DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

Description of Data Elements

Tables 1, 2, 3, and 4 below provide the data elements that are included in the 2024 benefit year enrollee-level EDGE limited data set (LDS).

Table 1: Enrollment File Data Elements (RARECALE)

Data Element	Variable Name	Description	Data Type	Length	Informat	Notes
SysID	sysid	System-generated unique random number used to link enrollee records across files.	String	250	$250.	Length of the ID string is 128 characters.
Enrollee Age	age_last	Age of the enrollee as of December 31, 2024	Num (Integer)	8	4.	Censored to 89 for enrollees age older than 89.
Enrollee Sex	Sex	Sex of enrollee.	String	1	$1.	M = Male F = Female
Enrollment Length – Months	enroll_mnths	The number of months the enrollment period is active in the specified payment year.	Num (Decimal)	8	5.2	Calculated as Enrollment Length – Days divided by 30.
Enrollment Length – Days	enroll_days	The number of days the enrollment period is active in the specified payment year.	Num (Integer)	8	3.	

Data Element	Variable Name	Description	Data Type	Length	Informat	Notes
Metal Level	metal	The Metal Level of the plan in the specified benefit year.	String	1	$1.	P = Platinum G = Gold S = Silver B = Bronze C = Catastrophic Missing = plans grouped into CSR 11 category (see below)
CSR Variant	csr	The cost-sharing reduction variant of the plan in the specified benefit year.	String	2	$2.	00 = Non-Exchange variation 01 = Exchange qualified health plan (QHP) variation (standard plan) 04 = 73% Actuarial Value (AV) silver plan variation 05 = 87% AV silver plan variation 06 = 94% AV silver plan variation 11 = limited cost-sharing, zero cost-sharing, Medicaid expansion private or cost-sharing wrap plans If the 2-digit variant does not exist for the plan, Variant = 'XX' is used.
Market Coverage Type	Market	Market type for the plan in the specified benefit year.	String	1	$1.	Enumeration Values description: 1 = Individual 2 = Small group Issuers' associated enrollees in merged market states[1] are assigned to either the individual or small group market based on the type of coverage sold.
Federal APTC Indicator	Fed_APTC	Advanced premium tax credit status.	String	1	$1.	0 = Unknown 1 = Yes 2 = No Missing = Status not available

[1] Massachusetts and Maine have a merged market for purposes of the HHS-operated risk adjustment program. See https://regtap.cms.gov/reg_library_openfile.php?id=4273&type=l.

Table 2: Medical Claims File Data Elements (RARECALM, RARECALMR)

Data Element	Variable Name	Description	Data Type	Length	Informat	Notes
SysID	sysid	System-generated unique random number used to link enrollee records across files.	String	250	$250.	Length of the ID string is 128 characters.
Hashed IssuerID + Medical ClaimID	ClaimID	System generated identifier used to link the records belonging to the same claim across Medical and Supplemental extracts.	String	250	$250.	Length of the ID string is 128 characters.
Market Coverage Type	Market	Market type for the plan in the specified payment year.	String	1	$1.	Enumeration Values description: 1 = Individual 2 = Small group Issuers' associated enrollees in merged market states are assigned to either the individual or small group market based on the type of coverage sold.
Form Type Code	form_type	Describes claim form type as professional or institutional.	String	1	$1.	'I' = Institutional; 'P' = Professional
Bill Type Code	bill_type	The code indicating a specific type of bill as reported on institutional claims only.	String	3	$3.	Values should comply with X12[2] industry standards. If value is not applicable, then the field is empty.
Diagnosis Codes	diag_cds	Code values for the diagnosis codes on the claim, per the International Classification of Diseases, version 10 (ICD-10).	String	3069	$3069.	Values must comply with X12 industry standards. Does not include a decimal point. For medical claims with multiple diagnosis codes, dx codes will be concatenated and separated with '-'

[2] https://www.aapc.com/medicalcodingglossary/x12.aspx.

Data Element	Variable Name	Description	Data Type	Length	Informat	Notes
Discharge Status Code	disch_cd	The discharge status of the enrollee as of end_dt.	String	2	$2.	Values must comply with X12 industry standards.
Claim type code	claim_type	Identifies if the claim is original or a replacement.	String	1	$1	'O' = Original 'R' = Replacement
Start Date	start_dt	Claim start date	Date	8	YYMMDD10.	Example: 2024-01-18 = Jan 18, 2024
End Date	end_dt	Claim end date	Date	8	YYMMDD10.	Example: 20243-01-18 = Jan 18, 2024
Paid Date	paid_dt	Issuer claim paid date.	Date	8	YYMMDD10.	Example: 2024-01-18 = Jan 18, 2024
Total Allowed Amount	allowed_amt	Total amount allowed for this claim.	Num (Decimal)	8	20.2	At the claim header level (should only be counted once for multiple service lines within the same ClaimID).
Total Policy Paid Amount	paid_amt	Total paid amount for this claim	Num (Decimal)	8	20.2	At the claim header level (should only be counted once for multiple service lines within the same ClaimID).
Derived Service Claim Indicator	claim_ind	Indicator used to distinguish between fee-for-service claims and claims covered under capitation.	String	1	$1.	'Y' = Derived (Capitated Service) 'N' = Actual (Fee-for-Service)
Claim Line Sequence Number	claim_seq	Unique identifier for each service submitted on the claim.	Num (Integer)	8	3.	This key field identifies service lines within the same claim (ClaimID).
From Date	from_dt	Service line start date	Date	8	YYMMDD10.	Example: 2024-01-18 = Jan 18, 2024
To Date	to_dt	Service line end date	Date	8	YYMMDD10.	Example: 2024-01-18 = Jan 18, 2024
Revenue Code	rev_cd	Code for the inpatient revenue center in which the service was provided.	String	4	$4.	Values must comply with X12 industry standards. If value is not applicable, then the field should be empty.

