



Centers for Medicare & Medicaid Services

CMS-EDGE Server / CMS-ES

Risk Adjustment and Reinsurance (RARI) Interface Control Document – High Cost RISK Pool (HCRP) Addendum

Version 05.00.22

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	12/10/18	Accenture / CCIO	Create separate ICD Addendum for Frequency Reports **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- HCRP Addendum, and
- RARI ICD- Issuer Frequency Report Addendum.

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

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

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

2 Introduction

This is one of five 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:

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- 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.

- HCRP Detail Enrollee Report (HCRPDE)
- HCRP Summary Report (HCRPDS)

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:
 - HCRP Detail Enrollee Report
- Reports sent to both the insurance company/issuer administrator and CMS:
 - HCRP Summary Report

Assumptions

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

- Outbound reports are posted to the issuer's Amazon Web Services (AWS) S3 file repository or On-Premise server output directory designated for the remote command

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- 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. HCRPS.D20140402T091533.P.xml

Table 2: File Name Parameters

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

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

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

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

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

1.1.1.1 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.

1.1.1.1.1 Business Data Element Descriptions and Technical Characteristics

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

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

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

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

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

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

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

High Cost Risk Pool Summary (HCRPSR)

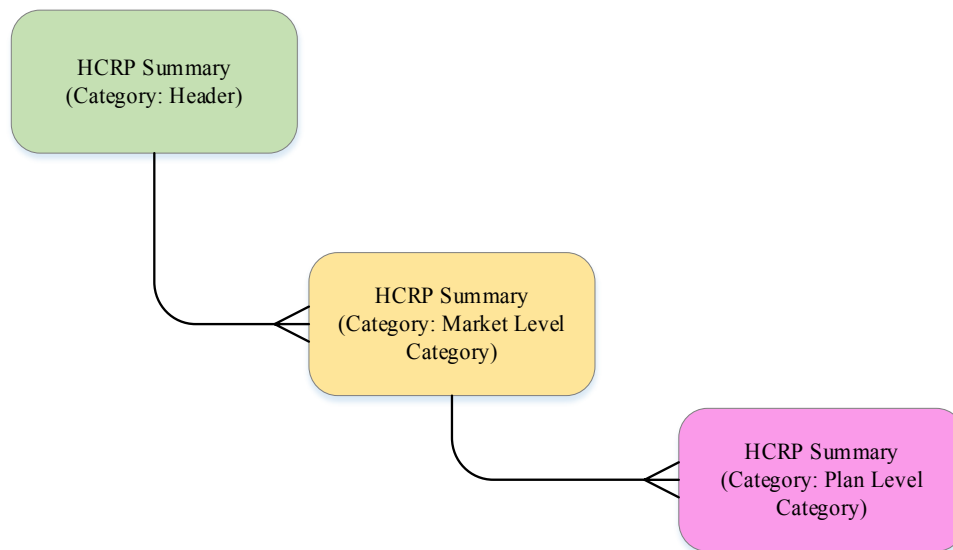
Message Format (or Record Layout) and Required Protocols

The outbound HCRPS Report is available to CMS and the issuer/submitting organization. This report contains issuer, market, and plan level details used for the HCRP calculation. The HCRPS Report will be generated with the HCRP batch job.

1.1.1.2 File Layout

This section specifies the file layout for the HCRP summary data file. At a high level it consists of four (3) record types or categories of information as shown in Figure 1.

Figure 1: EDGE Server HCRP Summary Report Data Categories



The HCRP Summary Report XSD consists of report File Header Category, Market Level Header Category, and Plan Level Header Category.

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

1.1.1.3 Business Data Elements and Definitions

The data characteristics for the HCRP Summary Report Header category are as shown in Table 138. The root element of the HCRP Summary Report in the XSD is *HCRPSummaryReport.xsd* (*HCRPSummaryReport.xsd*). This element is required and all the other elements defined in this section for the HCRP Summary Report are embedded within this element start and end tags.

The HCRP Summary and Detail reports only include HCRP eligible enrollees and claims. HCRP eligible Claims and enrollees in the HCRP Summary and Detail report refer to all claims and enrollees that meet the standard HCRP claim/enrollee selection criteria for EDGE. System-generated enrollment periods are not required for EDGE to select cross-year claims for HCRP and are hence not selected.

“HCRP Payment Enrollees” refers only to those who qualified for HCRP payment – i.e., met standard selection criteria AND whose total paid claims amount from both markets (MOOP-adjusted where applicable) exceeded the HCRP attachment point. For more information on claim and enrollee selection for HCRP, please see Appendix D.

The data characteristics for the HCRP Summary Report File Header level category are as shown in **Table 4**. These elements are defined in the *HCRPSummaryReport.xsd*

Table 4: HCRP Summary Report File Header Category Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Report Header	This XML element describes the file processing header related elements for this report. It uses the shared common file header XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested common elements and has no business meaning. It should be processed to identify the file header section of the report.	File Header	1	includedFileHeader	RARICommonOutboundFileHeader	none
Calendar Year	The calendar year for which HCRP command 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	The state the HIOS ID belongs to	File Header	1	state	String	Length = 2
Job Type	Determines if the HCRP job was executed using national level or state level HCRP parameters	File Header	1	jobType	String	Length = 1 "N": National "S": State
Co-insurance Rate	The percent applied to the dollar amount between the attachment point and the cap to determine the enrollee's HCRP payment for the year.	File Header	1	coInsuranceRate	Decimal	minInclusive = 0 maxInclusive = 1.00

Table 4: HCRP Summary Report File Header Category Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Cap	The upper dollar amount above which the enrollee's total claims not included for the HCRP payment Note: This field will be blank until the HCRP logic is updated to account for CAP	File Header	1	cap	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Attachment Point	The lower dollar amount above which an enrollee's total claims are include for the HCRP Payment	File Header	1	attachmentPoint	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Total Enrollee Count	Total number of all active unique enrollee IDs associated with the issuer	File Header	1	totEnrCnt	Integer	minInclusive = 0 maxInclusive = 999999999
Total Member Months	Total member months for the issuer = Total Member Months from small group market header level + Total Member Months from individual market header level	File Header	1	totMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Total Subscriber Member Months	Total subscriber member months for the issuer = Subscriber Member Months at small group market header level + Subscriber Member Months at individual market header level	File Header	1	totSubscrMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Total Premium	Sum of total premium for the issuer = Total Premium from small group market header level + Total Premium from individual market header level	File Header	1	totPremium	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 4: HCRP Summary Report File Header Category Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total MOOP Adjusted Individual and Small Group Paid Claim Amount	Total paid claim amount for the issuer = Total Paid Amount from small group market header level + Total MOOP-Adjusted Paid Amount from individual market header level Note: MOOP adjustment is only applied to Individual market claims when the MOOP flag is "ON". MOOP adjustment is not applied to small group market claims	File Header	1	totMoopAdjIndSGPaidAmt	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
Total Allowed Claims Amount	Total allowed claims amount for the issuer = Total Allowed Claims Amount from small group market header level + Total Allowed Claims Amount from individual market header level	File Header	1	totAllowedAmt	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
Total Claim Count	Total count of claims for the issuer = Total Claim Count from small group market header level + Total Claim Count from individual market header level	File Header	1	totClaimCnt	Integer	minInclusive = 0 maxInclusive = 999999999
HCRP Enrollee Count	Number of all unique active enrollee IDs whose paid claim amount in small group market + MOOP-adjusted paid claim amount in individual market exceeds the attachment point, thereby qualifying for HCRP payment	File Header	1	hcrpEnrCnt	Integer	minInclusive = 0 maxInclusive = 999999999
Member Months for HCRP Enrollees	Member months for issuer's HCRP payment enrollees = Total Member Months for HCRP payment Enrollees from small group market header level + Total Member Months for HCRP payment Enrollees from individual market header level	File Header	1	hcrpTotMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99

