Centers for Medicare & Medicaid Services

EDGE Detail Report Query Procedure Job Aid

April 2016

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1. Background

Issuers submit enrollment, pharmacy, medical and supplemental files to the EDGE server. After a file has completed processing, outbound eXtensible Markup Language (XML) files are produced and sent to the issuer. Notification of success or failure of every submitted file will be communicated in the outbound detail reports. Issuers are responsible for reviewing the outbound error file reports to identify any issues in their submission process. Occasionally, the EDGE Server will fail to produce an outbound detail and/or summary report.

Issuers cannot reproduce a detail or summary report if it failed to be produced. However, this detail report query Job Aid will provide instructions on how to perform report queries for medical and pharmacy claims to identify if any records were accepted or rejected when the issuer's detail report is not produced.

> Note: These queries are not for use when enrollment or supplemental file submissions fail to produce outbound detail reports.
>
> If an enrollment or supplemental file fails to produce a detail report, issuers should resubmit the enrollment or supplemental file again. If no detail report is produced a second time, issuers should notify their Financial Management (FM) Service Rep at EDGE_Server_Data@cms.hhs.gov for further research.

Issuers who need to perform the queries outlined in this Job Aid as a result of a failed detail error report, should notify their Financial Management (FM) Service Rep that they will be performing this activity.

2. Minimum Record Count Required to Commit to Database

The number of records that must be processed before any records are committed to the database is 2,500. Therefore, if the file crashes before 2,500 are processed, no records will be committed to the database and the file that failed to produce an outbound report can be resubmitted in its entirety.

Since accepted and rejected records are committed to the database in increments of 2,500. Issuers should query their production tables to identify any records committed.

It is important to note that the inbound file records submitted will be reordered and processed in date/time order. Do not assume if more than 2,500 records are processed that the records match records 1 – 2,500 in your submission file unless you have created a file that orders your records by date and time.

Detail and summary medical and pharmacy reports should be produced shortly after file processing has completed. If no detail medical or pharmacy claim report is produced issuers should complete the following steps:

1. Determine whether the file has finished processing, and
2. Query the tables to obtain a list of records that were accepted and stored and records that were rejected.

3. File Processing Determination

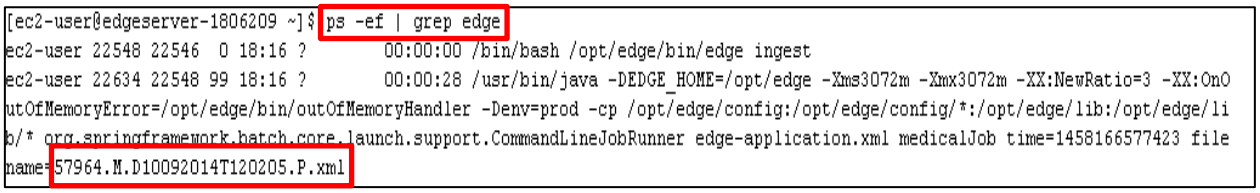
An issuer who has not received a detail report can find out if their file has finished processing by checking the status of the file.

The file processing can be monitored by inputting the following command at the Edge Server Command Line:

ps -ef | grep edge

3.1 Job Still in Process

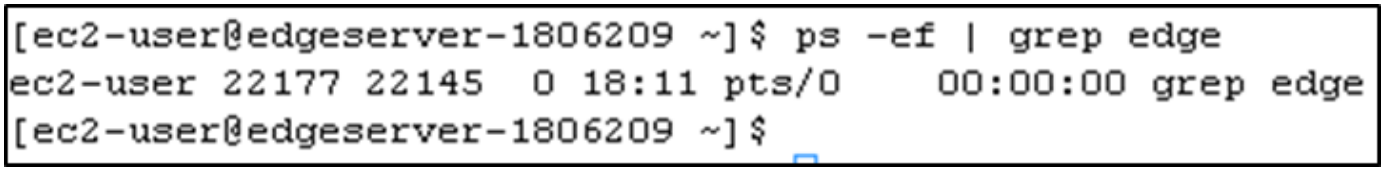
If the job is still being processed, a row will be returned that includes the XML ingest file name as shown in the below screenshot:



3.2 Job Not in Process

If a row indicating the job is still in process is not returned then the job has completed, either successfully or in error.

