

# **DISTRIBUTED DATA COLLECTION FOR REINSURANCE (RI) AND RISK ADJUSTMENT (RA): UNDERSTANDING ECD/ECS (ORPHAN) REPORTS AND FREQUENCY REPORTS**

**December 8, 2015**

**Health Insurance Marketplace Program  
Training Series**

# Agenda

- Purpose
- Session Guidelines
- Intended Audience
- ECD and ECS Reports Overview
- ECD and ECS Reports Specifications
- Orphan Examples
- Frequency Reports
- Upcoming Webinars
- Questions
- Resources
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# Purpose

This External Data Gathering Environment (EDGE) server session will provide issuers with:

- Detailed information on EDGE orphan reports and orphan examples
- An overview of EDGE frequency reports

# Session Guidelines

- This is a 90-minute webinar session.
- For questions regarding content and the DDC program, please contact your Financial Management (FM) Service Representative directly and copy the Centers for Medicare & Medicaid Services (CMS) Help Desk at ([CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov)).
- For questions regarding logistics and registration, please contact the Registrar at (800) 257-9520.

# Intended Audience

- Issuers of reinsurance-eligible plans (Marketplace and Non-Marketplace).
- Third Party Administrators (TPAs), Administrative Services-Only (ASO) contractors, and other Support Vendors.
- Amazon and On-Premise External Data Gathering Environment (EDGE) server issuers (Exchange and Non-Exchange).

# **Enrollee (Without) Claims Detail (ECD) and Enrollee (Without) Claims Summary (ECS) Reports: Overview**

# EDGE Server Outbound Reports: Background

- EDGE servers produce several types of outbound reports:
  - **File Processing Reports**: File Accept-Reject Report, Detail Error Reports - *covered in the [EDGE Server File Processing - Outbound Reports \(11/5/15\)](#) webinar\**
  - **Orphan Reports**
    - Enrollee (Without) Claims Detail (ECD) Report (orphan detail report)
    - Enrollee (Without) Claims Summary (ECS) Report (orphan summary report)
  - **RI and RA Reports** – *covered in separate webinar\**
    - Reinsurance Detailed Enrollee Report (RIDE), Reinsurance Summary Report (RISR)
    - RATEE, etc.
  - **Frequency Reports**
    - Frequency by Data Element for Enrollment Accepted Files (FDEEAF)
    - Frequency by Data Element for Pharmacy Accepted Files (FDEPAF)
    - Frequency by Data Element for Medical Accepted Files (FDEMAF)
    - Claim and Enrollee Frequency Report (CEFR)
- **Note: If a file or record shows up as rejected in Accept/Reject file processing reports, it should NOT show up in any of the other types of reports.**
- **Issuers can run orphan and frequency reports locally as often as needed, and also run their own queries/scripts on the EDGE server.**

# ECD and ECS Overview

- What are the ECD and ECS Reports?
  - These reports contain information about active claims that are not associated with any active enrollees, and vice versa – referred to as orphans.
  - Since the reports use only active claims and enrollment, *inactive* data will not be reflected.
- What should issuers use the ECD and ECS Reports for?
  - In order for issuer data to contribute to EDGE calculation of RA and RI, active eligible claims must be associated with active, eligible enrollees.
  - **Orphans do not contribute to RA or RI calculations.**
    - Orphaned claims and enrollees are a frequent cause of discrepancies in RA and RI payments and charges.
  - Issuers should use the ECD/ECS Reports to find the root cause of an orphan issue by identifying individual orphaned claims and enrollees.



# ECD and ECS Overview (Continued)

- Who receives the ECD and ECS Reports?
  - Issuers receive both the detail (ECD) and summary (ECS) reports.
  - CMS will only receive the summary (ECS) report.
- How are the ECD and ECS Reports generated?
  - The ECD/ECS Reports are generated in the production zone only.
  - They can be initiated by CMS or an issuer.
  - CMS first deployed ECD/ECS Report commands for all issuers on **November 16, 2015**. The reports run only when the issuer runs an 'edge' command.
  - Issuers will also have the ability to manually initiate these reports locally at any time by executing the following command:  
**edge report orphancclaimenrollee <year>**
    - Example for 2015: **edge report orphancclaimenrollee 2015**

# Selection of Enrollees Without Claims

- Enrollees and claims are selected using this criteria:
  - Active enrollment periods are selected and must include at least one (1) calendar day in the 2015 Benefit Year.
  - Active claim records are selected and must include a Statement Covers Through date in 2015.
- Enrollees and claims are associated using the Unique Enrollee ID and Plan ID.
- Enrollees without claims appear on the report when either:
  - There are no claims identified for the enrollee or;
  - There is an active claim for the enrollee, but the **Statement Covers From** date is outside the enrollment period or;
  - The enrollee's Plan ID does not match stored claims on the EDGE server.

