Centers for Medicare & Medicaid Services

CMS-EDGE Server / CMS-ES

Interface Control Document

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Document Version History

Version Number	Date	Author/Owner	Description of Change
01.00.00	05/08/13	CCIIO / OIS / CGI	Initial distribution
02.00.00	06/13/14	CCIIO / OIS / Accenture	Updates and corrections to full document.
02.01.00	07/28/14	CCIIO / OIS / Accenture	Removed GMT restriction. Added assumption, updated date fields throughout. **Inbound File Updates:** Logical: Table 11: enrollmentMaintenanceTypeCode Tables 16, 17, 18, 25, 26, 27, 29 –Amount Paid fields Table 19: prescriptionFillDate, issuerClaimPaidDate Table 28: issuerClaimPaidDate Table 29: serviceToDate Restrictions: Table 10: insuredMemberIdentifier Table 11: rateAreaIdentifier Table 19: insuredMemberIdentifier Table 19: nationalDrugCode Table 19: prescriptionFillNumber Table 19: allowedTotalCostAmount Table 28: insuredMemberIdentifier Table 28: diagnosisCode Table 28: allowedTotalAmount Table 29: serviceTypeCode Table 37: insuredMemberIdentifier Table 37: supplementalDiagnosisCode Table 41:interfaceControlReleaseNumber Reference Checks: Tables 8, 16, 25, 34: executionZoneCode Description Table 15: Fill Number Corrected XML element Name Table 33: Supplemental Diagnosis Detail Record ID

Version Number	Date	Author/Owner	Description of Change
			Outbound File Updates
			Updated XSD Names in Table: 83, 107.
			Added hash fields to summary reports in Tables: 84, 91, 98, 108, 118, 125, 132, 139.
			Frequency of Occurrence updated to 0 for Error Message in Tables: 48, 51, 52, 53, 54, 61, 62, 63, 69, 70, 71, 77, 78, 79.
			Updated frequency of occurrence for issuer in Table 20
			Corrected minInclusive values in Tables: 93, 94, 96, 97
			Table 79 changes: Changes to Record Identifier, Supplemental Diagnosis Detail Record ID, Claim Status and Claim Error Reporting
			Table 83 changes: Changes to Supplemental Diagnosis Identifier and Classifying Processing Status Type
			Table 88 and 95 changes: recordIdentifier
02.01.01	10/30/14	CCIIO / OIS / Accenture	**Inbound File Updates**
			Table 19 changes: Updated logical edits for prescriptionFillDate and issuerClaimPaidDate
			Table 28 changes: Updated logical edit for issuerClaimPaidDate
			Table 29 changes: ServiceCode reference check updated for dental service type codes
			Outbound File Updates
			Table 50 change: Issuer frequency changed to 1
02.01.02	11/19/2014	CCIIO / OIS / Accenture	**Document History Version**
			Restriction update removed for "insuredMemberIdentifier" field in version 02.01.00.
			Version Number added for version 02.01.01.

Version Number	Date	Author/Owner	Description of Change
			Inbound File Updates Restrictions Table 41: outboundFileIdentifier, edgeServerVersion, edgeServerProcessIdentifier, edgeServerIdentifier Table 94: issuerMonth Table 97: planMonth Table 112: issuerMonth Table 116: planMonth Table 128: issuerMonth Table 131: planMonth Table 142: issuerMonth Table 145: planMonth Data Type Table 41: edgeServerVersion **Outbound File Updates** Section 6.2.4: File name date format Table 44: Frequency of Occurrence
02.01.03	12/06/2014	CCIIO / OIS / Accenture	**Inbound File Updates** Section 6.1.5 File Compression • Clarification for AWS vs. On-Premise Servers Logical Check Table 11: enrollmentMaintenanceTypeCode Table 28: diagnosisCode Table 29: serviceLineNumber Restrictions Table 18: policyPaidTotalAmount Table 26: isuerPlanPaidTotalAmount Table 27: insurancePlanPaidTotalAmount Table 25: insurancePlanPaidOnFileTotalAmount

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			Table 45: offendingElementName and offendingElementErrorTypeCode
			Table 47: offendingElementErrorTypeCode
			Frequency of Occurrence
			Table 46: Error Code and Error Code Frequency
			Table 86: Enrollment Error Code Frequency
			Table 100: Medical Claim Error Code Frequency
			Table 120: Pharmacy Error Code Frequency
			Table 134: Supplemental Claim Error Code Frequency
			Business Data Element Name
			Table 7: Enrollment Period Activity
			Outbound File Updates
			New Element (includedErrorCodeFrequency) Tables: 84, 93, 100, 110, 120, 127, 134, 141
02.01.04	1/26/2015	CCIIO / OIS / Accenture	**New Section Added**
			Section 6.1.7: XML Namespace Requirement
			Inbound File Updates
			Required Check
			Table 29: revenueCode
			Logical Check
			Table 29: revenueCode
			Table 19: allowedTotalCostAmount, policyPaidAmount
			Table 28: allowedTotalAmount, policyPaidTotalAmount
			Table 29: revenueCode, allowedAmount, policyPaidAmount
			Restrictions
			Table 10: insuredMemberIdentifier
			Table 11: subscriberIdentifier
			Table 16: insurancePlanPaidOnFileTotalAmount
			Table 17: issuerPlanPaidTotalAmount
			Table 18: policyPaidTotalAmount

Version Number	Date	Author/Owner	Description of Change
			Table 19: prescriptionFillNumber, allowedTotalCostAmount, policyPaidAmount, insuredMemberIdentifier
			Table 25: insurancePlanPaidOnFileTotalAmount
			Table 26: issuerPlanPaidTotalAmount
			Table 27: insurancePlanPaidTotalAmount
			Table 28: allowedTotalAmount, policyPaidTotalAmount, insuredMemberIdentifier
			Table 29: allowedAmount, policyPaidAmount
			Table 37: insuredMemberIdentifier
			Table 41: edgeServerVersion
			Section 6.1.10.2: ESSFS XSD Name Updated to EdgeServerSupplementalClaimSubmission.xsd
02.01.05	2/8/2015	CCIIO / OIS / Accenture	**Inbound File Updates** Restrictions Table 19: prescriptionFillNumber Table 28: diagnosisCode Table 38: Execution Zone
02.01.06	2/27/2015	CCIIO / OIS / Accenture	**Inbound File Updates** Restrictions Table 19: claimIdentifier Table 28: claimIdentifier, originalClaimIdentifier Table 37: supplementalDiagnosisDetailRecordIdentifier, originalClaimIdentifier, originalSupplementalDetailID Logical Check Added Table 11: insurancePlanIdentifier Table 33: supplementalDiagnosisCode Descriptions Updated Table 88: Calendar Year
02.01.07	8/11/2015	CCIIO / OIS / Accenture	Frequency of Occurrence Updated Table 7: subscriberIdentifier, subscriberIndicator Table 30: includedSupplementalDiagnosisIssuer Table 33: Supplemental Diagnosis Code

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			Table 62: includedIssuerProcessingResult
			Table 70: includedIssuerProcessingResult
			Table 78: includedIssuerProcessingResult
			Table 104: includedIssuerFormType
			Table 108: includedPlanFormType
			Logical Check Added
			Table 37: Supplemental Diagnosis Code
			Description Updated
			Table 15: prescriptionFillNumber
			Restrictions Updated
			Table 11: subscriberIndicator, subscriberIdentifier
			Table 19: dispensingStatusCode, voidReplaceCode, allowedTotalCostAmount
			Table 23: includedServiceLine
			Table 28: originalClaimIdentifier, billTypeCode, voidReplaceCode
			Table 29: revenueCode, serviceTypeCode, serviceCode, serviceModifierCode, serviceFacilityTypeCode
			Table 37: originalSupplementalDetailID
			Table 41: inboundFileIdentifier, inboundFileSubmissionType
			Table 45: offendingElementValue, offendingElementErrorTypeMessage, offendingElementErrorTypeDetail
			Table 60: medicalClaimIdentifier
			Table 69: pharmacyClaimIdentifier
			Table 76: insuredMemberIdentifier
			Table 85: supplementalDiagnosisIdentifier
02.01.08	9/2/2016	CCIIO / OIS / Accenture	Validation Zone
			Updated the following sections to include Validation Zone:
			Section 5.2: Functional Allocation
			Section 6.1: Requirements for EDGE server Inbound Submissions
			Section 6.1.1: Assumptions

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			Section 6.2.1: Assumptions Updated the following tables to include validation zone in the execution zone type: Table 2: Execution Zone Table 8: executionZoneCode Table 16: executionZoneCode Table 25: executionZoneCode Table 34: executionZoneCode Table 38: Execution Zone
02.01.09	10/3/2016	CCIIO / OIS /Accenture	Updated the following table to clarify that the serviceTypeCode is only required when the serviceCode is populated: Table 29: ESMCS Claim Service Line Category Field Element Characteristics
02.01.10	8/22/2017	CCIIO/Accenture	Updated tables for Release EDGE 23.0 Section 6.1.2: General Processing Steps • Added Note regarding EDGE Server Business Rules Table 10: ESES Enrollee Category Field Element Characteristics • Gender Restrictions Table 28: ESMCS File Claim Header Category Field Element Characteristics • Bill Type Code Reference Check and Restrictions • Diagnosis Code Qualifier Reference Check • Diagnosis Code Reference Check • Discharge Status Code Reference Check • Medical Diagnosis Code Restriction Table 29: ESMCS Claim Service Line Category Field Element Characteristics • Revenue Code Reference Check • Service Code Qualifier Reference Check • Service Code Reference Check • Service Code Modifier Reference Check • Place of Service Reference Check

Version Number	Date	Author/Owner	Description of Change
			Table 37: ESSFS File Detail Category Field Element Characteristics • Supplemental Diagnosis Code Restriction
02.01.11	02/05/2018	AFS/PPFMG	Updated Tables for EDGE Q2 Release Table 15: ESPCS Claim Category Data • Added pharmacyNetworkIndicator field • Added daysSupply field Table 19: ESPCS File Claim Category Field Element Characteristics • Added pharmacyNetworkIndicator field • Added daysSupply field • Updated NDC field restrictions Table 23: ESMCS Claim Header Category Data • Added medicalNetworkIndicator field Table 24: ESMCS Claim Service Line Category Data • Added medicalNetworkIndicator field Table 28: ESMCS File Claim Header Category Field Element Characteristics • Added medicalNetworkIndicator field Table 29: ESMCS Claim Service Line Category Field Element Characteristics • Added medicalNetworkIndicator field
02.01.12	02/27/2018	AFS/PPFMG	Documentation Update • Updated Assumption # 3 Updates related to FFMFM-519 CR • Added the "Product/Service ID Qualifier" field and updated the restrictions for the "Product/Service ID" field Updates related to FFMFM-180 CR • Updated the Restrictions for the "Discharge Status Code" field Updates related to FFMFM-166 CR • Removed the reference check for the "Revenue Code" field Updates related to FFMFM-179 CR

Version Number	Date	Author/Owner	Description of Change
			• Updated the logical checks for the "Service Code" and "Service Code Modifier" fields
02.01.13	03/02/2018	AFS/PPFMG	• Updated the restrictions and the checks for the "Product/Service ID" field in the Pharmacy claim • Clarified the restrictions for the "Network Indicator" field in Pharmacy and Medical claims and updated the field to be "Not Required" • Clarified the restrictions for the "Days Supply" field in the Pharmacy claim
02.01.14	03/07/2018	AFS/PPFMG	• Updated the Restrictions and the checks for the "Product/Service ID" field and its Qualifier in the Pharmacy claim • Clarified the Restrictions for the "Network Indicator" field in Pharmacy and Medical claims and updated the field to be "Required" • Updated the checks for the "Days Supply" field in the Pharmacy claim • Updated the Restrictions and the Logical Check for the Discharge Status Code
02.01.15	07/02/2018	AFS/PPFMG	• Updated the restrictions for the "Days Supply" field in the Pharmacy claim

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1 Purpose of Interface Control Document

This Interface Control Document (ICD) documents and tracks the necessary information required to effectively define the Centers for Medicare & Medicaid Services (CMS)-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 this ICD is to clearly communicate all possible inputs for all potential actions. This ICD helps ensure compatibility between system segments and components.

The ICD does not include information about specific business rules and how the verification edits included within this document affect the file processing logic. Additional information can be found in the EDGE Server Business Rules document.

2 Introduction

This ICD describes the relationship between CMS and an issuer's EDGE server. The CMS-EDGE server interface is only necessary when CMS is performing the Risk Adjustment (RA) and/or Reinsurance (RI) programs on behalf of a state.

The ICD specifies the interface requirements for the transmission of required information from the issuer to the EDGE server, and between CMS and the issuer's EDGE server. It also describes the concept of operations for the interface, defines the message structure and protocols that govern the interchange of data, and identifies the communication paths the data are expected to follow.

The following information, with respect to the interface, is described further in this document:

- A general description of the interface
- Assumptions and constraints
- A description of the data exchange format and protocol for exchange
- Estimated size and frequency of data exchange.

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 will have the option to operate the following programs themselves or to have the Department of Health and Human Services (HHS) operate the programs on their behalf.

Section 1343 of the ACA created the 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 RI program as a temporary three (3)-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 reinsurance cap for the applicable benefit year. The attachment point is the threshold dollar amount after which the issuer is eligible for reinsurance 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 reinsurance 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 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, pharmaceutical claim, medical claim, and supplemental diagnosis information from their proprietary systems to an issuer-owned 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 Assumptions and Constraints

4.1 Assumptions

The list below identifies assumptions made as part of the design for the EDGE server, namely:

1. Within the CMS Enterprise, integration will be limited to the Management Console accepting and providing summary data to CMS systems.

2. The server will either reside within the insurance company or host's Amazon Cloud environment (Amazon EDGE Server model) or within an environment of the insurance company or host's choice (On-Premise EDGE server model) and have security restrictions such that once submitted, detailed enrollee, pharmacy, medical claim and supplemental diagnosis information will not be directly accessible by HHS.

3. It is assumed that all current network configurations are done using IPv4. CMS and issuers will have to work together in order to accommodate updates to IPv6 based on the timeline published by the Federal CIO.

4. The input and output files will be transmitted using eXtensible Markup Language (XML) with predefined XML Schema Definitions (XSDs) as described further in this document.

5 General Interface Requirements

5.1 Interface Overview

Sections 5 and 6 include general considerations as well as specific technical considerations for the Amazon EDGE server model. These sections will be updated in a future version of the ICD to provide additional technical guidance for issuers who will be using the On-Premise EDGE server model. Please note, file naming conventions and compression (sec 6.1.4 and 6.1.5), as well as all data elements and file formats detailed in sections 6.16 – 6.2.14.3 are applicable to both EDGE server models.

5.2 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 that are loaded to AWS S3 and can be accessed via Amazon's S3 user interface.

The steps for processing a submitted enrollee, pharmacy, or medical claim file are as follows:

1. An authorized issuer/submitter submits an enrollee and/or claims XML data file using the AWS S3 user interface. The file may be submitted to a Test, Production or Validation region.

2. Irrespective of how the file was submitted, the file will be received by EDGE, the EDGE server application, and processed appropriately according to the file type.

3. The enrollee and claims submission workflow each will execute the following steps:
   a. Perform file structure and data verifications.
   b. Execute data processing logic.
   c. Save the resultant data from data processing in the EDGE Server Database.
   d. Execute outbound processing logic to produce outbound files.

4. Designated users can view the data files using the AWS S3 user interface.

5. The insurance company is responsible for performing backups and maintaining them in a manner that will allow for complete data restoration in case of a catastrophic loss of the EDGE server and all data residing on that server.

5.3 Data Transfer

Data on the EDGE server is maintained in two (2) repositories:

Issuer AWS S3 Bucket – Stores all EDGE server processing files (inbound claims, enrollment files, supplemental files, and all output reports).

EDGE Server Database – An AWS Remote Desktop Server (RDS) database supports all EDGE server file processing. The inbound files are loaded into this database and it is used to produce all output reports.

5.4 Transactions

There are two (2) kinds of primary transactions across the EDGE server interface – inbound data submission files and outbound data files that contain both detail and summary reporting data.

The EDGE server will have a receipt and control process for receiving and storing the claims and enrollee data files. Once the verification process is complete, the results and file status will be provided to the issuer/submitter and CMS for review. The files that will be verified and processed include the following:

- EDGE Server Enrollment Submission (ESES) Files

- EDGE Server Pharmacy Claims Submission (ESPCS) Files

- EDGE Server Medical Claims Submission (ESMCS) Files

- EDGE Server Supplemental Diagnosis Submission (ESSFS) Files

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

The recipient of these outbound files is restricted by the content level of the files as specified by the table below.

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:

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

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.

5.5 Security and Integrity

Security of the system and information exchange is crucial to the operations of 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). The Digital Certificate written to the EDGE server after registration will be used to authenticate the system during each transaction. The file is only readable by the root user on the EDGE server.

Internet Protocol (IP) Tables will be configured on the CMS Management Console and EDGE server to restrict incoming and outgoing network traffic between the two (2) servers for specific ports. Additionally, CMS and the insurance company will put into place necessary additional network security provisions to safeguard these servers.

System access to the EDGE server will be restricted to EDGE Server Administrator(s) for the insurance company. Other than Administrators, all other users will have access to the EDGE server through the Amazon Java client interface or via an SSH client. Access to the EDGE server will require either an Amazon password or a secret key for secure SSH communication. Inbound file upload will be uploaded to an issuer controlled Amazon S3 bucket via HTTPS. To support this, the system will support two (2) types of user accounts:

1. Privileged OS Accounts – Used by System/Network Administrators to perform administrative tasks at the operating system level.

2. AWS IAM accounts to provide access to the EC2 server and MySQL

   – Administer/manage the operating system and the database, for the issuer/submitter.
   – Submit files for processing, restart a previously submitted job or view the status of submitted jobs.
   – View output files created as a result of processing an input file.

6 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.

6.1 Requirements for EDGE Server Inbound Submissions

This section describes the interface requirements for inbound files that will be submitted to the EDGE server. The files will be XML-based as per the XSD defined in this document. The ESES files will be full replacements of any previously sent information. The ESMCS, ESPCS and ESSFS files will be incremental updates to any previously sent information. In the event a previously submitted and accepted claim needs to be voided or replaced, the new claims submission file would include an indicator that the previous claim needs to be voided or replaced. If the previously submitted claim was rejected, the void or replace indicator would not be included. For more information, please refer to the EDGE Server Business Rules (ESBR) document.

The data files will be submitted by the issuer/submitter. The EDGE server will provide separate processing areas for Test, Production, and Validation zone submissions. Issuers/Submitters will have the option to validate their submission files in a test execution zone to resolve any verification errors before processing any actual production submissions. Issuers will be able to test EDGE application releases in the validation zone prior to deploying them to the production environment.

XML data files can be submitted via Amazon's S3 user interface. The file name allows the user to select the execution zone (Test, Production, or Validation) and the insurance company/submitting organization information.

6.1.1 Assumptions

Assumptions for the submission of EDGE server inbound files are as follows:

- Data files will be submitted via the AWS S3 user interface.

- Data files will be XML files adhering to the XSDs defined in this document.

- The issuer/submitter is responsible for providing the inbound files and/or retrieving and reviewing the outbound data files for Test, Production and Validation zone processing.

- Number values should not be left padded with zeros (0) unless specifically required in the field element's restrictions.

- All date fields will be populated using a consistent time zone across all records.

6.1.2 General Processing Steps

As files are submitted, the EDGE server will verify the file header to identify the file type and processing zone, and ensure all the required elements on the file header are present and valid. If an invalid or missing header element is identified, the file will be prevented from loading, and will be placed in the output folder. The system will notify the submitting user via email regarding the status of the submission, including identification of the reasons for file rejection.

Similarly, once detailed verification rules have been applied to the submitted files, the submitting user will be notified that processing has completed. Outbound data files will provide the status of the data quality for review by the submitter.

Four (4) different types of verifications will be executed as part of data quality checks as described below:

- **Required Check**: Verifies that a data value is provided for required and situational fields as defined by the conditions below. Each field can be validated as either:
  - o **Required:** A value must be provided. If a value is not provided, the field fails validation.
  - o **Situational:** A value must be provided under pre-defined conditions. For example, if the Subscriber Indicator is null, the Subscriber Identifier must be populated.
  - o **Not Required:** Under no conditions is a value required to be passed, however a value may be provided.
- **Face Validity:** Verifies that the data element conforms to the specified data type and restrictions.
- **Referential Check:** Verifies that the element value matches the value in the standard reference data set.
- **Logical Check:** Verifies that the data value meets the specified business logic.

Based on the results of the detailed verification, the following data acceptance rules will be in place as part of the data quality check.

> **NOTE:** *CMS strongly encourages issuers to review the EDGE Server Business Rules along with this document to understand all verification edits applied during file ingest. The EDGE Server Business Rules elaborate on many of the verifications outlined in this document.*

For Enrollment, Pharmacy, Medical and Supplemental files:

- If any data element fails verification at the file header, or the file fails any other file level edits, then the entire file will be rejected.

- If any data element fails verification at the issuer level, then all subsequent records for that issuer will be rejected.

For Pharmacy, Medical and Supplemental files:

- If any data element fails verification at the plan level, then all subsequent records for that plan will be rejected.

- If all plan records in the submission file fail verification, then the entire issuer is rejected even if it passes all data element verifications at the issuer header level.

For Enrollment files:

- If any data element fails verification at the enrollee level, then all associated enrollment periods for that enrollee will be rejected.

- If all enrollee records for a given issuer fail, then the issuer record will be rejected even if it passes all data element verifications at the issuer record level.

- If any data element fails verification at the enrollment period level, then the enrollment record for that enrollee will be rejected.

- If all enrollment periods for a given enrollee fail, then the enrollee record will be rejected even if it passes all data element verifications at the enrollee record level.

For Medical files:

- If any data element fails verification at the claim header, then the subsequent claim lines associated with that claim will be rejected.

- If all claim header records for a given plan fail, then the plan record will be rejected even if it passes all data element verifications at the plan record level.

- If any data element fails verification at a claim line level, then the entire claim will be rejected.

For Supplemental Diagnosis files:

- Any data element that fails the required or face validity verification step will not proceed to the referential and logical checks.

- Data elements that pass the face validity verification step will proceed to the referential and logical checks.

6.1.3 Interface Processing Time Requirements

The issuer/submitting organization will submit four (4) types of inbound files, with the ability to submit one (1) or more of each of these files simultaneously. There are no requirements regarding ordering of processing, as the processes are not dependent upon one another. If the insurance company/submitting organization submits a second, or subsequent, file before the processing of the prior file is complete, the subsequent file will be placed in queue until the processing of the prior file is completed.

6.1.4 Execution Zones

EDGE servers will consist of the following three execution zones defined below. When submitting files for processing, issuers must specify the zone in which the file will be processed using the correct execution zone code (P, T or V) specified in the file name and in the file header.

- **Production (P)**: The production zone runs the most current version of EDGE software and includes the most current reference table information. It is used by issuers to submit enrollment, claims and supplemental diagnoses in order for CMS to perform RA/RI calculations.

- **Test (T)**: The test zone software and reference table information is identical to the production zone and allows issuers to submit data files before loading to production. This data submitted to this zone is not used by CMS and will not impact RA/RI calculations.

- **Validation (V)**: The validation zone allows issuers to validate future software enhancements and/or reference table updates related to the EDGE server file processing, reports or RA/RI calculation jobs. The application version will be maintained independent of the test and production zones. Typically, updates are deployed to this zone 1-2 weeks in advance of deployment to test and production.

6.1.5 File Naming Convention

All submitted files must follow the standard naming convention outlined below. Any files that do not comply will be rejected with an appropriate error message.

File Format Mask:

<Submitting Entity ID>.<File Type>.D<MMDDYYYY>T<hhmmss>.<Execution Zone>.xml

Example File Name:

12345.E.D04022014T091533.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
File Type	A one (1) letter code to indicate the file type.	Enrollee: E Medical: M Pharmacy: P Supplemental: S
Date Timestamp	The date timestamp of when the file was generated.	**Example:** For April 2, 2014 at 9:15:33 AM Date Timestamp: D04022014T091533
Execution Zone	One (1) letter code indicating the execution zone where the file is to be processed.	Production: P Test: T Validation: V

6.1.6 File Compression

AWS servers will support both compressed and uncompressed inbound files. Files can be compressed using gzip or zip and should be transmitted with the extensions as defined below. File compression is not supported for On-Premise servers.

Table 3: File Compression Extensions

Compression Method	Extension	Example File Name
Gzip	.gz	12345.E.D04022014T091533.P.xml.gz
zip	.zip	12345.E.D04022014T091533.P.xml.zip

6.1.7 XML Namespace Requirement

The EDGE server requires that all inbound XML files include a namespace. If a namespace is not included, the file will be rejected during processing. CMS recommends using a namespace of "ns1" (example below); however, any namespace will be accepted.

Below is an example of how the "ns1" namespace is used for the first three (3) lines of a pharmacy claims file.

<**ns1**:edgeServerPharmacyClaimSubmission xmlns:**ns1**="http://vo.edge.fm.cms.hhs.gov">

<**ns1**:fileIdentifier>123456789120</**ns1**:fileIdentifier>

<**ns1**:executionZoneCode>T</**ns1**:executionZoneCode>

6.1.8 Record Layout and Required Protocols for EDGE Server Enrollment Submission (ESES)

The inbound EDGE Server Enrollment Submission (ESES) data file will be submitted by the insurance company/submitting organization.

6.1.8.1 File Layout

This section specifies the file layout for the ESES file. At a high level it consists of the four (4) record types or categories of information as shown in Figure 6-1.

Figure 6-1: EDGE Server Enrollment Submission Data Categories
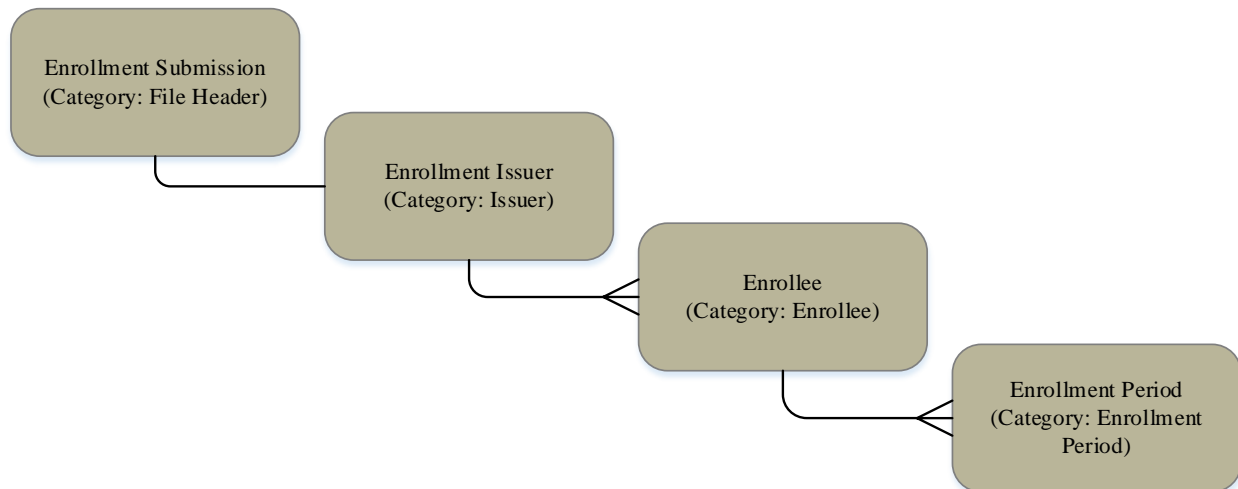
The ESES file consists of the File Header, Issuer, Enrollee and Enrollment Period data categories that are described in Table 4 through Table 11 on the following pages. Table 4 through Table 7 provide a description, data category, frequency of occurrence and the XML element name associated with the business data element. Table 8 through Table 11 provide the business data element characteristics including the data type and restrictions, as well as the verification edits that are applied to each data element.

The following are assumptions related to the ESES file:

- The ESES file may only contain information for one (1) issuer but may include more than one (1) enrollee per issuer.

- There will be at least one (1) enrollee and enrollment period included on the file.

- The initial ESES file will be a cumulative file of the issuer's enrollees and enrollment periods for the data collection period indicated by CMS.

- Subsequent file submissions must be complete replacement files inclusive of all enrollment activity for the data collection period indicated by CMS.

- Enrollment periods may overlap for an individual enrollee. Enrollees with the same Unique Enrollee Identifier within an issuer (i.e. duplicate enrollee records) will not be accepted.

- The ESES file shall be submitted no less than quarterly. It is recommended that ESES files be submitted monthly.