This is a screenshot of what it looks like when there is no process running:

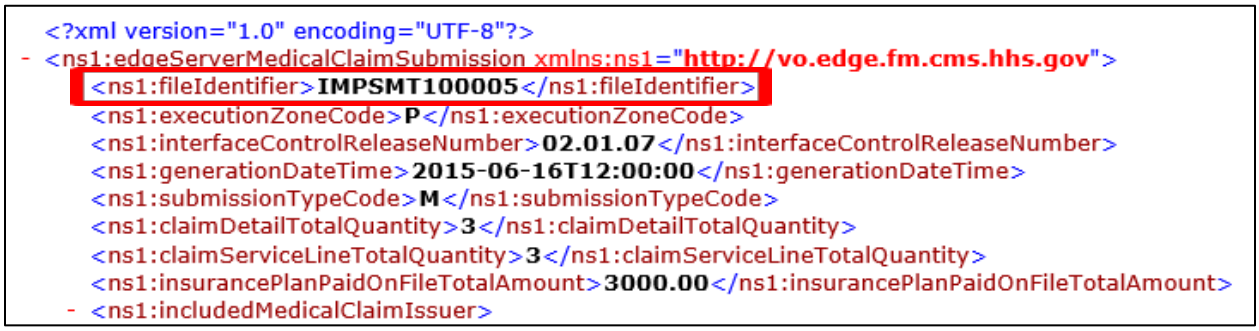


At this point the output reports should have been generated. If no reports were generated, the report generation has failed and must be investigated.

4. Queries for Accepted/Rejected Records

If you did not receive a detail report and have confirmed the file has finished processing, you can use a query to identify whether any records in the submission file were accepted or rejected. These detail record queries identify accepted or rejected records for medical and pharmacy claims only.

The File ID in the submitted XML file header (fileIdentifier in the screenshot below) will be needed to determine if any records from the file were committed to the database as accepted records (in the MEDICAL_CLAIM or PHARMACY_CLAIM tables) or rejected records with an Error Message (in the EDGE_ERROR_LOG table):



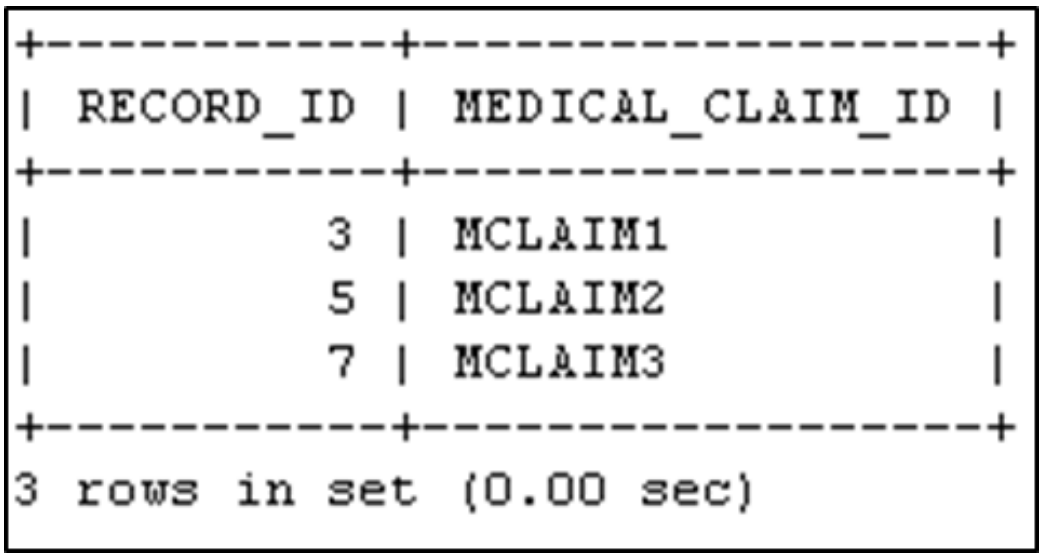
5. Medical Claims Accepted Records Query

This query returns the medical Claim ID and corresponding Record ID from the ingest file for all claims accepted and committed to the database.

> Important Note: While Informational messages (reported on the detail reports as 'I') are accepted, they will not be returned in this query. An Informational status means the record was accepted but there was an identified discrepancy that should be reviewed. Only records that have been accepted without any discrepancies (Status 'A') will show up in accepted record queries

```
SELECT RECORD_ID, MEDICAL_CLAIM_ID FROM MEDICAL_CLAIM WHERE JOB_ID =
(SELECT RCVD_SUBMSN_ID FROM PRM_STBLZTN_SUBMSN_STUS WHERE FIL_ID =
'<FILE ID FROM INGEST FILE>');
```

While running the query, you will receive an output that includes the Record ID and the corresponding Medical Claim ID. The following is a sample output:



```
+-----------+--------------------+
| RECORD_ID | MEDICAL_CLAIM_ID   |
+-----------+--------------------+
|         3 | MCLAIM1            |
|         5 | MCLAIM2            |
|         7 | MCLAIM3            |
+-----------+--------------------+
3 rows in set (0.00 sec)
```

6. Medical Claims Rejected Records Query

The query below will return all records with the Error Codes, including rejected records (Status 'R') and records accepted with an Informational message (Status 'I').While an Informational status means the record was accepted, an error code was produced that should be reviewed.

