

Centers for Medicare & Medicaid Services

Official Enrollee Claim Summary Report Use Case Worksheet

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1. Introduction

The purpose of this document is to provide sample enrollment and cross year claim scenarios for the External Data Gathering Environment (EDGE) Server Enrollee Claims Summary (ECS) Report.

2. ECS Report: Overview

The EDGE Server Enrollee Claims Summary (ECS)/Detail (ECD) Report functionality is intended to provide details related to active claims that are not associated with active enrollees, as well as active enrollees not associated to active claims. The following high-level steps are used to populate the ECS Report:

1. Enrollment and claims following the defined selection criteria below will be included in the ECS Report.
2. All 16-digit Plan Identifiers corresponding to the selected enrollments and claims are included in the ECS Report.
    - All 16-digit Plan IDs are grouped under an Individual or Small Group Market type plan category.
    - Plan information, such as Metal Level Indicator '*metalLevel*' and Active Plan Indicator '*activePlan',* will populate data using the plan record from the reference data for the payment year.
3. For each 16-digit Plan ID, the corresponding enrollee counts, claim counts and amounts are included in the ECS Report fields defined in the Interface Control Document (ICD) – Risk Adjustment and Reinsurance Addendum.
4. Unique enrollee, enrollment period, claim counts, claim paid amounts, and Premium Amounts are included at the Individual and Small Group Market header level, for all market header level elements defined for the ECS Report in the ICD Addendum.
5. Summation values of unique enrollees and enrollment periods included in the ECS Report are reflected in the ECS file header level elements defined in the ICD Addendum.

3. ECS Report: Claim Selection Criteria

1. Claim is active.
2. Statement Covers Through Date of the claim is in the payment year for which the ECS command is executed.

3.1 Handling Cross Year Claims

- Cross year claims will continue to be included in the ECS Report, as the Statement Covers From Date of a claim is not required to be within the payment year.
- If plan information changes between years, the system will use the plan record from the reference data for the payment year.
- If the plan record does not exist in the reference data for the payment year, plan information from the previous year's record will be used instead to populate in the ECS Report.

4. ECS Report: Enrollee Claim Selection

1. Enrollment period is active.
2. Either enrollment period coverage start or end date of enrollee is within the payment year.

5. ECS Report: Use Case Scenarios

Assumption: For all scenarios below, the Risk Adjustment (RA) job is run for Payment Year 2016, prior to running the ECS job for 2016.

Note: *Scenarios in this document where a plan remains in a single market type across years, may not specify the market type in the example because functionality will be the same regardless of market type.*

1) **Scenario 1:** Multiple enrollment periods for the same enrollee in **different** market type plans. Both plans **exist** and are active in the reference data for the payment year (*Metal Level: 01-Platinum*).

   - **Dates of Coverage for Subscriber A in IND Plan 1:** 01/01/2016 to 06/01/2016 (Premium Amount: 100)
   - **Dates of Coverage for Subscriber A in SG Plan 2:** 07/01/2016 to 12/31/2016 (Premium Amount: 100)
     - ✓ **Pharmacy Claim 1 in Plan 1:** 04/01/2016 (Claim paid amount: 100)
     - ✓ **Medical Claim 1 in Plan 2:** 08/01/2016 to 08/01/2016 (Claim paid amount: 100)
     - ✓ **Payment Year:** 2016

Expected Results:

<File Header Level >	**File Header:**
paymentYear	2016
uniqueEnrollees	1
uniqueEnrollmentPeriods	2
<Individual Market Header Level>	**Individual Header:**
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	1
enrolleesLinkedOnlyToMedicalClaims	0
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
rxClaimsPaidAmount	100
medicalClaimsPaidAmount	0
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100
<Small Group Market Header Level>	**Small Group Header:**
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100

<Individual Market Plan Level>	Individual Plan:
planIdentifier	**16-Digit Plan ID: Plan 1**
activePlan	Y
metalLevel	01-Platinum
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	1
enrolleesLinkedOnlyToMedicalClaims	0
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
activeEnrollmentPeriods	1
activeNonOrphanLinkedClaims	1
orphanClaims	0
orphanMedicalClaims	0
orphanRxClaims	0
rxClaimsPaidAmount	100
medicalClaimsPaidAmount	0
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100
medicalClaimsFlaggedForRaSelection	0
rxClaimsFlaggedForRaSelection	'Blank'
<Small Group Market Plan Level>	**Small Group Plan:**
planIdentifier	**16-Digit Plan ID: Plan 2**
activePlan	Y
metalLevel	01-Platinum
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
activeEnrollmentPeriods	1
activeNonOrphanLinkedClaims	1
orphanClaims	0
orphanMedicalClaims	0
orphanRxClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100
medicalClaimsFlaggedForRaSelection	1
rxClaimsFlaggedForRaSelection	'Blank'

2) **Scenario 2:** Cross year claim with previous year enrollment but **no** enrollment in current payment year. Plan 1 **exists** for the payment year and is active (*Metal Level: 01-Platinum*).