The ESES XSD schema that should be utilized for creating XML documents is listed in Appendix A. The root element of the ESES in the XSD is *EDGEServerEnrollmentSubmission*. This element is required and all other elements defined in this section for the ESES are embedded within this element start and end tags.

6.1.8.2 Business Data Elements and Descriptions

File Header Category Data

The data elements and corresponding XML element names for the ESES File Header Category Data are shown in Table 4. These elements are defined in the *EDGEServerEnrollmentSubmission.xsd*

Table 4: ESES File Header Category Data

Note: Table 8: ESES File Header Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
File ID	Unique identifier for each enrollment file.	File Header	1	fileIdentifier
Execution Zone	Indicator to denote for which environment the file is intended.	File Header	1	executionZoneCode
Interface Control Release Number	Denotes the version number of the ICD that the file corresponds to as identified on page 1 of this document. A file must have the latest version number to be accepted. The last two (2) digits of the version, however, reflect a cosmetic change to the ICD and are not validated.	File Header	1	interfaceControlReleaseNumber
Run Date	The date indicating when the issuer generated the file.	File Header	1	generationDateTime
Report Type	Classification of report based on report purpose.	File Header	1	submissionTypeCode
Total Number of Enrollee Records	Total count of enrollee records included in the submitted enrollment file.	File Header	1	insuredMemberTotalQuantity
Total Number of Enrollment Period Records	Total count of enrollment period records for all enrollees submitted in this enrollment file. *(Not a count of member months)*	File Header	1	insuredMemberProfileTotalQuantity
Enrollment Issuer	This element exists to connect this level of the XML file to the next lower level and has no business meaning. It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Enrollment Issuer Category should be embedded within this element as defined in the XSD.	Issuer	1	includedEnrollmentIssuer

Issuer Category Data

The data elements and corresponding XML element names for the ESES Issuer Category Data are shown in Table 5. These elements are defined in the *EnrollmentIssuer.xsd*.

Table 5: ESES Issuer Category Data

Note: Table 9: ESES File Issuer Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in the enrollment file.	Issuer	1	recordIdentifier
Issuer ID	Unique identifier for an insurance issuer as assigned in HIOS.	Issuer	1	issuerIdentifier
Total Number of Enrollee Records	Total count of enrollee records included in the submitted enrollment file for the issuer.	Issuer	1	issuerInsuredMember TotalQuantity
Total Number of Enrollment Period Records	Total count of enrollment period records for all enrollees submitted by the issuer in this enrollment file. *(Not a count of member months)*	Issuer	1	issuerInsuredMember ProfileTotalQuantity
Enrollment Enrollee	This element exists to connect this level of the XML file to the next lower level and has no business meaning. It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the enrollee category should be embedded within this element as defined in the XSD.	Enrollee	1 or more (unbounded) per Issuer	includedInsuredMember

Enrollee Category Data
The data elements and corresponding XML element names for the ESES Enrollee Category Data are shown in Table 6. These elements are defined in the *InsuredMember.xsd*.

Table 6: ESES Enrollee Category Data

Note: Table 10: ESES Enrollee Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in enrollment file.	Enrollee	1	recordIdentifier
Unique Enrollee ID	Unique identifier for the enrollee. This represents a **MASKED identifier**, not a medical record number or cardholder ID. Issuers should use the same Unique Enrollee ID if the enrollee switches plans within the issuer.	Enrollee	1	insuredMemberIdentifier
Enrollee DOB	Date of birth (DOB) for enrollee.	Enrollee	1	insuredMemberBirthDate
Enrollee Gender	Gender of enrollee.	Enrollee	1	insuredMemberGenderCode
Enrollment Enrollee Profile	This element exists to connect this level of the XML file to the next lower level and <u>has no business meaning.</u> It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Enrollment Period category should be embedded within this element as defined in the XSD.	Enrollment Period	1 or more (unbounded) per insured member per Issuer per submission file	includedInsuredMemberProfile

Enrollment Period Category Data
The data elements for the ESES file Enrollment Period Category Data are shown in Table 7. These elements are defined in the *InsuredMemberProfile.xsd*.

Table 7: ESES Enrollment Period Category Data

Note: Table 11: ESES File Enrollment Period Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in enrollment file .	Enrollment Period	1	recordIdentifier
Subscriber Indicator	Indicates when the enrollee linked to this enrollment period record is also the subscriber. A subscriber is defined as the primary insured party.	Enrollment Period	1	subscriberIndicator

Table 7: ESES Enrollment Period Category Data, continued

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Subscriber ID	This ID represents a Unique Enrollee ID who is identified as the primary insured party. This represents a **MASKED identifier**, not a medical record number or cardholder ID.	Enrollment Period	1	subscriberIdentifier
Plan ID	Unique identifier for insurance plan offered by issuer that the enrollee is covered under. The Plan ID will correspond to the HIOS Standard Component ID. The Plan ID includes the Cost-sharing Reduction (CSR) variant.	Enrollment Period	1	insurancePlanIdentifier
Enrollment Start Date	The date when the enrollment coverage for the enrollee became effective for the associated plan.	Enrollment Period	1	coverageStartDate
Enrollment End Date	The date when the enrollment coverage for the enrollee is no longer effective for the associated plan.	Enrollment Period	1	coverageEndDate
Enrollment Period Activity Indicator	Identifies the type of activity associated with the creation of an enrollment period.	Enrollment Period	1	enrollmentMaintenanceTypeCode
Premium Amount	The premium amount is the monthly total rated premium charged by the issuer for a subscriber, including the Advanced Premium Tax Credit (APTC) amount. The Premium Amount may include more than the amount charged directly to a subscriber. The Premium Amount does not represent an amount paid by a subscriber.	Enrollment Period	1	insurancePlanPremiumAmount
Rating Area	Rating Area used for the enrollee in the plan. If enrollee is not rated, use the subscriber Rating Area.	Enrollment Period	1	RateAreaIdentifier

6.1.8.3 Technical Field/Element Characteristics

This section defines the data type, restrictions and the verification rules for each data element included on the ESES file. The root element of the ESES in the XSD is *EDGEServerEnrollmentSubmission*. This element is required and all the other elements defined in this section for the ESES are embedded within the element start and end tags.

Table 8: ESES File Header Category Field Element Characteristics

Note: Table 4: ESES File Header Category Data– provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
fileIdentifier	File ID	string	Required	N	N	Y (If a file is accepted, each File ID must be unique within an execution zone.)	Length = 12
executionZoneCode	Execution Zone	string	Required	Y	Y	N	Length = 1 Enumeration Values: 'T' 'P' 'V' Enumeration Values Description: • T = Test Environment • P = Production Environment • V = Validation Environment
interfaceControlReleaseNumber	Interface Control Release Number	string	Required	N	Y	N	Length = 8 Format – XX.XX.XX Restriction: The last two (2) digits submitted are not required to match the number on page 1 of this document. For example, the scenario below would pass validation: Latest ICD Version: 01.00.10 File ICD Version Passed: 01.00.00
generationDateTime	Run Date	datetime	Required	Y (Date Check)	N	Y (<= Current Date)	Strict YYYY-MM-DDTHH:mm:SS
submissionTypeCode	Report Type	string	Required	N	Y	N	Length = 1 Enumeration Values: 'E'

Table 8: ESES File Header Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
insuredMemberTotalQuantity	Total Number of Enrollee Records	integer	Required	Y (Number Check)	N	Y (Should equal the count of enrollee records submitted in the file.)	minInclusive = 1; maxInclusive = 999999999
insuredMemberProfileTotalQuantity	Total Number of Enrollment Period Records	integer	Required	Y (Number Check)	N	Y (Should equal the count of enrollment period records in the submitted file.)	minInclusive = 1; maxInclusive = 999999999
includedEnrollmentIssuer	Enrollment Issuer	EnrollmentIssuer	Required	Face validity, referencial and logical edits are not performed for this specific element. However, verifications are performed on the nested XML elements associated with this connecting element defined in Table 9.			

Table 9: ESES File Issuer Category Field Element Characteristics

Note: Table 5: ESES Issuer Category Data– provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the Record ID of the preceeding record on the file regardless of record type.)	minInclusive = 1; maxInclusive = 999999999
issuerIdentifier	Issuer ID	string	Required	N	Y	N	Length = 5 Must be the assigned 5-digit HIOS ID
issuerInsuredMemberTotalQuantity	Total Number of Enrollee Records	integer	Required	Y (Number Check)	N	Y (Should equal the count of enrollee records submitted in the file.)	minInclusive = 1; maxInclusive = 999999999
issuerInsuredMemberProfileTotalQuantity	Total Number of Enrollment Period Records	integer	Required	Y (Number Check)	N	Y (Should equal the count of enrollment period records submitted in the file.)	minInclusive = 1; maxInclusive = 999999999
includedInsuredMember	Enrollment Enrollee	EnrollmentEnrollee	Required	Face validity, referencial and logical edits are not performed for this specific element. However,verifications are performed on the nested XML elements associated with this connecting element defined in Table 10.			

Table 10: ESES Enrollee Category Field Element Characteristics

Note: Table 6: ESES Enrollee Category Data– provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the Record ID of the preceeding record on the file regardless of record type.)	minInclusive = 1; maxInclusive = 999999999
insuredMemberIdentifier	Unique Enrollee ID	string	Required	N	N	Y (The insured member identifier must not match another insured member identifier within the submitted file.)	minLength = 2; maxLength = 80 Must use a MASKED identifier. Must not begin or end with a space.
insuredMemberBirthDate	Enrollee DOB	date	Required	Y (Date Check)	N	Y (<=Current Date)	Strict YYYY-MM-DD
insuredMemberGenderCode	Enrollee Gender	string	Required	N	Y	N	Length = 1; Enumeration Values: 'M, 'F', 'U' Enumeration Values Description: - M = Male - F = Female - U = Unknown Note: The value 'U' will be accepted for newborns only. If gender code value is 'U', then the enrollment start date must be <= 90 days from the date of birth.

Table 10: ESES Enrollee Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity
includedInsuredMemberProfile	*Enrollment Enrollee Profile*	*EnrollmentEnrolleeProfile*	*Required*	*Face validity, referencial and logical edits are not performed for this specific element.* *However,verifications are performed on the nested XML elements associated with this connecting element defined in* Table 11*.*

Table 11: ESES File Enrollment Period Category Field Element Characteristics

Note: Table 7: ESES Enrollment Period Category Data– provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational/Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the Record ID of the preceeding record on the file regardless of record type.)	minInclusive = 1; maxInclusive = 999999999

Table 11: ESES File Enrollment Period Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
subscriberIndicator	Subscriber Indicator	string	Situational Required when subscriberIdentifier is not populated	Y	N	N	minLength = 0; maxLength = 1 Enumeration Values: 'S' Enumeration Values Description: 'S' = Subscriber If enumeration value is not applicable, then the value should be empty.
subscriberIdentifier	Subscriber ID	string	Situational Required when Subscriber Indicator is not populated.	N	N	Y (Subscriber must be enrolled in the same plan as the enrollee with subscriber start date <= coverage Start Date and subscriber end date >= coverage End Date of the enrollee.)	minLength = 0; maxLength = 80 If populated, must match a Unique Enrollee ID that has been identified as the subscriber on the file. If enumeration value is not applicable, then the value should be empty. Must not begin or end with a space.
insurancePlanIdentifier	Plan ID	string	Required	N	Y (Must be a non-gradfathered plan in the individual or small group market)	Y (Informational message logged if coverage start and end date are not within the plan effective dates)	Length = 16 Must be the assigned 16 character HIOS ID. Format = HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
coverageStartDate	Enrollment Start Date	date	Required	Y (Date Check)	N	Y (Must be <= coveragetEndDate) If the Gender Code value is 'U', then the enrollment start date must be <= 90 days from the date of birth.	Strict YYYY-MM-DD
coverageEndDate	Enrollment End Date	date	Required	Y (Date Check)	N	N	Strict YYYY-MM-DD

Table 11: ESES File Enrollment Period Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
enrollmentMaintenanceTypeCode	Enrollment Period Activity	string	Required	Y	Y	Y (Value cannot be "001" for a non-subscriber. Value cannot be "021041" when associated subscriber is "021028". Value cannot be "021028" when associated subscriber is "021041". Value cannot be "021EC" for a subscriber.)	minLength = 3; maxLength = 6 Enumeration Values Description: 021028　Initial issuance of the policy 001　Modification of existing policy 021EC　Addition of member to an existing policy 021041　Renewal of an existing policy for the next year. Note: Change in enrollment dates should be treated as an '021028' or '021EC''.

Table 11: ESES File Enrollment Period Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
insurancePlanPremiumAmount	Premium Amount	decimal	Required	Y (Amount/Decimal Chek)	N	Y (If Subscriber Indicator = S, insurance Plan Premium Amount must be > 0 if the enrollment period is for one (1) month or more. If the enrollment period is less than a month, it may be = 0; if Subscriber Indicator = null, insurance Plan Premium Amount must be 0.)	minInclusive = 0; maxInclusive = 9999999999999999.99 (explicit decimal is required)
rateAreaIdentifier	Rating Area	string	Required	Y (Number Check)	Y (Must exist in Issuer State)	Y	Length = 3 Leading zeros should be included.

6.1.9 Record Layout and Required Protocols for EDGE Server Pharmacy Claims Submission (ESPCS)

The inbound ESPCS data file will be submitted by the issuer/submitter organization.

6.1.9.1 File Layout

This section specifies the file layout for the ESPCS file. At a high level it consists of the four (4) record types or categories of information as shown in Figure 6-2.

Figure 6-2: EDGE Server Pharmacy Claim Submission Data Categories
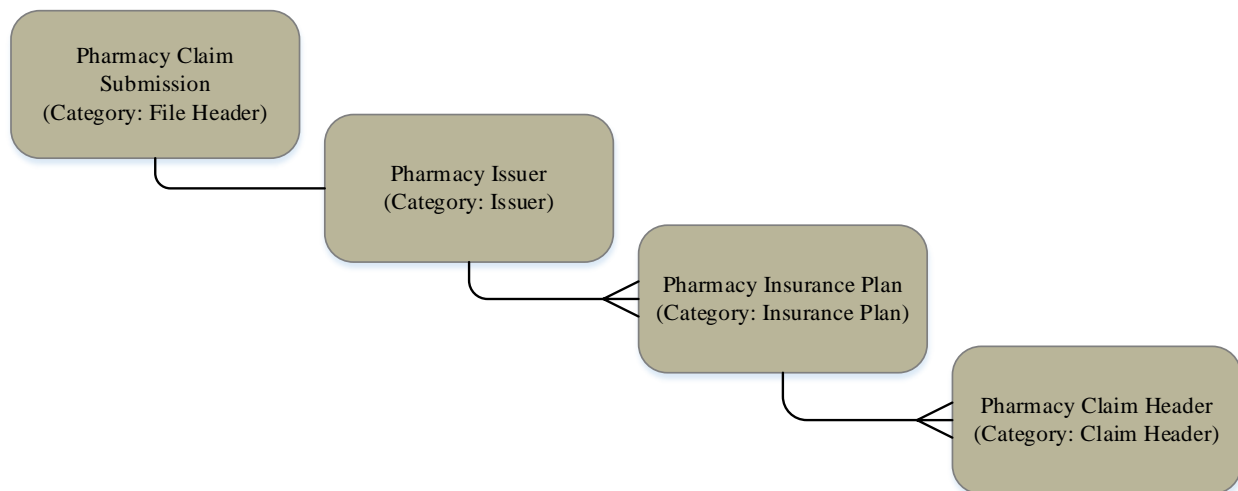
The ESPCS file consists of the file header, issuer, insurance plan and claim data categories that are described in Table 12 through Table 19 on the following pages. Table 12 through Table 15 provide a description, data category, frequency of occurrence and the XML element name associated with the business data element. Table 16 through Table 19 provide the business data element characteristics including the data type and restrictions, as well as the verification edits that are applied to each data element.

The following assumptions are made regarding the ESPCS file:

- The ESPCS file may only contain information for one (1) issuer, but may include one (1) or more plans within the issuer, and one (1) or more pharmacy claims within each plan for each issuer.

- For the issuer identified on the file, there will be at least one (1) plan and one (1) pharmacy claim for that plan included.

- The Unique Enrollee ID reported on the pharmacy claim file will correspond to the MASKED Unique Enrollee ID on the ESES enrollment file.

- Only pharmacy claims for enrollees in a small group or individual market plan will be included.

- The ESPCS file will be submitted no less than quarterly. It is recommended that ESPCS files are submitted at least monthly.

- The initial ESPCS file will contain pharmacy claims processed within the HHS specified time frame and subsequent ESPCS files will contain any new pharmacy claims processed since the last pharmacy file submission. Full replacement files are not required and will result in rejects for duplicates.

The ESPCS XSD schema that should be utilized for creating XML documents is listed in Appendix A. The root element of the ESPCS in the XSD is *EDGEServerPharmacyClaimSubmission*. This element is required and all the other elements defined in this section for the ESPCS are embedded within the element start and end tags.

6.1.9.2 Business Data Elements and Descriptions

File Header Category Data

The data elements and corresponding XML element names for the ESPCS File Header Category Data are shown in Table 12. These elements are defined in the *EDGEServerPharmacyClaimSubmission.xsd*.

Table 12: ESPCS File Header Category Data

Note: Table 16: ESPCS File Header Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
File ID	Unique identifier for pharmacy claim file.	File Header	1	fileIdentifier
Execution Zone	Indicator to denote for which environment the file is intended.	File Header	1	executionZoneCode
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. A file must have the latest version number to be accepted. The last two (2) digits of the version; however, reflect a cosmetic change to the ICD and are not validated.	File Header	1	interfaceControlReleaseNumber
Run Date	The date indicating when the issuer generated the file.	File Header	1	generationDateTime
Report Type	Classification of report based on report purpose.	File Header	1	submissionTypeCode
Total claims	Total count of claims on the file.	File Header	1	claimDetailTotalQuantity
Total Plan Paid Amount on File	Total amount paid for all claims on this file.	File Header	1	insurancePlanPaidOnFileTotalAmount

Table 12: ESPCS File Header Category Data, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Pharmacy Claim Issuer	This XML element exists to connect this level of the XML file to the next lower level and has no business meaning. It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Pharmacy Claim Issuer category should be embedded within this element as defined in the XSD.	Issuer	1	includedPharmacyClaimIssuer

Issuer Category Data

The data elements, and corresponding XML element names for the ESPCS file Issuer Category Data are shown in Table 13. These elements are defined in the *PharmacyClaimIssuer.xsd*.

Table 13: ESPCS Issuer Category Data

Note: Table 17: ESPCS File Issuer Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in pharmacy claim file.	Issuer	1	recordIdentifier
Issuer ID	Unique identifier for an insurance issuer as assigned in HIOS.	Issuer	1	issuerIdentifier
Total Claims	Total count of claims on the file for the issuer.	Issuer	1	issuerClaimDetailTotalQuantity
Total Plan Paid Amount for Issuer	Total amount paid by issuer for claims on this file.	Issuer	1	issuerPlanPaidTotalAmount
Pharmacy Claim Insurance Plan	This XML element exists to connect this level of the XML file to the next lower level and has no business meaning. It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Pharmacy Claim Insurance Plan category should be embedded within this element as defined in the XSD.	Insurance Plan	1 or more per issuer	includedPharmacyClaimInsurancePlan

Insurance Plan Category Data

The data elements and the corresponding XML element names for the ESPCS file Insurance Plan Category Data are shown in Table 14. These elements are defined in the *PharmacyClaimInsurancePlan.xsd*.

Table 14: ESPCS Insurance Plan Category Data

Note: Table 18: ESPCS File Insurance Plan Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in pharmacy claim file.	Insurance Plan	1	recordIdentifier
Plan ID	Unique identifier for insurance plan offered by issuer that the enrollee is covered under. Plan will correspond to the HIOS Standard Component ID. The Plan ID includes the CSR variant.	Insurance Plan	1	insurancePlanIdentifier
Total Claims	Total count of claims for this plan.	Insurance Plan	1	insurancePlanClaimDetailTotalQuantity
Total Plan Paid Amount	Total amount paid for claims under this plan.	Insurance Plan	1	policyPaidTotalAmount
Pharmacy Claim Detail	This XML element exists to connect this level of the XML file to the next lower level and has no business meaning. It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Pharmacy Claim category should be embedded within this element as defined in the XSD.	Claim	1 or more (unbounded) per insurance plan per issuer per submission file	includedPharmacyClaimDetail

Claim Category Data

The data elements and the corresponding XML element names for the ESPCS Claim Category Data are shown in Table 15. These elements are defined in the *PharmacyClaimDetail.xsd*.

Table 15: ESPCS Claim Category Data

Note: Table 19: ESPCS File Claim Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in pharmacy claim file.	Claim	1	recordIdentifier
Unique Enrollee ID	Unique identifier of enrollee. This represents a **MASKED identifier**; not a medical record number or cardholder ID. Issuers should use the same Unique Enrollee ID if the enrollee switches plans within the issuer.	Claim	1	insuredMemberIdentifier
Claim ID	Unique number generated by issuer adjudication system to uniquely identify the transaction. The issuer-adjudicated Claim ID may be de-identified by the issuer.	Claim	1	claimIdentifier
In-Network or Out-of-Network Indicator	Indicator to identify if a service was provided by an In-Network or Out-of-Network dispensing provider.	Claim	1	pharmacyNetworkIndicator
Claim Processed Date Time	The date and time when the claim was adjudicated and resulted in a paid amount or reported encounter.	Claim	1	claimProcessedDateTime
Fill Date	Indicates the date that the prescription was dispensed by the dispensing pharmacy.	Claim	1	prescriptionFillDate
Paid Date	The date a check or electronic funds transfer was issued by the insurance company/issuer to the vendor for paid claims. For encounters, the date paid means the date of claim adjudication.	Claim	1	issuerClaimPaidDate
Prescription/Service Reference Number	Unique number assigned by the pharmacy to the dispensed prescription.	Claim	1	prescriptionServiceReferenceNumber
Product/Service ID Qualifier	Identifies whether the Product/Service ID is an National Drug Code or not.	Claim	1	nationalDrugCodeQualifier
Product/Service ID	Unique ID of the product or service dispensed [National Drug Code (NDC)].	Claim	1	nationalDrugCode
Days of Supply	Number of days of supply for the product or service dispensed.	Claim	1	daysSupply
Dispensing Provider ID Qualifier	Identifies the type of dispensing provider ID being submitted in the Dispensing Provider ID field.	Claim	1	dispensingProviderIDQualifier

Table 15: ESPCS Claim Category Data, continued

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Dispensing Provider ID	The dispensing provider's identification number [National Provider Identifier (NPI) or unique issuer assigned Provider ID].	Claim	1	dispensingProviderIdentifier
Fill Number	Code identifying whether the prescription is an original (0) or refill (1-999).	Claim	1	prescriptionFillNumber
Dispensing Status	Indicates if the prescription was a partial fill (P) or the completion of a partial fill (C).	Claim	1	dispensingStatusCode
Void/Replace Indicator	Identifies if a previously accepted claim is to be voided or replaced.	Claim	1	voidReplaceCode
Total Allowed Cost	Represents the sum of allowed charges for ingredient cost, dispensing fee, and sales tax.	Claim	1	allowedTotalCostAmount
Plan Paid Amount	The total cost of the product/service paid by the plan.	Claim	1	policyPaidAmount
Derived Amount Indicator	Indicator used to distinguish between fee-for-service claims and claims covered under capitation.	Claim	1	derivedServiceClaimIndicator

6.1.9.3 Field/Element Characteristics

This section defines the data type, restrictions and verification rules for each data element included on the ESPCS file. The root element of the ESPCS in the XSD is *EDGEServerPharmacyClaimSubmission*. This element is required and all the other elements defined in this section for the ESPCS are embedded within this element start and end tags.

Table 16: ESPCS File Header Category Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
fileIdentifier	File ID	string	Required	N	N	Y (If a file is accepted, the File ID must be unique within an execution zone.)	Length = 12
executionZoneCode	Execution Zone	string	Required	Y	Y	N	Length = 1 Enumeration Values: 'T' 'P' 'V' Enumeration Values Description: • T = Test Environment • P = Production Environment • V = Validation Environment
interfaceControlReleaseNumber	Interface Control Release Number	string	Required	N	Y	N	Length = 8 Format – XX.XX.XX Restriction: The last two (2) digits submitted are not required to match the number on page 1 of this document. For example, the scenario below would pass validation: Latest ICD Version: 01.00.10 File ICD Version Passed: 01.00.00

Table 16: ESPCS File Header Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
generationDateTime	Run Date	datetime	Required	Y	N	Y (Should be <= current date)	Strict YYYY-MM-DDTHH:mm:SS
submissionTypeCode	Report Type	string	Required	N	Y	N	Length = 1 Enumeration Value = 'P'

Table 16: ESPCS File Header Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
claimDetailTotalQuantity	Total Claims	integer	Required	Y (Number Check)	N	Y (Value should match the total count of claim records across all plans.)	minInclusive = 1; maxInclusive = 999999999

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
insurancePlanPaidOnFileTotalAmount	Total Plan Paid Amount on File	decimal	Required	Y (Amount/Decimal Check)	N	Y (Should equal the sum of 'issuerPlanPaidTotalAmount' for the includedPharmacyClaimIssuer record in the submitted file. This is logged as an informational error and will not cause the file to be rejected.)	minInclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)
includedPharmacyClaimIssuer	Pharmacy Claim Issuer	PharmacyClaimIssuer	Required	Face validity, referencial and logical edits are not performed for this specific element. However, verifications are performed on the nested XML elements associated with this connecting element defined in Table 17.			

Table 17: ESPCS File Issuer Category Field Element Characteristics

Note: Table 13: ESPCS Issuer Category Data– provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the Record ID of the preceeding record on the file regardless of record type.)	minInclusive = 1; maxInclusive = 999999999
issuerIdentifier	Issuer ID	string	Required	N	Y	N	Length = 5 Must be the assigned 5-digit HIOS ID
issuerClaimDetail TotalQuantity	Total Claims	integer	Required	Y (Number Check)	N	Y (Should equal the count of included Pharmacy Claim Detail records submitted for the issuer in the submitted file.)	minInclusive = 1; maxInclusive = 99999999
issuerPlanPaidTo talAmount	Total Plan Paid Amount for Issuer	decimal	Required	Y (Amount/Deci mal Check)	N	Y (Should equal the sum of policyPaidTotalAmo unt for the included Pharmacy Claim Insurance Plan records in the submitted file. This is logged as an informational error and will not cause the file to be rejected.)	minInclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)

Table 17: ESPCS File Issuer Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
includedPharmacyClaimInsurancePlan	Pharmacy Claim Insurance Plan	Pharmacy Claim InsurancePlan	Required	Face validity, referencial and logical edits are not performed for this specific element. However, verifications are performed on the nested XML elements associated with this connecting element defined in Table 18.			

Table 18: ESPCS File Insurance Plan Category Field Element Characteristics

Note: Table 14: ESPCS Insurance Plan Category Data– provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the Record ID of the preceeding record on the file regardless of record type.)	minInclusive = 1; maxInclusive = 999999999
insurancePlanIdentifier	Plan ID	string	Required	N	Y (Must be a non-gradfathered plan in the individual or small group market.)	N	Length = 16 Must be the assigned 16-character HIOS IDFormat = HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
insurancePlanClaimDetailTotalQuantity	Total Claims	integer	Required	Y (Number Check)	N	Y (Should equal the count of included Pharmacy ClaimDetail records submitted for the insurance plan for the issuer in the submitted file.)	minInclusive = 1; maxInclusive = 999999999

Table 18: ESPCS File Insurance Plan Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
policyPaidTotalAmount	Total Plan Paid Amount	Decimal	Required	Y (Amount/Decimal Check)	N	Y (Should equal the sum of total policy Paid Amount for all the included Pharmacy Claim Detail submitted for the insurance plan for the issuer in the submitted file. This is logged as an informational error and will not cause the file to be rejected.)	minInclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)
includedPharmacyClaimDetail	Pharmacy Claim Detail	PharmacyClaimLevel	Required	Face validity, referencial and logical edits are not performed for this specific element. However, verifications are performed on the nested XML elements associated with this connecting element defined in Table 19.			

