



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 **For changes prior to version 05.00.22, refer to the RARI ICD Consolidated Version History

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1 Purpose of Interface Control Document

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

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

This RARI ICD Addendum is for the 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.

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

compatibility between system segments and components.

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

https://www.regtap.info/reg_librarye.php?i=2673

2 Introduction

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

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

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

- Additional EDGE server outbound report formats.

3 Overview

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

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

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

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

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

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

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

4 General Interface Requirements

Interface Overview

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

Functional Allocation

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

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

- CMS Initiated Remote Command
- Issuer Executed EDGE Server Command

Transactions

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

- 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.	Example: 12345
Date Timestamp	The date timestamp of when the file was generated.	Example: For April 2, 2014 at 9:15:33 AM Date Timestamp: D20140402T091533
Execution Zone	One (1) letter code indicating the execution zone where the file is to be processed.	Production: 'P' Test: 'T' Local: 'L' Validation: 'V'

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 maxLength = 80
CMS Batch ID	CMS generated identifier to uniquely identify a batch job. Note - This field is only populated for reports executed as a result of a CMS initiated remote command.	File Header	1	cmsBatchIdentifier	String	minLength = 1 maxLength = 50
CMS Job ID	CMS generated identifier to uniquely identify the job. Note - This field is only populated for reports executed as a result of a CMS initiated remote command.	File Header	1	cmsJobIdentifier	String	minLength = 1 maxLength = 50

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

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

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

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

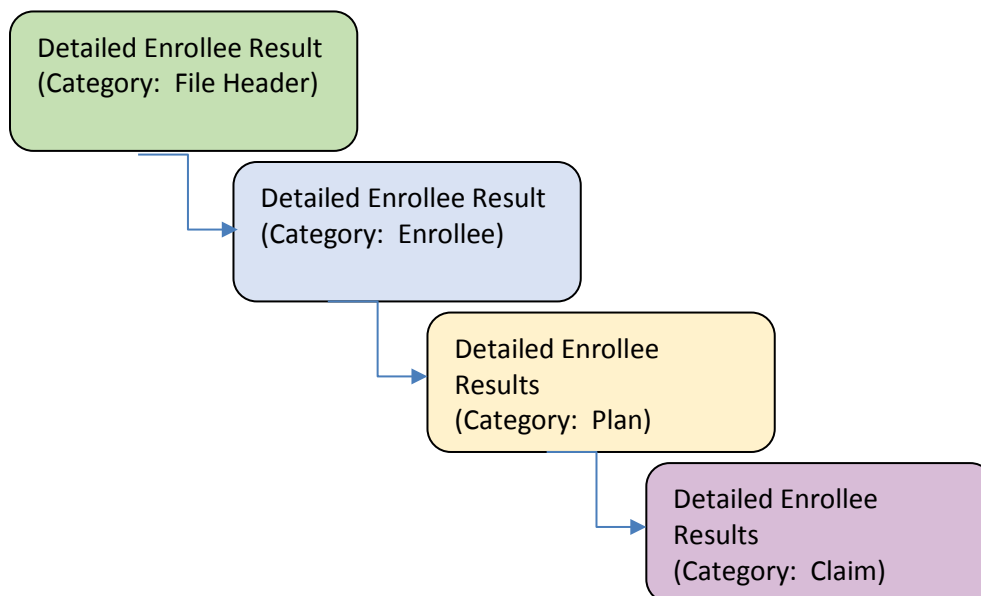
RI Detail Enrollee Report (RIDE) Message Format (or Record Layout) and Required Protocols

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	This XML element describes the file processing header related elements for this report. It uses the shared common file header XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the file header section of the report.	File Header	1	includedFileHeader	RARICommonOutboundFileHeader.xsd	none
Calendar Year	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; maxLength = 30 Enumeration Values: "P": Preliminary "F": Final
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. It should be processed to identify the insurance plan section of the report. The XML elements defined in the Supplemental Diagnosis Plan Processing result category are within this element as defined in the XSD.	Enrollee	1 or more per Enrollee	includedInsuredMemberId entifier	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; 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; maxInclusive = 999999999.99
Total allowed claims	Total allowed amount of claims across all Individual Market plans.	Enrollee	1	totalAllowedClaims	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Total Paid Claims	Total claim paid amount for claims across all Individual Market plans.	Enrollee	1	totalPaidClaims	Decimal	minInclusive = 0; 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; maxInclusive = 999999999.99
CSR MOOP Adjustment	Amount applied to the claims for RI payment calculation.	Enrollee	1	cSRMOOPAdjustment	Decimal	minInclusive = 0; maxInclusive = 999999999.99
RI Eligible Payments	The MOOP adjusted paid claims between the attachment point and the cap.	Enrollee	1	estimatedRIPayment	Decimal	minInclusive = 0; 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	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. The XML elements defined in the supplemental diagnosis plan processing Result category are within this element as defined in the XSD.	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 maxLength = 16

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Claim Category	It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the Supplemental Diagnosis Plan Processing result category are within this element as defined in the XSD.	Claim	0 or more per claim in the reported submission file	includedClaimIdentifier	RiDetailEnrolleeReport 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; 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.
Claim Paid Amount	Total amount paid by enrollee's plan.	Claim		1	claimPaidAmount	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Cross Year Claim Indicator	Identifies if the claim is a cross year claim.	Claim		1	crossYearClaimIndicator	String	Length = 1 Enumeration Values: "Y", "N"

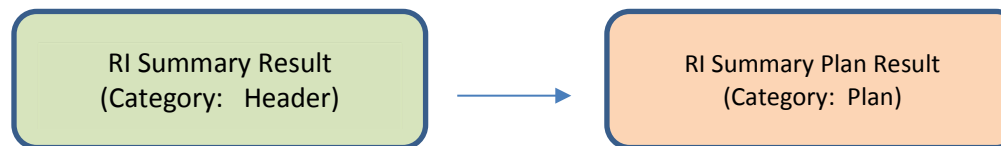
RI Summary Report (RISR) Message Format (or Record Layout) and Required Protocols

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	This XML element describes the file processing header related elements for this report. It uses the shared common file header XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the file header section of the report.	File Header	1	includedFileHeader	RARCommonOutboundFileHeader.xsd	none
Calendar Year	The calendar year 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; maxLength = 30 Enumeration Values: "P": Preliminary "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 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; 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; 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 = 9999999999999.99
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 = 9999999999999.99
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 = 9999999999999.99
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 = 9999999999999.99
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 = 9999999999999.99
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	This XML element describes the RI plan-related elements for this report. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the RI Plan section of the report.	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; maxLength = 14
Unique RI eligible enrollees	Number of unique RI eligible Enrollee IDs for Individual Market plans. 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; maxInclusive = 999999999
Enrollees receiving RI payments	Total number of enrollees receiving RI payments in the plan. 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; 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. 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; 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. 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; 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. 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; 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. 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; maxInclusive = 999999999.99
RI Eligible Payments	The MOOP adjusted paid claims between the attachment point and the cap. 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; maxInclusive = 999999999.99
Coinsurance Adjusted RI Payment	Total RI payment multiplied with the coinsurance rate. 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; 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/>.

- 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) Version 02.01.07	URL: https://www.REGTAP.info Document Number: 0.0.4-CMSES-ICD-4763	8/11/2015

Appendix C System Error Codes

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

Table 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