Table 4: HCRP Summary Report File Header Category Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Subscriber Member Months For HCRP enrollees	Subscriber member months for issuer's HCRP payment enrollees = Subscriber Member Months for HCRP payment Enrollees from small group market header level + Subscriber Member Months for HCRP payment Enrollees from individual market header level	File Header	1	hcrpSubscrMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Total paid Claim Amount for HCRP enrollees	Total paid claim amount for issuer's HCRP payment enrollees = Individual market header level MOOP-Adjusted Total paid claim amount for HCRP payment Enrollees + small group market header level total paid claim amount for HCRP payment enrollees. Note: this includes the amount of paid claims below the attachment point for HCRP payment enrollees	File Header	1	hcrpPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Allowed Claim Amount for HCRP Enrollees	Allowed Claims Amount Forclaims amount for issuer's HCRP payment Enrollees enrollees = Total Allowed Claim Amount from small group market header level + Total Allowed Claim Amount from individual market header level	File Header	1	hcrpAllowedAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Claim Count for HCRP Enrollees	Count of claims for issuer's HCRP payment enrollees = Claim Count for HCRP payment Enrollees from small group market header level + Claim Count for HCRP payment Enrollees from individual market header level	File Header	1	hcrpClaimCnt	Integer	minInclusive = 0 maxInclusive = 999999999

Table 4: HCRP Summary Report File Header Category Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Paid Claim Amount Above Attachment Point	Total amount of paid claims that exceeds attachment point = Paid Claim Amount Above Attachment Point from small group market header level + Paid Claim Amount Above Attachment Point from individual market header level	File Header	1	paidAmtAboveAP	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
HCRP Payment	HCRP payment for the issuer = HCRP Payment from small group market header level + HCRP Payment from individual market header level	File Header	1	hcrpPayment	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Paid Claim Amount Cross Year for HCRP Enrollees	Amount of paid cross-year claims for issuer's HCRP payment enrollees = Paid Claim Amount Cross Year for HCRP payment Rnrollees from small group market header level + Paid Claim Amount Cross Year for HCRP Payment Enrollees from individual market header level Note: Plan reference check to determine which market type the claim belongs to, is done using the plan ID on the claim and the year of the start date/FillDate of the claim	File Header	1	hcrpPaidAmtCY	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Claim Count Cross Year for HCRP Enrollees	Count of cross-year claims for issuer's HCRP Payment enrollees = Claim Count Cross Year for HCRP Payment Enrollees for the issuer from small group market header level + Claim Count Cross Year for HCRP Payment Enrollees individual market header level	File Header	1	hcrpClaimCountCY	Integer	minInclusive = 0 maxInclusive = 999999999

Table 4: HCRP Summary Report File Header Category Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Paid Claim Amount Cross Year With No EP in Current Payment Year for HCRP Enrollees	Amount of paid cross-year claims with no associated enrollment period in the current payment year (for claims linked to HCRP Payment enrollees only) in both markets	File Header	1	hcrpPaidClaimAmtCYNNoEp	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Claim Count Cross Year No EP in Current Payment Year for HCRP Enrollees	Count of paid cross-year claims with no associated enrollment period in the current payment year (for claims linked to HCRP Payment enrollees only) in both markets	File Header	1	hcrpClaimCountCYNoEp	Integer	minInclusive = 0 maxInclusive = 999999999
Paid Claim amount for Enrollees Not Meeting AP	Amount of paid claims (including cross-year claims) for enrollees that did not exceed the AP in both markets	File Header	1	claimAmtUnderAP	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Claim Count for Enrollees Not Meeting AP	Count of paid claims (including cross-year claims) for enrollees that did not exceed the AP in both markets	File Header	1	claimCntUnderAP	Integer	minInclusive = 0 maxInclusive = 999999999
Market Header	This XML element describes the Individual Market type header 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.	Market Header	1 or more per market type	includedMarketType	HCRPSummaryMarketTypeCategory	none

The data characteristics for the HCRP Summary Report Market level category are as shown in Table 5. These elements are defined in the *HCRPSummaryMarketTypeCategory.xsd*

Table 5: HCRP Summary Report Market Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Market Type	Market type for the plan: Individual or Small Group. Note: On EDGE, individual includes catastrophic plans, as well as plans in merged markets with plan IDs identifying them as individual market	Market	1	marketType	String	minLength = 0; maxLength = 30 Enumeration Value: "1": Individual "2": Small Group
Total Enrollee Count	Total number of all active unique enrollee IDs associated with <market type> plans for the issuer	Market	1	totEnrCnt	Integer	minInclusive = 0; maxInclusive = 999999999
Total Subscriber Member Months	Total subscriber member months for all <market type> plans	Market	1	totMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Total Member Months	Total member months for all <market type> plans	Market	1	totSubscrMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Total Premium	Sum of total premium for all <market type> plans	Market	1	totPremium	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Paid Claim Amount	Total paid claim amount for all <market type> plans	Market	1	totPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Individual MOOP Adjustment	Sum of MOOP Adjustment from all <market type> plans. Note: Will only be nonzero for individual market type when MOOP adjustment flag is ON. This field will always be 0 for small group market type	Market	1	indMOOPAdj	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 5: HCRP Summary Report Market Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
MOOP Adjusted Total Paid Claim Amount	Sum of MOOP-adjusted total paid claim amount for all <market type> plans. Note: MOOP Adjusted Total Paid Claim Amount will be equal to Total Paid Claim Amount for individual market plans when the MOOP flag is OFF. For the small group market MOOP Adjusted Total Paid Claim amount will always be equal to Total Paid Claim Amount	Market	1	mOOPAdjTotPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Allowed Claims Amount	Sum of total allowed claim amount for all <market type> plans	Market	1	totAllowedAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Claim Count	Total count of claims for all <market type> plans	Market	1	totClaimCnt	Integer	minInclusive = 0; maxInclusive = 999999999