Table 19: ESPCS File Claim Category Field Element Characteristics

Note: Table 15: ESPCS Claim Category Data– provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	Integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the record ID of the preceeding record on the file regardless of record type.)	minInclusive = 1; maxInclusive = 999999999
insuredMemberIdentifier	Unique Enrollee ID	String	Required	N	N	N	minLength = 2; maxLength = 80 Must use a MASKED identifier. Must not begin or end with a space.
claimIdentifier	Claim ID	String	Required	N	N	N	minLength = 1; 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. The last character cannot be a space.
pharmacyNetworkIndicator	In-Network or Out-of-Network Indicator	String	Required	Y	N	N	Length = 1 Enumeration Values: 'I','O' Enumeration Values Description: • I = In-Network • O = Out-of-Network
claimProcessedDateTime	Claim Processed Date Time	datetime	Required	Y	N	Y (must be <= the generation Date Time.)	Strict YYYY-MM-DDTHH:mm:SS **Note**: A default of 00:00:00 for time can be used if no timestamp is available. However, if more than one (1) claim is processed on the same day, the claims will be rejected as we will not know the proper order of processing.
prescriptionFillDate	Fill Date	Date	Required	Y (Date Check)	N	N	Strict YYYY-MM-DD

Table 19: ESPCS File Claim Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
issuerClaimPaidDate	Paid Date	Date	Situational	Y (Date Check)	N	Y (If derivedServiceClaimIndicator is 'N', then Paid Date must be populated.)	Strict YYYY-MM-DD
prescriptionServiceReferenceNumber	Prescription/ Service Reference Number	string	Required	Y	N	N	minLength = 7; maxLength = 12
nationalDrugCodeQualifier	Product/Service ID Qualifier	string	Required	Y	N	N	Length = 2 Enumeration Values: • 01 – Product/Service ID other than National Drug Code • 02 – Product/Service ID is a National Drug Code Claims with qualifier values of 01 and 02 will be considered for inclusion in the High Cost Risk Pool. Only claims with a qualifier value of 02 will be considered for inclusion in Risk Adjustment.

Table 19: ESPCS File Claim Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
nationalDrugCode	Product/Service ID	string	Required	Y 1. If nationalDrug CodeQualifi er='01' then code must be between minimum and maximum lengths 2. If nationalDrug CodeQualifi er='02' then code must be exactly 11 digits (the standard NDC format)	Y, only if nationalDrugCodeQu alifier is "02" (see Restrictions for further detail)	N	minLength = 1; maxLength = 11 (Hypens must not be submitted) Only approved NDC codes published by the Food and Drug Administration (FDA) will be accepted when a Product/Service ID Qualifier of 02 is used. Note: The Referential check will be applied to claims with dates of service equal to or greater than January 1, 2018.
daysSupply	Days Supply	Integer	Required	Y	N	N	minInclusive = 1; maxInclusive = 999 Note: For void claims the minInclusive = 0, maxInclusive = 999
dispensingProviderI DQualifier	Dispensing Provider ID Qualifier	string	Required	N	Y	N	Length = 2 Enumeration Values: 'XX', '99' Enumeration Values Description: ● XX – National Provider Identifier (NPI) –A HIPAA-mandated standard unique health identifier for health care providers ● 99 – Other –Different from those implied or specified.

Table 19: ESPCS File Claim Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
dispensingProviderIdentifier	Dispensing Provider ID	string	Required	Y	N	Y [If qualifier value is indicated as NPI (XX), then the NPI check digit algorithm will be applied.]	minLength = 1; maxLength = 15
prescriptionFillNumber	Fill Number	integer	Required	Y (Numeric Check)	N	N	minInclusive = 0; maxInclusive = 999
dispensingStatusCode	Dispensing Status	string	Not Required	N	Y	N	minLength = 1; maxLength = 1 Enumeration Values: ' ', 'P', 'C' Enumeration Values Description: • C – Completion of a Partial Fill • P – Partial Fill A blank implies a complete fill at the time dispensed. If enumeration value is not applicable, then the value should be empty.
voidReplaceCode	Void/Replace Indicator	String	Situational	N	Y	N	minLength = 1; maxLength = 1 Enumeration Values: 'V', 'R' Enumeration Values Description: • V – Void • R – Replace **Note:** Only required when the submitter intends to void or replace a previously accepted claim. If enumeration value is not applicable, then then the value should be empty.
allowedTotalCostAmount	Total Allowed Cost	decimal	Required	Y (Amount/Decimal Check)	N	Y (Must be >0 when voidReplaceCode is NULL or "R")	minExclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)
policyPaidAmount	Plan Paid Amount	decimal	Required	Y (Amount/Decimal Check)	N	Y (Must be >=0 when voidReplaceCode is NULL or "R")	minInclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)

Table 19: ESPCS File Claim Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
derivedServiceClaimIndicator	Derived Amount Indicator	String	Required	N	Y	N	Length = 1 Enumeration Values: 'Y', 'N' Enumeration Values Description: • Y – Derived (Capitated Service) • N – Actual (Fee-For-Service)

6.1.10 Record Layout and Required Protocols for EDGE Server Medical Claim Submission (ESMCS)

The inbound ESMCS data file will be submitted by the issuer/submitter organization.

6.1.10.1 File Layout

This section specifies the file layout for the ESMCS data file. At a high level it consists of five (5) record types or categories of information as shown in Figure 6-3.

Figure 6-3: EDGE Server Medical Claim Submission Data Categories
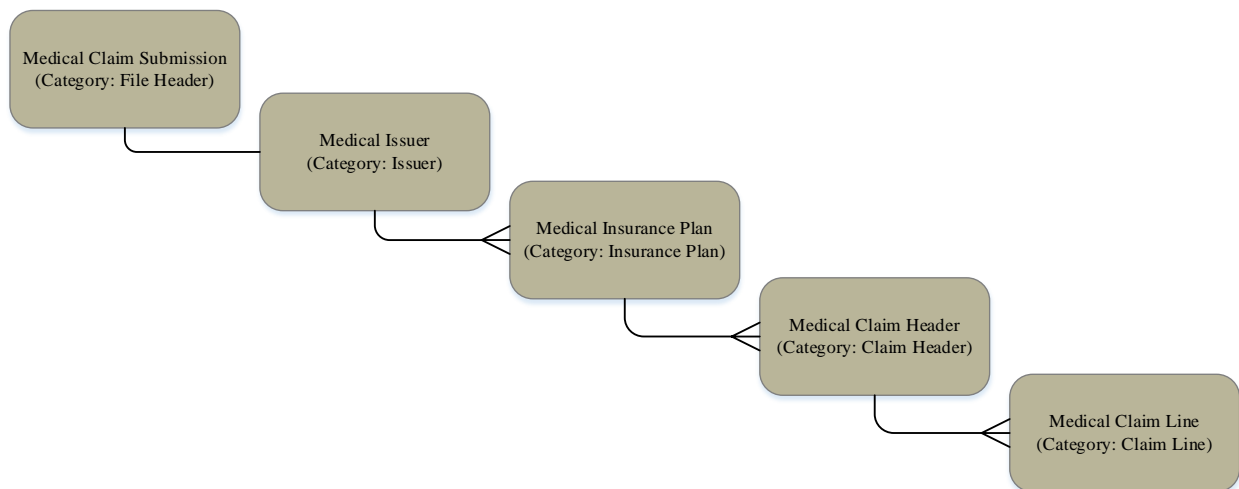
The ESMCS file consists of the File Header, Issuer, Insurance Plan, Claim Header and Claim Line data categories that are described in Table 20 through Table 29 on the following pages. Table 20 through Table 24 provide a description, data category, frequency of occurrence and the XML element name associated with the business data element. Table 25 through Table 29 provide the business data element characteristics including the data type and restrictions, as well as the verification edits that are applied to each data element.

The following assumptions are made about the ESMCS file:

- The ESMCS file may only contain information for one (1) issuer, but may include one (1) or more plans within an issuer, and one (1) or more medical claims within each plan for each issuer.

- For each issuer identified on the file, there will be at least one (1) plan and at least one (1) medical claim for that plan included.

- The Unique Enrollee ID reported on the medical claim file will correspond to the MASKED Unique Enrollee ID on the ESES enrollment file.

- The ESMCS file will be submitted no less than quarterly. It is recommended that ESMCS files are submitted at least monthly.

- ESMCS files will include institutional and professional claim data.

- Only medical claims for enrollees in a non-grandfathered small group or individual market plan will be included.

- Each medical claim header must include at least one (1) medical claim line.

- The initial ESMCS file will contain medical claims processed for the data collection timeframe indicated by HHS. Subsequent ESMCS files should only contain new, adjusted or voided medical claims processed since the last ESMCS file submission. Full file replacements will result in rejected duplicate records.

The ESMCS XSD schema that should be utilized for creating XML documents is listed in Appendix A. The root element of the ESMCS in the XSD is *EDGEServerMedicalClaimSubmission*. This element is required and all other elements defined in this section for the ESMCS are embedded within this element start and end tags.

6.1.10.2   Business Data Elements and Definitions

File Header Category Data
The data elements, and corresponding XML element names, for the ESMCS file header Category Data are shown in Table 20. These elements are defined in the *EDGEServerMedicalClaimSubmission.xsd.*

Table 20: ESMCS File Header Category Data

Note: Table 25: ESMCS File Header Category Field Element Characteristics–provides the specific data types and restrictions, as well as the verification edits performed on these data elements.

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
File ID	Unique identifier for each medical claim file.	File Header	1	fileIdentifier
Execution Zone	Indicator to denote for which environment the file is intended.	File Header	1	executionZoneCode
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. A file must have the latest version number to be accepted. The last two (2) digits of the version , however, reflect a cosmetic change to the ICD and are not validated.	File Header	1	interfaceControlRelease Number
Run Date	The date indicating when the issuer generated the file.	File Header	1	generationDateTime
Report Type	Classification of report based on report purpose.	File Header	1	submissionTypeCode
Total Claims	Total count of claims on the file.	File Header	1	claimDetailTotalQuantit y
Total Claim Lines	Total count of claim lines on the file.	File Header	1	claimServiceLineTotalQ uantity

Table 20: ESMCS File Header Category Data, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Total Plan Paid Amount on File	Total amount paid for all claims on the file.	File Header	1	insurancePlanPaidOnFileTotalAmount
Medical Claim Issuer	This XML element exists to connect this level of the XML file to the next lower level and has no business meaning. It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Medical Claim Issuer category should be embedded within this element as defined in the XSD.	Issuer	1	includedMedicalClaimIssuer

Issuer Category Data

The data elements and corresponding XML element names for the ESMCS Issuer Category Data are shown in Table 21. These elements are defined in the *MedicalClaimIssuer.xsd*

Table 21: ESMCS Issuer Category Data

Note: Table 26: ESMCS Issuer Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in the medical claim file.	Issuer	1	recordIdentifier
Issuer ID	Unique identifier for an insurance issuer as assigned in HIOS.	Issuer	1	issuerIdentifier
Total Claims	Total count of claims on the file for the issuer.	Issuer	1	issuerClaimDetailTotalQuantity
Total Claim Lines	Total count of claim lines for all claims for the issuer.	Issuer	1	issuerClaimServiceLineTotalQuantity
Total Plan Paid Amount for Issuer	Total amount paid by issuer for claims on this file.	Issuer	1	issuerPlanPaidTotalAmount
Medical Claim Plan	This XML element exists to connect this level of the XML file to the next lower level and <u>has no business meaning.</u> It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Medical Claim Insurance Plan category should be embedded within this element as defined in the XSD.	Insurance Plan	1 or more (unbounded) per Issuer	includedMedicalClaimPlan

Insurance Plan Category Data

The data elements and corresponding XML element names for the ESMCS Insurance Plan Category Data are shown in Table 22. These elements are defined in the *MedicalClaimInsurancePlan.xsd.*

Table 22: ESMCS Insurance Plan Category Data

Note: Table 27: ESMCS File Insurance Plan Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in the medical claim file.	Insurance Plan	1	recordIdentifier
Plan ID	Unique identifier for insurance plan offered by issuer that the enrollee is covered under. The Plan ID includes the CSR variant.	Insurance Plan	1	insurancePlanIdentifier
Total Claims	Total count of claims for this plan.	Insurance Plan	1	insurancePlanClaimDetailTotalQuantity
Total Claim Lines	Total count of claim lines for all claims for the plan.	Insurance Plan	1	insurancePlanClaimServiceLineTotalQuantity
Total Plan Paid Amount	Total amount paid for all claims by the plan.	Insurance Plan	1	insurancePlanPaidTotalAmount
Medical Claim Header	This XML element exists to connect this level of the XML file to the next lower level and has no business meaning. It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Medical Claim Header category should be embedded within this element as defined in the XSD.	Claim Header	1 or more (unbounded) per insurance plan per Issuer per submission file	includedMedicalClaimDetail

Claim Header Category Data

The data elements and corresponding XML element names for the ESMCS Claim HeaderCategory Data are shown in Table 23. These elements are defined in the *MedicalClaimDetail.xsd.*

Table 23: ESMCS Claim Header Category Data

Note: Table 28: ESMCS File Claim Header Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in medical claim file.	Claim Header	1	recordIdentifier
Unique Enrollee ID	Unique identifier for the enrollee. This represents a **MASKED identifier**; not a medical record number or cardholder ID. Issuers should use the same Unique Enrollee ID if the enrollee switches plans within the issuer.	Claim Header	1	insuredMemberIdentifier
Form type	Describes claim form type as professional or institutional.	Claim Header	1	formTypeCode
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 Header	1	claimIdentifier
Original Claim ID	The Claim ID submitted on a previous claim file that the issuer intends to void or replace.	Claim Header	1	originalClaimIdentifier
In-Network and Out-of-Network Indicator	Indicator to identify if a service was rendered by an In-Network or Out-of-Network provider.	Claim Header	1	medicalNetworkIndicator
Claim Processed Date Time	The date and time when the claim was adjudicated and resulted in a paid amount or reported encounter.	Claim Header		claimProcessedDateTime
Bill Type	The code indicating a specific type of bill as reported on institutional claims only.	Claim Header	1	billTypeCode
Void/Replace Indicator	Identifies if a previously accepted claim is to be voided or replaced.	Claim Header	1	voidReplaceCode
Diagnosis Code Qualifier	Indicates if the Diagnosis Code is International Classification of Diseases 9 (ICD-9) or International Classification of Diseases 10 (ICD-10). **Note:** X12 standard allows only one (1) qualifier per claim; any single date of service should have either ICD-9 or 10; issuers need to submit separate claims for each type of code.	Claim Header	1	diagnosisTypeCode
Diagnosis Code	Code value for the Diagnosis Code as determined by classification of International Classification of Diseases.	Claim Header	1 to 99 per claim	diagnosisCode
Discharge Status Code	The facility discharge status of the enrollee.	Claim Header	1	dischargeStatusCode

Table 23: ESMCS Claim Header Category Data, continued

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Statement Covers From	Earliest date of service on the submitted claim (For inpatient claims this would be the admission date.)	Claim Header	1	statementCoverFrom Date
Statement Covers Through	Latest date of service on the submitted claim (For inpatient claims this would be the discharge date.)	Claim Header	1	statementCoverToDat e
Billing Provider ID Qualifier	Identifies the type of provider ID being submitted in the Billing Provider ID field.	Claim Header	1	billingProviderIDQualif ier
Billing Provider ID	The billing provider's identification (NPI or unique issuer assigned provider ID). This may be a group clinic or other facility.	Claim Header	1	billingProviderIdentifie r
Date Paid	The date a check or electronic funds transfer was issued for paid claims. For encounters, the date paid means the date of claim adjudication.	Claim Header	1	issuerClaimPaidDate
Total Amount Allowed	Total amount allowed for this claim	Claim Header	1	allowedTotalAmount
Total Amount Paid	Total paid amount for this claim	Claim Header	1	policyPaidTotalAmou nt
Derived Amount Indicator	Indicator used to distinguish between fee-for-service claims and claims covered under capitation.	Claim Header	1	derivedServiceClaimI ndicator
Medical Claim Detail Service Line	This XML element exists to connect this level of the XML file to the next lower level and has no business meaning. It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Medical Claim Detail Service Line category should be embedded within this element as defined in the XSD.	Claim Service Line	1 per medical claim per insurance plan per issuer per submission file	includedDetailService Line
Medical Claim Service Line	This XML element describes the medical claim service lines information set for this claim for an insurance plan for an issuer provided in the medical claim file. It exists to connect this level of the XML file to the next lower level and has no business meaning. It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Medical Claim Line category should be embedded within this element as defined in the XSD.	Claim Service Line	1 or more (unbounded) per medical claim detail service line per medical claim per insurance plan per issuer per submission file	includedServiceLine

Claim Service Line Category Data

The data elements and corresponding XML element names for the ESMCS Claim Service Line Category Data are shown in Table 24. These elements are defined in the *MedicalClaimDetailServiceLine.xsd* and *MedicalClaimServiceLine.xsd.*

Table 24: ESMCS Claim Service Line Category Data

Note: Table 29: ESMCS Claim Service Line Category Field Element Characteristics– provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in medical claim file.	Claim Service Line	1	recordIdentifier
Claim Line Sequence Number	Unique number generated to represent service(s) submitted on the claim.	Claim Service Line	1	serviceLineNumber
In-Network and Out-of-Network Indicator	Indicator to identify if a service was rendered by an In-Network or Out-of-Network provider.	Claim Service Line	1	medicalNetworkIndicator
Date of Service – From	Represents the first date of service on a submitted claim for a specific claim line. Also represents the Service Date on an institutional claim.	Claim Service Line	1	serviceFromDate
Date of Service – To	Represents the last date of service on a submitted claim for a specific claim line.	Claim Service Line	1	serviceToDate
Revenue Code	Describes the revenue center in which the service was provided.	Claim Service Line	1	revenueCode
Service Code Qualifier	A code that identifies the source of the procedure code: CPT or HCPCS.	Claim Service Line	1	serviceTypeCode
Service Code	A procedure code that identifies the service rendered: CPT or HCPCS.	Claim Service Line	1	serviceCode
Service Code Modifier	A 2-digit code that may be billed with a CPT/HCPCS service code.	Claim Service Line	1 to4 per claim line	serviceModifierCode
Place of Service	A code that identifies where the service was rendered.	Claim Service Line	1	serviceFacilityTypeCode
Rendering Provider ID Qualifier	Identifies the type of provider ID being submitted in the Rendering Provider ID field.	Claim Service Line	1	renderingProviderIDQualifier
Rendering Provider ID	The rendering provider's identification number. This may be a group clinic or other facility.	Claim Service Line	1	renderingProviderIdentifier
Amount Allowed	Total amount allowed by plan.	Claim Service Line	1	allowedAmount
Amount Paid	Total amount paid, or derived, by plan.	Claim Service Line	1	policyPaidAmount
Derived Amount Indicator	Indicator used to distinguish between fee-for-service claims and claims covered under capitation.	Claim Service Line	1	derivedServiceClaimIndicator

6.1.10.3   Technical Field/Element Characteristics

This section defines the data type, restrictions and verification rules for each data element included on the ESMCS file. The root element of the ESMCS in the XSD is EDGEServerMedicalClaimSubmission. This element is required and all other elements defined in this section for the ESMCS are embedded within this element start and end tags.

Table 25: ESMCS File Header Category Field Element Characteristics

Note: Table 20: ESMCS File Header Category Data– provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational	Face Validity	Referential Check	Logical Checks	Restrictions
fileIdentifier	File ID	string	Required	N	N	Y (if a file is accepted, the File ID must be unique within an execution zone.)	Length = 12.
executionZoneCode	Execution Zone	string	Required	Y	Y	N	Length = 1 Enumeration Values: 'T' 'P' 'V' Enumeration Values Description: • T = Test Environment • P = Production Environment • V = Validation Environment
interfaceControlReleaseNumber	Interface Control Release Number	string	Required	N	Y	N	Length = 8 Format – XX.XX.XX Restriction: The last two (2) digits submitted are not required to match the version number shown on page one (1) of this document. For example, the scenario below would pass validation: Latest ICD Version: 01.00.10 File ICD Version Passed: 01.00.00
generationDateTime	Run Date	datetime	Required	Y (Date Check)	N	Y (< = Current Date)	Strict YYYY-MM-DDTHH:mm:SS
submissionTypeCode	Report Type	string	Required	N	Y	N	Length = 1 Enumeration Values: 'M'

Table 25: ESMCS File Header Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational	Face Validity	Referential Check	Logical Checks	Restrictions
claimDetailTotalQuantity	Total Claims	integer	Required	Y (Number Check)	N	Y (value should match the total count of includedMedicalClaim records across all plans.)	minInclusive = 1; maxInclusive = 999999999
claimServiceLineTotalQuantity	Total Claim Lines	integer	Required	Y (Number Check)	N	Y (value should match the total count of includedServiceLine records across all plans.)	minInclusive = 1; maxInclusive = 999999999
insurancePlanPaidOnFileTotalAmount	Total Plan Paid Amount on File	decimal	Required	Y (Amount/Decimal Check)	N	Y (value should match the issuerPlanPaidTotal Amount for the includedMedicalClaimIssuer record in the file. This is logged as an informational error and will not cause the file to be rejected.)	minInclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)
includedMedicalClaimIssuer	Medical Claim Issuer	MedicalClaimIssuer	Required	Face validity, referencial and logical edits are not performed for this specific element. However, verifications are performed on the nested XML elements associated with this connecting element defined in Table 26.			

Table 26: ESMCS Issuer Category Field Element Characteristics

Note: Table 21: ESMCS Issuer Category Data – provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the record ID of the preceeding record on the file regardless of record type.)	minInclusive = 1; maxInclusive = 999999999
issuerIdentifier	Issuer ID	string	Required	N	Y (the issuer must be a valid issuer Identifier in the reference table)	N	Length = 5
issuerClaimDetailTotalQuantity	Total Claims	integer	Required	Y (Number Check)	N	Y (value should match the total count of includedMedicalClaim records across all plans for the issuer.)	minInclusive = 1; maxInclusive = 999999999
issuerClaimServiceLineTotalQuantity	Total Claim Lines	integer	Required	Y (Number Check)	N	Y (value should match the total count of includedServiceLine records across all plans for the the issuer.)	minInclusive = 1; maxInclusive = 999999999
issuerPlanPaidTotalAmount	Total Plan Paid Amount for Issuer	decimal	Required	Y (Amount/Decimal Check)	N	Y (value should match the sum of insurancePlanPaidTotalAmount across all includedMedicalClaimPlan records for all plans. This is logged as an informational error and will not cause the file to be rejected.)	minInclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)

Table 26: ESMCS Issuer Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational	Face Validity	Referential Check	Logical Checks	Restrictions
includedMedicalClaimPlan	Medical Claim Plan	MedicalClaimPlan	Required	Face validity, referencial and logical edits are not performed for this specific element. However, verifications are performed on the nested XML elements associated with this connecting element defined in Table 27.			

Table 27: ESMCS File Insurance Plan Category Field Element Characteristics

Note: Table 22: ESMCS Insurance Plan Category Data– provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the record ID of the preceeding record on the file regardless of record type.)	minInclusive = 1; maxInclusive = 999999999
insurancePlanIdentifier	Plan ID	string	Required	N	Y (Must be a non gradfathered plan in the individual or small group market.)	N	Length = 16 Format = HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
insurancePlanClaimDetailTotalQuantity	Total Claims	integer	Required	Y (Number Check)	N	Y (Value should match the total count of included MedicalClaim records for the insurance plan for the issuer.)	minInclusive = 1; maxInclusive = 999999999
insurancePlanClaimServiceLineTotalQuantity	Total Claim Lines	integer	Required	Y (Number Check)	N	Y (Value should match the total count of included ServiceLine records for the insurance plan for the issuer.)	minInclusive = 1; maxInclusive = 999999999

Table 27: ESMCS File Insurance Plan Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
insurancePlanPaidTotalAmount	Total Plan Paid Amount	decimal	Required	Y (Amount/Decimal Check)	N	Y (Value should match the sum of policy Paid Total Amount in the included Medical Claim records for the insurance plan for the issuer. This is logged as an informational error and will not cause the file to be rejected.)	minInclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)
includedMedicalClaimDetail	Medical Claim Header	MedicalClaimDetail	Required	Face validity, referencial and logical edits are not performed for this specific element. However,verifications are performed on the nested XML elements associated with this connecting element defined in Table 28.			

Table 28: ESMCS File Claim Header Category Field Element Characteristics

Note: Table 23: ESMCS Claim Header Category Data– provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the Record ID of the preceeding record on the file regardless of record type.)	minInclusive = 1; maxInclusive = 999999999
insuredMemberIdentifier	Unique Enrollee ID	string	Required	N	N	N	minLength = 2; maxLength = 80 Must use a MASKED identifier Must not begin or end with a space.
formTypeCode	Form Type	string	Required	N	Y	N	Length = 1 Enumeration Values: 'I', 'P' Enumeration Values Description: 'I' = Institutional; 'P' = Professional
claimIdentifier	Claim ID	string	Required	N	N	N	minLength = 1; maxLength = 50 **Note**: If issuer has multiple platforms that use identical Claim ID numbers, the issuer must make Claim ID unique or rejects for duplicate claims will result. The last character cannot be a space.
originalClaimIdentifier	Original Claim ID	string	Situational	N	N	Y (Must have an Original Claim Identifier populated when the data element for void Replace Code is populated with 'V' or 'R'.)	minLength = 0; maxLength = 50 *NOTE: Used only when submitting a void or replacement claim.* If enumeration value is not applicable, then the value should be empty. The last character cannot be a space.

Table 28: ESMCS File Claim Header Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
medicalNetworkIndicator	In-Network and Out-of-Network Indicator	String	Required	Y	N	Y (if any claim on the service line indicator is Out-of-Network, the value of the network indicator at the claim header must be 'O')	Length = 1Enumeration Values: 'I','O' Enumeration Values Description: • I = In-Network • O = Out-of-Network
claimProcessedDateTime	Claim Processed Date Time	datetime	Required	Y	N	Y (Must be <= generationDateTime.)	Strict YYYY-MM-DDTHH:mm:SS Note: If no timestamp is available, create a unique date time value.
billTypeCode	Bill Type	string	Situational	N	Y (Must be present in the reference table and be effective for at least one date in the claim statement coverage period.)	Y • Must be populated If formType Code is 'I'. • Must not be populated if formType Code is 'P'. Empty tag for this element must be provided.	minLength = 0; maxLength = 3 Enumeration Values: Only bill types with values ending in xx1, xx8 and xx9 will be accepted, with certain restrictions. See the Business Rules for converting other bill types and additional details. If enumeration value is not applicable, then the value should be empty.

Table 28: ESMCS File Claim Header Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
voidReplaceCode	Void/Replace Indicator	string	Situational	N	Y	Y **For Institutional Claims:** • Must be 'R' when Bill Type Code frequency is xx7. • Must be 'V' for Institutional claim when Bill Type Code frequency is xx8. • Can be 'V' or 'R' for Bill Type Code xx1. • Any additional Bill Type codes will be rejected.	minLength = 0; maxLength = 1 Enumeration Values = 'V', 'R' when provided, Enumeration Values Description: • V = Void • R = Replace If enumeration value is not applicable, then the value should be empty.
diagnosisTypeCode	Diagnosis Code Qualifier	string	Required	N	Y (Must be present in the reference table and be effective for at least one date in the claim statement coverage period.)	N	Length = 2 Enumeration Values: • 01 – ICD-9-Clinical Modifications • 02 – ICD-10-Clinical Modifications
diagnosisCode	Diagnosis Code	string	Required	N	Y (Must be present in the reference table and be effective for at least one date in the claim statement coverage period.)	Y (Duplicate Diagnosis Codes within a claim will be accepted and an informational error message will be generated.)	minLength = 1; maxLength = 30 Enumeration Values: Do not include a decimal. Include all relevant digits. As of 10/1/2015, only active ICD-10 Diagnosis Codes as published by CMS are permitted. Upper and lower case values permitted. Lower case Diagnosis Codes will be stored as upper case values. eg. 'z370' = 'Z370'

Table 28: ESMCS File Claim Header Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
dischargeStatusCode	Discharge Status Code	string	Situational	N	Y (Must be present in the reference table and be effective for at least onedate in the claim statement coverage period.)	Y ● Must be present on institutional claims. ● For a professional claim, the tag must be empty. ● When billTypeCode is institutional inpatient, dischargeStatusCode cannot be 30.	Length = 2 Only active Discharge Status Codes defined by the NUBC will be accepted - "Reserved" codes are undefined.
statementCoverFromDate	Statement Covers From	date	Required	Y (Date Check)	N	Y (Value must be <= statementCoverToDate.)	Strict YYYY-MM-DD
statementCoverToDate	Statement Covers Through	date	Required	Y (Date Check)	N	N	Strict YYYY-MM-DD
billingProviderIDQualifier	Billing Provider ID Qualifier	string	Required	N	Y	N	Length = 2 Enumeration Values: 'XX', '99' Enumeration Values Description: ● XX – National Provider Identifier (NPI) A HIPAA-mandated standard unique health identifier for health care providers. ● 99 – Other - Different from those implied or specified.