# Selection of Claims Without Enrollees

- Enrollees and claims are selected using this criteria:
  - Active claims are selected and must include a Statement Covers Through date in the 2015 Benefit Year.
  - Active enrollment periods are selected and must include at least one (1) calendar day in the 2015 Benefit Year.
- The Unique Enrollee ID and Plan ID are used to find active enrollees and enrollment period records.
- Claims without enrollees appear on the report when either:
  - There are no enrollment periods identified for the claim or;
  - There is an active enrollment period but the **Statement Covers From date** is outside the enrollment period or;
  - The Plan ID for the claims do not match a Plan ID for an active enrollee on the EDGE server.

# **ECD and ECS Report Specifications**

# ECD: XSD and XML Data Element Summary

- File header level: EnrolleeClaimsWithWithoutDetailReport.xsd
    - **issuerYear**: calendar year of coverage (2015)
  - Plan level: EnrolleeClaimsWithWithoutDetailPlanCategory.xsd
    - **planIdentifier**: 16-digit Plan ID
    - **totalNumberOfActiveEnrollmentRecords**
    - **totalNumberOfStoredActiveClaims**: total count of linked claims
    - **totalNumberEnrolleesWithLinkedClaims**: total count of linked enrollees
    - **totalNumberEnrolleelinkClaimFlaggedRaClaimSelection**
    - **totalNumberOfEnrolleesNoLinkedClaims**: total count of orphaned enrollees
    - **totalNumberOfClaimsNoLinkedEnrolleeID**: total count of orphaned claims
  - Claim level: EnrolleeClaimsWithWithoutDetailEnrolleeCategory.xsd
    - **activeEnrolleeIDswithoutClaims**: individual orphaned enrollee
  - Enrollee level: EnrolleeClaimsWithWithoutDetailClaimCategory.xsd
    - **activeClaimsIDsWithoutEnrolleeRecords**: individual orphaned claim
- See the ICD Risk Adjustment and Reinsurance Addendum, published in the REGTAP Library, for additional information on data elements, descriptions and report structure.



**Summary:** In Benefit Year 2014,  
**HIOS ID 16430** had two (2) plans.

• **One (1) of the plans** had:

- Three (3) total active claims, of which one (1) was orphaned (Claim ID PCLAIM08), and
- Two (2) active enrollees, of which one (1) was orphaned (JESSIE09).

• **The other plan** had:

- Five (5) total active claims, of which two (2) were orphaned, and
- Six (6) active enrollees, of which three (3) were orphaned.

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- Report name is **outboundFileTypeCode = ECD**
- HIOS ID is **issuerIdentifier = 16430**
- Benefit Year is **issuerYear = 2014**

- Two (2) **planIdentifiers** = Two (2) separate plans

- Total count of active claims for first plan is 3:
  - totalNumberOfStoredActiveClaims = 2
  - plus
  - totalNumberOfClaimsNoLinkedEnrolleeID = 1
- Number of orphaned claims for this plan is **totalNumberOfClaimsNoLinkedEnrolleeID = 1**
- Number of orphaned enrollees is **totalNumberOfEnrolleesNoLinkedClaims = 1**

- Total count of active claims for 2<sup>nd</sup> plan is 5:
  - totalNumberOfStoredActiveClaims = 3
  - plus
  - totalNumberOfClaimsNoLinkedEnrolleeID = 2
- Number of orphaned claims for this plan is **totalNumberOfClaimsNoLinkedEnrolleeID = 2**
- Number of orphaned enrollees is **totalNumberOfEnrolleesNoLinkedClaims = 3**



# ECS: XSD and XML Data Element Summary

- File header level: EnrolleeClaimsWithWithoutSummaryReport.xsd
  - **issuerYear**: benefit or coverage year (2015)
    - Plan level: EnrolleeClaimsWithWithoutSummaryPlanCategory.xsd
    - Same as the ECD Report plus:
      - totalNumberOfActiveEnrollmentPeriods
      - totalNumberEnrolleesWithLinkedMedicalClaims
      - totalNumberEnrolleesWithLinkedPharmacyClaims
      - totalNumberOfMedicalClaimsNoLinkedEnrolleeID
      - totalNumberOfPharmacyClaimsNoLinkedEnrolleeID
- No individual enrollee or claim data
  - See the ICD Risk Adjustment and Reinsurance Addendum, published in the REGTAP Library, for additional information on data elements, descriptions and report structure.



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- <enrolleeClaimsWithoutSummaryReport xmlns="http://vo.edge.fm.cms.hhs.gov">
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```

**Summary:** In Benefit Year 2014, **HIOS ID 45515** had two (2) plans.

• **One (1) of the plans** had:

- Three (3) active claims, of which one (1) is orphaned.
  - The one (1) orphaned claim is a pharmacy claim.
- Two (2) active enrollees, of which one (1) is orphaned.

• **The other plan** had:

- Five (5) active claims, of which two (2) are orphaned.
  - Both orphaned claims are medical claims.
- Six (6) active enrollees, of which three (3) are orphaned.