Table 5: HCRP Summary Report Market Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
HCRP Enrollee Count	Number of all unique active enrollee IDs belonging to <market type> whose MOOP-adjusted total paid claim amount in individual market + total paid claim amount in small group market exceeds the attachment point, hereby qualifying for HCRP payment Note: An enrollee can be considered belonging to the <market type> if the enrollee either has active enrollment in payment year in the <market type> plan or has an active claim belonging to the <market type> plan as of the year of the start date/Fill Date of the claim	Market	1	hcrpEnrCnt	Integer	minInclusive = 0; maxInclusive = 999999999
Member Months for HCRP Enrollees	Total Member Months fromfor HCRP payment enrollees in all <market type> plans	Market	1	hcrpTotMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Subscriber Member Months for HCRP Enrollees	Total subscriber member months for HCRP payment enrollees in all <market type> plans	Market	1	hcrpSubscrMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Paid Claim Amount for HCRP Enrollees	Total paid claim amount for HCRP payment enrollees in all <market type> plans	Market	1	hcrpPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 5: HCRP Summary Report Market Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Individual MOOP Adjustment for HCRP Enrollees	Sum of MOOP adjustment for HCRP payment enrollees in all <market type> plans Note: Will only be nonzero for individual market type when MOOP adjustment flag is ON. This field will always be 0 for small group market type	Market	1	hcrpIndMOOPAdj	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
MOOP Adjusted Claim Paid Amount for HCRP Enrollees	Sum of MOOP-adjusted total paid claim amount for HCRP payment enrollees in all <market type> plans Note: MOOP Adjusted Total Paid Claim Amount will be equal to Total Paid Claim Amount for the individual market when the MOOP flag is OFF. For the small group market MOOP Adjusted Total Paid Claim amount will always be equal to Total Paid Claim Amount	Market	1	hcrpMOOPAdjTotPaidAmt	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
Allowed Claims Amount for HCRP Enrollees	Allowed claims amount for HCRP payment enrollees in all <market type> plans	Market	1	hcrpAllowedAmt	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
Claim Count for HCRP Enrollees	Count of claims for HCRP payment enrollees in all <market type> plans	Market	1	hcrpClaimCnt	Integer	minInclusive = 0; maxInclusive = 999999999
Total Paid Claim Amount Above Attachment Point	Sum of Total Paid Claim Amount Above Attachment Point field from all <market type> plans	Market	1	paidAmtAboveAP	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
HCRP Payment	Sum of HCRP payment from all <market type> plans	Market	1	hcrpPayment	Decimal	minInclusive = 0 maxInclusive = 99999999999.99

Table 5: HCRP Summary Report Market Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
HCRP Payment Market percent	Proportion of total paid claim paid amount in the market for HCRP payment enrollees, calculated using the formula below: % paid claims in individual market = Total MOOP adjusted claim paid amount from HCRP payment enrollees in the individual market / (Total MOOP adjusted claim paid amount from HCRP payment enrollees in the individual market + Total claim paid amount from HCRP payment enrollees in the small group market) % paid claims in small group market = Total claim paid amount from HCRP payment enrollees in the small group market / (Total MOOP adjusted claim paid amount from HCRP payment enrollees in the individual market + Total claim paid amount from HCRP payment enrollees in the small group market)	Market	1	hcrpPayMktPct	Decimal	minInclusive = 0 maxInclusive = 99999999.99
Paid Claim Amount Cross Year for HCRP enrollees	Sum of paid claim amount from cross-year claims for HCRP Payment enrollees in all <market type> plans Note: Plan reference check to determine which market type the claim belongs to, is done using the plan ID on the claim and the year of the start date/FillDate of the claim	Market	1	hcrpPaidAmtCY	Decimal	minInclusive = 0 maxInclusive = 99999999999.99

Table 5: HCRP Summary Report Market Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Claim Count Cross Year for HCRP Enrollees	Count of cross-year claims for HCRP payment enrollees in all <market type> plans Note: Plan reference check to determine which market type the claim belongs to, is done using the plan ID on the claim and the year of the start date/FillDate of the claim	Market	1	hcrpClaimCountCY	Integer	minInclusive = 0 maxInclusive = 999999999
Paid Claim amount Cross Year With No EP in Payment Year for HCRP Enrollees	Sum of paid claim amount from cross-year claims belonging to <market type> plans for HCRP payment enrollees with no associated enrollment period in the current payment year Note: Only claims belonging to <market type> plans for HCRP payment enrollees with no enrollment in the payment year in any plan belonging to any market type are considered for this field	Market	1	hcrpPaidClaimAmtCYNoEp	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 5: HCRP Summary Report Market Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Claim Count Cross Year No EP in Payment Year for HCRP Enrollees	Count of paid cross-year claims belonging to <market type> plans for HCRP payment enrollees with no associated enrollment period in the current payment year Note: Only claims belonging to <market type> plans for HCRP payment enrollees with no enrollment in the payment year in any plan belonging to any market type are considered for this field	Market	1	hcrpClaimCountCYNoEp	Integer	minInclusive = 0 maxInclusive = 999999999
Paid Claim amount for Enrollees Not Meeting AP	Amount of paid claims (including cross-year claims) for enrollees that did not exceed the AP in the <market type>	Market	1	claimAmtUnderAP	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
Claim Count for Enrollees Not Meeting AP	Count of paid claims (including cross-year claims) for enrollees that did not exceed the AP in the <market type>	Market	1	claimCntUnderAP	Integer	minInclusive = 0 maxInclusive = 999999999 maxInclusive = 999999999
Plan	This XML element describes the Individual Market type header 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.	Plan	1 or more per plan belonging to HCRP selected enrollee	includedPlanIdentifier	HCRPSummaryPlanCategory	none

The data characteristics for the HCRP Summary Plan level category are as shown in Table 6. These elements are defined in the *HCRPSummaryPlanCategory.xsd*

Table 6: HCRP Summary Report Plan Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan Identifier	Unique identifier for the plan.	Plan	1	insurancePlanIdentifier	String	Length = 16 Format: HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
Total Enrollee Count	Total number of all active unique enrollee IDs associated with the plan	Plan	1	totEnrCnt	Integer	minInclusive = 0; maxInclusive = 999999999
Total Member Months	Total member months for all enrollees in the plan for the payment year in which HCRP is executed. For each enrollee, member months are calculated by dividing the days in enrollment period in the payment year in the plan by 30	Plan	1	totMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Total Subscriber Member Month	Total subscriber member month for all enrollees in the plan for the payment year for which HCRP is executed For each enrollee, subscriber member months are calculated by dividing the days in subscriber enrollment period in the payment year in the plan by 30	Plan	1	totSubscrMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99

Table 6: HCRP Summary Report Plan Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Premium	Sum of total premium, for all subscriber enrollment periods in the payment year in the plan. Total premium for each subscriber enrollment period is calculated by multiplying subscriber member months in the payment year by the monthly premium for the period	Plan	1	totPremium	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Paid Claim Amount	Sum of all paid claim amounts for claims (including cross year claims) that belong to the plan	Plan	1	totPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Individual MOOP Adjustment	Sum of MOOP adjustments from all subpolicies belonging to the plan Note: Will only be nonzero for individual market plans " when MOOP adjustment flag is ON. This field will always be 0 for small group market plans	Plan	1	indMOOPAdj	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 6: HCRP Summary Report Plan Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
MOOP Adjusted Total Paid Claim amount	Subtraction of Individual MOOP Adjustment field from the Total Paid Claim Amount field Note: MOOP Adjusted Total Paid Claim amount will be equal to Total Claim Paid Amount for individual market plans when the MOOP flag is OFF. For the small group market plans MOOP Adjusted Total Paid Claim amount will always equal the Total Paid Claim amount	Plan	1	mOOPAdjTotPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Allowed Claims Amount	Sum of total allowed claim amounts for the plan	Plan	1	totAllowedAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Claim Count	Total unique count of claims in the plan	Plan	1	totClaimCnt	Integer	minInclusive = 0; maxInclusive = 999999999
HCRP Enrollee Count	Number of all unique active enrollee IDs belonging to plan whose MOOP-adjusted total paid claim amount in individual market + total paid claim amount in small group market exceeds the attachment point, hereby qualifying for HCRP payment Note: An enrollee can be considered belonging to the plan if the enrollee either has active enrollment in payment year in the plan or has an HCRP eligible active claim belonging to the plan as of the year of the start date/Fill Date of the claim	Plan	1	hcrpEnrCnt	Integer	minInclusive = 0; maxInclusive = 999999999