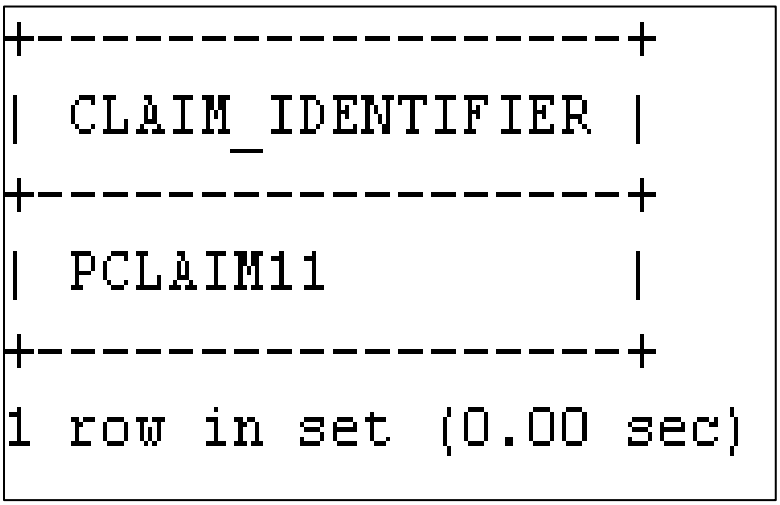
```
SELECT * FROM EDGE_ERROR_LOG WHERE JOBID = (SELECT RCVD_SUBMSN_ID FROM
PRM_STBLZTN_SUBMSN_STUS WHERE FIL_ID = '<FILE ID FROM INGEST
FILE>')\G;
```

The output below displays an example of the Medical Claims Rejected Records Query. Here you will see the record ID number, error message and the status type. This information can be used to identify the claim submitted on the inbound file and the reason for the rejection.

```
*************************** 1. row ***************************
                  uid: 1
             RECORDID: 9
          RECORDLEVEL: claimDetailsLevel
          ELEMENTNAME: formTypeCode
         ELEMENTVALUE: R
    ERRORSPECIFICTYPE:
            ERRORCODE: 1
          ERRORDETAIL:
         ERRORMESSAGE: Reference check failed
                JOBID: 2
       SUBMISSIONTYPE: M
           ERROR_TYPE: referenceErrorType
        ERRORLEVELNO: 3
         ERRORTYPENO: 3
         STATUS_TYPE: R
     CLAIM_IDENTIFIER: MCLAIM4
MEDICAL_SRVC_LINE_NUM: NULL
*************************** 2. row ***************************
                  uid: 2
             RECORDID: 10
          RECORDLEVEL: claimServiceLineLevel
          ELEMENTNAME: No Associated Data
         ELEMENTVALUE:
    ERRORSPECIFICTYPE: SERVICE_LINE_LEVEL_CLAIM_FAILED
            ERRORCODE: 32
          ERRORDETAIL:
         ERRORMESSAGE: Claim Service Line level rejected becaus
e the claim header for the medical submission failed validation
                JOBID: 2
       SUBMISSIONTYPE: M
           ERROR_TYPE: businessErrorType
        ERRORLEVELNO: 4
         ERRORTYPENO: 5
         STATUS_TYPE: R
     CLAIM_IDENTIFIER:
MEDICAL_SRVC_LINE_NUM: 1
2 rows in set (0.00 sec)
```

7. Pharmacy Claim Accepted Record Query

This query returns the pharmacy Claim ID of any record that was accepted and committed to the database:



```
+--------------------+
| CLAIM_IDENTIFIER   |
+--------------------+
| PCLAIM11           |
+--------------------+
1 row in set (0.00 sec)
```

Important Note: This query will not contain claims that were accepted with an informational message. An Informational status means the record was accepted but there was an identified discrepancy that should be reviewed. Only records that have been accepted without any discrepancies (Status 'A') will show up in accepted record queries. The Record ID does not exist in the pharmacy claim table so the Claim ID must be used to link the accepted record to the record in the ingest file:

```
SELECT CLAIM_IDENTIFIER FROM PHARMACY_CLAIM WHERE JOBID = (SELECT
RCVD_SUBMSN_ID FROM PRM_STBLZTN_SUBMSN_STUS WHERE FIL_ID = '<FILE ID
FROM INGEST FILE>');
```

8. Pharmacy Claim Rejected Record Query

The query below will return all records with Error Codes, including rejected records (Status 'R') and records accepted with an Informational message (Status 'I'). While an Informational status means the record was accepted, there was an error code produced that should be reviewed.

```
SELECT * FROM EDGE_ERROR_LOG WHERE JOBID = (SELECT RCVD_SUBMSN_ID FROM
PRM_STBLZTN_SUBMSN_STUS WHERE FIL_ID = '<FILE ID FROM INGEST FILE>');
```

The Record ID produced from the query can be used to link the error back to the corresponding record in the ingest file:

Sample Output: Please see *Section 6*.The pharmacy rejected record output would be similar to the output query for rejected medical claims.

9. Technical Assistance

It is recommended that issuers notify their FM Service Rep that they will be performing this activity. The FM Service Reps are available to answer any questions or assist issuers with this procedure. To reach an FM Service Rep, send an email to EDGE_Server_Data@cms.hhs.gov.