Table 28: ESMCS File Claim Header Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
billingProviderIdentifier	Billing Provider ID	string	Required	Y(Length Check)	N	Y (NPI check digit algorithm will be applied if qualifier indicates NPI.)	minLength = 1; maxLength = 15
issuerClaimPaidDate	Date Paid	date	Situational	Y (Date Check)	N	Y (If derivedServiceClaimIndicator is 'N', then Paid date must be populated.)	Strict YYYY-MM-DD If value is not applicable, then the value should be empty.
allowedTotalAmount	Total Amount Allowed	decimal	Required	Y (Amount/Decimal Check)	N	Y (must be >0 when voidReplaceCode is NULL or 'R')	minExclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)
policyPaidTotalAmount	Total Amount Paid	decimal	Required	Y (Amount/Decimal Check)	N	Y (must be => 0 when voidReplaceCode is NULL or 'R')	minExclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)
derivedServiceClaimIndicator	Derived Amount Indicator	string	Required	N	Y	N	Length = 1; Enumeration Values: ''Y', 'N' Enumeration Values Description – • Y = Derived (Capitated Service) • N = Actual (Fee-For-Service)

Table 28: ESMCS File Claim Header Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
includedDetailServiceLine	Medical Claim Detail Service Line	MedicalClaimDetailServiceLine	Required	Face validity, referential and logical edits are not performed for this specific element. However, verifications are performed on the nested XML elements associated with this connecting element defined in Table 29.			
includedServiceLine	Medical Claim Service Line	MedicalClaimServiceLine	Required	Face validity, referential and logical edits are not performed for this specific element. However,verifications are performed on the nested XML elements associated with this connecting element defined in Table 29.			

Table 29: ESMCS Claim Service Line Category Field Element Characteristics

Note: Table 24: ESMCS Claim Service Line Category Data– provides the description of the data element and the frequency of occurrence on the inbound file.

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the record ID of the preceeding record on the file regardless of record type.)	minInclusive = 1; maxInclusive = 999999999
serviceLineNumber	Claim Line Sequence Number	integer	Required	Y (Number Check)	N	Y (Must be > 0, and in ascending order within a claim.)	minInclusive = 1; maxInclusive = 999
medicalNetworkIndicator	In-Network and Out-of-Network Indicator	String	Required	Y	N	N	Length = 1 Enumeration Values: 'I','O' Enumeration Values Description: • I = In-Network • O = Out-of-Network
serviceFromDate	Date of Service – From	date	Required	Y (Date Check)	N	Y (Check value <= serviceToDate.)	Strict YYYY-MM-DD **Note:** This data element represents the Service Date on an institutional claim.
serviceToDate	Date of Service – To	date	Required	Y (Date Check)	N	N	Strict YYYY-MM-DD
revenueCode	Revenue Code	string	Not Required	N	N	N	minLength = 0; maxLength = 4 Enumeration Values: If submitted, only active Revenue Codes defined by the NUBC will be accepted - "Reserved" codes are "Reserved" and should not be submitted. If enumeration value is not applicable, then the value should be empty.

Table 29: ESMCS Claim Service Line Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
serviceTypeCode	Service Code Qualifier	string	Situational/	N	Y (Must be present in the reference table and be effective for at least one date in the claim statement coverage period.)	Y (Required if serviceCode is populated.)	minLength = 0; maxLength = 2 Enumeration Values: • 01 – Service Codes other than CPT/HCPCS codes • 03 – Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) If enumeration value is not applicable, then the value should be empty. Only services with '03' will be considered for inclusion in risk adjustment.
serviceCode	Service Code	string	Situational	N	Y (Must be present in the reference table and be effective for at least one (1) date in the claim statement coverage period.)	Y (Required if Form Type Code is professional 'P'.) Service Codes are bypassed when the Service Code Qualifier is 01.	minLength = 0; maxLength = 5 Enumeration Values: Only active CPT and HCPCS codes are permitted as defined by the AMA and CMS. If enumeration value is not applicable, then the value should be empty.
serviceModifierCode	Service Code Modifier	string	Not Required	N	Y (Must be present in the reference table and be effective for at least one (1) date in the claim statement coverage period.)	Y Modifiers are bypassed when the Service Code Qualifier equals 01.	minLength = 0; maxLength = 2 Enumeration Values: Only active CPT and HCPCS codes are permitted as defined by the AMA and CMS. If enumeration value is not applicable, then the value should be empty.
serviceFacilityTypeCode	Place of Service	string	Situational	N	Y (Must be present in the reference table and be effective for at least one (1) date in the claim statement coverage period.)	Y (Required if formTypeCode is professional 'P'.)	minLength = 0; maxLength = 2 Enumeration Values: Only active CMS defined codes are permitted. If enumeration value is not applicable, then the value should be empty.

Table 29: ESMCS Claim Service Line Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Situational/ Not Required	Face Validity	Referential Check	Logical Checks	Restrictions
renderingProviderIDQualifier	Rendering Provider ID Qualifier	string	Required	N	Y	N	Length = 2 Enuemeration Values: 'XX', '99' Enumeration Values Description: • XX – National Provider Identifier (NPI) –A HIPAA-mandated standard unique health identifier for health care providers • 99 – Other - Different from those implied or specified.
renderingProviderIdentifier	Rendering Provider ID	string	Required	N	N	Y (If renderingProvider Identifier = 'XX', NPI check digit algorithm will be applied.)	minLength = 1; maxLength = 15
allowedAmount	Amount Allowed	decimal	Required	Y (Amount/Decimal Check)	N	Y (value >=0 when voidReplaceCode is NULL or "R")	minInclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)
policyPaidAmount	Amount Paid	decimal	Required	Y (Amount/Decimal Check)	N	Y (value >=0 when voidReplaceCode is NULL or "R") Note: Where only one (1) claim line has an amount populated, that value must equal the total paid reported at the header.	minInclusive = -9999999999999999.99; maxInclusive = 9999999999999999.99 (explicit decimal is required)
derivedServiceClaimIndicator	Derviced Amount Indicator	string	Required	N	Y	N	Length = 1 Enumeration Values: 'Y', 'N' Enumeration Values Description: • Y = Derived (Capitated Service) • N = Actual (Fee-For-Service)

6.1.11 Record Layout and Required Protocols for EDGE Server Supplemental Diagnosis File Submission (ESSFS)

The inbound ESSFS data file will be submitted by the issuer/submitter organization.

6.1.11.1 File Layout

This section specifies the file layout for the ESSFS data file. At a high level it consists of four (4) record types or categories of information as shown in Figure 6-4.

Figure 6-4: EDGE Server Supplemental File Submission Data Categories
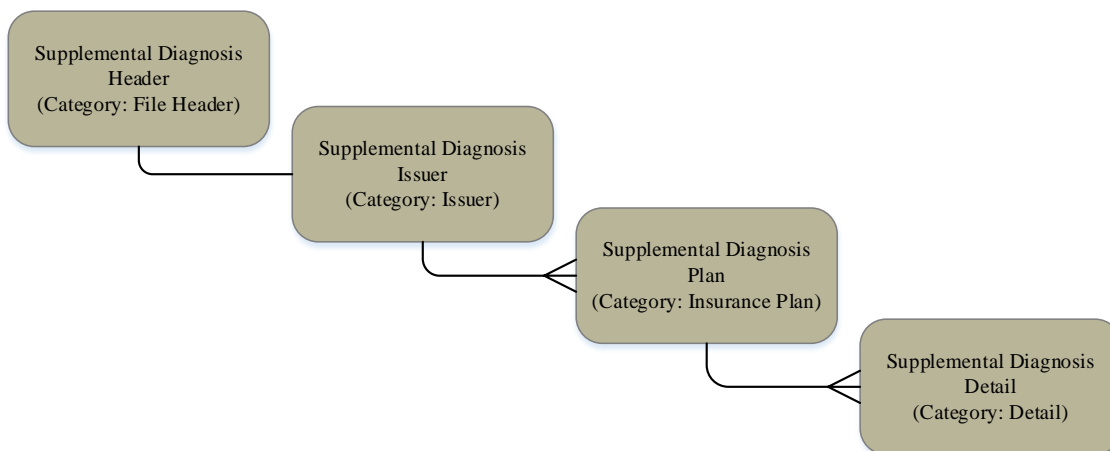
The ESSFS file consists of the File Header, Issuer, Insurance Plan, and Detail Data categories that are described in Table 30 through Table 37 on the following pages. Table 30 through Table 33 provide a description, data category, frequency of occurrence and the XML element name associated with the business data element. Table 34 through Table 37 provide the business data element characteristics including the data type and restrictions, as well as the verification edits that are applied to each data element.

The following assumptions are made about the ESSFS file:

- The ESSFS file can only contain information for one (1) issuer, but may include one (1) or more plans within an issuer, and one (1) or more supplemental files within each plan for each issuer.

- For each issuer identified on the file, there will be at least one (1) plan and at least one (1) supplemental file for that plan included.

- The Unique Enrollee ID reported on the supplemental file will correspond to the MASKED Unique Enrollee ID on the ESES enrollment file.

- The ESSFS file will be submitted no less than quarterly. It is recommended that ESSFS files be submitted at least monthly.

- ESSFS files will include Supplemental Diagnosis Codes linked to EDGE server accepted institutional and professional claim data.

- Only supplemental diagnosis files for enrollees in a small group or individual market plan will be included.

- The initial ESSFS file will contain supplemental diagnosis files processed for the data collection timeframe indicated by HHS. Subsequent ESSFS files should only contain new or deleted supplemental diagnoses, or voided supplemental diagnosis files processed since the last ESSFS submission. Full file replacements will result in rejected duplicate records.

The ESSFS XSD schema that should be utilized for creating XML documents is listed in Appendix A. The root element of the ESSFS in the XSD is *EdgeServerSupplementalFileSubmission*. This element is required and all other elements defined in this section for the ESSFS are embedded within this element start and end tags.

6.1.11.2 Business Data Elements and Definitions

File Header Category Data

The data elements, and corresponding XML element names, for the ESSFS File Header Category Data are shown in Table 30. These elements are defined in the *EdgeServerSupplementalClaimSubmission.xsd*.

Table 30: ESSFS File Header Category Data

Note: Table 34: ESSFS File Header Category Field Element Characteristics– *provides the specific data types and restrictions, as well as the verification edits performed on these data elements.*

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
File ID	Unique identifier for each supplemental file.	File Header	1	fileIdentifier
Execution Zone	Indicator to denote for which environment the file is intended.	File Header	1	executionZoneCode
Interface Control Release Number	Denotes the version number of the ICD that the file corresponds to as identified on page 1 of this document. A file must have the latest version number to be accepted. The last two (2) digits of the version, however, reflect a cosmetic change to the ICD and are not validated.	File Header	1	interfaceControlRelease Number
Run Date	The date indicating when the issuer generated the file.	File Header	1	generationDateTime
Report Type	Classification of report based on report purpose.	File Header	1	submissionTypeCode
Total Detail Records	Total count of detail records.	File Header	1	fileDetailTotalQuantity

Table 30: ESSFS File Header Category Data, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Supplemental Diagnosis Issuer	This XML element exists to connect this level of the XML file to the next lower level and <u>has no business meaning</u>. It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Supplemental Diagnosis Issuer category should be embedded within this element as defined in the XSD.	Issuer	1 per supplemetnal diagnosis filesubmission file	includedSupplementalDiagnosisIssuer

Issuer Category Data

The data elements and corresponding XML element names for the ESSFS Issuer Category Data are shown in Table 31. These elements are defined in the *IncludedSupplementalDiagnosisIssuer.xsd*

Table 31: ESSFS Issuer Category Data

Note: Table 35: ESSFS Issuer Category Field Element Characteristics– *provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.*

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in the supplemental claim file.	Issuer	1	recordIdentifier
Issuer ID	Unique identifier for an insurance issuer as assigned in HIOS	Issuer	1	issuerIdentifier
Total Detail Records	Total count of detail records on the file for the issuer.	Issuer	1	issuerFileDetailTotalQuantity
Supplemental Diagnosis Plan	This XML element exists to connect this level of the XML file to the next lower level and <u>has no business meaning.</u> It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Supplemental Claim Insurance Plan category should be embedded within this element as defined in the XSD.	Insurance Plan	1 or more (unbounded) per issuer	includedSupplementalDiagnosisPlan

Insurance Plan Category Data

The data elements and corresponding XML element names for the ESSFS Insurance Plan Category Data are shown in Table 32. These elements are defined in the *IncludedSupplementalDiagnosisPlan.xsd.*

Table 32: ESSFS Insurance Plan Category Data

Note: Table 36: ESSFS File Insurance Plan Category Field Element Characteristics– *provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.*

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in the supplemental claim file.	Insurance Plan	1	recordIdentifier
Plan ID	Unique Identifier for insurance plan offered by issuer that the insured member is covered under. The Plan ID includes the CSR variant.	Insurance Plan	1	insurancePlanIdentifier
Total Detail Records	Total count of detail records for this plan.	Insurance Plan	1	insurancePlanFileDetail TotalQuantity
Supplemental Diagnosis Detail Record	This XML element exists to connect this level of the XML file to the next lower level and has no business meaning. It should be created as part of the data extraction, transformation, and load process that creates the file. The XML elements defined in the Supplemental Claim Header category should be embedded within this element as defined in the XSD.	Detail	1 or more (unbounded) per insurance plan per issuer per submission file	includedSupplementalD iagnosisDetail

Detail Category Data

The data elements and corresponding XML element names for the ESSFS Detail Category Data are shown in Table 33. These elements are defined in the *IncludedSupplementalDiagnosisDetail.xsd.*

Table 33: ESSFS Detail Category Data

Note: Table 37: ESSFS File Detail Category Field Element Characteristics– *provides the specific data types and restrictions, as well as the verification edits performed, on these data elements.*

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Record ID	Unique identifier for each record in supplemental claim file.	Detail	1	recordIdentifier
Unique Enrollee ID	Unique identifier for the enrollee. This represents a **MASKED identifier**; not a medical record number or cardholder ID. Issuers should use the same Unique Enrollee ID if the enrollee switches plans within the issuer.	Detail	1	insuredMemberIdentifier
Supplemental Diagnosis Detail Record ID	Unique number generated by the issuer to uniquely identify the supplemental diagnosis transaction.	Detail	1	supplementalDiagnosisDetailRecordIdentifier
Original Medical Claim ID	The medical Claim ID to which the supplemental claim corresponds that was submitted on a previous claim file and was accepted by the EDGE server.	Detail	1	originalClaimIdentifier
Detail Record Processed Date Time	The date and time when the supplemental diagnosis detail record was created by the issuer.	Detail	1	detailRecordProcessedDateTime
Add/Delete/Void Indicator	Identifies if a supplemental diagnosis is added; identifies if a previously submitted diagnosis is deleted and identifies if a previously accepted supplemental diagnosis file is to be voided.	Detail	1	addDeleteVoidCode
Original Supplemental Diagnosis Detail ID	Identifies the original Supplemental Diagnosis Detail Record when processing a VOID Supplemental Detail record.	Detail	1	originalSupplementalDetailID
Date of Service – From	Indicates the first day the service occurred that supports the submission of a supplemental diagnosis.	Detail	1	serviceFromDate
Date of Service – To	Indicates the last day the service occurred that supports the submission of a supplemental diagnosis.	Detail	1	serviceToDate

Table 33: ESSFS Detail Category Data, continued

Business Data Element	Description	Category	Frequency of Occurrence	XML Element Names
Supplemental Diagnosis Code Qualifier	Indicates if the Diagnosis Code is International Classification of Diseases 9-CM (ICD 9-CM) or International Classification of Diseases 10-CM (ICD 10-CM). **Note:** X12 standard allows only one (1) qualifier per claim; any single date of service should have either ICD-9-CM or ICD-10-CM; Issuers need to submit separate claims for each type of code.	Detail	1	diagnosisTypeCode
Supplemental Diagnosis Code	Code value for the Diagnosis Code as determined by classification of International Classification of Diseases.	Detail	1 to 99 per claim	supplementalDiagnosisCode
Supplemental Diagnosis Source	Identifies the source of the Supplemental Diagnosis. MR for medical record EDI for electronic data interchange Only one (1) code per supplemental diagnosis.	Detail	1	sourceCode

6.1.11.3 Technical Field/Element Characteristics

This section defines the data type, restrictions and verification rules for each data element included on the ESSFS file. The root element of the ESSFS in the XSD is *EdgeServerSupplementalFileSubmission.* This element is required and all other elements defined in this section for the ESSFS are embedded within this element start and end tags.

Table 34: ESSFS File Header Category Field Element Characteristics

Note: Table 30: ESSFS File Header Category Data– *provides the description of the data element and the frequency of occurrence on the inbound file.*

XML Element Names	Business Data Element	Data Type	Required/ Optional	Face Validity	Referential Check	Logical Checks	Restrictions
fileIdentifier	File ID	string	Required	N	N	Y (If a file is accepted, the File ID must be unique within an execution zone.)	Length = 12.
executionZoneCode	Execution Zone	string	Required	Y	Y	N	Length = 1 Enumeration Values: 'T' 'P' 'V' Enumeration Values Description: • T = Test Environment • P = Production Environment • V = Validation Environment
interfaceControlReleaseNumber	Interface Control Release Number	string	Required	N	Y	N	Length = 8 Format – XX.XX.XX Restriction: The last two (2) digits submitted are not required to match the number on page 1 of this document. For example, the scenario below would pass validation: Latest ICD Version: 01.00.10 File ICD Version Passed: 01.00.00 The initial value for this field will be "02.00.00". Updates to this field will be provided by CMS as part of issued Release Notes.

Table 34: ESSFS File Header Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Optional	Face Validity	Referential Check	Logical Checks	Restrictions
generationDateTime	Run Date	datetime	Required	Y (Date Check)	N	Y (< = Current Date)	Strict YYYY-MM-DDTHH:mm:SS
submissionTypeCode	Report Type	string	Required	N	Y	N	Length = 1 Enumeration Values: 'S'
fileDetailTotalQuantity	Total Detail Records	integer	Required	Y (Number Check)	N	Y (Value should match the total count of includedSupplementalDetailrecords across all plans for all issuers.)	minInclusive = 1; maxInclusive = 999999999
includedSupplementalDiagnosisIssuer	Supplemental Diagnosis Issuer	SupplementalDiagnosisIssuer	Required	Face validity, referencial and logical edits are not performed for this specific element. However, verifications are performed on the nested XML elements associated with this connecting element defined in Table 26.			

Table 35: ESSFS Issuer Category Field Element Characteristics

Note: Table 31: ESSFS Issuer Category Data– *provides the description of the data element and the frequency of occurrence on the inbound file.*

XML Element Names	Business Data Element	Data Type	Required / Optional	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the Record ID of the preceeding record on the file regardless of record type)	minInclusive = 1; maxInclusive = 999999999
issuerIdentifier	Issuer ID	string	Required	N	Y (the issuer must be a valid issuer Identifier in the reference table)	N	Length = 5
issuerFileDetailTotalQuantity	Total Detail Records	integer	Required	Y (Number Check)	N	Y (value should match the total count of included Supplemetnal Detail records across all plans for the issuer)	minInclusive = 1; maxInclusive = 999999999
includedSupplementalDiagnosisPlan	Supplemental Diagnosis Plan	SupplementalDiagnosisPlan	Required	Face validity, referencial and logical edits are not performed for this specific element. However,verifications are performed on the nested XML elements associated with this connecting element defined in Table 27.			

Table 36: ESSFS File Insurance Plan Category Field Element Characteristics

Note: Table 32: ESSFS Insurance Plan Category Data– *provides the description of the data element and the frequency of occurrence on the inbound file.*

XML Element Names	Business Data Element	Data Type	Required/ Optional	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the Record ID of the preceeding record on the file regardless of record type)	minInclusive = 1; maxInclusive = 999999999
insurancePlanIdentifier	Plan ID	string	Required	N	Y (Must be a non gradfathered plan in the individual or small group market)	N	Length = 16 Must be the assigned 16-character HIOS ID. Format = HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
insurancePlanFileDetailTotalQuantity	Total Detail Records	integer	Required	Y (Number Check)	N	Y (value should match the total count of included Supplemental Detail records for the insurance plan for the issuer)	minInclusive = 1; maxInclusive = 999999999
includedSupplementalDiagnosisDetail	Supplemental Diagnosis Detail Record	SupplementalDiagnosisDetail	Required	Face validity, referencial and logical edits are not performed for this specific element. However,verifications are performed on the nested XML elements associated with this connecting element defined in Table 28.			

Table 37: ESSFS File Detail Category Field Element Characteristics

Note: Table 33: ESSFS Detail Category Data– *provides the description of the data element and the frequency of occurrence on the inbound file.*

XML Element Names	Business Data Element	Data Type	Required/ Optional	Face Validity	Referential Check	Logical Checks	Restrictions
recordIdentifier	Record ID	integer	Required	Y (Number Check)	N	Y (Must be 1 greater than the Record ID of the preceeding record on the file regardless of record type)	minInclusive = 1; maxInclusive = 999999999
insuredMemberIdentifier	Unique Enrollee ID	string	Required	N	N	N	minLength = 2; maxLength = 80 Must use a MASKED identifier Must not begin or end with a space.
supplementalDiagnosisDetailRecordIdentifier	Supplemental Diagnosis Detail Record IID	string	Required	N	N	N	minLength = 1; maxLength = 50 **Note:** issuer must make identifier unique. The last character cannot be a space.
originalClaimIdentifier	Original Claim ID	string	Requried	N	N	N	minLength = 1; maxLength = 50 The last character cannot be a space
detailRecordProcessedDateTime	Detail Record Processed Date Time	datetime	Required	Y (Date Check)	N	Y (must be <= generationDateTime)	Strict YYYY-MM-DDTHH:mm:SS **Note:** A default of 00:00:00 for time can be used if no timestamp is available. However, if more than one (1) claim is processed on the same day, the claims will be rejected as we will not know the proper order of processing.
addDeleteVoidCode	Add/Delete/Void Indicator	string	Required	N	Y	N	Length = 1 Enumeration Values: 'A', 'D', 'V' Enumeration Values Description: 'A' = Add, 'D' = Delete, 'V' = Void
originalSupplementalDetailID	Original Supplemental Diagnosis Detail ID	string	Situational	N	N	Y (Required when addDeleteVoidCode is 'V')	minLength = 0; maxLength = 50 The last character cannot be a space

Table 37: ESSFS File Detail Category Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Required/ Optional	Face Validity	Referential Check	Logical Checks	Restrictions
serviceFromDate	Date of Service – From	date	Required	Y (Date Check)	N	Y (check value <= serviceToDate if populated)	Strict YYYY-MM-DD **Note:** Represents the date of service if there is no service to date.
serviceToDate	Date of Service – To	date	Required	Y (Date Check)	N	Y (If popuulated, must be >= serviceFromDate)	Strict YYYY-MM-DD
diagnosisTypeCode	Supplemental Diagnosis Code Qualifier	string	Required	N	Y	N	Length = 2 Enumeration Values: 01 – ICD-9-Clinical Modifications 02 – ICD-10-Clinical Modifications
supplementalDiagnosisCode	Supplemental Diagnosis Code	string	Required	N	Y (Must be present in the reference table and be effective for at least one (1) date in the claim statement coverage period.)	Y Duplicate Diagnosis Codes within a claim will be accepted and an informational error message will be generated	minLength = 1; maxLength = 30 Do not include decimal code. Include all relevant digits. Enumeration Values: As of 10/1/2015, only active ICD-10 Diagnosis Codes as published by CMS are permitted. Upper and lower case values permitted. Lower case Diagnosis Codes will be stored as upper case values. eg. 'z370'' = 'Z370'
sourceCode	Supplemental Diagnosis Source	string	Required	N	Y	N	Enumeration Values: - MR – medical record - EDI – electronic data interchange

6.2 Requirements for EDGE Server Outbound Reports

This section describes the interface requirements for the outbound files that will be accessed by the issuer 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 XML based and as per the XSD defined in this document.

This document describes the following reports:

Reports sent to both the insurance company/issuer administrator and CMS

- EDGE Server File Accept – Reject Report for Enrollee, Medical, Pharmacy and Supplemental Diagnosis Submissions (ESFAR)
- EDGE Server Summary Enrollment Accept – Reject Error Report (ESSEFE)
- EDGE Server Summary Medical Claim (MC) File Accept – Reject Error Report (ESSMFE)
- EDGE Server Summary Pharmacy Claim (RxC) File Accept – Reject Error Report (ESSPFE)
- EDGE Server Summary Supplemental Diagnosis File Accept – Reject Error Report (ESSSFE)

Reports sent to the insurance company/issuer administrator only

- EDGE Server Detail Medical Claim (MC) Error Report (ESDMCE)
- EDGE Server Detail Pharmacy Claim (RxC) Error Report (ESDPCE)
- EDGE Server Detail Enrollment Error Report (ESDEE)
- EDGE Server Detail Supplemental Diagnosis File Error Report (ESDSFE)

As the design of the remaining reports is completed, this document will be updated.

6.2.1 Assumptions

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

- Detail reports will be posted to the issuer's AWS S3 file repository as soon as the data processing of the submitted file is complete.

- All output reports generated from file processing in the validation zone will be sent to a separate validation AWS S3 bucket, independent of the production and test zone AWS S3 bucket

- 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.

6.2.2 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. Summary reports will be delivered to the CMS/CCIIO AWS S3 bucket.

6.2.3 Interface Processing Time Requirements

The outbound data files will be generated automatically once the incoming Enrollment, Claims, or Supplemental Diagnosis file has been processed.

6.2.4 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.HE.D20140402T091533.P.xml

Table 38: File Name Parameters

Parameter	Description	Enumeration Values
Submitting Entity ID	Must be the 5-digit HIOS assigned Issuer ID.	Example: 12345
File Type	An alphanumeric code to indicate the file type produced.	Enumeration Values: 'EH', 'MH', 'PH', 'SH', 'ES', 'MS', 'PS', 'SS', 'MD' , 'PD' , 'ED' , 'SD' Enumeration Values Description: • 'EH' – EDGE Server File Accept – Reject Report for Enrollment • 'MH' – EDGE Server File Accept – Reject Report for Medical Claims • 'PH' – EDGE Server File Accept – Reject Report for Pharmacy Claims • 'SH' – EDGE Server File Accept – Reject Report for Supplemental Files • 'ES' - EDGE Server Summary Enrollment File Accept – Reject Report • 'MS' - EDGE Server Summary Medical Claim (MC) File Accept – Reject Report • 'PS' - EDGE Server Summary Pharmacy (RxC) File Accept – Reject Report • 'SS' - EDGE Server Summary Supplemental Diagnosis File Accept – Reject Report • 'MD' – EDGE Server Detail Medical Claim (MC) Error Report • 'PD' – EDGE Server Detail Pharmacy Claim (RxC) Error Report • 'ED' – EDGE Server Detail Enrollment Error Report • 'SD' – EDGE Server Detail Supplemental Diagnosis File Error Report

Table 38: File Name Parameters, continued

Parameter	Description	Enumeration Values
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

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

The structure of the EDGE Server Output Reports has two (2) components:

- Common data categories that are reused across the defined outbound reports, and

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

The common data structures that are utilized are shown in Figure 6-5.

Figure 6-5: EDGE Server Common Data Categories for Outbound Reports
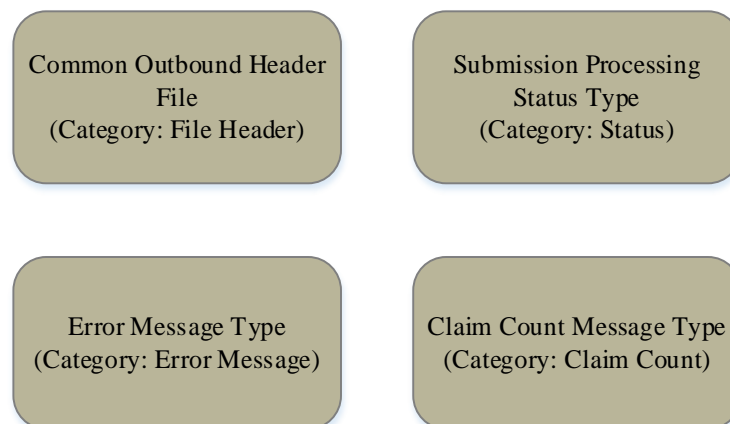
These common data categories are used across the following outbound report files as shown in Table 39 in addition to the report specific data elements.