Table 6: HCRP Summary Report Plan Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Member Months for HCRP Enrollees	Total member months for HCRP payment enrollees in the plan Member months in the plan for the payment year for an HCRP payment enrollee are calculated by dividing the total days of enrollment in payment year in the plan by 30	Plan	1	hcrpTotMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Subscriber Member Months for HCRP Enrollees	Total subscriber member months for HCRP payment enrollees in the plan for the payment year Subscriber member months in the plan for the payment year for an HCRP payment enrollee are calculated by dividing the total days of enrollment in payment year in the plan by 30	Plan	1	hcrpSubscrMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Paid Claim amount for HCRP Enrollees	Total claim paid amount (both above and below the attachment point) for HCRP payment enrollees in the plan	Plan	1	hcrpPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 6: HCRP Summary Report Plan Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Individual MOOP Adjustment for HCRP Enrollees	Sum of all CSR MOOP adjustments from all subpolicies belonging to the plan's HCRP payment enrollees only Note: Will only be non zero for individual market plans " when MOOP adustment flag is ON.This field will always be 0 for small group market plans	Plan	1	hcrpIndMOOPAdj	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
MOOP Adjusted Total Paid Claim Amount for HCRP Enrollees	Subtraction of Individual MOOP Adjustment for HCRP payment enrollees from the Paid Claim amount for HCRPpayment enrollees in the plan Note: HCRP MOOP Adjusted Total Paid Claim amount will be equal to HCRP Total Claim Paid Amount for the individual market plan when the MOOP flag is OFF. For small group market plans MOOP Adjusted Total Paid Claim amount will always equal the Total Paid Claim amount	Plan	1	hcrpMOOPAdjTotPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Allowed Claims Amount for HCRP Enrollees	Sum of allowed claim amounts from all claims that belong to the plan from HCRP payment enrollees only	Plan	1	hcrpAllowedAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Claim Count for HCRP Enrollees	Total unique count of claims in the plan for HCRP payment enrollees only	Plan	1	hcrpClaimCnt	Integer	minInclusive = 0; maxInclusive = 999999999

Total Paid Claim Amount Above Attachment Point	Total Paid Claim Amount Above Attachment Point, from all HCRP payment enrollees in the plan prorated by enrollees' percent of total paid claims in the plan.. To calculate this, the following formulas are implemented for all HCRP payment enrollees in the plan, and the Plan level Total Paid Claim Above Attachment Point is summed up from all those enrollees to the plan: Enrollee level Total Paid Claim Above Attachment Point = ((Total MOOP adjusted claim paid amount across all individual market plans+ Total claim paid amount across all small group market plans) – AP) % paid claims in the plan for the enrollee(If individual)= Total MOOP adjusted claim paid amount in the plan/(Total MOOP adjusted claim paid amount across all individual market plans+ Total claim paid amount across all small group market plans) % paid claims in the plan for the enrollee (If small group)= Total claim paid amount in the plan /(Total MOOP adjusted claim paid amount across all individual market plans+ Total claim paid amount across all small group market plans) Total Paid Claims Above Attachment Point for the enrollee's plan = % paid claims in the plan * Enrollee level Total	Plan	1		paidAmtAboveAP	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
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Table 6: HCRP Summary Report Plan Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
	Paid Claim Above Attachment Point					

HCRP Payment	HCRP payments from all HCRP payment enrollees in the plan prorated by enrollees' percent of total paid claims in the plan. To calculate this, the following formulae are implemented for all HCRP payment enrollees in the plan, and the Plan level HCRP payment is summed up from all those enrollees to the plan: Enrollee level HCRP Payment = $((\text{Total MOOP adjusted claim paid amount across all individual market plans} + \text{Total claim paid amount across all small group market plans}) - \text{AP}) * \text{Co-insurance rate}$ % paid claims in the plan for the enrollee (If individual) = $\frac{\text{Total MOOP adjusted claim paid amount in the plan}}{(\text{Total MOOP adjusted claim paid amount across all individual market plans} + \text{Total claim paid amount across all small group market plans})}$ % paid claims in the plan for the enrollee (If small group) = $\frac{\text{Total claim paid amount in the plan}}{(\text{Total MOOP adjusted claim paid amount across all individual market plans} + \text{Total claim paid amount across all small group market plans})}$ Plan level HCRP payment for the enrollee = % paid claims in the plan * Enrollee level HCRP Payment	Plan	1	hcrpPayment	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
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Table 6: HCRP Summary Report Plan Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
HCRP Payment Plan Percent	Percent of a plan's total paid amount attributable to HCRP payment enrollees, as calculated using the formula below: $\% \text{ total paid amount of all HCRP enrollees attributable to this plan} = \frac{\text{total MOOP-adjusted paid amount for HCRP enrollees in this plan}}{\text{total MOOP-adjusted paid amount for all HCRP payment enrollees}}$ Note: If the MOOP adjustment flag is off, the system shall use total claim paid amount in the individual market plan instead of total MOOP Adjusted claim amount in the above formulas. If the plan has no HCRP payment enrollees, then this field will be zero.	Plan	1	hcrpPmtPlanPct	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Paid Claim amount Cross Year for HCRP Enrollees	An aggregation of Total Paid Claim Amount from all cross year claims in the plan from HCRP payment enrollees only	Plan	1	hcrpPaidAmtCY	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Claim Count Cross Year for HCRP Enrollees	Count of cross year claims in the plan from HCRP payment enrollees only	Plan	1	hcrpClaimCountCY	Integer	minInclusive = 0; maxInclusive = 999999999

Table 6: HCRP Summary Report Plan Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Paid Claim amount Cross Year No EP for HCRP Enrollees	An aggregation of TotalPaidClaimAmt from cross year claims in the plan from HCRP payment enrollees that do not have any enrollment in the payment year Note: Only claims belonging to the plan for HCRP payment enrollees with no enrollment in the payment year in any plan belonging to any market type are considered for this field	Plan	1	hcrpPaidClaimAmtCYNoEp	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Claim Count Cross Year No EP for HCRP Enrollees	Count of cross year claims in the plan from HCRP payment enrollees that do not have any enrollment in the payment year Note: Only claims belonging to the plan for HCRP payment enrollees with no enrollment in the payment year in any plan belonging to any market type are considered for this field	Plan	1	hcrpClaimCountCYNoEp	Integer	minInclusive = 0; maxInclusive = 999999999
HCRP Claim Paid Amount Above Coinsurance	Calculated using the following formula for each plan: Total Paid Claim Amount Above Attachment Point - HCRP Payment	Plan	1	hcrpPaidClaimAmtAboveCoinsurance	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 6: HCRP Summary Report Plan Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Paid Claim amount for Enrollees Not Meeting AP	Sum of claim paid amount from claims (including cross-year claims) for all HCRP selected enrollees who did not exceed the AP in the plan.t	Plan	1	claimAmtUnderAP	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Claim Count for Enrollees Not Meeting AP	A unique count of paid claims (including cross-year claims) from all enrollees who did not exceed the AP in the plan	Plan	1	claimCntUnderAP	Integer	minInclusive = 0 ; maxInclusive = 999999999