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- Report name is **outboundFileTypeCode = ECS**
- HIOS ID is **issuerIdentifier = 45515**
- Benefit Year is **issuerYear = 2014**

- Two (2) **planIdentifiers** = Two (2) separate plans

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```
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  <totalNumberOfPharmacyClaimsNoLinkedEnrolleeID>1</totalNumberOfPharmacyClaimsNoLinkedEnrolleeID>
```

- Total count of active claims for the first plan is 3:

- **totalNumberStoredActiveClaims = 2**
- plus
- **totalNumberOfClaimsNoLinkedEnrolleeID = 1**

- Number of orphaned claims for this plan is **totalNumberOfClaimsNoLinkedEnrolleeID = 1**

- The 1 orphaned claim is an Rx claim because **totalNumberOfPharmacyClaimsNoLinkedEnrolleeID = 1**

- Number of orphaned enrollees is **totalNumberOfEnrolleesNoLinkedClaims = 1**

```
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```

```
- <includedPlanIdentifier>
```

```
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```

- Total count of active claims for the other plan is 5:

- **totalNumberStoredActiveClaims = 3**
- plus
- **totalNumberOfClaimsNoLinkedEnrolleeID = 2**

- Number of orphaned claims for this plan is **totalNumberOfClaimsNoLinkedEnrolleeID = 2**

- Both are medical claims because **totalNumberOfPharmacyClaimsNoLinkedEnrolleeID = 0**

- Number of orphaned enrollees is **totalNumberOfEnrolleesNoLinkedClaims = 3**

