | Data Type | Restrictions                                     |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|------------------------------|-----------|--------------------------------------------------|
| CSR MOOP Adjustment for RI Enrollees with Payments | The sum of the amount applied to the claims for RI payment calculation across all enrollees in the plan.<br><br>Note: If an enrollee is in multiple plans, the CSR MOOP adjustment from all plans will only be included for the first plan when sorted alphanumerically.                    | Plan          | 1                       | cSRMOOPAdjustment            | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99 |
| RI Eligible Payments                               | The MOOP adjusted paid claims between the attachment point and the cap.<br><br>Note: If an enrollee is in multiple plans, the RI eligible paid claims amount between the attachment point and the cap from all plans will only be included for the first plan when sorted alphanumerically. | Plan          | 1                       | estimatedRIPayment           | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99 |
| Coinsurance Adjusted RI Payment                    | Total RI payment multiplied with the coinsurance rate.<br><br>Note: If an enrollee is in multiple plans, coinsurance adjusted payment from all plans will only be included for the first plan when sorted alphanumerically.                                                                 | Plan          | 1                       | coinsuranceAdjustedRiPayment | Decimal   | minInclusive = 0;<br>maxInclusive = 999999999.99 |

## 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 RARI ICD published on REGTAP, document number: *0.0.4-CMSES-ICD-4763*.

## Acronyms

**Table 10: Acronyms**

| Acronym   | Literal Translation                                                       |
|-----------|---------------------------------------------------------------------------|
| ACA       | Affordable Care Act of 2010                                               |
| APTC      | Advanced Premium Tax Credit                                               |
| CCIO      | Center for Consumer Information and Insurance Oversight                   |
| CEFR      | EDGE Server Claim and Enrollee Frequency Report                           |
| CMS       | Centers for Medicare & Medicaid Services                                  |
| CMS-ES    | CMS-EDGE Server                                                           |
| CPT/HCPCS | Current Procedural Terminology/ Healthcare Common Procedure Coding System |
| CSR       | Cost Sharing Reduction                                                    |
| DOB       | Date Of Birth                                                             |
| Dx        | Diagnosis                                                                 |
| ECD       | Enrollee Claims Detail                                                    |
| ECS       | Enrollee Claims Summary                                                   |
| 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                                  |
| FDEEAF    | Frequency by Data Element for Enrollment Accepted Files Report            |
| FDEPAF    | Frequency by Data Element for Pharmacy Accepted Files Report              |
| FDEMAF    | Frequency by Data Element for Medical Accepted Files Report               |
| FDESAF    | Frequency by Data Element for Supplemental Accepted Files Report          |
| 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                                                        |

| Acronym | Literal Translation                |
|---------|------------------------------------|
| NPI     | National Provider Identifier       |
| PHI     | Protected Health Information       |
| RA      | Risk Adjustment                    |
| RI      | Reinsurance                        |
| RIDE    | Reinsurance Detail Enrollee Report |
| RISR    | Reinsurance Summary Report         |
| 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](https://www.regtap.info/reg_library.php).

- RI Summary
- RI Enrollee Detail
- System Error Report

## Appendix B Referenced Documents

**Table 11: Referenced Documents**

| Document Name                                        | Document Number / URL                                                                                          | Issuance Date |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------|
| Interface Control Document (ICD)<br>Version 02.01.07 | URL: <a href="https://www.REGTAP.info">https://www.REGTAP.info</a><br>Document Number:<br>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 12: System Error Codes**

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

## Appendix D Document Control History

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

| Version Number | Date     | Author/Owner      | Description of Change |
|----------------|----------|-------------------|-----------------------|
| 01.00.00       | 10/18/18 | Accenture / CCIIO | Initial Version       |