Table 39: Shared Data Structures Across EDGE Server Outbound Reports

Output Report	Common Outbound File Header	Submission Processing Status Type	Error Message Type	Record Count Message Type
EDGE Server File Accept – Reject Report for Enrollee, Medical, Supplemental and Pharmacy	√	√	√	
EDGE Server Summary Medical Claim (MC) File Accept – Reject Report	√	√		√
EDGE Server Summary Pharmacy Claim (RxC) File Accept – Reject Report	√	√		√
EDGE Server Summary Enrollee File Accept – Reject Report	√	√		√
EDGE Server Summary Supplemental Diagnosis File Accept – Reject Error Report	√	√		√
EDGE Server Detail Medical Claim (MC) Error Report	√	√	√	
EDGE Server Detail Pharmacy Claim (RxC) Error Report	√	√	√	
EDGE Server Detail Enrollment Error Report	√	√	√	
EDGE Server Detail Supplemental Diagnosis File Error Report	√	√	√	

The common data categories are defined in detail in this section and are referenced in the applicable outbound report formats as defined.

6.2.5.1 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 EDGE server, report type, sender identifier (EDGE server identifier) and submitter identifier associated with the submission.

6.2.5.1.1 Business Data Elements and Descriptions

The data characteristics for the Common Outbound File Header Data Category are as shown in Table 40. These elements are defined in the *CommonOutboundFileHeader.xsd*.

Table 40: Common Outbound File Header Data Category

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
File ID	The CMS system generated unique identifier of a report file.	File Header	1	outboundFileIdentifier
Run Date	The date and time when the CMS processed file is generated.	File Header	1	outboundFileGenerationDateTime
Received File ID	The file identifier of header record in a submitted file. This XML element will only be populated on reports that require this element. These include: • EDGE Server File Accept – Reject Report for Enrollee, Medical, Pharmacy and Supplemental • EDGE Server Summary Enrollment File Accept – Reject Report • EDGE Server Summary Medical Claim (MC) File Accept – Reject Report • EDGE Server Summary Pharmacy (RxC) File Accept – Reject Report • EDGE Server Summary Supplemental Diagnosis File Accept – Reject Report • EDGE Server Detail Medical Claim (MC) Error Report • EDGE Server Detail Pharmacy Claim (RxC) Error Report • EDGE Server Detail Enrollment Error Report • EDGE Server Detail Supplemental Diagnosis File Error Report	File Header	0..1	inboundFileIdentifier
Interface Control Release Number	Denotes the version number of the Interface Control Document that the file corresponds to as identified on page 1 of this document.	File Header	1	interfaceControlReleaseNumber
EDGE Server Version	Verision 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.	File Header	1	edgeServerVersion
Job ID	EDGE server generated unique identifier to identify the process which generated the output file.	File Header	1	edgeServerProcessIdentifier

Table 40: Common Outbound File Header Data Category, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Received File Run Date	The date and time when the issuer processed the file for submission and sent in the inbound submission header. This XML element will only be populated on reports that require this element. These include: • EDGE Server File Accept – Reject Report for Enrollee, Medical, Pharmacy and Supplemental • EDGE Server Summary Enrollment File Accept – Reject Report • EDGE Server Summary Medical Claim (MC) File Accept – Reject Report • EDGE Server Summary Pharmacy (RxC) File Accept – Reject Report • EDGE Server Summary Supplemental Diagnosis File Accept – Reject Report • EDGE Server Detail Medical Claim (MC) Error Report • EDGE Server Detail Pharmacy Claim (RxC) Error Report • EDGE Server Detail Enrollment Error Report • EDGE Server Detail Supplemental Diagnosis File Error Report	File Header	0..1	inboundFileGeneration DateTime
Report Type	Defines values of outbound validation report such as header accept/reject report, Detail medical claim error report etc.	File Header	1	outboundFileTypeCode
Server ID	The unique identifier of an EDGE server.	File Header	1	edgeServerIdentifier
Issuer ID	The Issuer ID that the report applies to.	File Header	1	issuerID

Table 40: Common Outbound File Header Data Category, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Received File Date	The date and time when the submission file was placed by the issuer at data exchange zone of EDGE server. This XML element will only be populated on reports that require this element. These include: • EDGE Server File Accept – Reject Report for Enrollee, Medical, Pharmacy and Supplemental • EDGE Server Summary Enrollment File Accept – Reject Report • EDGE Server Summary Medical Claim (MC) File Accept – Reject Report • EDGE Server Summary Pharmacy (RxC) File Accept – Reject Report • EDGE Server Summary Supplemental Diagnosis File Accept – Reject Report • EDGE Server Detail Medical Claim (MC) Error Report • EDGE Server Detail Pharmacy Claim (RxC) Error Report • EDGE Server Detail Enrollment Error Report • EDGE Server Detail Supplemental Diagnosis File Error Report	File Header	0..1	inboundFileSubmissionDateTime
Submission Type	Classification of report based on type of inbound submission. This XML element will only be populated on reports that require this element. These include: • EDGE Server File Accept – Reject Report for Enrollee, Medical Supplemental and Pharmacy • EDGE Server Enrollment Summary Accept – Reject Report • EDGE Server Summary Medical Claim (MC) File Accept – Reject ReportEDGE Server • Summary Pharmacy (RxC) File Accept – Reject Report • EDGE Server Summary Supplemental Diagnosis File Accept – Reject Report • EDGE Server Detail Medical Claim (MC) Error Report • EDGE Server Detail Pharmacy Claim (RxC) Error Report • EDGE Server Detail Enrollment Error Report • EDGE Server Detail Supplemental Diagnosis File Error Report	File Header	0..1	inboundFileSubmissionType

6.2.5.1.2 Technical Field/Element Characteristics

This section addresses the technical characteristics of each Common Output File Header element defined in Common Outbound File Header. These elements are defined in the *CommonOutboundFileHeader.xsd.*

Table 41: Common Outbound File Header Record Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
outboundFileIdentifier	File ID	String	minLength = 1; maxLength = 80
outboundFileGenerationDateTime	Run Date	String	Strict YYYY-MM-DDTHH:mm:SS
inboundFileIdentifier	Received File ID	String	minLength = 0; maxLength = 12
interfaceControlReleaseNumber	Interface Control Release Number	String	Length = 8
edgeServerVersion	EDGE Server Version	String	minLength = 1; maxLength = 75
edgeServerProcessIdentifier	Job ID	String	minLength = 1; maxLength = 12
inboundFileGenerationDateTime	Received File Run Date	String	Strict YYYY-MM-DDTHH:mm:SS This XML element will only be populated on reports that require this element. These include: • EDGE Server File Accept – Reject Report for Enrollee, Medical, Pharmacy and Supplemental • EDGE Server Summary Enrollment File Accept – Reject Report • EDGE Server Summary Medical Claim (MC) File Accept – Reject Report • EDGE Server Summary Pharmacy (RxC) File Accept – Reject Report • EDGE Server Summary Supplemental Diagnosis File Accept – Reject Report • EDGE Server Detail Medical Claim (MC) Error Report • EDGE Server Detail Pharmacy Claim (RxC) Error Report • EDGE Server Detail Enrollment Error Report • EDGE Server Detail Supplemental Diagnosis Error Report

Table 41: Common Outbound File Header Record Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Restrictions
outboundFileTypeCode	Report Type	String	Length = 2 Enumeration Values: 'EH', 'MH', 'PH', 'SH', 'ES', 'MS', 'PS', 'SS', 'MD' , PD'' , 'ED' , 'SD' Enumeration Values Description: • 'EH' – EDGE Server File Accept – Reject Report for Enrollment • 'MH' – EDGE Server File Accept – Reject Report for Medical Claims • 'PH' – EDGE Server File Accept – Reject Report for Pharmacy Claims • 'SH' – EDGE Server File Accept – Reject Report for Supplemental Files • 'ES' - EDGE Server Summary Enrollment File Accept – Reject Report • 'MS' - EDGE Server Summary Medical Claim (MC) File Accept – Reject Report • 'PS' - EDGE Server Summary Pharmacy (RxC) File Accept – Reject Report • 'SS' - EDGE Server Summary Supplemental Diagnosis File Accept – Reject Report • 'MD' – EDGE Server Detail Medical Claim (MC) Error Report • 'PD' – EDGE Server Detail Pharmacy Claim (RxC) Error Report • 'ED' – EDGE Server Detail Enrollment Error Report • 'SD' – EDGE Server Detail Supplemental Diagnosis File Error Report
edgeServerIdentifier	Server ID	String	minLength = 1; maxLength = 12
issuerID	Issuer ID	String	Length = 5

Table 41: Common Outbound File Header Record Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Restrictions
inboundFileSubmissionDateTime	Received File Date	String	Strict YYYY-MM-DDTHH:mm:SS This XML element will only be populated on reports that require this element. These include: • EDGE Server File Accept – Reject Report for Enrollee, Medical, Pharmacy and Supplemental • EDGE Server Summary Enrollment File Accept – Reject Report • EDGE Server Summary Medical Claim (MC) File Accept – Reject Report • EDGE Server Summary Pharmacy (RxC) File Accept – Reject Report • EDGE Server Summary Supplemental Diagnosis File Accept – Reject Report • EDGE Server Detail Medical Claim (MC) Error Report • EDGE Server Detail Pharmacy Claim (RxC) Error Report • EDGE Server Detail Enrollment Error Report • EDGE Server Detail Supplemental Diagnosis Error Report

Table 41: Common Outbound File Header Record Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Restrictions
inboundFileSubmissionType	Submission Type	String	minLength = 0; maxLength = 1 Enumeration Values: 'M', 'P', 'E', 'S' Enumeration Values Description: • 'M' – Medical Claim • 'P' – Pharmacy Claim • 'E' – Enrollment • 'S' – Supplemental Diagnosis This XML element will only be populated on reports that require this element. These include: • EDGE Server File Accept – Reject Report for Enrollee, Medical, Pharmacy and Supplemental • EDGE Server Summary Enrollment File Accept – Reject Report • EDGE Server Summary Medical Claim (MC) File Accept – Reject Report • EDGE Server Summary Pharmacy (RxC) File Accept – Reject Report • EDGE Server Summary Supplemental Diagnosis File Accept – Reject Report • EDGE Server Detail Medical Claim (MC) Error Report • EDGE Server Detail Pharmacy Claim (RxC) Error Report • EDGE Server Detail Enrollment Error Report • EDGE Server Detail Supplemental Diagnosis Error Report

6.2.5.2 Record Layout and Required Protocols for Submission Processing Status Type Data Structure

The data contents of Submission Processing Status Type (SPST) includes the status type code that identifies if a submission file or elements within submission file are accepted, rejected or reported for informational purposes only.

6.2.5.2.1 Business Data Elements and Descriptions

The business data characteristics for the SPST Data Structure are as shown in Table 42. These elements are defined in the *SubmissionProcessingStatusType.xsd*.

Table 42: Submission Processing Status Type

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Accept/Reject/Informational	Describes the status type of the processed data element in a received inbound file.	Status	1	statusTypeCode

6.2.5.2.2 Technical Field/Element Characteristics

This section addresses the properties of each element defined in SPST Record Type. These elements are defined in the *SubmissionProcessingStatusType.xsd*.

Table 43: Submission Processing Status Type Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
statusTypeCode	Accept/Reject/Informational	String	Length = 1 Enumeration Values : 'A', 'R', 'I' Enumeration Values Description: • A – Accept • R – Reject • I – Informational (accepted with warning message)

6.2.5.3 Record Layout and Required Protocols for Error Message Type Data Structure

The data contents of the Error Message Type Data Structure include the received element name and value within the submission file. It also includes any applicable error descriptions for the given element.

6.2.5.3.1 Business Data Elements and Descriptions

The data characteristics for the EDGE Server Error Message Type Data Structure are as shown in Table 44. These elements are defined in the *ErrorMessageType.xsd*.

Table 44: Error Message Type Data Structure

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Error Element	The name of the element that has the error.	Error Message	1	offendingElementName
Error Value	The value of the element as it was received on the submission.	Error Message	1	offendingElementValue

Table 44: Error Message Type Data Structure, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Error Code	The code for the error message associated with an element that has an error.	Error Message	1or more (unbounded)	offendingElementErrorTypeCode
Error Message	A pre-defined error message that corresponds to the Error Code.	Error Message	0 or more (unbounded)	offendingElementErrorTypeMessage
Error Message Detail	A system generated error message for exceptions.	Error Message	0 or more (unbounded)	offendingElementErrorTypeDetail

6.2.5.3.2 Technical Field/Element Characteristics

This section addresses the properties of each element defined in Error Message Type Data Structure. These elements are defined in the *ErrorMessageType.xsd*.

Table 45: Error Message Type Record Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
offendingElementName	Error Element	String	Length = 100
offendingElementValue	Error Value	String	minLength = 0; maxLength = 80
offendingElementErrorTypeCode	Error Code	String	minLength = 1; maxLength = 45 The Error Code is made up of the three (3) sections defined below. For additional details reference Appendix C. Format: <Error Level>.<Error Type>.<Unique ID>
offendingElementErrorTypeMessage	Error Message	String	minLength = 0; maxLength = 2000
offendingElementErrorTypeDetail	Detail Error Message	String	minLength = 0; maxLength = 2000

6.2.5.4 Record Layout and Required Protocols for Error Code Count Data Structure

The data contents of the Error Code Count Data Structure include the received element name and value within the submission file.

6.2.5.4.1 Business Data Elements and Descriptions

The data characteristics for the EDGE Server Error Code Count Data Structure are as shown in Table 46. These elements are defined in the *ErrorCodeCounts.xsd*.

Table 46: Error Code Count Data Structure

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Error Code	The code for the error message associated with an element that has an error.	Error Code Count	1	offendingElementErrorTypeCode
Error Code Frequency	Total frequency of each unique Error Code.	Error Code Count	1	offendingElementErrorTypeCodeFrequency

6.2.5.4.2 Technical Field/Element Characteristics

This section addresses the properties of each element defined in Error Code Count Data Structure as defined in Table 47. These elements are defined in the *ErrorCodeCounts.xsd*.

Table 47: Error Code Record Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
offendingElementErrorTypeCode	Error Code	String	minLength = 1; maxLength = 45 The Error Code is made up of the three (3) sections defined below. For additional details reference Appendix C. Format: <Error Level>.<Error Type>.<Unique ID>
offendingElementErrorTypeCodeFrequency	Error Code Frequency	Integer	minInclusive = 0; maxInclusive = 999999999

6.2.5.5 Record Layout and Required Protocols for Record Count Message Type Data Structure

The data contents of the Record Count Type includes counts of the number of claims received, number of claims accepted, number of rejected claims resolved, number of claims rejected, and total number of new claims rejected.

6.2.5.5.1 Business Data Elements and Descriptions

The business data characteristics for the Claim Count Message Type (CCMT) data structure are as shown in Table 48. These elements are defined in the *ClaimCountMessageType.xsd*.

Table 48: Record Count Message Type Data Structure

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Count of Records Received	The total count of records received within the input file. Depending on the report section in which it's included, the record type will be one (1) of the five (5) listed below: • Claim Header • Claim Line • Supplemental Detail Record • Enrollee • Enrollment Period	Record Count	1	recordsReceived
Count of Records Accepted	The count of records accepted. Depending on the report section in which it's included, the record type will be one (1) of the five (5) listed below: • Claim Header • Claim Line • Supplemental Detail Record • Enrollee • Enrollee Enrollment Period	Record Count	1	recordsAccepted
Count of Records Resolved	The count of records resolved Depending on the report section in which it's included, the record type will be one (1) of the two (2) listed below: • Claim Header • Supplemental Detail Record *Note this field is not populated for medical claim lines, enrolle records or enrollment periods.	Record Count	1	recordsResolved
Count of Records Rejected	The count of records rejected. Depending on the report section in which it's included, the record type will be one (1) of the five (5) listed below: • Claim Header • Claim Line • Supplemental Detail Record • Enrollee • Enrollee Enrollment Period	Record Count	1	recordsRejected

Table 48: Record Count Message Type Data Structure, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Count of New Records Accepted	The count of records newly accepted. Depending on the report section in which it's included, the record type will be one (1) of the two (2) listed below: • Claim Header • Supplemental Detail Record *Note this field is not populated for claim lines, enrolle records or enrollment periods.	Record Count	1	newRecordsAccepted

6.2.5.5.2 Technical Field/Element Characteristics

This section addresses the properties of each element defined in CCMT Record Type as shown in Table 49. These elements are defined in the *ClaimCountMessageType.xsd*.

Table 49: Record Count Message Type Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
recordsReceived	Count of Records Received	Integer	minInclusive = 0; maxInclusive = 999999999
recordsAccepted	Count of Records Accepted	Integer	minInclusive = 0; maxInclusive = 999999999
recordsResolved	Count of Records Resolved	Integer	minInclusive = 0; maxInclusive = 999999999
recordsRejected	Count of Records Rejected	Integer	minInclusive = 0; maxInclusive = 999999999
newRecordsAccepted	Count of New Records Accepted	Integer	minInclusive = 0; maxInclusive = 999999999

6.2.6 Message Format (or Record Layout) and Required Protocols for EDGE Server File Accept – Reject Report (ESFAR) for Enrollee, Medical and Pharmacy Submission

The outbound ESFAR Report, pertaining to each data file submission, is available to the issuer/submitting organization and CMS.

6.2.6.1 File Layout

This section specifies the file layout for the ESFAR Report. At a high level it consists of three (3) record types or categories as shown in Figure 6-6.

Figure 6-6: EDGE Server File Accept – Reject Report Data Categories
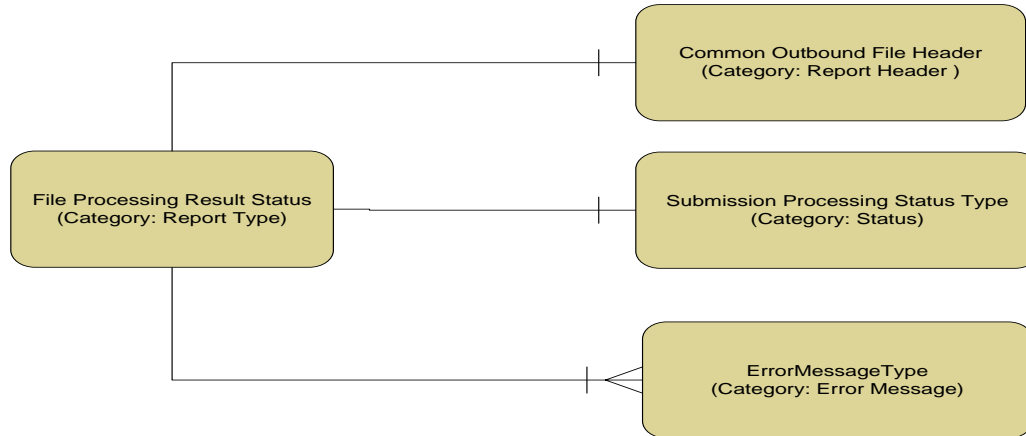
The ESFAR Report consists of a Report Header, Submission Processing Status Type and Error Message of submission related edit/validation failures. The Submission Processing Status Type can be categorized as Accepted, Rejected and Informational (Accepted with warning message).

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

6.2.6.2 Business Data Elements and Descriptions

The data characteristics for the EDGE Server File Accept – Reject Report (ESFAR) category are as shown in Table 50. The root element of the ESFAR in the XSD is FileProcessingResultStatus (*FileProcessingResultStatus.xsd*). This element is required and all the other elements defined in this section for the ESFAR are embedded within this element start and end tags.

Table 50: ESFAR File Processing Result Status Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
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
Status	This XML element describes if the submission file is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the status section of the report.	Status	1	classifyingProcessing StatusType
Description	This XML element provides the detailed text description for the error message. If the file header on the submission file has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the error reporting section of the report.	Error Message	0 or more (unbounded) occurences per file header error for the reported submission file	recordedError

6.2.6.3 Technical Field/Element Characteristics

This section addresses the properties of each element defined in ESFAR Report. The root element of the ESFAR in the XSD is FileProcessingResultStatus (*FileProcessingResultStatus.xsd*). This element is required and all the other elements defined in this section for the ESFAR are embedded within this element start and end tags.

Table 51: ESFAR File Processing Result Status Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
includedFileHeader	Report Header	CommonOutboundFile Header	XML elements for the data type is defined in Section 6.2.5.1.2 (Table 41).
classifyingProcessingStatusType	Status	SubmissionProcessing StatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).
recordedError	Description (Notes Field)	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).

6.2.7 Record Layout and Required Protocols for EDGE Server Detail Medical Claim Error Report (ESDMCE) for Medical Submission

The outbound ESDMCE Report is available only to the issuer/submitting organization. It is not available to CMS. ESMCS records that were not validated or processed due to edit/validation failures of the associated parent(s) level records will not be reported in this detail error report. This report contains the acceptance and rejection information of all record levels within the ESMCS for each claim service line. The ESDMCE Report will be generated for each submitted medical claim submission that has been successfully validated at the File Header level.

6.2.7.1 File Layout

This section specifies the file layout for the ESDMCE Report. At a high level it consists of five (5) record types or categories of information as shown in Figure 6-7. The root element of the ESDMCE in the XSD is IssuerPlanMedicalClaimDetail (*IssuerPlanMedicalClaimDetail.xsd*). This element is required and all the other elements defined in this section for the ESDMCE are embedded within this element start and end tags.

Figure 6-7: EDGE Server Detail Medical Claim Error Report Data Categories
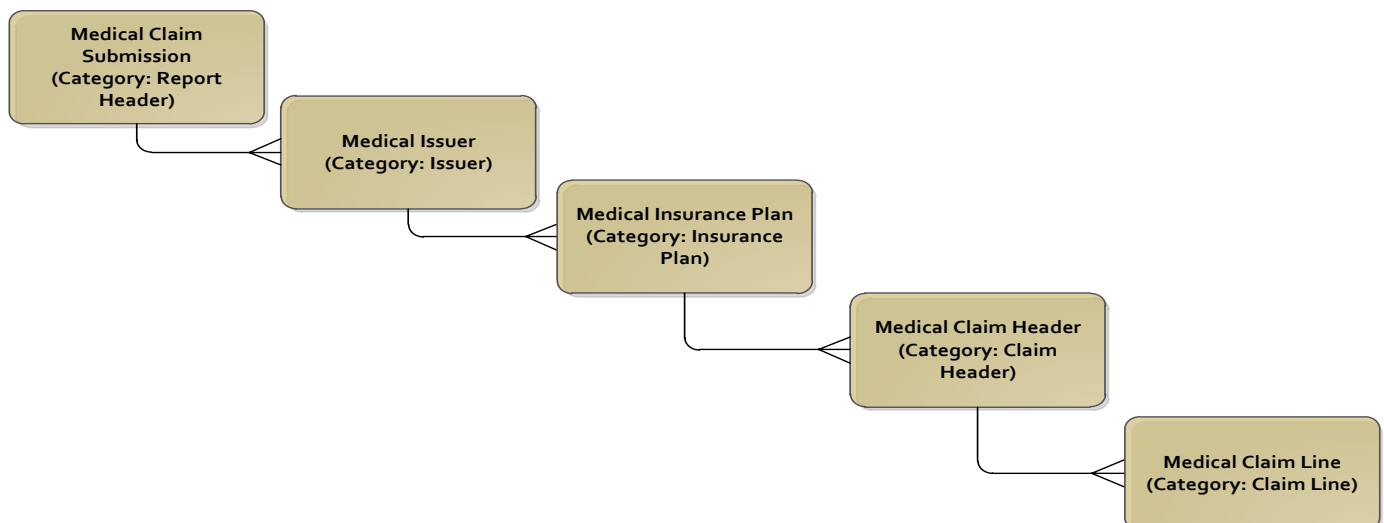
The ESDMCE report consists of a Report Header, and status of Issuer, Plan, Claim Header, Claim Lines and error details.

The ESDMCE XSD schema that should be utilized for creating and reading the XML documents is listed in Appendix B.

6.2.7.2 Business Data Elements and Descriptions

The data characteristics for the ESDMCE Issuer Plan Medical Claim Detail category are as shown in Table 52. These elements are defined in the *IssuerPlanMedicalClaimDetail.xsd*.

Table 52: ESDMCE Issuer Plan Medical Claim Detail Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
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
Issuer Processing Result	This XML element contains the processing results of medical claim submission for each the issuer on the reported submission file. The XML element exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the issuer section of the report. The XML elements defined in the Medical Claim Issuer Processing Result category are included within this element as defined in the XSD.	Issuer	1	includedIssuerProcessingResult

The data characteristics for the ESDMCE Medical Claim Issuer Processing Result category are as shown in Table 53. These elements are defined in the *MedicalClaimIssuerProcessingResult.xsd*.

Table 53: ESDMCE Medical Claim Issuer Processing Result Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given issuer in the submission file.	Issuer	1	issuerRecordIdentifier
Issuer ID	The unique identifier for an issuer.	Issuer	1	issuerIdentifier

Table 53: ESDMCE Medical Claim Issuer Processing Result Data Characteristics, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Issuer Status	This XML element describes if an issuer in medical claim submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer status section of the report.	Status	1	classifyingProcessing StatusType
Issuer Error Reporting	This XML element provides the detailed errors associated with issuer level information. If the issuer record has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer level error reporting section of the report.	Error Message	0 or more (unbounded) per issuer in the reported submission file	recordedError
Plan Processing result	This XML element contains the processing results of medical claim submission on plan level. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the Medical Claim Plan Processing Result category are included within this element as defined in the XSD.	Plan	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedPlanProcessin gResult

The data characteristics for the ESDMCE Medical Claim Plan Processing Result category are as shown in Table 54. These elements are defined in the *MedicalClaimPlanProcessingResult.xsd*.

Table 54: ESDMCE Medical Claim Plan Processing Result Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given plan in the submission file.	Plan	1	planRecordIdentifier
Plan ID	The unique identifier for a plan.	Plan	1	insurancePlanIdentifier
Plan Status	This XML element describes if an Insurance Plan in medical claim submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the insurance plan status section of the report.	Status	1	classifyingProcessing StatusType
Plan Error Reporting	This XML element provides the detailed errors associated with a specific insurance plan. If the Insurance Plan Record has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the insurance plan level error reporting section of the report.	Error Message	0 or more (unbounded) per insurance plan per insurance plan per issuer in the reported submission file	recordedError
Medical Claim Processing result	This XML element contains the processing results of medical claim submission at the claim level. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the medical claim section of the report. The XML elements defined in the Medical Claim Processing Result category are included within this element as defined in the XSD.	Claim Header	1 or more (unbounded) per medical claim per insurance plan per issuer in the reported submission file	includedClaimProcessi ngResult

The data characteristics for the ESDMCE Medical Claim Processing Result category are as shown in Table 55. These elements are defined in the *MedicalClaimProcessingResult.xsd*.

Table 55: ESDMCE Medical Claim Processing Result Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given Medical Claim in the submission file.	Claim Header	1	medicalClaimRecordIdentifier
Claim ID	The unique identifier for a Claim.	Claim Header	1	medicalClaimIdentifier
Claim Status	This XML element describes if a claim in medical claim submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the medical claim header status section of the report.	Status	1	classifyingProcessingStatusType
Claim Error Reporting	This XML element reports the error(s) associated with a Medical Claim. If the Medical Claim has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the medical claim header error reporting section of the report.	Error Message	0 or more (unbounded) per medical claim header per insurance plan per insurance plan per issuer in the reported submission file	recordedError
Medical Claim Line Processing result	This XML element contains the processing results of medical claim line submission on the Claim level. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the medical claim line section of the report. The XML elements defined in the medical claim service line processing result category are included within this element as defined in the XSD.	Claim Line	1 or more (unbounded) per medical claim line per medical claim per insurance plan per issuer in the reported submission file	includedClaimServiceLineProcessingResult

The data characteristics for the ESDMCE Medical Claim Service Line Processing Result category are as shown in Table 56. These elements are defined in the *MedicalClaimServiceLineProcessingResult.xsd*.

Table 56: ESDMCE Medical Claim Service Line Processing Result Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given medical claim line in the submission file.	Claim Line	1	medicalClaimServiceLineRecordIdentifier
Claim Line Sequence Number	Unique number provided on the submission file to represent service(s) submitted on the claim.	Claim Line	1	serviceLineNumber
Claim Line Status	This XML element describes if a claim line in a medical claim submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the medical claim line status section of the report.	Status	1	classifyingProcessingStatusType
Claim Line Error Reporting	This XML element reports error associated with a given Medical Claim Line. If the Medical Claim Line has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the medical claim line error reporting section of the report.	Error Message	0 or more occurences per claim service line per medical claim per insurance plan per issuer in the reported submission file	recordedError

6.2.7.3 Technical Field/Element Characteristics

This section addresses the properties of each element defined in ESDMCE Report. The root element of the ESDMCE in the XSD is IssuerPlanMedicalClaimDetail (*IssuerPlanMedicalClaimDetail.xsd*).