   - **Dates of Coverage for Subscriber A in Plan 1**: 01/01/2015 to 12/01/2015 (Premium Amount: 100)
     - ✓ **Cross year medical claim in Plan 1**: 11/01/2015 to 02/01/2016 (Claim paid amount: 100)
     - ✓ **Payment Year:** 2016

Expected Results:

<File Header Level >	File Header:
paymentYear	2016
uniqueEnrollees	0
uniqueEnrollmentPeriods	0
<Individual/Small Group Market Header Level>	**IND/SG Header:**
uniqueEnrollees	0
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	0
<Individual/Small Group Market Plan Level>	**IND/SG Plan:**
planIdentifier	**16-Digit Plan ID: Plan 1**
activePlan	Y
metalLevel	01-Platinum
uniqueEnrollees	0
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
activeEnrollmentPeriods	0
activeNonOrphanLinkedClaims	1
orphanClaims	0
orphanMedicalClaims	0
orphanRxClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	0
medicalClaimsFlaggedForRaSelection	1
rxClaimsFlaggedForRaSelection	'Blank'

3) **Scenario 3:** Cross year claim with **no** enrollment in the current payment year. Plan 1 **does not** exist in reference data for the payment year, but exists in the previous year (*Metal Level: 01-Platinum*).

- **Dates of Coverage for Subscriber A in Plan 1**: 01/01/2015 to 12/01/2015 (Premium Amount: 100)
  - ✓ **Cross year medical claim in Plan 1**: 11/01/2015 to 02/01/2016 (Claim paid amount: 100)
  - ✓ **Payment Year:** 2016

Expected Results:

<File Header Level >	File Header:
paymentYear	2016
uniqueEnrollees	0
uniqueEnrollmentPeriods	0
<Individual/Small Group Market Header Level>	**IND/SG Header:**
uniqueEnrollees	0
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	0
<Individual/Small Group Market Plan Level>	**IND/SG Plan:**
planIdentifier	**16 Digit Plan ID: Plan 1**
activePlan	Y
metalLevel:	01-Platinum
uniqueEnrollees	0
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
activeEnrollmentPeriods	0
activeNonOrphanLinkedClaims	1
orphanClaims	0
orphanMedicalClaims	0
orphanRxClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	0
medicalClaimsFlaggedForRaSelection	1
rxClaimsFlaggedForRaSelection	'Blank'

4) **Scenario 4:** Cross year claim for an enrollee enrolled in **same** plan as previous year. Plan1 **exists** in the payment year and is active (*Metal Level: 01-Platinum*).

- **Dates of Coverage for Subscriber A in Plan 1**: 01/01/2015 to 12/01/2015 (Premium Amount: 100)
- **Dates of Coverage for Subscriber A in Plan 1**: 05/01/2016 to 12/01/2016 (Premium Amount: 100)
  - ✓ **Cross year medical claim from Plan 1:** 11/01/2015 to 02/01/2016 (Claim paid amount: 100)
  - ✓ **Payment Year:** 2016

Expected Results:

<File Header Level >	File Header:
paymentYear	2016
uniqueEnrollees	1
uniqueEnrollmentPeriods	1
<Individual/Small Group Market Header Level>	**IND/SG Header:**
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100
<Individual/Small Group Market Plan Level>	**IND/SG Plan:**
planIdentifier	**16-Digit Plan ID: Plan 1**
activePlan	Y
metalLevel	01-Platinum
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
activeEnrollmentPeriods	1
activeNonOrphanLinkedClaims	1
orphanClaims	0
orphanMedicalClaims	0
orphanRxClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100
medicalClaimsFlaggedForRaSelection	1
rxClaimsFlaggedForRaSelection	'Blank'

5) **Scenario 5:** Cross year claim for enrollee enrolled in **different** plan than previous year. Plan1 **exists** for the current payment year and is active (*Metal Level: 01-Platinum*).

- **Dates of Coverage for Subscriber A in Plan 1**: 01/01/2015 to 12/01/2015 (Premium Amount: 100)
- **Dates of Coverage for Subscriber A in Plan 2**: 01/01/2016 to 12/01/2016 (Premium Amount: 100)
  - ✓ **Cross year medical claim from Plan 1:** 11/01/2015 to 02/01/2016 (Claim paid amount: 100)
  - ✓ **Payment Year:** 2016

Expected Results:

<File Header Level >	File Header:
paymentYear	2016
uniqueEnrollees	1
uniqueEnrollmentPeriods	1
<Individual/Small Group Market Header Level>	**IND/SG Header:**
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100

<Individual/Small Group Market Plan Level>	IND/SG Plan:
planIdentifier	**16-Digit Plan ID: Plan 1**
activePlan	Y
metalLevel	01-Platinum
uniqueEnrollees	0
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
activeEnrollmentPeriods	1
activeNonOrphanLinkedClaims	1
orphanClaims	0
orphanMedicalClaims	0
orphanRxClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	0
medicalClaimsFlaggedForRaSelection	1
rxClaimsFlaggedForRaSelection	'Blank'
planIdentifier	**16-Digit Plan ID: Plan 2**
activePlan	Y
metalLevel	01-Platinum
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	0
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
activeEnrollmentPeriods	1
activeNonOrphanLinkedClaims	0
orphanClaims	0
orphanMedicalClaims	0
orphanRxClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	0
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100
medicalClaimsFlaggedForRaSelection	0
rxClaimsFlaggedForRaSelection	'Blank'

6) **Scenario 6:** Cross year claim for enrollee enrolled in **different** plan than previous year. Plan 1 **does not** exist for the current payment year, but exists in the previous year (*Metal Level: 01-Platinum*).