High Cost Risk Pool Detail Enrollee (HCRPDE)

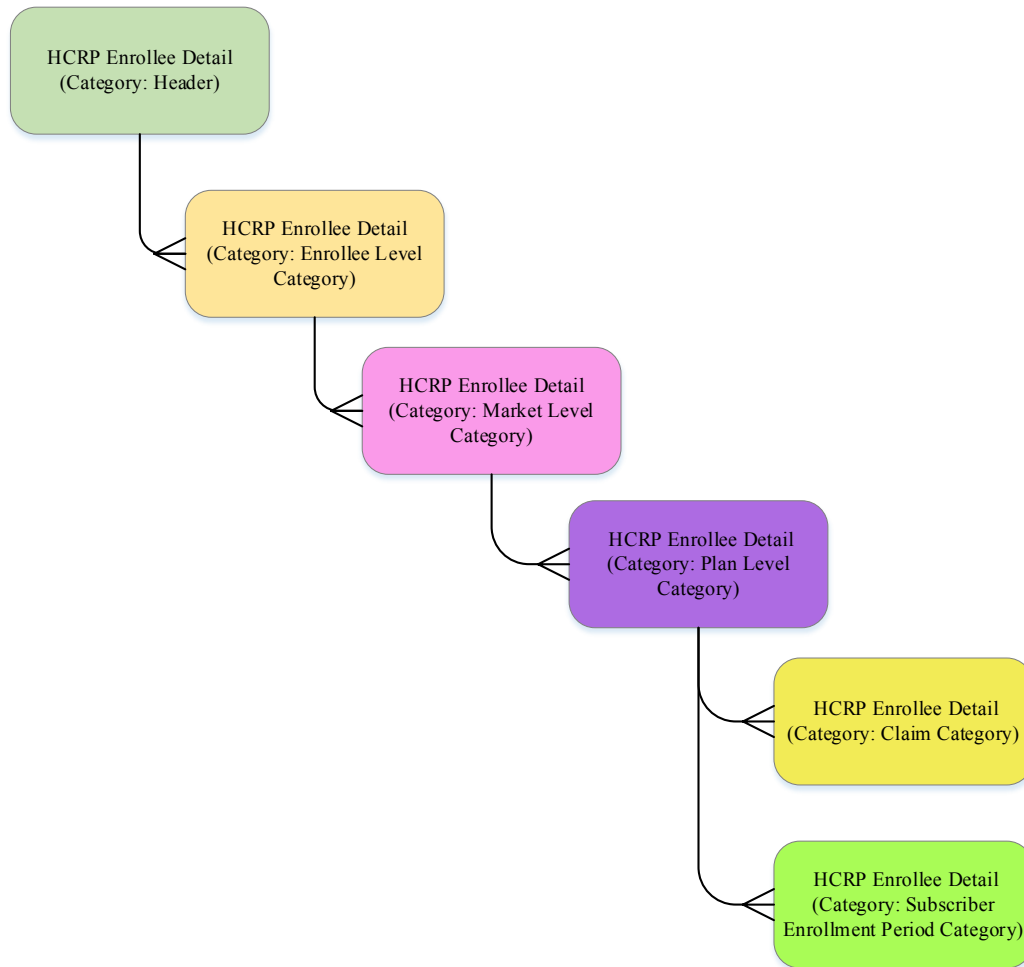
Message Format (or Record Layout) and Required Protocols

The outbound HCRPD Report is available to the issuer/submitting organization. This report contains issuer, market, plan, and enrollee level details used for the HCRP calculation. The HCRPD Report will be generated with the HCRP batch job.

1.1.1.4 File Layout

This section specifies the file layout for the HCRPD data file. At a high level it consists of five (5) record types or categories of information as shown in Figure 2.

Figure 2: EDGE Server HCRP Detail Enrollee Report Data Categories



The HCRPD Report XSD consists of report File Header Category, Market Level Header Category, Plan Level Header Category, and Enrollee Level Header Category.

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

1.1.1.5 Business Data Elements and Definitions

The data characteristics for the HCRP Detail Report Header category are as shown in Table 7. The root element of the HCRP Detail Report in the XSD is HCRPDetailReport.xsd (HCRPDetailReport.xsd). This element is required and all the other elements defined in this section for the HCRP Detail Report are embedded within this element start and end tags.

The HCRP Summary and Detail reports only include HCRP eligible enrollees and claims. HCRP eligible Claims and enrollees in the HCRP Summary and Detail report refer to all claims and enrollees that meet the standard HCRP claim/enrollee selection criteria for EDGE. System-generated enrollment periods are not required for EDGE to select cross-year claims for HCRP and are hence not selected.

“HCRP Payment Enrollees” refers only to those who qualified for HCRP payment – i.e., met standard selection criteria AND whose total paid claims amount from both markets (MOOP-adjusted where applicable) exceeded the HCRP attachment point. For more information on claim and enrollee selection for HCRP, please see Appendix D.

Table 7: HCRP Detail Report File Header Category Data

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

Table 7: HCRP Detail Report File Header Category Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
	the file header section of the report.					
Calendar Year	The calendar year for which HCRP 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	This XML element describes the Individual Market type header 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.	Enrollee	1 or more per HCRP eligibleselected enrollee	includedInsuredMemberId entifier	HCRPDetailedEnrolleeReportEnrolleeCategory	none

The data characteristics for the HCRP Detail Report Enrollee Level Header category are as shown in Table 8. These elements are defined in the *HCRPDetailedEnrolleeReportEnrolleeCategory.xsd*