Data Element	Variable Name	Description	Data Type	Length	Informat	Notes
Service Code Qualifier	service_cd_qual	A code that identifies the source of the procedure code (CPT®, CDT®, or HCPCS).	String	2	$2.	01 - Dental service codes; 03 - Healthcare Common Procedure Coding System (HCPCS),Current Procedural Terminology (CPT®) or Current Dental Terminology (CDT®)[3] If value is not applicable, then the field should be empty.
Service Code	service_cd	A procedure code (CPT® or HCPCS) that identifies the service rendered.	String	5	$5.	Values must comply with X12 industry standards. If value is not applicable, then the field should be empty.
Service Code Modifiers	service_cd_mod	A 2-digit code that may be billed using a CPT® or HCPCS service code.	String	11	$11.	Values must comply with X12 industry standards. If value is not applicable, then the field should be empty. For medical claims with multiple service code modifiers, codes will be concatenated and separated with "-".
Place of Service	place_serv	A code that identifies where the service was rendered.	String	2	$2.	Values must comply with X12 industry standards. If value is not applicable, then the field should be empty.
Amount Allowed	plan_allow_amt	Total amount allowed by plan for this service.	Num (Decimal)	8	20.2	At the line (service) level.
Amount Paid	plan_paid_amt	Total amount paid, or derived, by plan for this service.	Num (Decimal)	8	20.2	At the line (service) level.
Derived Amount Indicator	derived_amt_ind	Indicator used to distinguish between fee-for- service amounts and amounts covered under capitation.	String	1	$1.	'Y' = Derived (Capitated Service) 'N' = Actual (Fee-for-Service)

[3]Includes dental claims covered under major medical plans. We do not collect data from standalone dental or vision plans.

Table 3: Pharmacy Claims File Data Elements (RARECALP)

Data Element	Variable Name	Description	Data Type	Length	Informat	Notes
SysID	sysid	System-generated unique random number used to link enrollee records across files.	String	250	$250.	Length of the ID string is 128 characters.
Market Coverage Type	Market	Market type for the plan in the specified payment year.	String	1	$1.	Enumeration Values description: 1 = Individual 2 = Small group Issuers' associated enrollees in merged market states are assigned to either the individual or small group market based on the type of coverage sold.
Fill date	fill_dt	Indicates the date that the prescription was dispensed by the dispensing pharmacy.	Date	8	YYMMDD10.	Example: 2024-01-18 = Jan 18, 2024
Paid date	paid_dt	Claim paid date	Date	8	YYMMDD10.	Example: 2024-01-18 = Jan 18, 2024
Product/Service ID	prod_id	Unique ID of the product or service dispensed using the National Drug Code (NDC).	String	11	$11.	
Fill Number	fill_no	Code identifying whether the prescription is an original (0) or refill (1-999).	Num (BigInt)	8	3.	
Dispensing Status	disp_st	Indicates if the prescription was a partial fill (P) or the completion of a partial fill (C).	String	1	$1.	'C' = Completion of a partial fill; 'P' = Partial fill A blank indicates a complete fill at the time dispensed.
Claim Type Code	claim_type	Identifies if the claim is original or a replacement.	String	1	$1.	'O' = Original 'R' = Replacement

Data Element	Variable Name	Description	Data Type	Length	Informat	Notes
Total Allowed Cost	allowed_amt	Represents the sum of allowed charges for ingredient cost, dispensing fee, and sales tax.	Num (Decimal)	8	20.2	
Plan Paid Amount	paid_amt	The total cost of the products and/or services paid by the plan.	Num (Decimal)	8	20.2	
Derived Amount Indicator	derived_amt_ind	Indicator used to distinguish between fee-for-service amounts and amounts covered under capitation.	String	1	$1.	'Y' = Derived (Capitated Service); 'N' = Actual (Fee-for-Service)

Table 4: Supplemental Claims File Data Elements (RARECALS, RARECALSR)

Data Element	Variable Name	Description	Data Type	Length	Informat	Notes
SysID	sysid	System-generated unique random number used to link enrollee records across files.	String	250	$250.	Length of the ID string is 128 characters.
Hashed IssuerID + Medical ClaimID	ClaimID	System generated identifier used to link the records belonging to the same claim across Medical and Supplemental extracts.	String	250	$250.	Length of the ID string is 128 characters.

Data Element	Variable Name	Description	Data Type	Length	Informat	Notes
Market Coverage Type	Market	Market type for the plan in the specified payment year.	String	1	$1.	Enumeration Values description: 1 = Individual 2 = Small group Issuers' associated enrollees in merged market states are assigned to either the individual or small group market based on the type of coverage sold.
Claim Type	claim_type	Identifies if claim is adding or deleting diagnoses.	String	1	$1.	'A' = Add; 'D' = Delete Note: Supplemental records should be linked to medical claim records using the ClaimID. The supplemental records should be used to adjust diagnoses on the linked medical claim(s).
From Date	from_dt	Claim start date	Date	8	YYMMDD10.	Example: 2024-01-18 = Jan 18, 2024
To Date	to_dt	Claim end date	Date	8	YYMMDD10.	Example: 2024-01-18 = Jan 18, 2024
Supplemental Diagnosis Codes	sup_diag_cds	Code values for the diagnosis codes on the claim, per the International Classification of Diseases, version 10 (ICD-10).	String	3069	$3069.	Values should comply with X12 industry standards. Explicit decimal point is not required. For Supplemental claims with multiple diagnosis codes, dx codes will be concatenated and separated with "-".