

## Appendix A

### Data Elements for Risk Adjustment and Reinsurance

Data Category	Data Elements	Submitting Entity
Geographic Data	<ul style="list-style-type: none"><li>• Plan ID</li><li>• Metal Level</li><li>• Actuarial Value</li><li>• Benefit Year</li><li>• Rating Area</li><li>• Individual or small-group or merged market</li></ul>	State / Issuer
Market Level Data	<ul style="list-style-type: none"><li>• State average actuarial risk (HHS-sourced)</li><li>• State Rating Curve</li></ul>	State

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Data Category	Data Elements	Submitting Entity
Enrollee Level Data	<p><b>Includes header, issuer, and enrollee data elements:</b></p> <ul style="list-style-type: none"> <li>• File ID</li> <li>• File Execution Zone</li> <li>• Run Date/Time</li> <li>• Report Type</li> <li>• Total Number of Enrollee Records</li> <li>• Total Number of Enrollment Period Records</li> <li>• Record ID</li> <li>• Issuer ID</li> <li>• Unique Enrollee ID</li> <li>• Enrollee DOB</li> <li>• Enrollee Gender</li> <li>• Subscriber Indicator</li> <li>• Enrollment Period Activity Indicator</li> <li>• Subscriber ID</li> <li>• Plan ID</li> <li>• Enrollment Start Date</li> <li>• Enrollment End Date</li> <li>• Premium Amount</li> <li>• Rating Area</li> <li>• Zip Code</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Subsidy Indicator</li> <li>• Qualified Small Employer Health Reimbursement Arrangement Indicator</li> <li>• Individual Coverage Health Reimbursement Indicator</li> </ul>	Issuers

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Data Category	Data Elements	Submitting Entity
Pharmacy Claims	<p><b>Includes header, issuer, plan and claim data elements:</b></p> <ul style="list-style-type: none"> <li>• File ID</li> <li>• Execution Zone</li> <li>• Run Date/Time</li> <li>• Report Type</li> <li>• Total Claims</li> <li>• Total Plan Paid Amount</li> <li>• Issuer ID</li> <li>• Record ID</li> <li>• Plan ID</li> <li>• Unique Enrollee ID</li> <li>• Claim ID</li> <li>• Claim In-Network or Out-of-Network Indicator</li> <li>• Claim Processed Date/Time</li> <li>• Fill Date</li> <li>• Paid Date</li> <li>• Prescription/Service Reference Number</li> <li>• Product/Service ID Qualifier</li> <li>• Product/Service ID</li> <li>• Dispensing Provider Service ID Qualifier</li> <li>• Dispensing Provider Service ID</li> <li>• Fill Number</li> <li>• Days Supply</li> <li>• Dispensing Status</li> <li>• Void/Replace Indicator</li> <li>• Total Allowed Cost</li> <li>• Derived Amount Indicator</li> <li>• Plan Paid Amount</li> <li>• Interface Control Release Number</li> </ul>	Issuer

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Data Category	Data Elements	Submitting Entity
Medical Claims	<p><b>Includes header, issuer, plan and claim header and claim line data elements:</b></p> <ul style="list-style-type: none"> <li>• File ID</li> <li>• Execution Zone</li> <li>• Run Date/Time</li> <li>• Report Type</li> <li>• Total Claims</li> <li>• Total Claim Lines</li> <li>• Total Plan Paid Amount</li> <li>• Record ID</li> <li>• Issuer ID</li> <li>• Plan ID</li> <li>• Unique Enrollee ID</li> <li>• Interface Control Release Number</li> </ul> <p><b>Claim Header Level Data Elements:</b></p> <ul style="list-style-type: none"> <li>• Form Type</li> <li>• Claim ID</li> <li>• Original Claim ID</li> <li>• Claim In-Network and Out-of-Network Indicator</li> <li>• Claim Processed Date/Time</li> <li>• Bill Type</li> <li>• Date Paid</li> <li>• Void/Replace Indicator</li> <li>• Discharge Status Code</li> <li>• Statement Covers From</li> <li>• Statement Covers Through</li> <li>• Billing Provider ID Qualifier</li> <li>• Billing Provider ID</li> <li>• Total Amount Allowed</li> <li>• Total Amount Paid</li> <li>• Derived Amount Indicator</li> <li>• Diagnosis Code Qualifier</li> <li>• Diagnosis Code</li> </ul>	Issuer

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Data Category	Data Elements	Submitting Entity
Medical Claims (continued)	<b>Claim Line Level Data Elements</b> <ul style="list-style-type: none"> <li>• Diagnosis Code Record ID</li> <li>• Claim Line Sequence Number</li> <li>• In-Network and Out-of-Network Indicator</li> <li>• Date of Service - From</li> <li>• Date of Service - To</li> <li>• Revenue Code</li> <li>• Service Code Qualifier</li> <li>• Service Code</li> <li>• Service Code Modifier</li> <li>• Place of Service</li> <li>• Rendering Provider ID Qualifier</li> <li>• Rendering Provider ID</li> <li>• Amount Allowed</li> <li>• Amount Paid</li> <li>• Derived Amount Indicator</li> </ul>	Issuer

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Supplemental Diagnoses	<p><b>Includes header, issuer, plan and claim header and claim line data elements:</b></p> <ul style="list-style-type: none"> <li>• File ID</li> <li>• Execution Zone</li> <li>• Total Count of Detail Records</li> <li>• Run Date/Time</li> <li>• Report Type</li> <li>• Record ID</li> <li>• Issuer ID</li> <li>• Plan ID</li> <li>• Unique Enrollee ID</li> <li>• Supplemental Diagnosis Detail Record ID</li> <li>• Original Claim ID</li> <li>• Detail Record ProcessedDate/Time</li> <li>• Add/Delete/Void Indicator</li> <li>• Original Supplemental Diagnosis Detail ID</li> <li>• Date of Service From - From</li> <li>• Date of Service - Through</li> <li>• Supplemental Diagnosis Code Qualifier</li> <li>• Supplemental Diagnosis Code</li> <li>• Supplemental Diagnosis Code Source</li> <li>• Interface Control Release Number</li> </ul>	Issuer
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