Table 57: ESDMCE Issuer Plan Medical Claim Detail Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
includedFileHeader	Report Header	CommonOutboundFile Header	XML elements for the data type is defined in Section 6.2.5.1.2 (Table 41).
includedIssuerProcessingResult	Issuer Processing result	MedicalClaimIssuerPr ocessingResult	XML elements for the data type is defined in Table 58.

The Field/Element characteristics for the ESDMCE Medical Claim Issuer Processing Result category are as shown in Table 58. These elements are defined in the *MedicalClaimIssuerProcessingResult.xsd*.

Table 58: ESDMCE Medical Claim Issuer Processing Result Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
issuerIdentifier	Issuer ID	String	Length = 5
classifyingProcessingStatusType	Issuer Status	SubmissionProcessing StatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).
recordedError	Issuer Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).
includedPlanProcessingResult	Plan Processing result	MedicalClaimPlanProc essingResult	XML elements for the data type is defined in Table 59.

The Field/Element characteristics for ESDMCE Medical Claim Plan Processing Result category are as shown in Table 59. These elements are defined in the *MedicalClaimPlanProcessingResult.xsd*.

Table 59: ESDMCE Medical Claim Plan Processing Result Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
insurancePlanIdentifier	Plan ID	String	Length = 16
classifyingProcessingStatusType	Plan Status	SubmissionProcessing StatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).

Table 59: ESDMCE Medical Claim Plan Processing Result Field Element Characteristics, continued

XML Element Names	Business Data Element	Data Type	Restrictions
recordedError	Plan Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).
includedClaimProcessingResult	Medical Claim Processing result	MedicalClaimProcessingResult	XML elements for the data type is defined in Table 60.

The Field/Element characteristics for the ESDMCE Medical Claim Processing Result category are as shown in Table 60. These elements are defined in the *MedicalClaimProcessingResult.xsd*.

Table 60: ESDMCE Medical Claim Processing Result Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
medicalClaimRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
medicalClaimIdentifier	Claim ID	String	maxLength = 50
classifyingProcessingStatusType	Claim Status	SubmissionProcessingStatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).
recordedError	Claim Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).
includedClaimServiceLineProcessingResult	Medical Claim Line Processing Result	MedicalClaimServiceLineProcessingResult	XML elements for the data type is defined in Table 61.

The Field/Element characteristics for the ESDMCE Medical Claim Service Line Processing Result category are as shown in Table 61. These elements are defined in the *MedicalClaimServiceLineProcessingResult.xsd*.

Table 61: ESDMCE Medical Claim Service Line Processing Result Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
medicalClaimServiceLineRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
serviceLineNumber	Claim Line Sequnce number	Integer	minInclusive = 1; maxInclusive = 999
classifyingProcessingStatusType	Claim Line Status	SubmissionProcessingStatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).
recordedError	Claim Line Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).

6.2.8 Record Layout and Required Protocols for EDGE Server Detail Pharmacy Claim Error Report (ESDPCE) for Pharmacy Submission

The outbound ESDPCE Report is available only to the issuer/submitting organization. It is not available to CMS. ESPCS records that were not validated or processed due to edit or validation failures of the associated parent(s) records will not be reported in this detail error report. It contains the acceptance and rejection information of all pharmacy claim submission levels. The ESDPCE Report will be generated for each submitted pharmacy claim file submission that has been successfully validated at the File Header level.

6.2.8.1 File Layout

This section specifies the file layout for the ESDPCE Report. At a high level it consists of the four (4) record types or categories of information as shown in Figure 6-8.

Figure 6-8: EDGE Server Detail Pharmacy Claim Error Report Data Categories
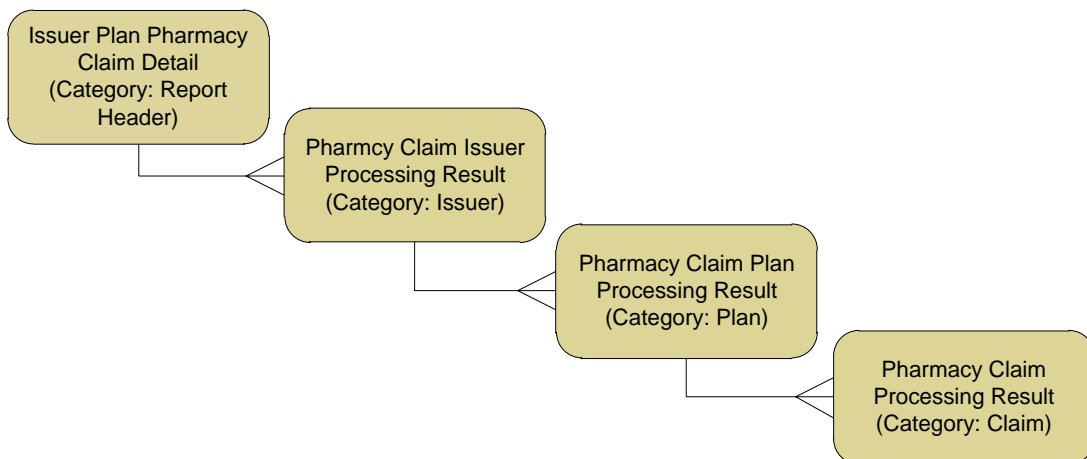
The ESDPCE Report consists of a Report Header, Issuer, Plan, Claim and error details.

The ESDPCE XSD schema that should be utilized for creating the XML documents is listed in Appendix B. The root element of the ESDPCE in the XSD is IssuerPlanPharmacyClaimDetail (I*ssuerPlanPharmacyClaimDetail.xsd*). This element is required and all the other elements defined in this section for the ESDPCE are embedded within this element start and end tags.

6.2.8.2 Data Elements and Descriptions

The data characteristics for the ESDPCE File Header category are as shown in Table 62. These elements are defined in *IssuerPlanPharmacyClaimDetail.xsd*.

Table 62: ESDPCE Issuer Plan Pharmacy Claim Detail Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
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
Issuer Processing Result	This XML element contains the processing results of pharmacy claim submission for each issuer on the reported submission file. The XML element exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the issuer section of the report. The XML elements defined in the Pharmacy Claim Issuer Processing Result are included within this element as defined in the XSD.	Issuer	1	includedIssuerProcessingResult

The data characteristics for the ESDPCE Pharmacy Claim Issuer Processing Result category are as shown in Table 63. These elements are defined in *PharmacyClaimIssuerProcessingResult.xsd*.

Table 63: ESDPCE Pharmacy Claim Issuer Processing Result Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given issuer in the submission file.	Issuer	1	issuerRecordIdentifier
Issuer ID	The unique identifier for an issuer.	Issuer	1	issuerIdentifier

Table 63: ESDPCE Pharmacy Claim Issuer Processing Result Data, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Issuer Status	This XML element describes if an issuer in a pharmacy claim submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer status section of the report.	Status	1	classifyingProcessing StatusType
Issuer Error Reporting	This XML element provides the detailed errors associated with issuer level information. If the issuer Record has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer level error reporting section of the report.	Error Message	0 or more (unbounded) occurences per issuer in the reported submission file	recordedError
Plan Processing Result	This XML element contains the processing results of pharmacy claim submission on plan level. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the issuer section of the report. The XML elements defined in the pharmacy claim plan processing Result category are included within this element as defined in the XSD.	Plan	1 or more (unbounded) occurences per insurance plan per issuer in the reported submission file	includedPlanProcessin gResult

The data characteristics for the ESDPCE Pharmacy Claim Plan Processing Result category are as shown in Table 64. These elements are defined in *PharmacyClaimPlanProcessingResult.xsd*.

Table 64: ESDPCE Pharmacy Claim Plan Processing Result Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for a given plan in the submission file.	Plan	1	planRecordIdentifier
Plan ID	The unique identifier for a plan.	Plan	1	insurancePlanIdentifier
Plan Status	This XML element describes if an insurance plan in a pharmacy claim submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the insurance plan status section of the report.	Status	1	classifyingProcessing StatusType
Plan Error Reporting	This XML element provides the detailed errors associated with a given insurance plan. If the insurance plan record has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the insurance plan level error reporting section of the report.	Error Message	0 or more (unbounded) occurences per insurance plan per issuer in the reported submission file	recordedError
Pharmacy Claim Processing result	This XML element contains the processing results of pharmacy claim submission at the claim level. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the pharmacy claim section of the report. The XML elements defined in the Pharmacy Claim Processing Result category are included within this element as defined in the XSD.	Claim	1 or more (unbounded) occurences per pharmacy claim per insurance plan per issuer in the reported submission file	includedClaimProcessi ngResult

The data characteristics for the ESDPCE Pharmacy Claim Processing Result category are as shown in Table 65. These elements are defined in *PharmacyClaimProcessingResult.xsd*.

Table 65: ESDPCE Pharmacy Claim Processing Result Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given pharmacy claim in the submission file.	Claim	1	pharmacyClaimRecord Identifier
Claim ID	The unique identifier for a claim.	Claim	1	pharmacyClaimIdentifier
Claim Status	This XML element describes if a claim in a pharmacy claim submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the pharmacy claim status section of the report.	Status	1	classifyingProcessing StatusType
Claim Error Reporting	This XML element reports error(s) associated with a given pharmacy claim. If the pharmacy claim has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the pharmacy claim error reporting section of the report.	Error Message	0 or more (unbounded) occurences per pharmacy claim per insurance plan per issuer in the reported submission file	recordedError

6.2.8.3 Technical Field/Element Characteristics

This section addresses the properties of each element defined in ESDPCE Report. These elements are defined in *IssuerPlanPharmacyClaimDetail.xsd*.

Table 66: ESDPCE Issuer Plan Pharmacy Claim Detail Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
includedFileHeader	Report Header	CommonOutboundFile Header	XML elements for the data type is defined in Section 6.2.5.1.2 (Table 41).
includedIssuerProcessingResult	Issuer Processing result	PharmacyClaimIssuer ProcessingResult	XML elements for the data type is defined in Table 67.

The Field/Element characteristics for the ESDPCE Issuer Processing Result category are as shown in Table 67. These elements are defined in *PharmacyClaimIssuerProcessingResult.xsd*.

Table 67: ESDPCE Pharmacy Claim Issuer Processing Result Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
issuerIdentifier	Issuer ID	String	Length = 5
classifyingProcessingStatusType	Issuer Status	SubmissionProcessing StatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).
recordedError	Issuer Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).
includedPlanProcessingResult	Plan Processing result	PharmacyClaimPlanPr ocessingResult	XML elements for the data type is defined in Table 68.

The Field/Element characteristics for the ESDPCE Plan Processing Result category are as shown in Table 68. These elements are defined in *PharmacyClaimPlanProcessingResult.xsd*.

Table 68: ESDPCE Pharmacy Claim Plan Processing Result Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
insurancePlanIdentifier	Plan ID	String	Length = 16
classifyingProcessingStatusType	Plan Status	SubmissionProcessing StatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).
recordedError	Plan Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).
includedClaimProcessingResult	Pharmacy Claim Processing result	PharmacyClaimProces singResult	XML elements for the data type is defined in Table 69.

The Field/Element characteristics for the ESDPCE Claim Processing Result category are as shown in Table 69. These elements are defined in *PharmacyClaimProcessingResult.xsd*.

Table 69: ESDPCE Pharmacy Claim Processing Result Category Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
pharmacyClaimRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
pharmacyClaimIdentifier	Claim ID	String	maxLength = 50
classifyingProcessingStatusType	Claim Status	SubmissionProcessing StatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).
recordedError	Claim Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).

6.2.9 Record Layout and Required Protocols for EDGE Server Detail Enrollment Error Report (ESDEE) for Enrollment Submission

The outbound ESDEE report is available only to the issuer/submitting organization. It is not available to CMS. The ESES records that are not validated due to edit / validation failures of associated parent(s) records will not be reported in the detail error report. The ESDEE contains the acceptance and rejection information of all data levels within the enrollment submission. During the validation process, each enrollee record is assigned a status of accepted or rejected. For rejected records, all fields with known errors are reported back to the issuer/submitter detailing the submitted values and associated Error Code. Fields without errors are not reported back to issuer/submitter. The ESDEE report will be generated for each submitted enrollment submission that has been successfully validated at the file header level.

6.2.9.1 File Layout

This section specifies the file layout for the ESDEE report. At a high level it consists of the four (4) record types or categories of information as shown in Figure 6-9.

Figure 6-9: EDGE Server Detail Enrollment Error Report Data Categories
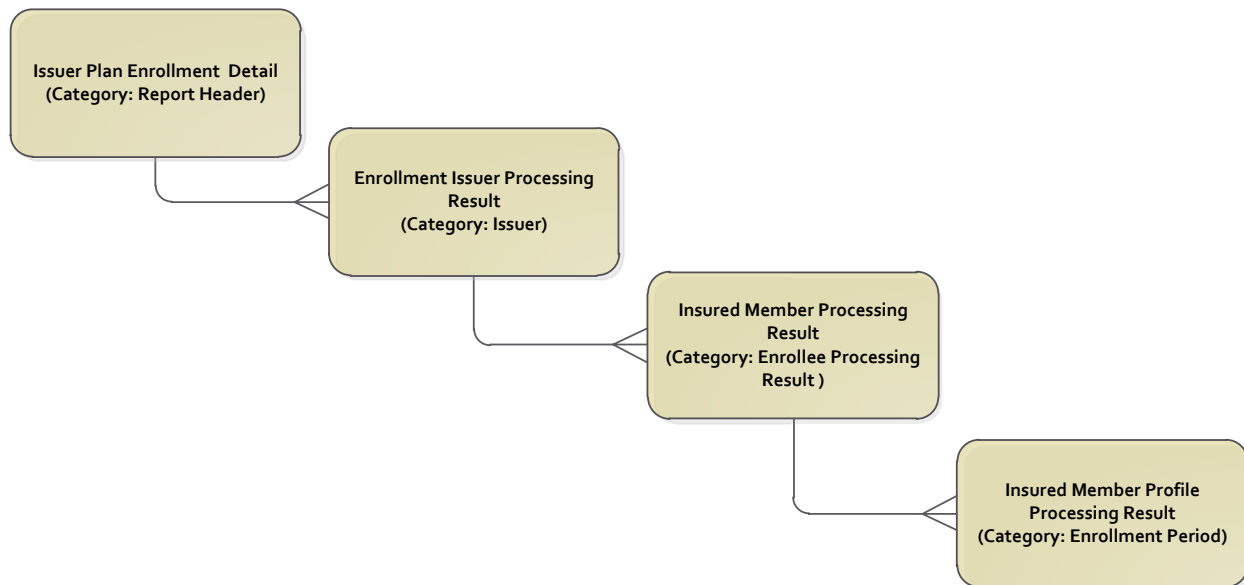
The ESDEE report consists of a report File Header, Issuer, Enrollee Processing Result, Enrollment Periods and error details.

The ESDEE XSD schema that should be utilized for creating the XML documents is listed in Appendix B. The root element of the ESDEE in the XSD is IssuerPlanEnrollmentDetail (*IssuerPlanEnrollmentDetail.xsd*). This element is required and all the other elements defined in this section for the ESDEE are embedded within this element start and end tags.

6.2.9.2 Data Elements and Descriptions

The data characteristics for the ESDEE Issuer Plan Enrollment Detail category are as shown in Table 70. These elements are defined in *IssuerPlanEnrollmentDetail.xsd*.

Table 70: ESDEE Issuer Plan Enrollment Detail Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
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
Issuer Processing result	This XML element contains the processing results of enrollment submission for each issuer on the reported submission file. The XML element exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the issuer section of the report. The XML elements defined in the enrollment issuer processing result category are included within this element as defined in the XSD.	Issuer	1	includedIssuerProcessingResult

The data characteristics for the ESDEE Enrollment Issuer Processing Result category are as shown in Table 71. These elements are defined in *EnrollmentIssuerProcessingResult.xsd*.

Table 71: ESDEE Enrollment Issuer Processing Result Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given issuer in the submission file.	Issuer	1	issuerRecordIdentifier
Issuer ID	The unique identifier for an issuer.	Issuer	1	issuerIdentifier

Table 71: ESDEE Enrollment Issuer Processing Result Data, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Issuer Status	This XML element describes if an issuer in enrollment submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer status section of the report.	Status	1	classifyingProcessing StatusType
Issuer Error Reporting	This XML element provides the detailed errors associated with issuer level information. If the issuer Record has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer level error reporting section of the report.	Error Message	0 or more (unbounded) occurences per issuer in the reported submission file	recordedError
Enrollee Processing result	This XML element contains the processing results of enrollment submission at the enrollee level. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the enrollee section of the report. The XML elements defined in the Insured Member Processing Result category are included within this element as defined in the XSD.	Plan	1 or more (unbounded) occurences per issuer in the reported submission file	includedInsuredMemb erProcessingResult

The data characteristics for the ESDEE Insured Member Processing Result category are as shown in Table 72. These elements are defined in *InsuredMemberProcessingResult.xsd*.

Table 72: ESDEE Insured Member Processing Result Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given Enrollee in the submission file.	Enrollee	1	insuredMemberRecordIdentifier
Enrollee ID	The unique identifier for an Enrollee.	Enrollee	1	insuredMemberIdentifier
Enrollee Status	This XML element describes if an Enrollee in the enrollment submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the enrollee status section of the report.	Status	1	classifyingProcessingStatusType
Enrollee Error Reporting	This XML element reports error associated with a given Enrollee Record. If the Enrollee Record has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the enrollee error reporting section of the report.	Error Message	0 or more (unbounded) occurences per enrolle per issuer in the reported submission file	recordedError
Enrollment Period Processing result	This XML element contains the processing results of Enrollment submission at the Enrollment Period level. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the enrollment period section of the report. The XML elements defined in the Insured Member Profile Processing Result category are included within this element as defined in the XSD.	Enrollment Period	1 or more (unbounded) occurences per enrollment period per enrollee per issuer in the reported submission file	includedInsuredMemberProfileProcessingResult

The data characteristics for the ESDEE Insured Member Profile Processing Result category are as shown in Table 73. These elements are defined in *InsuredMemberProfileProcessingResult.xsd*.

Table 73: ESDEE Insured Member Profile Processing Result Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given enrollment period in the submission file.	Enrollment Period	1	insuredMemberProfile RecordIdentifier
Enrollment Period Status	This XML element describes if an enrollment period in the enrollment submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the enrollment profile status section of the report.	Status	1	classifyingProcessing StatusType
Enrollment Period Error Reporting	This XML element contains the errors associated with a given enrollment period. If the enrollment period record has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the enrollment period reporting section of the report.	Error Message	0 or more (unbounded) occurences per enrollment period per enrollee per issuer in the reported submission file	recordedError

6.2.9.3 Field/Element Characteristics

This section addresses the properties of each element defined in EDGE Server Detail Enrollment Error (ESDEE) Report. These elements are defined in *IssuerPlanEnrollmentDetail.xsd*.

Table 74: ESDEE Issuer Plan Enrollment Detail Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
includedFileHeader	Report Header	CommonOutboundFile Header	XML elements for the data type is defined in Section 6.2.5.1.2 (Table 41).
includedIssuerProcessingResult	Issuer Processing result	EnrollmentIssuerProce ssingResult	XML elements for the data type is defined in Table 75.

The Field/Element characteristics for the ESDEE Enrollment Issuer Processing Result category are as shown in Table 75. These elements are defined in *EnrollmentIssuerProcessingResult.xsd*.

Table 75: ESDEE Enrollment Issuer Processing Result Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
issuerIdentifier	Issuer ID	String	Length = 5
classifyingProcessingStatusType	Issuer Status	SubmissionProcessing StatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).
recordedError	Issuer Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).
includedInsuredMemberProcessing Result	Enrollee Processing result	InsuredMemberProces singResult	XML elements for the data type is defined in Table 76.

The Field/Element characteristics for the ESDEE Insured Member Processing Result category are as shown in Table 76. These elements are defined in *InsuredMemberProcessingResult.xsd*.

Table 76: ESDEE Insured Member Processing Result Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
insuredMemberRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
insuredMemberIdentifier	Enrollee ID	String	maxLength = 50
classifyingProcessingStatusType	Enrollee Status	SubmissionProcessing StatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).
recordedError	Enrollee Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).
includedInsuredMemberProfileProcessingResult	Enrollment Period Processing result	InsuredMemberProfile ProcessingResult	XML elements for the data type is defined in Table 77.

The Field/Element characteristics for the ESDEE Insured Member Profile Processing Result category are as shown in Table 77. These elements are defined in *InsuredMemberProfileProcessingResult.xsd*.

Table 77 ESDEE Insured Member Profile Processing Result Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
insuredMemberProfileRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
classifyingProcessingStatusType	Enrollment Period Status	SubmissionProcessing StatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).
recordedError	Enrollment Period Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).

6.2.10 Record Layout and Required Protocols for EDGE Server Detail Supplemental Diagnosis File Error Report (ESDSFE)

The outbound ESDSFE Report is available only to the issuer/submitting organization. It is not available to CMS. ESSFS records that were not validated or processed due to edit/validation failures of the associated parent(s) level records will not be reported in this detail error report. This report contains the acceptance and rejection information of all record levels within the ESSFS. The ESDSFE Report will be generated for each submitted supplemental diagnosis file submission that has been successfully validated at the File Header level.

6.2.10.1 File Layout

This section specifies the file layout for the ESDSFE Report. At a high level it consists of four (4) record types or categories of information as shown in Figure 6-10: EDGE Server Detail Supplemental Diagnosis File Error Report Data Categories. The root element of the ESDSFE in the XSD is IssuerPlanSupplementalFileDetail (*IssuerPlansupplementalFileDetail.xsd*). This element is required and all the other elements defined in this section for the ESDSFE are embedded within this element start and end tags.

Figure 6-10: EDGE Server Detail Supplemental Diagnosis File Error Report Data Categories
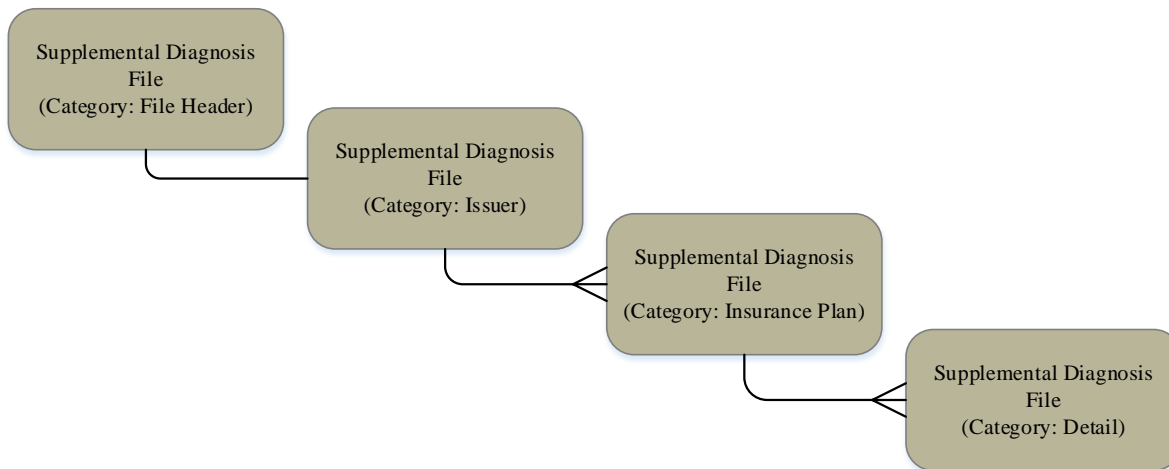
The ESDSFE report consists of a report File Header, Issuer, Insurance Plan, Detail and error details.

The ESDSFE XSD schema that should be utilized for creating and reading the XML documents is listed in Appendix B.

6.2.10.2   Business Data Elements and Descriptions

The data characteristics for the ESDSFE Issuer Plan Supplemental Diagnosis Detail category are as shown in Table 78. These elements are defined in the *IssuerPlanSupplementalDiagnosisDetail.xsd*.

Table 78: ESDSFE Issuer Plan Supplemental Diagnosis Detail Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
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
Issuer Processing Result	This XML element contains the processing results of supplemental diagnosis file submission for each issuer on the reported submission file. The XML element exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the issuer section of the report. The XML elements defined in the Supplemental Diagnosis Issuer Processing Result category are included within this element as defined in the XSD.	Issuer	1	includedIssuerProcessingResult

The data characteristics for the ESDSFE Supplemental Diagnosis Issuer Processing Result category are as shown in Table 79. These elements are defined in the *SupplementalDiagnosisIssuerProcessingResult.xsd.*

**Table 79: ESDSFE Supplemental Diagnosis Issuer Processing Result
Data Characteristics**

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given issuer in the submission file.	Issuer	1	issuerRecordIdentifier
Issuer ID	The unique identifier for an issuer.	Issuer	1	issuerIdentifier
Issuer Status	This XML element describes if an issuer in the supplemental diagnosis file submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer status section of the report.	Status	1	classifyingProcessing StatusType
Issuer Error Reporting	This XML element provides the detailed errors associated with issuer level information. If the issuer record has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer level error reporting section of the report.	Error Message	0 or more (unbounded) per issuer in the reported submission file	recordedError
Plan Processing result	This XML element contains the processing results of supplemental diagnosis file submission on plan level. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the Supplemental Diagnosis Plan Processing Result category are included within this element as defined in the XSD.	Plan	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedPlanProcessin gResult

The data characteristics for the ESDSFE Supplemental Diagnosis Plan Processing Result category are as shown in Table 80. These elements are defined in the *SupplementalDiagnosisPlanProcessingResult.xsd*.

Table 80: ESDSFE Supplemental Diagnosis Plan Processing Result Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given Plan in the submission file.	Plan	1	planRecordIdentifier
Plan ID	The unique identifier for a Plan.	Plan	1	insurancePlanIdentifier
Plan Status	This XML element describes if an Insurance Plan in the supplemental diagnosis file submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the insurance plan status section of the report.	Status	1	classifyingProcessing StatusType
Plan Error Reporting	This XML element provides the detailed errors associated with a specific insurance plan. If the Insurance Plan Record has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the insurance plan level error reporting section of the report.	Error Message	0 or more (unbounded) per insurance plan per insurance plan per issuer in the reported submission file	recordedError
Supplemental Diagnosis Processing result	This XML element contains the processing results of the supplemental diagnosis file submission at the detail level. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the medical claim section of the report. The XML elements defined in the Supplemental Diagnosis Processing Result category are included within this element as defined in the XSD.	Claim Header	1 or more (unbounded) per supplemental diagnosis per insurance plan per issuer in the reported submission file	includedSupplemental DiagnosisProcessingR esult

The data characteristics for the ESDSFE Supplemental Diagnosis Processing Result category are as shown in Table 81. These elements are defined in the *SupplementalDiagnosisProcessingResult.xsd*.

Table 81: ESDSFE Supplemental Diagnosis Processing Result Data

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given Supplemental Diagnosis in the submission file.	Detail	1	supplementalDiagnosisRecordIdentifier
Supplemental Diagnosis Detail Record ID	The unique identifier for a Supplemental Diagnosis Detail Record.	Detail	1	supplementalDiagnosisIdentifier
Detail Status	This XML element describes if a supplemental detail record ID in the Supplemental Diagnosis file submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the medical claim header status section of the report.	Status	1	classifyingProcessingStatusType
Detail Error Reporting	This XML element reports the error(s) associated with a Supplemental Diagnosis file. If the Supplemental Diagnosis file has no errors, then this element will be null (only empty tags will be on the report). It uses the shared error reporting XML elements utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the medical claim header error reporting section of the report.	Error Message	0 or more (unbounded) per supplemental diagnosis header per insurance plan per insurance plan per issuer in the reported submission file	recordedError

6.2.10.3   Technical Field/Element Characteristics

This section addresses the properties of each element defined in ESDSFE Report. The root element of the ESDSFE in the XSD is IssuerPlanSupplementalDiagnosisDetail (*IssuerPlanSupplementalDiagnosisDetail.xsd*).

Table 82: ESDSFE Issuer Plan Supplemental Diagnosis Detail Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
includedFileHeader	Report Header	CommonOutboundFileHeader	XML elements for the data type is defined in Section 6.2.5.1.2 (Table 41).
includedIssuerProcessingResult	Issuer Processing result	SupplementalDiagnosisIssuerProcessingResult	XML elements for the data type is defined in Table 58.

The Field/Element characteristics for the ESDSFE Supplemental Diagnosis Issuer Processing Result category are as shown in Table 83. These elements are defined in the *SupplementalDiagnosisIssuerProcessingResult.xsd*.

Table 83 ESDSFE Supplemental Diagnosis Issuer Processing Result Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
issuerIdentifier	Issuer ID	String	Length = 5
classifyingProcessingStatusType	Issuer Status	SubmissionProcessingStatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43)
recordedError	Issuer Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).
includedPlanProcessingResult	Plan Processing result	SupplementalDiagnosisPlanProcessingResult	XML elements for the data type is defined in Table 59.