Table 8: HCRP Detail Report Enrollee Level Category Data

Business Data Element	Description	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
Total Member Months	Total member months for the enrollee = Sum of Total Member Months from enrollee's individual and small group market header levels	Enrollee	1	totMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Total Subscriber Member Month	Total subscriber member months for the enrollee = Sum of Subscriber Member Months from enrollee's individual and small group market header levels	Enrollee	1	totSubscrMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Total Premium	Sum of total premium for the enrollee = Total Premium from individual and small group market header level	Enrollee	1	totPremium	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total MOOP Adjusted Individual and Small Group Paid Amount	Sum of Total paid claim amount for the enrollee = Total MOOP Adjusted Claim Paid Amount from enrollee's individual and small group market header levels Note: MOOP adjustment is only applied to Individual market claims when the MOOP flag is "ON". MOOP adjustment is not applied to small group market claims	Enrollee	1	totMoopAdjIndSGPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 8: HCRP Detail Report Enrollee Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Allowed Claim Amount	Total allowed claims amount for the enrollee = Sum of Total Allowed Claims Amount from enrollee's from individual and small group market header level + Total Allowed Claims Amount from enrollee's individual market header level	Enrollee	1	totAllowedAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Claim Count	Total count of claims for the enrollee = Sum of Total Claim Count from enrollee's individual and small group market header levels	Enrollee	1	totClaimCnt	Integer	minInclusive = 0; maxInclusive = 999999999
Total Paid Claim Amount Above Attachment Point	Total amount of paid claims that exceeds attachment point = Paid Claim Amount Above AP from enrollee's small group market header level + MOOP-adjusted Paid Claim Amount Above AP from enrollee's individual market header level Note: This field will always be 0 for enrollees that are not HCRP payment enrollees	Enrollee	1	paidAmtAboveAP	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 8: HCRP Detail Report Enrollee Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
HCRP Payment	HCRP payment = HCRP Payment from enrollee's small group market header+ Payment enrollee's individual market header level = ((Total MOOP adjusted claim paid amount individual market level for the enrollee+ Total claim paid amount from the small group market level for the enrollee) – AP)*Co-insurance rate Note: This field will always be 0 for enrollees that are not HCRP payment enrollees	Enrollee	1	hcrpPayment	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
Paid Claim amount Cross Year	Paid cross-year claims for the enrollee = Sum of Paid Amount of Cross Year claims from enrollee's individual and small group market header level + + Paid Amount of Cross Year claims from enrollee's individual market header level	Enrollee	1	paidAmtCY	Decimal	minInclusive = 0 maxInclusive = 99999999999.99
Claim Count Cross Year	Count of cross-year claims for the enrollee = Cross year Claim Count from enrollee's small group market header level + Cross year Claim Count from enrollee's individual market header level	Enrollee	1	claimCountCY	Integer	minInclusive = 0; maxInclusive = 99999999
Paid Claim amount Cross Year No EP	Sum of paid cross-year claims with no associated enrollment period in the current payment year for the enrollee Note: If the enrollee has HCRP eligible enrollment in the payment year, this field will have a 0 value	Enrollee	1	paidClaimAmtCYNoEP	Decimal	minInclusive = 0 maxInclusive = 99999999999.99

Table 8: HCRP Detail Report Enrollee Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Claim Count Cross Year No EP	Count of paid cross-year claims with no associated enrollment period in the current payment year for the enrollee Note: If the enrollee has HCRP eligible enrollment in the payment year, this field will have a 0 value	Enrollee	1	claimCountCYNoEp	Integer	minInclusive = 0; maxInclusive = 999999999
Paid Claim Amount Above Coinsurance	Paid Claim Amount Above Coinsurance =Sum of Claim Paid Amount Above Coinsurance values from from enrollee's individual market plans + Paid Claim Amount Above Coinsurance values from enrollee's small group market plans Note: This field will always be 0 for enrollees that are not HCRP payment enrollees	Enrollee	1	paidClaimAmtAboveCoinsurance	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Market Type	This XML element describes the Individual Market type header 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.	Market	1 or more per market type	includedMarketType	HCRPDetailEnrolleeMarketTypeCategory	none

The data characteristics for the HCRP Detail Enrollee market category are as shown in Table 9. These elements are defined in the HCRPDetailEnrolleeMarketTypeCategory.xsd

Table 9: HCRP Detail Report Market Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Market Type	Market type for the plan: Individual or Small Group	Market	1	marketType	String	minLength = 0; maxLength = 30 Enumeration Values: "1": Individual "2": small Group
Total Member Months	Sum of Total member months from all <market type> plans for the enrollee in the payment year for which HCRP is executed.	Market	1	totMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Total Subscriber Member Months	Sum of all Total subscriber member months for from all <market type> plans for the enrollee in the payment year for which HCRP is executed	Market	1	totSubscrMM	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Total Premium	Sum of total premium for all <market type> plans for the enrollee.	Market	1	totPremium	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Claim Paid Amount	Sum of all Total Claim Paid Amounts from all <market type> plans for the enrollee	Market	1	totPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Individual MOOP Adjustment	Sum of all CSR MOOP Adjustment from all <individual market type> plans for the enrollee. Note: Will only be nonzero for individual market type when MOOP adjustment flag is ON. This field will always be 0 for small group market type plans	Market	1	indMOOPAdj	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 9: HCRP Detail Report Market Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
MOOP Adjusted Total Claim Paid Amount	Sum of MOOP-adjusted total paid claim amount for all < individual market type> plans for the enrollee. Note: MOOP Adjusted Total Paid Claim Amount will be equal to Total Paid Claim Paid Amount in the individual market when the MOOP flag is OFF. For small group market, MOOP Adjusted Total Paid Claim amount will always be equal to the Total Paid Claim Amount	Market	1	mOOPAdjTotPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Allowed Claim Amount	Sum of total allowed claim amount for all <market type> plans for the enrollee	Market	1	totAllowedAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Claim Count	Total count of claims for all <market type> plans for the enrollee	Market	1	totClaimCnt	Integer	minInclusive = 0; maxInclusive = 999999999
Total Paid Claim Amount Above Attachment Point	Sum of Total Paid Claim Amount Above Attachment Point from all <market type> plans for the enrollee Note: This field will always be 0 for enrollees that are not HCRP payment enrollees	Market	1	paidAmtAboveAP	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
HCRP Payment	Sum of all HCRP Payments from all <market type> plans for the enrollee. Note: This field will always be 0 for enrollees that are not HCRP payment enrollees	Market	1	hcrpPayment	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 9: HCRP Detail Report Market Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
HCRP Payment Market Percent	Proportion of HCRP payment enrollee's total paid amount from <market type> plans, calculated using the formulae below: % paid claims in individual market = Total MOOP adjusted claim paid amount from HCRP payment enrollees in the individual market / (Total MOOP adjusted claim paid amount from HCRP payment enrollees in the individual market + Total claim paid amount from HCRP payment enrollees in the small group market) % paid claims in small group market = Total claim paid amount from HCRP payment enrollees in the small group market / (Total MOOP adjusted claim paid amount from HCRP payment enrollees in the individual market + Total claim paid amount in the small group market) Note: This field will always be 0 for enrollees that are not HCRP payment enrollees	Market	1	hcrpPayMktPct	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Paid Claim Amount Cross Year	Sum of Cross Year Paid Claim Amount for an enrollee from all <market type> plans Note: Plan reference check to determine which market type for the claim belongs to, is done using the plan ID on the claim and the year of the start date/FillDate of the claim	Market	1	paidAmtCY	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 9: HCRP Detail Report Market Level Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Claim Count Cross Year	Sum of Cross Year Claim counts from all <market type> plans for the enrollee	Market	1	claimCountCY	Integer	minInclusive = 0; maxInclusive = 999999999
Paid Claim amount Cross Year No EP	Sum of paid amounts of cross-year claims with no associated enrollment period in the payment year, in all <market type> plans for an enrollee Note: If the enrollee has any enrollment in payment year in any plan belonging to any market type, this field will have a 0 value.for the enrollee	Market	1	paidClaimAmtCYNoEp	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
HCRP Claim Count Cross Year No EP	Count of cross-year claims with no associated enrollment period in the payment year, in all <market type> plans for an enrollee Note: If the enrollee has any enrollment in payment year in any plan belonging to any market type, this field will have a 0 value	Market	1	claimCountCYNoEp	Integer	minInclusive = 0; maxInclusive = 999999999
HCRP Claim Paid Amount Above Coinsurance	Sum of all HCRP Claim Paid Amount Above Coinsurance values from all <market type> plans for the HCRP payment enrollee Note: This field will be 0 for enrollees that not HCRP payment enrollees	Market	1	paidClaimAmtAboveCoinsurance	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Plan	This XML element describes the Individual Market type header 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.	Plan	1 or more per plan belonging to HCRP selected enrollee	includedPlanIdentifier	HCRPDetailEnrolleeReportPlanCategory	none