```
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```
</enrolleeClaimsWithoutSummaryReport>
```

# Orphan Examples

- Assuming the EDGE server contains only the two (2) active records shown below:

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date
MBR8765\$mmp	15687KY001000104	01/01/2015	06/30/2015

Claim ID	Enrollee ID	Plan ID	Statement Covers From	Statement Covers Through
APR20141299999	MBR8765\$mmp	15687KY001000104	07/13/2015	07/15/2015

Criteria	Met
Enrollment period includes at least one (1) day in 2015.	Yes
Claim has Statement Covers Through date in 2015.	Yes
Statement Covers From date on claim is within enrollment period dates.	NO
Enrollee ID on claim matches Enrollee ID on enrollment record.	Yes
Plan ID on claim matches Plan ID on enrollment record.	Yes

- The claim and enrollee would be orphaned and **would** appear in the ECD Report.

- Why are claim and enrollee orphaned on last slide? To find out, pull all data associated with the Claim ID or Enrollee ID.
- For example, pulling all enrollment data for enrollee MBR8765\$mmp reveals a mistakenly inactivated enrollment period:

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date	Inactivation Date
MBR8765\$mmp	15687KY001000104	01/01/2015	06/30/2015	
MBR8765\$mmp	15687KY001000104	07/01/2015	12/31/2015	08/30/2015

Claim ID	Enrollee ID	Plan ID	Statement Covers From	Statement Covers Through
APR20141299999	MBR8765\$mmp	15687KY001000104	07/13/2015	07/15/2015

- **After correcting the inactive enrollee record above**, the claim is no longer orphaned and should **NOT** appear in the ECD Report. Remember that inactive records do **NOT** appear in the ECD Report.

Criteria	Met
Enrollment period includes at least one (1) day in 2015.	Yes
Claim has Statement Covers Through date in 2015.	Yes
Statement Covers From date on claim is within enrollment period dates.	Yes
Enrollee ID on claim matches Enrollee ID on enrollment record.	Yes
Plan ID on claim matches Plan ID on enrollment record.	Yes

- Assuming the EDGE server contains only the two (2) active records shown below:

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date
PRSN77665#	99221PA001000100	01/01/2015	06/30/2015

Claim ID	Enrollee ID	Plan ID	Statement Covers From	Statement Covers Through
JAN20153199999	PRSN77665#	99221PA001000104	06/28/2015	07/15/2015

Criteria	Met
Enrollment period includes at least one (1) day in 2015.	Yes
Claim has Statement Covers Through date in 2015.	Yes
Statement Covers From date on claim is within enrollment period dates.	Yes
Enrollee ID on claim matches Enrollee ID on enrollment record.	Yes
Plan ID on claim matches Plan ID on enrollment record.	NO

- Both enrollee and claim would be orphaned, and therefore **would** appear in the ECD Report.

- Why are the claim and enrollee orphaned on last slide? Double-check plan data.
- In this example, plan data was incorrect. After revising the plan data, the new enrollment file shows as follows:

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date
PRSN77665#	99221PA001000100	01/01/2015	06/30/2015
PRSN77665#	99221PA001000104	01/01/2015	06/30/2015

Claim ID	Enrollee ID	Plan ID	Statement Covers From	Statement Covers Through
JAN20153199999	MBR8765\$mmp	99221PA001000104	06/28/2015	07/15/2015

- **After correcting plan data**, the claim is no longer orphaned. Therefore, it should **NOT** appear in the ECD Report.

Criteria	Met
Enrollment period includes at least one (1) day in 2015.	Yes
Claim has Statement Covers Through date in 2015.	Yes
Statement Covers From date on claim is within enrollment period dates.	Yes
Enrollee ID on claim matches Enrollee ID on enrollment record.	Yes
Plan ID on claim matches Plan ID on enrollment record.	Yes

- Assuming the EDGE server contains only the two (2) active records shown below:

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date	
mJ!043PRT	60640IL001000102	01/01/2015	04/30/2015	

Claim ID	Enrollee ID	Plan ID	Statement Covers From	Statement Covers Through
JUL20140255421	mJ!043PRT	60640IL001000102	04/28/2015	05/02/2015

Criteria	Met
Enrollment period includes at least one (1) day in 2015.	Yes
Claim has Statement Covers Through date in 2015.	Yes
Statement Covers From date on claim is within enrollment period dates.	Yes
Enrollee ID on claim matches Enrollee ID on enrollment record.	Yes
Plan ID on claim matches Plan ID on enrollment record.	Yes

- This claim is NOT orphaned and would NOT show up on the ECD Report.**



- Assuming the EDGE server contains only the two (2) active records shown below:

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date
mJ!043PRT	60640IL001000102	01/01/2015	04/30/2015
Claim ID	Enrollee ID	Plan ID	Fill Date