The Field/Element characteristics for ESDSFE Supplemental Diagnosis Plan Processing Result category are as shown in Table 84. These elements are defined in the *SupplementalDiagnosisPlanProcessingResult.xsd*.

Table 84: ESDSFE Supplemental Diagnosis Plan Processing Result Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
insurancePlanIdentifier	Plan ID	String	Length = 16
classifyingProcessingStatusType	Plan Status	SubmissionProcessing StatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43).
recordedError	Plan Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45).
includedSupplementalDiagnosisProcessingResult	Supplemental Claim Processing result	SupplementalDiagnosisProcessingResult	XML elements for the data type is defined in Table 60.

The Field/Element characteristics for the ESDSFE Supplemental Diagnosis Processing Result category are as shown in Table 85. These elements are defined in the *SupplementalDiagnosisProcessingResult.xsd*.

Table 85: ESDSFE Supplemental Diagnosis Processing Result Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
supplementalDiagnosisRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
supplementalDiagnosisIdentifier	Detail ID	String	maxLength = 50
classifyingProcessingStatusType	Detail Status	SubmissionProcessing StatusType	XML elements for the data type is defined in Section 6.2.5.2.2 (Table 43)
recordedError	Claim Error Reporting	ErrorMessageType	XML elements for the data type is defined in Section 6.2.5.3.2 (Table 45)

6.2.11 Record Layout and Required Protocols for EDGE Server Summary Enrollment Accept – Reject Error Report (ESSEFE)

The outbound ESSEFE report is available to CMS and the issuer/submitting organization. This report contains counts of accepted enrollee and enrollment period claims at the File Header, Issuer and Plan levels. At the issuer and plan level, the counts are also divided by year and month. The ESSEFE report will be generated for each submitted enrollment file submission that has been successfully validated at the file header level.

6.2.11.1 File Layout

This section specifies the file layout for the ESSEFE report. At a high level it consists of 12 record types or categories of information as shown in Figure 6-11: EDGE Server Summary Enrollment File Accept – Reject Error Report (ESSEFE) Data Categories. The root element of the ESSEFE in the XSD is EnrollmentSummaryAcceptReject (*EnrollmentSummaryAcceptReject.xsd*). This element is required and all the other elements defined in this section for the ESSEFE are embedded within this element start and end tags.

Figure 6-11: EDGE Server Summary Enrollment File Accept – Reject Error Report (ESSEFE) Data Categories
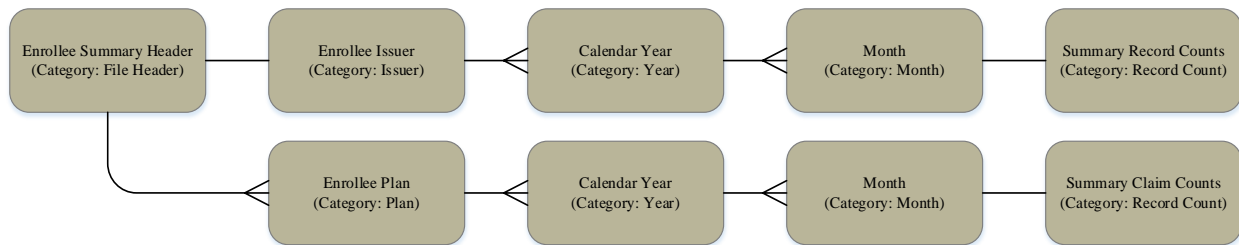
The ESSEFE Report consists of a report File Header, and Summary Record Counts of detail records at the File Header, Issuer, and Plan levels. The ESSEFE XSD schema that should be utilized for creating and reading the XML documents is listed in Appendix B.

6.2.11.2 Business Data Elements and Descriptions

The data characteristics for the ESSEFE Enrollment Summary Header category are as shown in Table 86. These elements are defined in the *EnrollmentSummaryAcceptReject.xsd*.

Table 86: ESSEFE Enrollment Summary Header Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
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
Inbound File Hash	This is the hash generated from the inbound file that was processed to generate this summary report.	File Header	1	inboundFileHash
Detail Report Hash	This is the hash generated from the detail report generated that corresponds to this summary report.	File Header	1	detailReportHash

Table 86: ESSEFE Enrollment Summary Header Data Characteristics, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Enrollee Record Counts	This XML element provides the summary count of enrollee records at the header level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedEnrolleeRecordCounts
Enrollment Error Code Frequency	This XML element provides the summary of error code frequency at the header level. It uses the shared record count XML elements utilized across the outbound reports.	Enrollment Error Code Frequency	0 or more (unbounded)	includedErrorCodeFrequency
Enrollment Period Counts	This XML element provides the summary count of Enrollment Period records at the header level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedEnrollmentPeriodRecordCounts
Issuer Summary Data	This XML element contains the processing results of the Enrollment issuer summary. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the issuer category are included within this element as defined in the XSD.	Issuer	1	includedIssuer
Plan Summary Data	This XML element contains the processing results of Enrollment Plan summary. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the Enrollment Plan category are included within this element as defined in the XSD.	Plan	1 or more (unbounded) per header record in the reported submission file	includedPlan

The data characteristics for the ESSEFE Enrollment Issuer category are as shown in Table 87. These elements are defined in the *EnrollmentIssuerSummary.xsd*.

Table 87: ESSEFE Enrollment Issuer Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given issuer in the submission file.	Issuer	1	issuerRecordIdentifier
Plan Count	The number of plans included in the Enrollment Submission for the issuer.	Issuer	1	issuerPlanCount
Issuer Status	This XML element describes if an issuer in the Enrollment file submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports.	Status	1	classifyingProcessing StatusType
Enrollee Record Counts	This XML element provides the summary count of Enrollee records at the issuer level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedEnrolleeRecor dCounts
Enrollment Period Counts	This XML element provides the summary count of Enrollment Period records at the issuer level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedEnrollmentPer iodRecordCounts
Issuer Year	This XML element contains the processing results of Enrollment issuer year. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the Enrollment Issuer Year category are included within this element as defined in the XSD.	Issuer Year	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedIssuerYear

The data characteristics for the ESSEFE Enrollment Issuer Year category are as shown in Table 88. These elements are defined in the *EnrollmentIssueryear.xsd*.

Table 88: ESSEFE Enrollment Issuer Year Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Calendar Year	The year that represents the data in this category. All enrollment periods with at least one (1) day within the year are included.	Issuer Year	1	issuerYear
Member Months Accepted	The count of member months (enrollment period days / 30) accepted for the calendar year.	Issuer Summary	1	acceptedMonths
Member Months Rejected	The count of member months (enrollment period days / 30) rejected for the calendar year.	Issuer Summary	1	rejectedMonths
Issuer Month	This XML element contains the processing results of the Enrollment Issuer Year for the month. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the enrollment issuer month category are included within this element as defined in the XSD.	Status	1 or more (unbounded) per included year per insurance plan in the reported submission file	includedIssuerMonth

The data characteristics for the ESSEFE Enrollment Issuer Month category are as shown in Table 89. These elements are defined in the *EnrollmentIssuerMonth.xsd*.

Table 89: ESSEFE Enrollment Issuer Month Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Month	The month as defined in the coverageEndDate of the enrollment period record in the enrollment submission file.	Issuer Month	1	issuerMonth
Member Months Accepted	The count of member months (enrollment period days / 30) accepted for the calendar year.	Issuer Month	1	acceptedMonths
Member Months Rejected	The count of member months (enrollment period days / 30) rejected for the calendar year.	Issuer Month	1	rejectedMonths

The data characteristics for the ESSEFE Enrollment Plan category are as shown in Table 90. These elements are defined in the *EnrollmentPlan.xsd*.

Table 90: ESSEFE Enrollment Plan Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Plan ID	Plan ID	Plan	1	planIdentifier
Plan Status	This XML element describes if a plan in the enrollment file submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports.	Status	1	classifyingProcessing StatusType
Enrollee Record Counts	This XML element provides the summary count of enrollee records at the plan level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedEnrolleeRecor dCounts
Enrollment Period Counts	This XML element provides the summary count of enrollment period records at the plan level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedEnrollmentPer iodRecordCounts
Plan Year	This XML element contains the processing results of enrollment issuer year. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the Enrollment Issuer Year category are included within this element as defined in the XSD.	Plan Year	1 or more (unbounded) per insurance plan in the reported submission file	includedPlanYear

The data characteristics for the ESSEFE Enrollment Plan Year category are as shown in Table 91. These elements are defined in the *EnrollmentPlanYear.xsd*.

Table 91: ESSEFE Enrollment Plan Year Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Calendar Year	The year as defined in the coverageEndDate of the Enrollment Period record in the Enrollment submission file.	Plan Year	1	planYear
Member Months Accepted	The count of member months (enrollment period days / 30) accepted for the calendar year.	Plan Year	1	acceptedMonths
Member Months Rejected	The count of member months (enrollment period days / 30) rejected for the calendar year.	Plan Year	1	rejectedMonths
Plan Month	This XML element contains the processing results of the Enrollment Issuer Plan for the month. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the Enrollment Issuer Month category are included within this element as defined in the XSD.	Status	1 or more (unbounded) per included year per insurance plan in the reported submission file	includedPlanMonth

The data characteristics for the ESSEFE Enrollment Issuer Month category are as shown in Table 92. These elements are defined in the *EnrollmentPlanMonth.xsd*.

Table 92: ESSEFE Enrollment Plan Month Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Month	The month as defined in the coverageEndDate of the enrollment period record in the enrollment submission file.	Plan Month	1	planMonth
Member Months Accepted	The count of member months (enrollment period days / 30) accepted for the calendar year.	Plan Month	1	acceptedMonths
Member Months Rejected	The count of member months (enrollment period days / 30) rejected for the calendar year.	Plan Month	1	rejectedMonths

6.2.11.3 Technical Field/Element Characteristics

The Field/Element characteristics for the ESSEFE Enrollment Summary Header category are as shown in Table 93. These elements are defined in the *EnrollmentSummaryAcceptReject.xsd*.

Table 93: ESSEFE Enrollment Summary Header Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
includedFileHeader	Report Header	Common Outbound File Header	XML elements for the data type is defined in Section 6.2.5.1.2 (Table 41).
inboundFileHash	Inbound File Hash	String	None.
detailReportHash	Detail Report Hash	String	None.
includedEnrolleeRecord Counts	Enrollee Record Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.
includedErrorCodeFrequency	Enrollment Error Code Frequency	String	XML elements for the data type is defined in Section 6.2.5.4.2.
includedEnrollmentPeriodRecordCounts	Enrollment Period Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.
includedIssuer	Issuer Summary Data	Enrollment Issuer	XML elements for the data type is defined in Table 94.
includedPlan	Plan Summary Data	Enrollment Plan	XML elements for the data type is defined in Table 97.

The Field/Element characteristics for the ESSEFE Enrollment Issuer category are as shown in Table 94. These elements are defined in the *EnrollmentIssuerSummary.xsd*.

Table 94: ESSEFE Enrollment Issuer Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
issuerPlanCount	Plan Count	Integer	minInclusive = 1; maxInclusive = 999999999
classifyingProcessingStatusType	Issuer Status	Submission Processing Status Type	XML elements for the data type is defined in Table 43.
includedEnrolleeRecord Counts	Enrollee Record Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.
includedEnrollmentPeriodRecordCounts	Enrollment Period Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.
includedIssuerYear	Issuer Year	Enrollment Issuer Year	XML elements for the data type is defined in Table 95.

The data characteristics for the ESSEFE Enrollment Issuer Year category are as shown in Table 95. These elements are defined in the *EnrollmentIssueryear.xsd*.

Table 95: ESSEFE Enrollment Issuer Year Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerYear	Calendar Year	String	Strict-YYYY
acceptedMonths	Member Months Accepted	Integer	minInclusive = 0; maxInclusive = 999999999
rejectedMonths	Member Months Rejected	Integer	minInclusive = 0; maxInclusive = 999999999
includedIssuerMonth	Issuer Month	Enrollment Issuer Month	XML elements for the data type is defined in Table 96.

The Field/Element characteristics for the ESSEFE Enrollment Issuer Month category are as shown in Table 96. These elements are defined in the *EnrollmentIssuerMonth.xsd*.

Table 96: ESSEFE Enrollment Issuer Month Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerMonth	Month	String	minLength = 1; maxLength = 2
acceptedMonths	Member Months Accepted	Integer	minInclusive = 0; maxInclusive = 999999999
rejectedMonths	Member Months Rejected	Integer	minInclusive = 0; maxInclusive = 999999999

The Field/Element characteristics for the ESSEFE Enrollment Plan category are as shown in Table 97. These elements are defined in the *EnrollmentPlan.xsd*.

Table 97: ESSEFE Enrollment Plan Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planIdentifier	Plan ID	String	Length = 16
classifyingProcessingStatusType	Plan Status	Submission Processing Status Type	XML elements for the data type is defined in Table 43.
includedEnrolleeRecordCounts	Enrollee Record Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.
includedEnrollmentPeriodRecordCounts	Enrollment Period Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.
includedPlanYear	Plan Year	Enrollment Plan Year	XML elements for the data type is defined in Table 98.

The Field/Element characteristics for the ESSEFE Enrollment Plan Year category are as shown in Table 98. These elements are defined in the *EnrollmentPlanYear.xsd*.

Table 98: ESSEFE Enrollment Plan Year Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planYear	Calendar Year	String	Strict-YYYY
acceptedMonths	Member Months Accepted	Integer	minInclusive = 0; maxInclusive = 999999999
rejectedMonths	Member Months Rejected	Integer	minInclusive = 0; maxInclusive = 999999999
planMonth	Plan Month	Enrollment Plan Month	XML elements for the data type is defined in Table 99.

The Field/Element characteristics for the ESSEFE Enrollment Issuer Month are as shown in Table 99. These elements are defined in the *EnrollmentPlanMonth.xsd*.

Table 99: ESSEFE Enrollment Plan Month Field Element Characteristics

XML Element Names	Business Data Element	Data Category	Frequency of Occurrence
planMonth	Month	String	minLength = 1; maxLength = 2
acceptedMonths	Member Months Accepted	Integer	minInclusive = 0; maxInclusive = 999999999
rejectedMonths	Member Months Rejected	Integer	minInclusive = 0; maxInclusive = 999999999

6.2.12 Record Layout and Required Protocols for EDGE Server Summary Medical Claim File Accept – Reject Error Report (ESSMFE)

The outbound ESSMFE report is available to CMS and the issuer/submitting organization. This report contains counts of accepted claims at the File Header, Issuer and Plan levels. At the Issuer and Plan level, the counts are divided by year and month. The ESSMFE report will be generated for each submitted medical claim file submission that has been successfully validated at the file header level.

6.2.12.1 File Layout

This section specifies the file layout for the ESSMFE Report. At a high level it consists of 13 record types or categories of information as shown in Figure 6-12: EDGE Server Summary Medical Claim File Accept – Reject Error Report (ESSMFE) Data Categories. The root element of the ESSMFE in the XSD is MedicalClaimSummaryAcceptReject (*MedicalClaimSummaryAcceptReject.xsd*). This element is required and all the other elements defined in this section for the ESSMFE are embedded within this element start and end tags.

Figure 6-12: EDGE Server Summary Medical Claim File Accept – Reject Error Report (ESSMFE) Data Categories
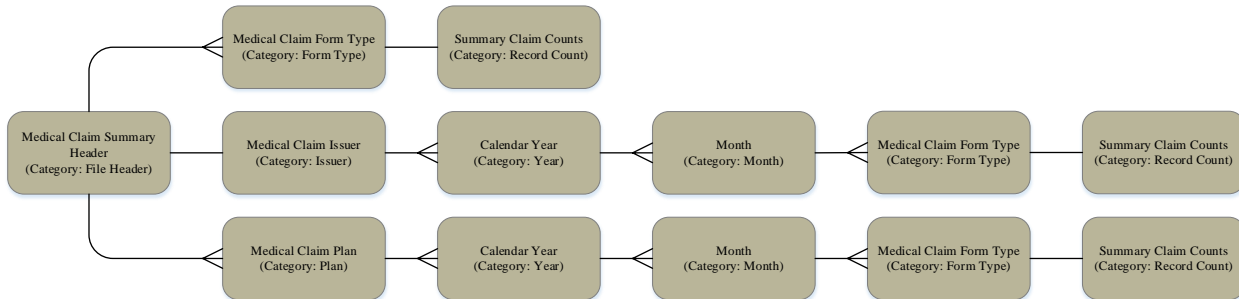
The ESSMFE Report consists of a report File Header, and summary counts of detail records at the File Header, Issuer, and Plan levels for each form type. The ESSMFE XSD schema that should be utilized for creating and reading the XML documents is listed in Appendix B.

6.2.12.2 Business Data Elements and Descriptions

The data characteristics for the ESSMFE Medical Claim Summary Header category are as shown in Table 100. These elements are defined in the *MedicalClaimSummaryAcceptReject.xsd*.

Table 100: ESSMFE Medical Claim Summary Header Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
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
Inbound File Hash	This is the hash generated from the inbound file that was processed to generate this summary report.	File Header	1	inboundFileHash
Detail Report Hash	This is the hash generated from the detail report generated that corresponds to this summary report.	File Header	1	detailReportHash
Medical Claim Counts	This XML element provides the summary count of Medical Claim records at the header level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	claimHeaderCounts

Table 100: ESSMFE Medical Claim Summary Header Data Characteristics, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Medical Claim Error Code Frequency	This XML element provides the summary of error code frequency at the header level. It uses the shared record count XML elements utilized across the outbound reports.	Error Code Frequency	0 or more (unbounded)	includedErrorCodeFrequency
Medical Claim Line Counts	This XML element provides the summary count of Medical Claim Line records at the header level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	claimLineCounts
Form Type	This XML element contains the medical claim form type. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the Supplemental File Issuer category are included within this element as defined in the XSD.	Form Type	1 or 2 per header in the reported submission file	includedFormTypeSummary
Issuer Summary Data	This XML element contains the processing results of the Medical Claim issuer summary. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the Supplemental File Issuer category are included within this element as defined in the XSD.	Issuer	1	includedIssuerSummary
Plan Summary Data	This XML element contains the processing results of medical claim diagnosis plan summary. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental file issuer category are included within this element as defined in the XSD.	Plan	1 or more (unbounded) per report header in the reported submission file	includedPlanSummary

The data characteristics for the ESSMFE Medical Claim Form Type Summary category are as shown in Table 101. These elements are defined in the *MedicalClaimFormTypeSummary.xsd*.

Table 101: ESSMFE Medical Claim Form Type Summary Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Summary Form Type	The form type (Institutional or Professional) at the file header level.	Form Type	1..2	headerFormType
Medical Claim Counts	This XML element provides the summary count of Medical Claim records at the header form type level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	headerClaimCounts
Medical Claim Line Counts	This XML element provides the summary count of medical claim line records at the header form type level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	headerClaimLineCounts

The data characteristics for the ESSMFE Medical Claim Issuer Summary category are as shown in Table 102. These elements are defined in the *MedicalClaimIssuerSummary.xsd*.

Table 102: ESSMFE Medical Claim Issuer Summary Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given issuer in the submission file.	Issuer	1	issuerRecordIdentifier
Issuer ID	The unique identifier for an issuer.	Issuer	1	issuerIdentifier
Issuer Status	This XML element describes if an issuer in the medical claim submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer status section of the report.	Status	1	classifyingProcessing StatusType
Plan Count	The total number of plans for this issuer in the submission file.	Issuer	1	issuerPlanCount
Issuer Calendar Year	This XML element contains the processing results of Medical claim issuer calendar year. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Issuer	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedIssuerYear

The data characteristics for the ESSMFE Medical Claim Issuer Year category are as shown in Table 103. These elements are defined in the *MedicalClaimIssuerYear.xsd*.

Table 103: ESSMFE Medical Claim Issuer Year Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Calendar Year	The calendar year as defined on the Medical Claim	Issuer Year	1	issuerYear
Issuer Month	This XML element contains the processing results of medical claim issuer month. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Issuer Month	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedIssuerMonth

The data characteristics for the ESSMFE Medical Claim Issuer Month category are as shown in Table 104. These elements are defined in the *MedicalClaimIssuerMonth.xsd*.

Table 104: ESSMFE Medical Claim Issuer Month Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Month	Indicates the month as defined by the Dates of Service To on the medical claim detail record	Issuer Month	1	issuerMonth
Issuer Form Type	This XML element contains the form type of the medical claim. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Form Type	1 or 2 per included month per included year per insurance plan in the reported submission file	includedIssuerFormType

The data characteristics for the ESMSFE Medical Claim Issuer Month Form Type category are as shown in Table 105. These elements are defined in the *MedicalClaimIssuerMonthFormType.xsd*.

Table 105: ESSMFE Medical Claim Issuer Month Form Type Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Issuer FormType	Indicates form type of the medical claim (Institutional / Professional)	Issuer Form Type	1	issuerFormType
Issuer Form Type Medical Claim Counts	This XML element provides the summary count of medical claims at the issuer form type level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedIssuerClaimCounts
Issuer Form Type Medical Claim Line Counts	This XML element provides the summary count of medical claim lines at the issuer form type level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedIssuerClaimLineCounts

The data characteristics for the ESSMFE Medical Claim Plan Summary category are as shown in Table 106. These elements are defined in the *MedicalClaimPlanSummary.xsd*.

Table 106: ESSMFE Medical Claim Plan Summary Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given plan in the submission file.	Plan	1	planRecordIdentifier
Plan ID	The unique identifier for a plan.	Plan	1	planIdentifier
Plan Status	This XML element describes if a plan in the Medical Claim file submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer status section of the report.	Status	1	classifyingProcessingStatusType

Table 106: ESSMFE Medical Claim Plan Summary Data Characteristics, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Plan Calendar Year	This XML element contains the processing results of medical claim plan calendar year. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Plan Year	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedPlanYear

The data characteristics for the ESSMFE Medical Claim Plan Year category are as shown in Table 107. These elements are defined in the *MedicalClaimPlanYear.xsd*.

Table 107: ESSMFE Medical Claim Plan Year Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Calendar Year	The calendar year as defined on the medical claim.	Plan Year	1	planYear
Plan Month	This XML element contains the processing results of medical claim plan month. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan Processing Result category are included within this element as defined in the XSD.	Plan Month	1 or more (unbounded) per insurance plan in the reported submission file	includedPlanMonth

The data characteristics for the ESSMFE Medical Claim Plan Month category are as shown in Table 108. These elements are defined in the *MedicalClaimPlanMonth.xsd*.

Table 108: ESSMFE Medical Claim Plan Month Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Month	Indicates the month as defined by the Dates of Service To on the Medical detail record.	Plan Month	1	planMonth
Plan Form Type	This XML element contains the form type of the medical claim. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Form Type	1 or 2 per included month per included year per insurance plan in the reported submission file	includedPlanFormType

The data characteristics for the ESMSFE Medical Claim Plan Form Type category are as shown in Table 109. These elements are defined in the *MedicalClaimPlanMonthFormType.xsd*.

Table 109: ESSMFE Medical Claim Plan Month Form Type Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Plan FormType	Indicates form type of the medical claim (Institutional / Professional).	Plan Form Type	1	planFormType
Plan Form Type Medical Claim Counts	This XML element provides the summary count of medical claims at the plan form type level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedPlanClaimCounts
Plan Form Type Medical Claim Line Counts	This XML element provides the summary count of medical claim lines at the plan form type level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedPlanClaimLine Counts

6.2.12.3   Technical Field/Element Characteristics

The Field/Element characteristics for the ESSMFE Medical Claim Summary Header category are as shown in Table 110. These elements are defined in the *MedicalClaimSummaryAcceptReject.xsd*.

Table 110: ESSMFE Medical Claim Summary Header Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
includedFileHeader	Report Header	File Header	XML elements for the data type is defined in Section 6.2.5.1.2 (Table 41).
inboundFileHash	Inbound File Hash	String	None.
detailReportHash	Detail Report Hash	String	None.
claimHeaderCounts	Medical Claim Counts	Record Count Message Type	minInclusive = 1; maxInclusive = 999999999
includedErrorCodeFrequency	Medical Error Code Frequency	String	XML elements for the data type is defined in Section 6.2.5.4.2.
claimLineCounts	Medical Claim Line Counts	Record Count Message Type	minInclusive = 1; maxInclusive = 999999999
includedFormTypeSummary	Issuer Summary Data	Medical Claim Form Type Summary	XML elements for the data type is defined in Table 111.
includedIssuerSummary	Issuer Summary Data	Medical Claim Issuer Summary	XML elements for the data type is defined in Table 112.
includedPlanSummary	Plan Summary Data	Medical Claim Plan Summary	XML elements for the data type is defined in Table 116.

The Field/Element characteristics for the ESSMFE Medical Claim Form Type Summary category are as shown in Table 111. These elements are defined in the *MedicalClaimFormTypeSummary.xsd*.

Table 111: ESSMFE Medical Claim Form Type Summary Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
headerFormType	Form Type	String	Length = 1
headerClaimCounts	Medical Claim Record Counts	Record Count Message Type	minInclusive = 1; maxInclusive = 999999999
headerClaimLineCounts	Medical Claim Record Counts	Record Count Message Type	minInclusive = 1; maxInclusive = 999999999

The Field/Element characteristics for the ESSMFE Medical Claim Issuer Summary are as shown in Table 112. These elements are defined in the *MedicalClaimIssuerSummary.xsd*.

Table 112: ESSMFE Medical Claim Issuer Summary Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
issuerIdentifier	Issuer ID	String	Length = 5
classifyingProcessingStatusType	Issuer Status	Submission Processing Status Type	XML elements for the data type is defined in Table 43.
issuerPlanCount	Plan Count	Integer	minInclusive = 1; maxInclusive = 999999999
includedIssuerYear	Issuer Calendar Year	Medical Claim Issuer Year	XML elements for the data type is defined in Table 113.

The Field/Element characteristics for the ESSMFE Medical Claim Issuer Year category are as shown in Table 113. These elements are defined in the *MedicalClaimIssuerYear.xsd*.

Table 113: ESSMFE Medical Claim Issuer Year Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerYear	Calendar Year	String	Strict-YYYY
includedIssuerMonth	Issuer Month	Medical Claim Issuer Month	XML elements for the data type is defined in Table 114.

The Field/Element characteristics for the ESSMFE Medical Claim Issuer Month category are as shown in Table 114. These elements are defined in the *MedicalClaimIssuerMonth.xsd*.

Table 114: ESSMFE Medical Claim Issuer Month Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerMonth	Month	String	minLength = 1; maxLength = 2
IncludedIssuerFormType	Issuer Form Type	Medical Claim Issuer Form Type	XML elements for the data type is defined in Table 115.

The Field/Element characteristics for the ESSMFE Medical Claim Issuer Month Form Type category are as shown in Table 115. These elements are defined in the *MedicalClaimIssuerMonthFormType.xsd*.

Table 115: ESSMFE Medical Claim Issuer Form Type Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerFormType	Form Type	Issuer Form Type	Length = 1
includedIssuerClaimCounts	Medical Claim Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.
includedIssuerClaimLine Counts	Medical Claim Line Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.

The Field/Element characteristics for the ESSMFE Medical Claim Plan Summary category are as shown in Table 116. These elements are defined in the *MedicalClaimPlanSummary.xsd*.

Table 116: ESSMFE Medical Claim Plan Summary Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
planIdentifier	Plan ID	String	Length = 16 Format = HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
classifyingProcessing StatusType	Plan Status	Submission Processing Status Type	XML elements for the data type is defined in Table 43.
includedPlanCalendar Year	Plan Calendar Year	Medical Claim Plan Year	XML elements for the data type is defined in Table 117.

The Field Element characteristics for the ESSMFE Medical Claim Plan Year category are as shown in Table 117. These elements are defined in the *MedicalClaimPlanYear.xsd*.

Table 117: ESSMFE Medical Claim Plan Year Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planYear	Calendar Year	String	Strict-YYYY
includedPlanMonth	Plan Month	Medical Claim Plan Month	XML elements for the data type is defined in Table 118.

The data characteristics for the ESSMFE Medical Claim Plan Month category are as shown in Table 118. These elements are defined in the *MedicalClaimPlanMonth.xsd*.

Table 118: ESSMFE Medical Claim Plan Month Data Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planMonth	Month	String	minLength = 1; maxLength = 2
includedPlanFormType	Plan Form Type	Medical Claim Plan Month Form Type	XML elements for the data type is defined in Table 119.

The data characteristics for the ESSMFE Medical Claim Plan Month Form Type category are as shown in Table 119. These elements are defined in the *MedicalClaimPlanMonthFormType.xsd*.

Table 119: ESSMFE Medical Claim Plan Month Form Type Data Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planFormType	Plan Form Type	String	Length = 1.
includePlanClaimCounts	Medical Claim Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.
includePlanClaimLineCounts	Medical Claim Line Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.