The data characteristics for the HCRP Detail Enrollee Report Plan Level Header category are as shown in **Table 10**. These elements are defined in the *HCRPDetailEnrolleeReportPlanCategory.xsd*

Table 10: HCRP Detail Report Plan Level Header Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Plan Identifier	Unique identifier for the plan.	Plan	1	insurancePlanIdentifier	String	Length = 16 Format: HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
Total Member Months	Total member months for the enrollee in the plan for the payment year for which HCRP is executed. For each enrollee, member months are calculated by dividing the days in enrollment period in the payment year in the plan by 30	Plan	1	totMM	Decimal	minInclusive = 0 maxInclusive = 99999999.99
Total Subscriber Member Months	Total Subscriber member months for the enrollee in the plan for the payment year for which HCRP is executed For each enrollee, subscriber member months are calculated by dividing the days in subscriber enrollment period in the payment year in the plan by 30	Plan	1	totSubscrMM	Decimal	minInclusive = 0 maxInclusive = 99999999.99

Table 10: HCRP Detail Report Plan Level Header Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Total Premium	Sum of total premium, for the subscriber enrollment periods in the payment year in the plan for the enrollee. . Total premium for each subscriber enrollment period is calculated by multiplying subscriber member months in the payment year by the monthly premium for the period	Plan	1	totPremium	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Paid Claim amount	Sum of all paid claim amounts for the claims (including cross year claims) that belong to the plan for the enrollee.	Plan	1	totPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Individual MOOP Adjustment	Sum of all CSR MOOP adjustments from all subpolicies belonging to the plan for the enrollee Note: Will only be non zero for individual market plans " when MOOP adjustment flag is ON.This field will always be 0 for small group market plans	Plan	1	indMOOPAdj	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 10: HCRP Detail Report Plan Level Header Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
MOOP Adjusted Total Paid Claim amount	Subtraction of the Individual MOOP Adjustment field for enrollee's plan from the Total Paid Claim Amount field for the enrollee's plan Note: MOOP Adjusted Total Paid Claim amount will be equal to Total Claim Paid Amount for individual market plans when the MOOP flag is OFF. For the small group market plans, MOOP Adjusted Total Paid Claim amount will always equal to the Total Paid Claim amount	Plan	1	mOOPAdjTotPaidAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Allowed Claim Amount	Sum of allowed claim amounts in the plan for the enrollee	Plan	1	totAllowedAmt	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Total Claim Count	Total unique count of claims in the plan for the enrollee	Plan	1	totClaimCnt	Integer	minInclusive = 0; maxInclusive = 99999999

Total Paid Claim Amount Above Attachment Point	Total Paid Claim Amount Above Attachment Point for the enrollee in the plan, prorated by enrollee's percent of total paid claims in the plan To calculate this, the following formulas are implemented for the enrollee's plan Enrollee level Total Paid Claim Amount Above Attachment Point = ((Total MOOP adjusted claim paid amount across all individual market plans for the enrollee+ Total claim paid amount across all small group market plans for the enrollee) – AP) % paid claims in the plan for the enrollee(If individual plan)= Total MOOP adjusted claim paid amount in the plan/(Total MOOP adjusted claim paid amount across all individual market plans+ Total claim paid amount across all small group market plans) % paid claims in the plan for the enrollee (If small group plan)= Total claim paid amount in the plan /(Total MOOP adjusted claim paid amount across all individual market plans+ Total claim paid amount across all small group market plans) Plan level Total Paid Claim Amount above AP for the enrollee = % paid claims in the plan * Enrollee level Total Paid Claim Above Attachment Point	Plan	1	paidAmtAboveAP	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
HCRP Payment	HCRP payment of enrollee in plan, prorated by enrollee's percent of total paid claims in the plan	Plan	1	hcrpPayment	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 10: HCRP Detail Report Plan Level Header Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
	To calculate this, the following formulae are implemented for the enrollee's plan Enrollee level HCRP Payment = $\left(\frac{\text{Total MOOP adjusted claim paid amount across all individual market plans for the enrollee} + \text{Total claim paid amount across all small group market plans for the enrollee}}{\text{Total MOOP adjusted claim paid amount across all individual market plans} + \text{Total claim paid amount across all small group market plans}} \right) \times \text{Co-insurance rate}$ % paid claims in the plan for the enrollee (If individual) = $\frac{\text{Total MOOP adjusted claim paid amount in the plan}}{\text{Total MOOP adjusted claim paid amount across all individual market plans} + \text{Total claim paid amount across all small group market plans}}$ % paid claims in the plan for the enrollee (If small group) = $\frac{\text{Total claim paid amount in the plan}}{\text{Total MOOP adjusted claim paid amount across all individual market plans} + \text{Total claim paid amount across all small group market plans}}$ Plan level HCRP payment for the enrollee = % paid claims in the plan * Enrollee level HCRP Payment					

HCRP Payment Plan Percent	Proportion of HCRP payment enrollee's total paid claim amount attributable to this plan : % paid claims in individual market plan for the enrollee= Total MOOP adjusted claim paid amount from the HCRP payment enrollee in the individual market plan /(Total MOOP adjusted claim paid amount from the HCRP payment enrollee in all individual market plans + Total claim paid amount from the HCRP payment enrollee in all small group market plans) % paid claims in small group market plan for the enrollee= Total claim paid amount from the HCRP payment enrollee in the small group market plan /(Total MOOP adjusted claim paid amount from the HCRP payment enrollee in all individual market plans + Total claim paid amount from the HCRP payment enrollee in all small group market plans) Note: If the MOOP adjustment flag is off, the system shall use total claim paid amount in the individual market plan instead of total MOOP Adjusted claim amount in the above formulas. If the enrollee does not have an HCRP payment, then this field will be zero.	Plan	1	hcrpPmtPlanPct	Decimal	minInclusive = 0 maxInclusive = 999999999.99
Paid Claim amount Cross Year	Sums of paid claim amounts from cross year claims in the plan for the enrollee	Plan	1	paidAmtCY	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Claim Count Cross Year	Count of cross year claims in the plan for the enrollee	Plan	1	claimCountCY	Integer	minInclusive = 0; maxInclusive = 999999999