JUL20140255421	mJ!043PRT	60640IL001000102	04/29/2015

Criteria	Met
Enrollment period includes at least one (1) day in 2015.	Yes
Claim has a Fill Date in 2015.	Yes
Fill Date on claim is within enrollment period dates.	Yes
Enrollee ID on claim matches Enrollee ID on enrollment record.	Yes
Plan ID on claim matches Plan ID on enrollment record.	Yes

- This claim is **NOT** orphaned and would **NOT** show up on the ECD Report.

- Assuming the EDGE server contains only the **three (3)** active records shown below:

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date
mJ!043PRT	60640IL001000102	01/01/2015	04/30/2015
mJ!043PRT	60640IL001000102	05/01/2015	11/30/2015

Claim ID	Enrollee ID	Plan ID	Fill Date
JUL20140255421	mJ!043PRT	60640IL001000102	04/29/2015

Criteria	Met
Enrollment period includes at least one (1) day in 2015.	Yes
Claim has a Fill Date in 2015.	Yes
Fill Date on claim is within enrollment period dates.	Yes
Enrollee ID on claim matches Enrollee ID on enrollment record.	Yes
Plan ID on claim matches Plan ID on enrollment record.	Yes

- This claim and enrollee are **NOT** orphaned and would **NOT** show up on the ECD Report.
- Even though the second enrollee record is not associated with any claims, the enrollee will **not** appear on the ECD.
- Enrollees appear on the ECD Report only when none of their enrollment periods associated with a 16-digit Plan ID are linked to an active claim.**

- What if the data was the same as in the previous slide, but the Plan IDs in the enrollee records were different?

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date
mJ!043PRT	60640IL001000102	01/01/2015	04/30/2015
mJ!043PRT	60640IL001000104	05/01/2015	11/30/2015

Claim ID	Enrollee ID	Plan ID	Fill Date
JUL20140255421	mJ!043PRT	60640IL001000102	04/29/2015

Criteria	Met
Enrollment period includes at least one (1) day in 2015.	Yes
Claim has Fill Date in 2015.	Yes
Fill Date on claim is within enrollment period dates.	Yes
Enrollee ID on claim matches Enrollee ID on enrollment record.	Yes
Plan ID on claim matches Plan ID on enrollment record.	Yes

- The claim is **NOT** orphaned and would **NOT** show up on the ECD Report. However, the enrollee **IS** orphaned and **would** appear on the ECD Report **because the enrollee has a second record from a different plan that is not linked to any claims.**

- Assuming the EDGE server contains only the **three (3)** active records shown below:

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date
mJ!043PRT	60640IL001000102	01/01/2015	04/30/2015

Claim ID	Enrollee ID	Plan ID	Covers From or Fill Date	Covers Through
JUL20140255421	mJ!043PRT	60640IL001000102	04/29/2015	N/A
JUL20140255422	mJ!043PRT	60640IL001000102	05/01/2015	05/02/2015

Criteria	JUL20140255421 Met	JUL20140255422 Met
Enrollment period includes at least one (1) day in 2015.	Yes	Yes
Claim has Statement Covers Through or Fill Date in 2015.	Yes	Yes
Statement Covers From or Fill Date on claim is within enrollment period dates.	Yes	NO
Enrollee ID on claim matches Enrollee ID on enrollment record.	Yes	Yes
Plan ID on claim matches Plan ID on enrollment record.	Yes	Yes

- This enrollee is associated with one (1) of the two (2) claims shown, and therefore would **NOT** appear in the ECD Report.
- The second claim is orphaned and **WOULD** appear in the ECD Report because the Statement Covers From date is not in the enrollee's coverage period.

- Assuming the EDGE server contains only the three (3) active records shown below:

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date
XYZ123	60640IL001000102	01/01/2015	04/30/2015
XYZ123	60640IL001000102	05/01/2015	11/30/2015

Claim ID	Enrollee ID	Plan ID	Fill Date	Inactivation Date
MAY20150255421	XYZ123	60640IL001000102	04/29/2015	
MAY20150255422	XYZ123	60640IL001000102	05/01/2015	10/20/2015

- The second enrollment record has no linked claims, but issuer's data indicates more than one (1) claim for this enrollee. Pulling additional claims for XYZ123 uncovers a mistakenly voided claim.
- After correcting the inactive claim**, the second enrollment period is now linked to a claim.
- In this example, the claim or enrollee would **NOT** have been orphaned even without correcting the inactive claim.

Criteria	MAY20150255421 Met	MAY20150255422 Met
Enrollment period includes at least one (1) day in 2015.	Yes	Yes
Claim has Statement Covers Through date in 2015.	Yes	Yes
Statement Covers From date on claim is within enrollment period dates.	Yes	Yes
Enrollee ID on claim matches Enrollee ID on enrollment record.	Yes	Yes
Plan ID on claim matches Plan ID on enrollment record.	Yes	Yes