6.2.13 Record Layout and Required Protocols for EDGE Server Summary Pharmacy Claim File Accept – Reject Error Report (ESSPFE)

The outbound ESSPFE Report is available to CMS and the issuer/submitting organization. This report contains counts of accepted claims at the File Header, Issuer and Plan levels. At the Issuer and Plan level, the counts are divided by year and month. The ESSPFE Report will be generated for each submitted pharmacy claim file submission that has been successfully validated at the file header level.

6.2.13.1 File Layout

This section specifies the file layout for the ESSPFE Report. At a high level it consists of 10 record types or categories of information as shown in Figure 6-13: EDGE Server Summary Pharmacy Claim File Accept – Reject Error Report (ESSPFE) Data Categories. The root element of the ESSPFE in the XSD is PharmacyClaimSummaryAcceptReject (*PharmacyClaimSummaryAcceptReject.xsd*). This element is required and all the other elements defined in this section for the ESSPFE are embedded within this element start and end tags.

Figure 6-13: EDGE Server Summary Pharmacy Claim File Accept – Reject Error Report (ESSPFE) Data Categories
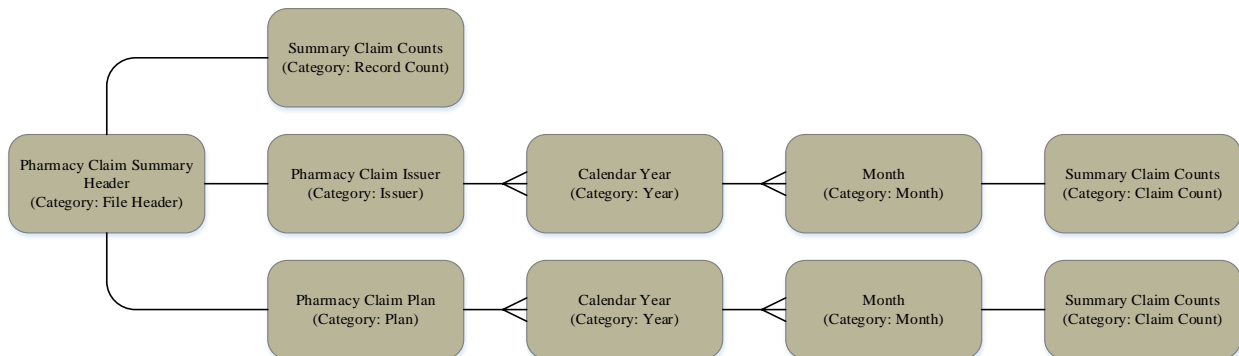
The ESSPFE Report consists of a report File Header, and summary counts of detail records at the File Header, Issuer and Plan levels. The ESSPFE XSD schema that should be utilized for creating and reading the XML documents is listed in Appendix B.

6.2.13.2   Business Data Elements and Descriptions

The data characteristics for the ESSPFE Pharmacy Claim Summary Header category are as shown in Table 120. These elements are defined in the *PharmacyClaimSummaryAcceptReject.xsd*.

Table 120: ESSPFE Pharmacy Claim Summary Header Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
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
Inbound File Hash	This is the hash generated from the inbound file that was processed to generate this summary report.	File Header	1	inboundFileHash
Detail Report Hash	This is the hash generated from the detail report generated that corresponds to this summary report.	File Header	1	detailReportHash

Table 120: ESSPFE Pharmacy Claim Summary Header Data Characteristics, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Pharmacy Detail Record Counts	This XML element provides the summary count of pharmacy claim records at the header level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedRecordCounts
Pharmacy Error Code Frequency	This XML element provides the summary of error code frequency at the header level. It uses the shared record count XML elements utilized across the outbound reports.	Error Code Frequency	0 or more (unbounded)	includedErrorCodeFrequency
Issuer Summary Data	This XML element contains the processing results of the Pharmacy Claim issuer summary. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental file issuer category are included within this element as defined in the XSD.	Issuer	1	includedIssuerSummary
Plan Summary Data	This XML element contains the processing results of pharmacy claim diagnosis plan summary. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental file issuer category are included within this element as defined in the XSD.	Plan	1 or more (unbounded) per report header in the reported submission file	includedPlanSummary

The data characteristics for the ESSPFE Pharmacy Claim Issuer Summary category are as shown in Table 121. These elements are defined in the *PharmacyClaimIssuerSummary.xsd*.

Table 121: ESDSFE Pharmacy Claim Issuer Summary Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given issuer in the submission file.	Issuer	1	issuerRecordIdentifier
Issuer ID	The unique identifier for an issuer.	Issuer	1	issuerIdentifier
Issuer Status	This XML element describes if an issuer in the pharmacy claim submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer status section of the report.	Status	1	classifyingProcessing StatusType
Plan Count	The total number of plans for this issuer in the submission file.	Issuer	1	issuerPlanCount
Issuer Calendar Year	This XML element contains the processing results of pharmacy claim issuer calendar year. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Issuer	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedIssuerYear

The data characteristics for the ESSPFE Pharmacy Claim Issuer Year category are as shown in Table 122. These elements are defined in the *PharmacyClaimIssuerYear.xsd*.

Table 122: ESSPFE Pharmacy Claim Issuer Year Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Calendar Year	The calendar year as defined on the pharmacy claim.	Issuer Year	1	issuerYear
Issuer Month	This XML element contains the processing results of pharmacy claim issuer month. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Issuer Month	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedIssuerMonth

The data characteristics for the ESSPFE Pharmacy Claim Issuer Month category are as shown in Table 123. These elements are defined in the *PharmacyClaimIssuerMonth.xsd*.

Table 123: ESSPFE Pharmacy Claim Issuer Month Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Month	Indicates the month as defined by the Dates of Service - To on the pharmacy claim detail record.	Issuer Month	1	issuerMonth
Pharmacy Claim Record Counts	This XML element provides the summary count of pharmacy detail records at the issuer month level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedIssuerMonthCounts

The data characteristics for the ESSPFE Pharmacy Claim Plan Summary category are as shown in Table 124. These elements are defined in the *PharmacyClaimPlanSummary.xsd*.

Table 124: ESSPFE Pharmacy Claim Plan Summary Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given plan in the submission file.	Plan	1	planRecordIdentifier
Plan ID	The unique identifier for a plan.	Plan	1	planIdentifier
Plan Status	This XML element describes if a plan in the pharmacy claim file submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer status section of the report.	Status	1	classifyingProcessing StatusType
Plan Calendar Year	This XML element contains the processing results of pharmacy claim plan calendar year. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Plan	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedPlanYear

The data characteristics for the ESSPFE Pharmacy Claim Plan Year category are as shown in Table 125. These elements are defined in the *PharmacyClaimPlanYear.xsd*.

Table 125: ESSPFE Pharmacy Claim Plan Year Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Calendar Year	The calendar year as defined on the Pharmacy Claim	Plan Year	1	planCalendarYear
Plan Month	This XML element contains the processing results of pharmacy claim plan month. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Plan Month	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedPlanMonth

The data characteristics for the ESSPFE Pharmacy Claim Plan Month category are as shown in Table 126. These elements are defined in the *PharmacyClaimPlanMonth.xsd*.

Table 126: ESSPFE Pharmacy Claim Plan Month Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Month	Indicates the month as defined by the Dates of Service - To on the pharmacy detail record	Plan Month	1	planMonth
Supplemetental Detail Record Counts	This XML element provides the summary count of pharmacy claim records at the plan month level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedPlanMonthCounts

6.2.13.3 Technical Field/Element Characteristics

The Field/Element characteristics for the ESDSFE Pharmacy Claim Summary Header category are as shown in Table 127. These elements are defined in the *PharmacyClaimSummaryAcceptReject.xsd*.

Table 127: ESSPFE Pharmacy Claim Summary Header Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
includedFileHeader	Report Header	Common Outbound File Header	XML elements for the data type is defined in Section 6.2.5.1.2 (Table 41).
inboundFileHash	Inbound File Hash	String	None.
detailReportHash	Detail Report Hash	String	None.
includedRecordCounts	Pharmacy Claim Record Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.
includedErrorCodeFrequency	Pharmacy Error Code Frequency	String	XML elements for the data type is defined in Section 6.2.5.4.2.
includedIssuerSummary	Issuer Summary Data	Pharmacy Claim Issuer Summary	XML elements for the data type is defined in Table 128.
includedPlanSummary	Plan Summary Data	Pharmacy Claim Plan Summary	XML elements for the data type is defined in Table 131.

The Field/Element characteristics for the ESSPFE Pharmacy Claim Issuer Summary category are as shown in Table 128. These elements are defined in the *PharmacyClaimIssuerSummary.xsd*.

Table 128: ESSPFE Pharmacy Claim Issuer Summary Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
issuerIdentifier	Issuer ID	String	Length = 5
classifyingProcessingStatusType	Issuer Status	Submission Processing Status Type	XML elements for the data type is defined in Table 43.
issuerPlanCount	Plan Count	Integer	minInclusive = 1; maxInclusive = 999999999
includedIssuerYear	Issuer Calendar Year	Pharmacy Claim Issuer Year	XML elements for the data type is defined in Table 129.

The Field/Element characteristics for the ESSPFE Pharmacy Claim Issuer Year category are as shown in Table 129. These elements are defined in the *PharmacyClaimIssuerYear.xsd*.

Table 129: ESSPFE Pharmacy Claim Issuer Year Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerYear	Calendar Year	String	Strict-YYYY
includedIssuerYear	Issuer Month	Pharmacy Claim Issuer Month	XML elements for the data type is defined in Table 130.

The Field/Element characteristics for the ESSPFE Pharmacy Claim Issuer Month category are as shown in Table 130. These elements are defined in the *PharmacyClaimIssuerMonth.xsd*.

Table 130: ESSPFE Pharmacy Claim Issuer Month Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerMonth	Month	String	minLength = 1; maxLength = 2
includedIssuerMonthCounts	Pharmacy Claim Record Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.

The Field/Element characteristics for the ESSPFE Pharmacy Claim Plan Summary category are as shown in Table 131. These elements are defined in the *PharmacyClaimPlanSummary.xsd*.

Table 131: ESSPFE Pharmacy Claim Plan Summary Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
planIdentifier	Plan ID	String	Length = 16 Format = HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
classifyingProcessingStatusType	Plan Status	Submission Processing Status Type	XML elements for the data type is defined in Table 43.
includedPlanYear	Plan Calendar Year	Pharmacy Claim Plan Year	XML elements for the data type is defined in Table 132.

The Field Element characteristics for the ESSPFE Pharmacy Claim Plan Year category are as shown in Table 132. These elements are defined in the *PharmacyClaimPlanYear.xsd*.

Table 132: ESSPFE Pharmacy Claim Plan Year Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planCalendarYear	Calendar Year	String	Strict-YYYY
includedPlanYear	Issuer Month	Pharmacy Claim Plan Month	XML elements for the data type is defined in Table 133.

The data characteristics for the ESSPFE Pharmacy Claim Plan Month category are as shown in Table 133. These elements are defined in the *PharmacyClaimPlanMonth.xsd*.

Table 133: ESSPFE Pharmacy Claim Plan Month Data Characteristics

| XML Element Names	Business Data Element	Data Type	Restrictions
planMonth	Month	String	minLength = 1; maxLength = 2
includePlanMonthCounts	Pharmacy Claim Record Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.

6.2.14 Record Layout and Required Protocols for EDGE Server Summary Supplemental Diagnosis File Accept – Reject Error Report (ESSSFE)

The outbound ESSSFE Report is available to CMS and the issuer/submitting organization. This report contains counts of accepted claims at the File Header, Issuer and Plan levels. At the Issuer and Plan level, the counts are divided by year and month. The ESSSFE Report will be generated for each submitted supplemental diagnosis file submission that has been successfully validated at the File Header level.

6.2.14.1 File Layout

This section specifies the file layout for the ESSSFE Report. At a high level it consists of 10 record types or categories of information as shown in Figure 6-14: EDGE Server Summary Supplemental Diagnosis File Accept – Reject Error Report (ESSSFE) Data Categories. The root element of the ESSSFE in the XSD is SupplementalFileSummaryAcceptReject (*SupplementalFileSummaryAcceptReject.xsd*). This element is required and all the other elements defined in this section for the ESSSFE are embedded within this element start and end tags.

Figure 6-14: EDGE Server Summary Supplemental Diagnosis File Accept – Reject Error Report (ESSSFE) Data Categories
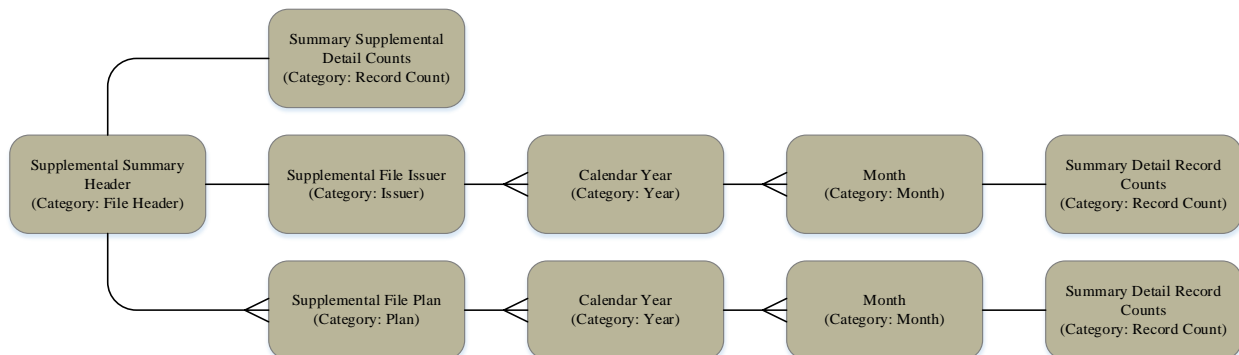
The ESSSFE report consists of a report File Header, and summary counts of detail records at the File Header, Issuer, and Plan levels. The ESSSFE XSD schema that should be utilized for creating and reading the XML documents is listed in Appendix B.

6.2.14.2 Business Data Elements and Descriptions

The data characteristics for the ESSSFE Supplemental Summary Header category are as shown in Table 134. These elements are defined in the *SupplementalFileSummaryAcceptReject.xsd*.

Table 134: ESSSFE Supplemental Summary Header Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
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
Inbound File Hash	This is the hash generated from the inbound file that was processed to generate this summary report.	File Header	1	inboundFileHash
Detail Report Hash	This is the hash generated from the detail report generated that corresponds to this summary report.	File Header	1	detailReportHash
Supplemetental Detail Record Counts	This XML element provides the summary count of supplemental detail records at the header level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedRecordCounts
Supplemental Claim Error Code Frequency	This XML element provides the summary of error code frequency at the header level. It uses the shared record count XML elements utilized across the outbound reports.	Supplemental Error Code Frequency	0 or more (unbounded)	includedErrorCodeFrequency
Issuer Summary Data	This XML element contains the processing results of supplemental diagnosis issuer summary. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental file issuer category are included within this element as defined in the XSD.	Issuer	1	includedIssuerSummary

Table 134: ESSSFE Supplemental Summary Header Data Characteristics, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Plan Summary Data	This XML element contains the processing results of supplemental diagnosis plan summary. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental file issuer category are included within this element as defined in the XSD.	Plan	1 or more (unbounded) per report header in the reported submission file	includedPlanSummary

The data characteristics for the ESSSFE Supplemental Issuer Summary category are as shown in Table 135. These elements are defined in the *SupplementalIssuerSummary.xsd*.

Table 135: ESSSFE Supplemental Issuer Summary Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given issuer in the submission file.	Issuer	1	issuerRecordIdentifier
Issuer ID	The unique identifier for an issuer.	Issuer	1	issuerIdentifier
Issuer Status	This XML element describes if an issuer in the supplemental diagnosis file submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer status section of the report.	Status	1	classifyingProcessing StatusType
Plan Count	The total number of plans for this issuer in the submission file.	Issuer	1	issuerPlanCount

Table 135: ESSSFE Supplemental Issuer Summary Data Characteristics, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Issuer Calendar Year	This XML element contains the processing results of supplemental diagnosis issuer calendar year. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental Ddagnosis plan processing result category are included within this element as defined in the XSD.	Issuer Year	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedIssuerYear

The data characteristics for the ESSSFE Supplemental Issuer Year category are as shown in Table 136. These elements are defined in the *SupplementalIssuerYear.xsd*.

Table 136: ESSSFE Supplemental Issuer Year Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Calendar Year	The calendar year as defined on the Supplemental Claim.	Issuer Year	1	issuerYear
Issuer Month	This XML element contains the processing results of supplemental diagnosis issuer month. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Issuer Month	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedIssuerMonth

The data characteristics for the ESDSFE Supplemental Issuer Month category are as shown in Table 137. These elements are defined in the *SupplementalIssuerMonth.xsd*.

Table 137: ESDSFE Supplemental Issuer Month Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Month	Indicates the month as defined by the Dates of Service To on the Supplemental detail record.	Issuer Month	1	issuerMonth
Supplemetental Detail Record Counts	This XML element provides the summary count of supplemental detail records at the issuer month Level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedIssuerMonthCounts

The data characteristics for the ESSSFE Supplemental Plan Summary category are as shown in Table 138. These elements are defined in the *SupplementalPlanSummary.xsd*.

Table 138: ESSSFE Supplemental Diagnosis Plan Summary Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Record Identifier	The record number for given plan in the submission file.	Plan	1	planRecordIdentifier
Plan ID	The unique identifier for a plan.	Plan	1	planIdentifier
Plan Status	This XML element describes if a plan in the supplemental diagnosis file submission is accepted or rejected. It uses the shared classifying status XML element utilized across the outbound reports. The XML element exists to connect this level of the XML file to the nested shared elements and has no business meaning. It should be processed to identify the issuer status section of the report.	Status	1	classifyingProcessing StatusType

Table 138: ESSSFE Supplemental Diagnosis Plan Summary Data Characteristics, continued

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Plan Calendar Year	This XML element contains the processing results of supplemental diagnosis plan calendar year. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Plan Year	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedPlanYear

The data characteristics for the ESSSFE Supplemental Plan Year category are as shown in Table 139. These elements are defined in the *SupplementalPlanYear.xsd*.

Table 139: ESSSFE Supplemental Plan Calendar Year Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Calendar Year	The calendar year as defined on the supplemental claim.	Plan Year	1	planYear
Issuer Month	This XML element contains the processing results of supplemental diagnosis plan month. It exists to connect this level of the XML file to the next level of nested XML elements and has no business meaning. It should be processed to identify the insurance plan section of the report. The XML elements defined in the supplemental diagnosis plan processing result category are included within this element as defined in the XSD.	Plan Month	1 or more (unbounded) per insurance plan per issuer in the reported submission file	includedPlanMonth

The data characteristics for the ESSSFE Supplemental Plan Month category are as shown in Table 140. These elements are defined in the *SupplementalPlanMonth.xsd*.

Table 140: ESSSFE Supplemental Plan Month Data Characteristics

Business Data Element	Description	Data Category	Frequency of Occurrence	XML Element Names
Month	Indicates the month as defined by the Dates of Service - To on the supplemental detail record.	Plan Month	1	planMonth
Supplemetental Detail Record Counts	This XML element provides the summary count of supplemental detail records at the issuer month level. It uses the shared record count XML elements utilized across the outbound reports.	Record Count	1	includedPlanMonthCounts

6.2.14.3   Technical Field/Element Characteristics

The Field/Element characteristics for the ESSSFE Supplemental Summary Header category are as shown in Table 141. These elements are defined in the *SupplementalFileSummaryAcceptReject.xsd*.

Table 141: ESSSFE Supplemental Summary Header Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
includedFileHeader	Report Header	Common Outbound File Header	XML elements for the data type is defined in Section 6.2.5.1.2 (Table 41).
inboundFileHash	Inbound File Hash	String	None.
detailReportHash	Detail Report Hash	String	None.
includedRecordCounts	Supplemetental Detail Record Counts	Record Count Message Type	XML elements for the data type is defined in Section 6.2.5.5.2.
includedErrorCodeFrequency	Supplemental Error Code Frequency	String	XML elements for the data type is defined in Section 6.2.5.4.2.
includedIssuerSummary	Issuer Summary Data	Supplemental Issuer Summary	XML elements for the data type is defined in Table 142.
includedPlanSummary	Plan Summary Data	Supplemental Plan Summary	XML elements for the data type is defined in Table 145.

The Field/Element characteristics for the ESSSFE Supplemental Issuer Summary category are as shown in Table 142. These elements are defined in the *SupplementalIssuerSummary.xsd*.

Table 142: ESSSFE Supplemental Issuer Summary Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
issuerIdentifier	Issuer ID	String	Length = 5
classifyingProcessingStatusType	Issuer Status	Submission Processing Status Type	XML elements for the data type is defined in Table 43.
issuerPlanCount	Plan Count	Integer	minInclusive = 1; maxInclusive = 999999999
includedIssuerYear	Issuer Calendar Year	SupplementalDiagnosisIssuerSummaryYear	XML elements for the data type is defined in Table 143.

The Field/Element characteristics for the ESSSFE Supplemental Issuer Year category are as shown in Table 143. These elements are defined in the *SupplementalIssuerYear.xsd*.

Table 143: ESSSFE Supplemental Issuer Year Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerYear	Calendar Year	String	Strict-YYYY
includedIssuerMonth	Issuer Month	Supplemental Issuer Month	XML elements for the data type is defined in Table 144.

The Field/Element characteristics for the ESSSFE Supplemental Issuer Month category are as shown in Table 144. These elements are defined in the *SupplementalIssuerMonth.xsd*.

Table 144: ESDSFE Supplemental Issuer Month Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
issuerMonth	Month	String	minLength = 1; maxLength = 2
includedIssuerMonthCounts	Supplemetental Detail Record Counts	Record Count	XML elements for the data type is defined in Section 6.2.5.5.2.

The Field/Element characteristics for the ESSSFE Supplemental Plan Summary category are as shown in Table 145. These elements are defined in the *SupplementalPlanSummary.xsd*.

Table 145: ESSSFE Supplemental Plan Summary Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planRecordIdentifier	Record Identifier	Integer	minInclusive = 1; maxInclusive = 999999999
planIdentifier	Plan ID	String	Length = 16 Format = HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant (ex. 12345VA001999901) (only alphanumeric)
classifyingProcessingStatusType	Plan Status	Status	XML elements for the data type is defined in Table 43.
includedPlanYear	Plan Calendar Year	Supplemental Plan Year	XML elements for the data type is defined in Table 146.

The Field Element characteristics for the ESSSFE Supplemental Plan Year category are as shown in Table 146. These elements are defined in the *SupplementalPlanYear.xsd*.

Table 146: ESSSFE Supplemental Plan Year Field Element Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planCalendarYear	Calendar Year	String	Strict-YYYY
includedPlanMonth	Issuer Month	Supplemental Plan Month	XML elements for the data type is defined in Table 147.

The data characteristics for the ESSSFE Supplemental Plan Month category are as shown in Table 147. These elements are defined in the *SupplementalPlanMonth.xsd*.

Table 147: ESSSFE Supplemental Plan Month Data Characteristics

XML Element Names	Business Data Element	Data Type	Restrictions
planMonth	Month	String	minLength = 1; maxLength = 2
includePlanMonthCounts	Supplemetental Detail Record Counts	Record Count	XML elements for the data type is defined in Section 6.2.5.5.2.

6.3 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 SSH/SFTP and HTTPS. Further, all web browser communication with the EDGE server will also be done using HTTPS. IP Tables will be configured for EDGE server to restrict incoming and outgoing network traffic across the server only for specific ports.

6.3.1 Interface Initiation

The system operates on a SFTP interface along with user interface for light weight submission and report access with 24x7 availability.

6.3.2 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 be 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.

6.4 Security Requirements

The security requirements for submitting inbound files and accessing the outbound files are described in Section 5.5.

Acronyms

Acronym	Literal Translation
ACA	Affordable Care Act
CCIIO	Center for Consumer Information and Insurance Oversight
CCMT	Claim Count Message Type
CEFR	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
ECD	Enrollee (Without) Claims Detail
ECS	Enrollee (Without) Claims Summary
EDI	Electronic Data Interchange
ES	EDGE Server
ESDMCE	EDGE Server Detail Medical Claim Error Report
ESDPCE	EDGE Server Detail Pharmacy Claim Error Report
ESDEE	EDGE Server Detail Enrollment Error Report
ESDSFE	EDGE Server Detail Supplemental Diagnosis File Error Report
ESES	EDGE Server Enrollment Submission
ESFAR	EDGE Server File Accept-Reject Report
ESMCS	EDGE Server Medical Claims Submission
ESPCS	EDGE Server Pharmacy Claims Submission
ESSEFE	EDGE Server Summary Enrollment File Accept-Reject Error Report
ESSFS	EDGE Server Supplemental File Submission
ESSMFE	EDGE Server Summary Medical Claim File Accept-Reject Error Report
ESSPFE	EDGE Server Summary Pharmacy Claim File Accept-Reject Error Report
ESSSFE	EDGE Server Summary Supplemental Diagnosis File Accept-Reject Error Report
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
MC	Medical Claim
MR	Medical Record
NDC	National Drug Code
NPI	National Provider Identifier
RA	Risk Adjustment
RACSD	Risk Adjustment Claim Selection Detail Report

Acronyms, continued

Acronym	Literal Translation
RACSS	Risk Adjustment Claim Selection Summary Report
RADVPS	Risk Adjustment Data Validation Population Summary Statistics 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
SFTP	Secure File Transfer Protocol
SSH	Secure Shell
SSL	Secure Sockets Layer
XML	Extensible Markup Language
XSD	XML Schema Definition

Appendix A: EDGE Server Inbound Submission XSDs

This section presents the XSD schema for the EDGE Server Inbound Submission files. These files are located in the REGTAP Library at https://www.regtap.info/. The issuer/submitter will utilize the XSD files to generate the XML instance of the reports listed below:

- EDGE Server Enrollment Submission (ESES)
- EDGE Server Medical Claims Submission (ESMCS)
- EDGE Server Pharmacy Claims Submission (ESPCS) files
- EDGE Server Supplemental Diagnosis File Submission (ESSFS)

Appendix B: 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/.

- EDGE Server File Accept-Reject (ESFAR) report for enrollee, medical, pharmacy and supplemental
- EDGE Server Detail Medical Claim Error Report (ESDMCE)
- EDGE Server Detail Pharmacy Claim Error Report (ESDPCE)
- EDGE Server Detail Enrollment Error Report (ESDEE)
- EDGE Server Detail Supplemental Diagnosis File Error Report (ESDSFE)
- EDGE Server Summary Supplemental Diagnosis File Accept – Reject Error Report (ESSSFE)
- EDGE Server Summary Pharmacy Claim File Accept – Reject Error Report (ESSPFE)
- EDGE Server Summary Medical Claim File Accept – Reject Error Report (ESSMFE)
- EDGE Server Summary Enrollment Accept – Reject Error Report (ESSEFE).

Appendix C: EDGE Server Error Code Definition

This section defines the Error Codes that will be used for the EDGE server outbound reports. The document defines the Error Code, including the complete list of validation failures and corresponding codes and messages that will be displayed in the outbound reports. This file (*FM EDGE File Ingest Error Codes*) is located in the REGTAP Library at https://www.regtap.info/.

Appendix D: ICD – Risk Adjustment and Reinsurance Addendum

This section defines the specifications for additional EDGE server outbound reports being produced when updated code is released. The document defines the "orphan" and Frequency Distribution Reports, including the complete file layout and corresponding XML elements for the following outbound reports:

- Claim and Enrollee Frequency Report (CEFR)
- Enrollee (Without) Claims Detail Report(ECD)
- Enrollee (Without) Claims Summary Report(ECS)
- Frequency Report by Data Element for Enrollment Accepted Files (FDEEAF)
- Frequency Report by Data Element for Pharmacy Accepted Files (FDEPAF)
- Frequency Report by Data Element for Medical Accepted Files (FDEMAF)
- Frequency Report by Data Element for Supplemental Accepted Files (FDESAF)
- Reinsurance Detail Enrollee (RIDE)
- Reinsurance Summary Report (RISR)
- Risk Adjustment Claim Selection Detail (RACSD)
- Risk Adjustment Claim Selection Summary (RACSS)
- Risk Adjustment Data Validation Population Summary Statistics (RADVPS)
- RA Risk Score Detail (RARSD)
- Risk Adjustment Risk Score Summary (RARSS)
- Risk Adjustment Transfer Elements Extract (RATEE)
- Risk Adjustment User Fee (RAUF)

This file (*Interface Control Document – Risk Adjustment and Reinsurance Addendum*) is located in the REGTAP Library at https://www.regtap.info/.