Table 10: HCRP Detail Report Plan Level Header Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Paid Claim amount Cross Year No EP	Sum of enrollee's paid amounts of cross-year claims in the plan that are not associated with an enrollment period in the payment year Note: If the enrollee has any enrollment period in the payment year in any plan belonging to any market type, this field will have a 0 value	Plan	1	paidClaimAmtCYNoEp	Decimal	minInclusive = 0 maxInclusive = 999999999999.99
Claim Count Cross Year No EP	Sum of enrollee's paid amounts of cross-year claims in the plan that are not associated with an enrollment period in the payment year Note: If the enrollee has any enrollment period in the payment year in any plan belonging to any market type, this field will have a 0 value	Plan	1	claimCountCYNoEp	Integer	minInclusive = 0; maxInclusive = 999999999
HCRP Claim Paid Amount Above Coinsurance	Calculated using the following formula for each plan for the enrollee: Total Paid Claim above AP (plan level) - HCRP Payment (plan level) Note: This field will be 0 for enrollees that are not HCRP payment enrollees	Plan	1	paidClaimAmtAboveCoinsurance	Decimal	minInclusive = 0 maxInclusive = 999999999999.99

Table 10: HCRP Detail Report Plan Level Header Category Data

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Claim	This XML element describes the Individual Market type header 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.	Claim	1 or more per HCRP selected claim	includedClaimIdentifier	HCRPDetaiEnrolleeReportClaimCategory	none
Subscriber Enrollment Period	This XML element describes the Individual Market type header 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.	Claim	1 or more per HCRP selected Subscriber Enrollment Period for the enrollee	includedSubscriberPeriod	HCRPDetaiEnrolleeReportSubscriberPeriodCategory	none

The data characteristics for the HCRP Detail Enrollee Report claim category are as shown in [Table 11](#). These elements are defined in the HCRPDetaiEnrolleeReportClaimCategory.xsd

Table 11: HCRP Detail Report Claim Category Data

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 = 999999999999.99
Cross Year Claim Indicator	Identifies if the claim is a cross year claim.	Claim		1	crossYearClaimIndicator	String	Length = 1 Enumeration Values: "Y", "N"

The data characteristics for the HCRP Detail Enrollee Report subscriber enrollment period category are as shown in **Table 12**. These elements are defined in the *HCRPDetailReportSubscriberEnrollmentPeriodCategory.xsd*

Table 12: HCRP Detail Report Subscriber Enrollment Period Category Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names	Data Type	Restrictions
Coverage Start Date	Coverage start date of the subscriber period.	Subscriber Enrollment Period	1	coverageStartDate	Date	Length = 10 Strict: YYYY-MM-DD
Coverage End Date	Coverage end date of the subscriber period.	Subscriber Enrollment Period	1	coverageEndDate	Date	Length = 10 Strict: YYYY-MM-DD
Subscriber Months	Member months in the subscriber period: calculated by dividing the days in the period by 0	Subscriber Enrollment Period	1	subscriberMonths	Decimal	minInclusive = 0; maxInclusive = 999999999.99
Monthly Premium	Per month premium for the subscriber period	Subscriber Enrollment Period	1	monthlyPremium	Decimal	minInclusive = 0; maxInclusive = 99999999999.99

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.

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- 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 13: 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
RACSD	Risk Adjustment Claim Selection Detail Report
RACSS	Risk Adjustment Claim Selection Summary Report
RADV	Risk Adjustment Data Validation
RADVDE	Risk Adjustment Data Validation Detailed Enrollee Report
RADVEE	Risk Adjustment Data Validation Enrollment Extract Report
RADVIVAS	Risk Adjustment Data Validation Initial Validation Audit Statistics Report
RADVMCE	Risk Adjustment Data Validation Medical Claim Extract Report
RADVPS	Risk Adjustment Data Validation Population Summary Statistics Report
RADVSE	Risk Adjustment Data Validation Supplemental Extract Report
RARSD	RA Risk Score Detail Report
RARSS	Risk Adjustment Risk Score Summary Report
RATEE	Risk Adjustment Transfer Elements Extract
RAUF	Risk Adjustment User Fee
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/>.

- RA Claim Selection Detail
- RA Claim Selection Summary
- RA Risk Score – Detail
- RA Risk Score – Summary
- RA User Fee
- RA Transfer Elements Extract
- RI Summary
- RI Enrollee Detail
- RADV Population Statistics Report
- Enrollee (With and Without) Claims – Detail
- Enrollee (With and Without) Claims – Summary
- Frequency by Data Element for Enrollment Accepted Files
- Frequency by Data Element for Pharmacy Accepted Files
- Frequency by Data Element for Medical Accepted Files
- Frequency by Data Element for Supplemental Accepted Files
- System Error Report
- Claim and Enrollee Frequency Report
- Claim Resubmission Report

Appendix B Referenced Documents

Table 14: 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 15: System Error Codes

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

Appendix D HCRP Enrollee and Claim Selection

Table 16: HCRP Enrollee and Claim Selection Criteria

Enrollee/Claim	Selection Criteria
Enrollee	HCRP Eligible Enrollee – Enrollee that meets all the criteria below: Enrollees with 1 or more HCRP eligible claims for the payment year OR Enrollees with no HCRP eligible claims and that have an active enrollment period for the payment year as defined by the following rules: 1. Plan is an active plan as defined in the plan reference table. The system will use the 16 digit plan ID of the enrollment period and the payment year for which HCRP was executed to do the plan reference check 2. Enrollment period's enrollment start date =< Dec 31st of the payment year. 3. Enrollment period's enrollment end date => Jan 1st of the payment year. 4. Enrollment period's rating area is active in the rating area reference table for the 14 digit plan on the enrollment period. The system will use the rating area of the enrollment period, 16 digit plan ID of the enrollment period and the payment year for which HCRP was executed to do the rating area reference check HCRP Payment Enrollee – HCRP selected enrollees whose sum of MOOP Adjusted Individual Market Paid Claims and Total Small Group Market Paid Claims exceed the attachment point (Note: MOOP adjustment is only applied if the MOOP adjustment flag is on)

Enrollee/Claim	Selection Criteria
Claim	HCRP Eligible Claim -- Claim (this includes cross year claims) that meets all the criteria below: All Claims: 1. Claim is active 2. Enrollee ID in the claim must match an active Enrollee ID in the enrollment table 3. The 16 digit Plan ID on the claim must match the 16 digit Plan ID of at least one active enrollment period for the enrollee 4. The 16 digit Plan on the claim is an active as defined by the plan reference table for the year of the statement covers from date or Fill date 5. The enrollee has enrollment in at least one rating area for the 16 digit plan on the claim For Medical Claims: 1. Statement Cover through date must be >= Jan 1st of the Payment Year and <= Dec 31st of the Payment Year. 2. Statement Cover From Date must be >= the enrollment coverage start date of the enrollment period and <= enrollment coverage end date of the enrollment period with the same plan ID and enrollee ID as the claim For Pharmacy Claims: 1. Fill Date must be >= Jan 1st of the Payment Year and <= Dec 31st of the Payment Year. 2. Fill Date must be >= the enrollment coverage start date of the enrollment period and <= enrollment coverage end date of the enrollment period with the same plan ID and enrollee ID on the claim

Appendix E Document Control History

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

Version Number	Date	Author/Owner	Description of Change
05.00.22	12/110/2014	Accenture / CCIIO	Create separate ICD Addendum for HCRPReports