   - **Dates of Coverage for Subscriber A in Plan 1**: 01/01/2015 to 12/01/2015 (Premium amount: 100)
   - **Dates of Coverage for Subscriber A in Plan 2**: 01/01/2016 to 12/01/2016 (Premium amount: 100)

- ✓ **Cross year medical claim from Plan 1:** 11/01/2015 to 02/01/2016 (Claim paid amount: 100)
- ✓ **Payment Year:** 2016

Expected Results:

<File Header Level >	**File Header:**
paymentYear	2016
uniqueEnrollees	1
uniqueEnrollmentPeriods	1
<Individual/Small Group Market Header Level>	**IND/SG Header:**
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100
<Individual/Small Group Market Plan Level>	**IND/SG Plan:**
planIdentifier	**16-Digit Plan ID: Plan 1**
activePlan	Y
metalLevel	01-Platinum
uniqueEnrollees	0
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
activeEnrollmentPeriods	0
activeNonOrphanLinkedClaims	1
orphanClaims	0
orphanMedicalClaims	0
orphanRxClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	0
medicalClaimsFlaggedForRaSelection	1
rxClaimsFlaggedForRaSelection	'Blank'

planIdentifier: Plan 2 (16 Digit Plan ID)	16-Digit Plan ID: Plan 2
activePlan	Y
metalLevel	01-Platinum
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	0
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
activeEnrollmentPeriods	1
activeNonOrphanLinkedClaims	0
orphanClaims	0
orphanMedicalClaims	0
orphanRxClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	0
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100
medicalClaimsFlaggedForRaSelection	0
rxClaimsFlaggedForRaSelection	'Blank'

7) **Scenario 7:** Cross year claim for an enrollee where the plan **changes** market types between years and there is **no** enrollment in the current payment year (*Metal Level: 01-Platinum*).

Plan 1 = IND Market in 2015; Plan 1 = SG Market in 2016

- **Dates of Coverage for Subscriber A in Plan 1**: 01/01/2015 to 12/01/2015
  - ✓ **Cross year medical claim from Plan 1:** 11/01/2015 to 02/01/2016 (Claim paid amount: 100)
  - ✓ **Payment Year:** 2016

Expected Results:

<File Header Level >	File Header:
paymentYear	2016
uniqueEnrollees	0
uniqueEnrollmentPeriods	0
<Small Group Market Header Level>	**Small Group Header:**
uniqueEnrollees	0
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	0

< Small Group Market Plan Level>	Small Group Plan:
planIdentifier	**16-Digit Plan ID: Plan 1**
activePlan	Y
metalLevel	01-Platinum
uniqueEnrollees	0
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
activeEnrollmentPeriods	0
activeNonOrphanLinkedClaims	1
orphanClaims	0
orphanMedicalClaims	0
orphanRxClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	0
medicalClaimsFlaggedForRaSelection	1
rxClaimsFlaggedForRaSelection	'Blank'

8) **Scenario 8:** Cross year claim for an enrollee where the plan **changes** market types between years and there **is** enrollment in the current payment year (*Metal Level: 01-Platinum*).

Plan1 = IND Market in 2015; Plan 1 = SG Market in 2016

- **Dates of Coverage for Subscriber A in IND Plan 1**: 01/01/2015 to 12/01/2015
- **Dates of Coverage for Subscriber A in SG Plan 1**: 01/01/2016 to 12/01/2016 (Premium Amount: 100)
  - ✓ **Cross year medical claim from Plan 1:** 11/01/2015 to 02/01/2016 (Claim paid amount: 100)
  - ✓ **Payment Year:** 2016

Expected Results:

<File Header Level >	File Header:
paymentYear	2016
uniqueEnrollees	1
uniqueEnrollmentPeriods	1

<Small Group Market Header Level>	Small Group Header:
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100
< Small Group Market Plan Level>	Small Group Plan:
planIdentifier	16-Digit Plan ID: Plan 1
activePlan	Y
metalLevel	01-Platinum
uniqueEnrollees	1
enrolleesLinkedOnlyToRxClaims	0
enrolleesLinkedOnlyToMedicalClaims	1
enrolleesLinkedToMedicalAndRxClaims	0
enrolleesWithNoLinkedClaims	0
activeEnrollmentPeriods	1
activeNonOrphanLinkedClaims	1
orphanClaims	0
orphanMedicalClaims	0
orphanRxClaims	0
rxClaimsPaidAmount	0
medicalClaimsPaidAmount	100
orphanRxClaimsPaidAmount	0
orphanMedicalClaimsPaidAmount	0
subscriberPremiumAmount	100
medicalClaimsFlaggedForRaSelection	1
rxClaimsFlaggedForRaSelection	‘Blank’