Centers for Medicare & Medicaid Services

2017 EDGE Baseline Reporting
Data File Layout

October 2017

General Requirements

- Must be a file in .CSV format
- Must **not** exceed 10MB
- Must **not** include the following Special Characters:

*	<	>	/	\	%	^	`	{	}
~	[	]	!	&	=	?	+	,	

- Must contain one row for each HIOS ID and market for which you will submit data on your EDGE Server for the 2017 Benefit Year
- There will be three collections periods. Each submission will include the previous data as well as the additional fields identified and highlighted below

Table 1: Baseline Reporting Data File Fields

Collection Period	Field Name	Max Length	Format	Description and Constraints
All	HIOS ID	5	Numeric	• Must be a valid 2017 HIOS ID
All	Market	1	Must be one of the following: • Value "1" • Value "2" • Value "3"	• Each of the Market values mean the following: ○ 1 = Individual ○ 2 = Small group ○ 3 = Merged • The "Merged" Market type must be selected for Vermont (VT) and Massachusetts (MA) issuers.
All	Total 2017 Paid Medical Claims Count First Quarter	15	Numeric	• This field is required during all collection periods • Total number of unique paid medical claims with beginning dates of service within each respective quarter • Include Cross-year claims paid from prior benefit years in the first quarter count • Do not count denied, void, or replacement claims as part of the claims total • Must be a positive whole number

Collection Period	Field Name	Max Length	Format	Description and Constraints
All	Total 2017 Paid Medical Claims Amount First Quarter	15	Numeric	• This field is required during all collection periods • Total paid (paid and adjudicated) amount of unique paid medical claims with beginning dates of service within each respective quarter • Include Cross-year claims paid amounts from prior benefit years in the first quarter amount • Do not count denied, void, or replacement claims as part of the claims amount totals • Must be a positive whole number
All	Total 2017 Paid Pharmacy (Rx) Claims Count First Quarter	15	Numeric	• This field is required during all collection periods • Total number of unique paid pharmacy claims with beginning dates of service within each respective quarter • Include Cross-year claims paid from prior benefit years in the first quarter count • Do not count denied, void, or replacement claims as part of the claims total • Must be a positive whole number
All	Total 2017 Paid Rx Claims Amount First Quarter	15	Numeric	• This field is required during all collection periods • Total paid (paid and adjudicated) amount of unique paid pharmacy claims with beginning dates of service within each respective quarter • Include Cross-year claims paid amounts from prior benefit years in the first quarter amount • Do not count denied, void, or replacement claims as part of the claims amount totals • Must be a positive whole number

Collection Period	Field Name	Max Length	Format	Description and Constraints
All	Total 2017 Paid Medical Claims Count Second Quarter	15	Numeric	• This field is required during all collection periods • Total number of unique paid medical claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims total • Must be a positive whole number
All	Total 2017 Paid Medical Claims Amount Second Quarter	15	Numeric	• This field is required during all collection periods Total paid (paid and adjudicated) amount of unique paid medical claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims amount totals • Must be a positive whole number
All	Total 2017 Paid Rx Claims Count Second Quarter	15	Numeric	• This field is required during all collection periods • Total number of unique paid pharmacy claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims total • Must be a positive whole number
All	Total 2017 Paid Rx Claims Amount Second Quarter	15	Numeric	• This field is required during all collection periods • Total paid (paid and adjudicated) amount of unique paid pharmacy claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims amount totals • Must be a positive whole number

Collection Period	Field Name	Max Length	Format	Description and Constraints
Second and Third	Total 2017 Paid Medical Claims Count Third Quarter	15	Numeric	• This field is required during the second and third collection periods • Total number of unique paid medical claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims total • Must be a positive whole number
Second and Third	Total 2017 Paid Medical Claims Amount Third Quarter	15	Numeric	• This field is required during the second and third collection periods • Total paid (paid and adjudicated) amount of unique paid medical claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims amount totals • Must be a positive whole number
Second and Third	Total 2017 Paid Rx Claims Count Third Quarter	15	Numeric	• This field is required during the second and third collection periods • Total number of unique paid pharmacy claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims total • Must be a positive whole number
Second and Third	Total 2017 Paid Rx Claims Amount Third Quarter	15	Numeric	• This field is required during the second and third collection periods • Total paid (paid and adjudicated) amount of unique paid pharmacy claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims amount totals • Must be a positive whole number