- Given the following plan and enrollment data, which of the claims below would be orphaned and therefore included on the ECD Report?

Plan ID	Market Type
60640IL001000101	Small Group
60640IL001000102	Small Group
60640IL001000200	Individual

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date	Inactivation date
mJ!043PRT	60640IL001000102	01/01/2015	03/31/2015	NULL
mJ!043PRT	60640IL001000102	04/01/2015	08/30/2015	NULL
mJ!043PRT	60640IL001000101	09/01/2015	12/31/2015	09/02/2015
MBR8765\$mmp	60640IL001000101	01/01/2015	12/31/2015	NULL
XYZ123	60640IL001000200	01/01/2015	12/31/2015	NULL

Claim ID	Enrollee ID	Plan ID	Statement Covers From or Fill Date	Statement Covers Through	Paid Amount	Inactivation Date	ECD ?	Reason
JAN20151299999	mJ!043PRT	60640IL001000101	01/13/2015	N/A	\$10,000	NULL	Yes	Plan ID and Enrollee ID match, but enrollment period is inactive, and Fill Date does not fall within enrollment period for that plan.
JAN20151299998	mJ!043PRT	60640IL001000102	01/13/2015	01/15/2015	\$45,100	NULL	No	NULL
JAN20151299998	mJ!043PRT	60640IL001000102	05/28/2015	N/A	\$500	NULL	No	NULL
SEP20151299997	mJ!043PRT	60640IL001000101	09/02/2015	09/04/2015	\$1,200	NULL	Yes	Claim is associated with an <u>inactive</u> enrollee record.
DEC20141299997	MBR8765\$mmp	60640IL001000101	12/29/2014	01/01/2015	\$150,000	NULL	Yes	Covers From date is not within active enrollment period.*
DEC20141299996	XYZ123	60640IL001000200	12/29/2014	01/01/2015	\$200,000	10/02/2015	Yes	<u>Inactive</u> claim is associated with active enrollee record.
DEC20141299997	XYZ123	60640IL001000201	12/27/2014	12/28/2015	\$9,000	NULL	Yes	No matching Plan ID.

- How many claims are RI-eligible? Answer: None. Only one (1) of the claims is in an Individual Market plan – and that claim is inactive.

Plan ID	Market Type
60640IL001000101	Small Group
60640IL001000102	Small Group
60640IL001000200	Individual

Enrollee ID	Plan ID	Enrollment Start Date	Enrollment End Date	Inactivation date
mJ!043PRT	60640IL001000102	01/01/2015	03/31/2015	NULL
mJ!043PRT	60640IL001000102	04/01/2015	08/30/2015	NULL
mJ!043PRT	60640IL001000101	09/01/2015	12/31/2015	09/02/2015
MBR8765\$mmp	60640IL001000101	01/01/2015	12/31/2015	NULL
XYZ123	60640IL001000200	01/01/2015	12/31/2015	NULL

Claim ID	Enrollee ID	Plan ID	Statement Covers From or Fill Date	Statement Covers Through	Paid Amount	Inactivation Date	ECD?	Reason
JAN20151299999	mJ!043PRT	60640IL001000101	01/13/2015	N/A	\$10,000	NULL	Yes	Plan ID and Enrollee ID match, but Fill Date does not fall within enrollment period for that plan.
JAN20151299998	mJ!043PRT	60640IL001000102	01/13/2015	01/15/2015	\$45,100	NULL	No	NULL
JAN20151299998	mJ!043PRT	60640IL001000102	05/28/2015	N/A	\$500	NULL	No	NULL
SEP20151299997	mJ!043PRT	60640IL001000101	09/02/2015	09/04/2015	\$1,200	NULL	Yes	Claim is associated with an <u>inactive</u> enrollee record.
DEC20141299997	MBR8765\$mmp	60640IL001000101	12/29/2014	01/01/2015	\$150,000	NULL	Yes	Covers From date not within active enrollment period.*
DEC20141299996	XYZ123	60640IL001000200	12/29/2014	01/01/2015	\$200,000	10/02/2015	No	<u>Inactive</u> claim is associated with active enrollee record.
DEC20141299997	XYZ123	60640IL001000201	12/27/2014	12/28/2015	\$9,000	NULL	Yes	No matching Plan ID.

# Tips On Using Orphan Reports

- Orphans can occur for many different reasons, but they must be identified first.
  - Neither the ECD Report nor ECS Report includes inactive records, overlapping enrollment periods or other reasons for orphans.
  - Instead, use the ECD Report to identify an orphaned individual claim or Enrollee ID, then pull additional data associated with that claim or Enrollee ID from the claims or enrollment tables.
- An Enrollee ID will appear on the ECD Report only when none of the enrollment periods associated with a 16-digit Plan ID are linked to an active claim.
- Issuers should regularly review all orphaned individuals and claims.
  - A very small number of orphaned claims or enrollees can have a disproportionate impact on RA or RI for an issuer.
- Orphaned claims are frequently of greater concern than orphaned enrollees because healthy enrollees commonly do not generate any claims, BUT:
  - Be aware that unusually high percentages of orphaned enrollees could indicate a problem with the enrollment file.



# Common Reasons For Orphans

- When troubleshooting individual claim or Enrollee IDs from the ECD Report, issuers should look for:
  - Duplicate or overlapping enrollment periods or statement dates.
    - If the EDGE server rejects an enrollee because of overlapping enrollment periods, this may cause orphaned claims to appear in the ECD Report.
  - Subscriber-dependent non-affiliation – for example:
    - The issuer assigned incorrect dependent Enrollee IDs to a subscriber, or vice versa.
    - The issuer assigned a subscriber's claims to a dependent's Enrollee ID, or vice versa.
  - Orphaned claim or enrollee is inactive.
    - May result from issues with void/replace.
  - Double check Plan IDs.
    - Ensure Individual Market enrollees and claims are not associated with Small Group plans.

# Frequency Reports

# EDGE Server Frequency Reports Overview

- The November 16, 2015 deployment of EDGE server report commands included the ECS Report and five (5) frequency reports:
  - Frequency by Data Element for Enrollment Accepted Files (FDEEAF)
  - Frequency by Data Element for Pharmacy Accepted Files (FDEPAF)
  - Frequency by Data Element for Medical Accepted Files (FDEMAF)
  - Frequency by Data Element for Supplemental Accepted Files (FDESAF)
  - Claim and Enrollee Frequency Report (CEFR)
- These reports contain various “cuts” of data in accepted EDGE server files to assist in general analysis.

# EDGE Server Frequency Reports Overview (continued)

- Like ECD/ECS Reports, frequency reports include data about accepted records/files only.
- Unlike ECD/ECS Reports, some data elements in the frequency reports include inactive data. **Be sure to check the RARI ICD Addendum, published in the REGTAP Library, for more information.**
- Use for general data analysis, troubleshooting, and checks on data consistency within specific files.
- Examples of metrics that can be calculated using frequency reports:
  - Count of claims by claim type (medical and pharmacy) *and* Form Type (professional, institutional)
  - Most common Diagnosis Codes, average Diagnosis Codes per claim
  - Enrollment period frequencies.
- Both CMS and issuers receive the frequency reports.

# Frequency by Data Element for Enrollment Accept Files Report (FDEEAF)

- Data is at the issuer-level.
- The FDEEAF Report aids in issuer analysis of enrollment periods per enrollee or EPAI Code frequencies.
- EnrollmentFrequencyReport.xsd
  - totalAcceptedEnrolleeRecords
  - totalAcceptedEnrollmentPeriods
- EnrollmentFrequencyActivityIndicatorCategory.xsd
  - EnrollmentactivityIndicator - EPAI Code
  - totalCountActivityIndicator
- EnrollmentFrequencyInsuredMemberGenderCategory.xsd
  - genderCode, genderCount

# Frequency by Data Element for Medical Accepted Files Report (FDEMAF)

- The FDEMAF aids issuers in analyzing:
  - Number of accepted Diagnosis Codes per claim.
  - billTypeCodes included in an issuer's data.
  - Frequencies by discharge status.
  - Frequencies by Diagnosis Code.
  - Claim level counts

# Frequency by Data Element for Medical Accepted Files Report (FDEMAF) (Continued)

- MedicalFrequencyReport.xsd
  - MedicalTypeFrequencyClaimHeaderCategory.xsd
    - **medicalClaimType** – professional vs. institutional
    - **totalEnrolleesForAcceptedClaims, totalAcceptedClaims**
    - **totalAcceptedDiagnosisCode** – not a unique count
    - **totalVoidReplaceCodeV, totalVoidReplaceCodeR**
    - MedicalFrequencyBillTypeClaimHeaderCategory.xsd
      - **billTypeCode**
      - MedicalFrequencyDiagnosisQualifierCategory.xsd
        - » **diagnosisQualifier** (Indicates ICD-9 or ICD-10)
      - MedicalFrequencyDiagnosisCodeCategory.xsd
        - » **diagnosisCode, totalCountDiagnosisCode**
      - MedicalFrequencyDischargeStatusCodeCategory.xsd
        - » **dischargeStatusCode, totalCountDischargeStatusCode**

# Frequency by Data Element Supplemental Accepted File Report (FDESAF)

- The FDESAF aids issuers in analyzing:
  - Claim counts by Supplemental Diagnosis Source.
  - Counts of Diagnosis Codes in supplemental file.
  - Counts of Diagnosis Codes by add/delete/void status.
- Data is at the issuer-level.
- **SupplementalFrequencyReport.xsd**
  - totalEnrolleesForAcceptedClaims, totalAcceptedRecords
  - totalAcceptedDiagnosisCodes
- **SupplementalFrequencyAddDeleteVoidCategory.xsd**
  - addDeleteVoidCode, totalCountAddDeleteVoid
- **SupplementalFrequencyDiagnosisQualifierCategory.xsd**
  - supplementalDiagnosisCodeQualifier
- **SupplementalFrequencyDiagnosisSourceCategory.xsd**
  - supplementalDiagnosisCode, totalCountSupplementalDiagnosisCode



# Claim and Enrollee Frequency Report (CEFR)

- The CEFR Report consists of report file header, claim, Form Type, file count, plan, and calendar month categories.
- Data is at the issuer, plan, and claim level depending on data element.
- The CEFR Report aids issuers in analyzing:
  - Total paid amounts by different claim categories - inpatient/outpatient, professional, pharmacy and RA inpatient/outpatient.
