

Appendix A

Data Elements for Risk Adjustment and Reinsurance

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

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

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

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

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

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