Collection Period	Field Name	Max Length	Format	Description and Constraints
Third	Total 2017 Paid Medical Claims Count Fourth Quarter	15	Numeric	• This field is required during the third collection period • Total number of unique paid medical claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims total • Must be a positive whole number
Third	Total 2017 Paid Medical Claims Amount Fourth Quarter	15	Numeric	• This field is required during the third collection period • Total paid (paid and adjudicated) amount of unique paid medical claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims amount totals • Must be a positive whole number
Third	Total 2017 Paid Rx Claims Count Fourth Quarter	15	Numeric	• This field is required during the third collection period • Total number of unique paid pharmacy claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims total • Must be a positive whole number
Third	Total 2017 Paid Rx Claims Amount Fourth Quarter	15	Numeric	• This field is required during the third collection period • Total paid (paid and adjudicated) amount of unique paid pharmacy claims with beginning dates of service within each respective quarter • Do not count denied, void, or replacement claims as part of the claims amount totals • Must be a positive whole number

Collection Period	Field Name	Max Length	Format	Description and Constraints
All	Enrollment Count	15	Numeric	• This field is required during all collection periods • Actual number of unique covered lives including enrollees and their dependents • Must be a positive whole number
All	2017 Benefit Year Total Member Months for On Exchange Policies	8.2	Numeric	• This field is required during all collection periods • Member months for all enrollees/covered lives participating in plans on the Exchange • Must be a positive number rounded to the nearest hundredth
All	2017 Benefit Year Total Member Months for Off Exchange Policies	8.2	Numeric	• This field is required during all collection periods • Member months for all enrollees/covered lives participating in plans off the Exchange • Must be a positive number rounded to the nearest hundredth
All	Estimated 2017 Benefit Year Claims Amount to Date	12	Numeric	• This field is required during all collection periods • Total estimated dollar amount of 2017 benefit year claims • Includes claims estimates of claims qualified for but not yet submitted on the EDGE servers • Must be a positive whole number
All	Total 2017 Benefit Year Premium Revenue Collected	11.2	Numeric	• This field is required during all collection periods • Total 2017 benefit year premium revenue collected as of the reporting quarter • Include anticipated APTC payments from CMS for all enrollees • Must be a positive number rounded to the nearest hundredth

Collection Period	Field Name	Max Length	Format	Description and Constraints
All	Total 2017 Benefit Year Annualized Premium Revenue	11.2	Numeric	• This field is required during all collection periods • Estimated (annualized) 2017 benefit year premium revenue amounts for subscriber's polices (earned and deferred premium) • Annualized amounts are those premium amounts collected plus anticipated to be collected through the end of the year. • Include the ATPC amounts (subscriber's portion and APTC amounts) • Must be a positive number rounded to the nearest hundredth
Third	Your 2017 Risk Score Estimate	2.3	Numeric	• This is an optional field during the third collection period • An estimate your plan's liability risk score (PLRS) for 2017 benefit year based on the data qualified for submission to EDGE • Must be a positive number rounded to the nearest thousandth
All	Submitting Supplemental Diagnosis Files	3	Must be one of the following: • Value "Yes" • Value 'No'	• Each of the Supplemental Files values mean the following: o Yes = Will submit supplemental files o No = Will not submit supplemental files • Supplemental files will not be submitted at this point • A selection of "Yes" will not require an organization to submit supplemental files

Sample Baseline Data File Content Examples:

The completed .CSV file will be in the following format:

First Collection

12345,1,30000,150000,13000,45000,42000,260000,18000,49000,,,,,,,,,108942,535.44,631.25,504000,230000,545000,,Yes

Second Collection

12345,1,30000,150000,13000,45000,42000,260000,18000,49000,39000,167000,12000,24000,,,,,108942,535.44,631.25,695000,409000,545000,,Yes

Third Collection

12345,1,30000,150000,13000,45000,42000,260000,18000,49000,39000,167000,12000,24000,46000,66000,19000,32000,108942,535.44,631.25,793000,409000,545000,4.921,Yes