  - Plan level counts of active and void claims by claim type, Form Type and month.
  - Total enrollees with medical and/or pharmacy claims.

# Claim and Enrollee Frequency Report (CEFR) (Continued)

- **ClaimEnrolleeFrequencyReport.xsd**
  - totalEnrolleesWithMedicalClaims, totalEnrolleesWithPharmacyClaims, numberOfEnrolleesWithMedicalPharmacyClaims
  - totalPaidAmountForAllClaims, totalPaidAmountForInpatientClaims, totalPaidAmountForOutpatientClaims, totalPaidAmountForProfessionalClaims, totalPaidAmountForPharmacyClaims
  - totalPlanPaidAmountForRaInpatientClaims, totalPlanPaidAmountForRaOutpatientClaims
- **ClaimEnrolleeFrequencyPlanCategory.xsd**
  - ClaimEnrolleeFrequencyClaimCategory.xsd
    - claimType
    - countofTotalActiveClaims
    - countofTotalInactiveVoidClaims
    - uniqueClaimRecordsResolved
    - totalClaimLinesAccepted
- **See the ICD Risk Adjustment and Reinsurance Addendum, published in the REGTAP Library, for additional information on data elements, descriptions and report structure.**

Report Name	Data Element Name	Active Claims Only	Active and Inactive Claims	Claim Level	Service Line Level	Comments
<b>FDEEAF</b>	totalAcceptedEnrolleeRecords	Y				
	totalAcceptedEnrollmentPeriods	Y				
<b>FDEPAF</b>	totalEnrolleesForAcceptedClaims	Y*	Y*	Y		*Claim counts are active; members can be active or inactive. Enrollee record must exist.
	totalAllowedCost	Y		Y		
	totalPlanPaidAmount	Y		Y		
	totalCountVoidReplaceCode	Y*	Y*	Y		*Replace counts are for active claims only
	totalCountDerivedAmountIndicator	Y		Y		
	totalPlanPaidAmountForIndicator	Y		Y		
<b>FDEMAF</b>	totalEnrolleesForAcceptedClaims	Y		Y		Active enrollees with active medical claims for a given form type
	totalAcceptedDiagnosisCode	Y		Y		
	totalAcceptedClaims	Y		Y		
	totalAllowedCost	Y			Y	
	totalClaimsDerivedIndicatorY	Y			Y	
	totalPlanPaidAmountClaimsDerivedIndicatorY	Y			Y	
	totalPlanPaidAmountClaimsDerivedIndicatorN	Y			Y	
	totalClaimsDerivedIndicatorN	Y			Y	
	totalVoidReplaceCodeR		Y	Y		Replace count includes both inactive and active claims.
	totalCountDiagnosisCode	Y		Y		
	totalCountDischargeStatusCode	Y		Y		
	totalCountDerivedAmountIndicator	Y			Y	
<b>FDESAF</b>	totalEnrolleesForAcceptedClaims	Y		Y		
	totalAcceptedDiagnosisCodes	Y		Y		
	totalAcceptedRecords		Y	Y		
	totalCountAddDeleteVoid	Y*	Y*	Y		Void indicator counts inactive claims only, Add/Delete indicators count active claims only
	totalCountSupplementalDiagnosisCode	Y		Y		
	totalCountSupplementalDiagnosisSource	Y		Y		
<b>CEFR</b>	totalEnrollees	Y				<a href="https://www.regtap.info/">HTTPS://WWW.REGTAP.INFO/</a>
	totalClaims	Y		Y		

# Upcoming Webinars

# Upcoming Webinars

Webinar Topic	Scheduled Event Date and Time
Data Management: Part I and Backup and Truncation Management (tentative)	Tuesday, December 15, 2015 11:30 a.m. – 1:00 p.m. ET
Data Management: Part II and Backup and Truncation Management (tentative)	Tuesday, December 22, 2015 11:30 a.m. – 1:00 p.m. ET
Open Q&A Session	Tuesday, December 29, 2015 11:30 a.m. – 12:30 p.m. ET

# Questions?

To submit questions by phone:

- ☐ Dial '14' on your phone's keypad.
- ☐ Dial '13' to exit the phone queue.

# Resources



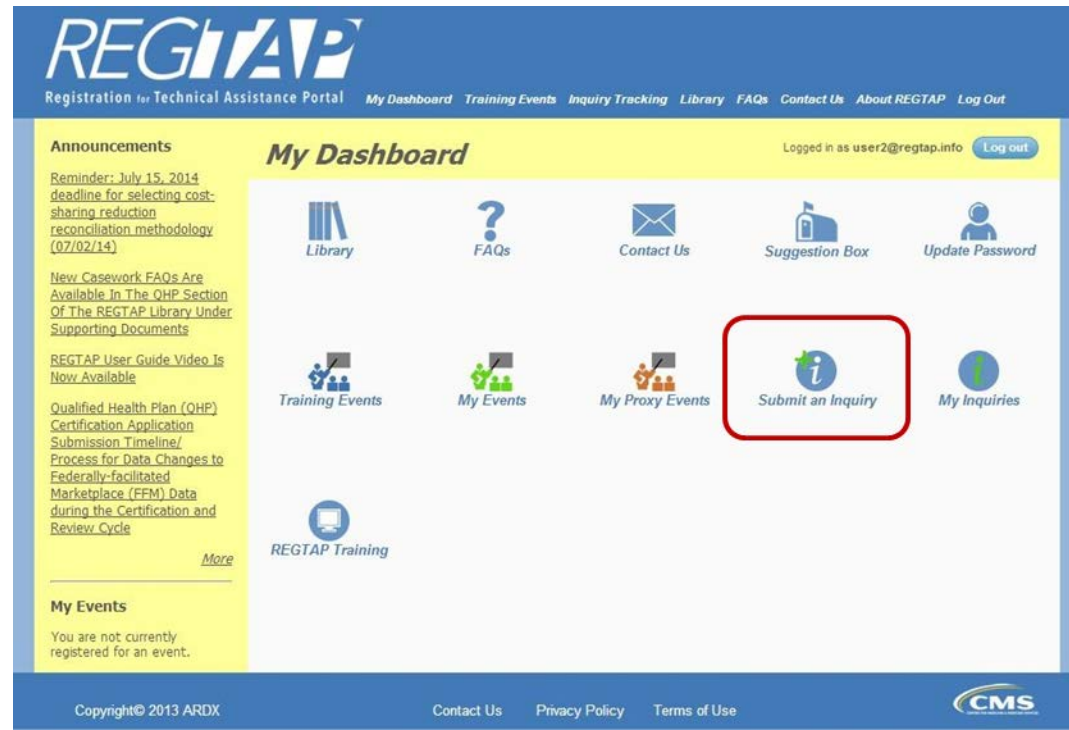
# Resources

Resource	Link/Contact Information
Center for Consumer Information and Insurance Oversight (CCIIO)	<a href="http://cms.gov/ccio/">http://cms.gov/ccio/</a>
Registration for Technical Assistance Portal (REGTAP) <ul style="list-style-type: none"><li>• Registration</li><li>• Inquiry Tracking and Management System (ITMS)</li><li>• Resource Library</li><li>• Frequently Asked Questions (FAQs)</li></ul>	<a href="https://www.REGTAP.info/">https://www.REGTAP.info/</a>
CMS Help Desk <ul style="list-style-type: none"><li>• Technical assistance with EDGE Registration, Provisioning and File Processing</li></ul>	<a href="mailto:CMS_FEPS@cms.hhs.gov">CMS_FEPS@cms.hhs.gov</a> 855-CMS-1515

# Inquiry Tracking and Management System (ITMS)

ITMS is available at <https://www.REGTAP.info/>

Users can submit questions after the webinar by selecting “Submit an Inquiry” from My Dashboard.



**Note: Enter only one (1) question per submission.**

# FAQ Database on REGTAP

## My Dashboard



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary categories, and Publish Date.

FAQ Database is available at  
<https://www.REGTAP.info/>

### FAQ Search

FAQ ID  Enter numeric FAQ ID only

Keyword/Phrase

Program Area

Select All  
Agent Broker  
Distributed Data Collection for RI and RA/Edge Server  
Enrollment and Eligibility  
Event Registration and Logistics

Primary Category

Secondary Category

Publish Date

Start Date

End Date

Search

Clear Search

# Closing Remarks