ı	Reconciliation of the Cost-Sharin	g Reduction Component of Advance Paymer	nts - Attestation Error Code List
ı	Reconcination of the cost-snaring	g neuuction component of Auvance rayiner	its - Attestation Line Code List

Error Code Identifier	Error Code Description	
CSRATI001	Form A - Mandatory Benefit Year value is missing	
CSRATIO02	Form A - Invalid Benefit Year value	
CSRATIO03	Form A - Mandatory HIOS Issuer ID value is missing	
CSRATIO04	Form A - Mandatory Name of Person Completing the Form value is missing	
CSRATI005	Form A - Mandatory Title value is missing	
CSRATI006	Form A - Mandatory Organization value is missing	
CSRATI007	Form A - Mandatory Telephone Number value is missing	
CSRATI008	Form A - Mandatory Email Address value is missing	
CSRATI009	Form A - Mandatory Signature value is missing	
CSRATI010	Form A - Mandatory Date Signed value is missing	
CSRATI011	Form B - Mandatory Benefit Year value is missing	
CSRATIO12	Form B - Invalid Benefit Year value	
CSRATIO13	Form B - Mandatory HIOS Issuer ID value is missing	
CSRATIO14	Form B - Mandatory QHP Plan ID value is missing	
CSRATIO15	Form B - Mandatory Name of Person Completing the Form value is missing	
CSRATIO16	Form B - Mandatory Title value is missing	
CSRATIO17	Form B - Mandatory Organization value is missing	
CSRATIO18	Form B - Mandatory Telephone Number value is missing	
CSRATIO19	Form B - Mandatory Email Address value is missing	
CSRATIO20	Form B - Mandatory Signature value is missing	
CSRATIO21	Form B - Mandatory Date Signed value is missing	
CSRATI022	Form C - Mandatory Benefit Year value is missing	
CSRATI023	Form C - Invalid Benefit Year value	
CSRATI024	Form C - Mandatory HIOS Issuer ID value is missing	
CSRATI025	Form C - Mandatory Name of Person Completing the Form value is missing	
CSRATI026	Form C - Mandatory Title value is missing	
CSRATI027	Form C - Mandatory Organization value is missing	
CSRATI028	Form C - Mandatory Telephone Number value is missing	
CSRATI029	Form C - Mandatory Email Address value is missing	
CSRATI030	Form C - Mandatory Signature value is missing	
CSRATI031	Form C - Mandatory Date Signed value is missing	
CSRATI032	Form C PARAM - Mandatory Benefit Year value is missing	
CSRATI033	Form C PARAM - Mandatory HIOS Issuer ID value is missing	
CSRATI034	Form C PARAM - Mandatory QHP Plan ID value is missing	
CSRATI035	Form C PARAM - Mandatory Standard plan written description is missing	
	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual	
CSRATI036	Medical sub group	
	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Individual	
CSRATI037	Medical sub group	
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for	
CSRATI038	standard plan Individual Medical sub group	
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for	
CSRATI039	standard plan Individual Medical sub group	
	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard	
CSRATI040	plan Individual Medical sub group	
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Individual	
CSRATI041	Medical sub group	
	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual	
CSRATI042	Pharmacy sub group	
	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Individual	
CSRATI043	Pharmacy sub group	
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for	
CSRATI044	standard plan Individual Pharmacy sub group	
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for	
CSRATI045	standard plan Individual Pharmacy sub group	
	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard	
CSRATI046	plan Individual Pharmacy sub group	
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Individual	
CSRATI047	Pharmacy sub group	
	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual	

CSRATI049	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Individual Medical and Pharmacy sub group
CSIATIO45	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for
CSRATI050	standard plan Individual Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for
CSRATI051	standard plan Individual Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard
CSRATI052	plan Individual Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Individual
CSRATI053	Medical and Pharmacy sub group
	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Enrollment
CSRATI054	Group Medical sub group
	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Enrollment
CSRATI055	Group Medical sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for
CSRATI056	standard plan Enrollment Group Medical sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for
CSRATI057	standard plan Enrollment Group Medical sub group
	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard
CSRATI058	plan Enrollment Group Medical sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Enrollment
CSRATI059	Group Medical sub group
	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Enrollment
CSRATI060	Group Pharmacy sub group
CCD ATIOCA	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Enrollment
CSRATI061	Group Pharmacy sub group
CCD ATIOC 2	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for
CSRATI062	standard plan Enrollment Group Pharmacy sub group
CCDATIO62	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for standard plan Enrollment Group Pharmacy sub group
CSRATI063	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard
CSRATI064	plan Enrollment Group Pharmacy sub group
231/411004	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Enrollment
CSRATI065	Group Pharmacy sub group
251111005	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Enrollment
SRATI066	Group Medical and Pharmacy sub group
2510 (11000	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Enrollment
CSRATI067	Group Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for
CSRATI068	standard plan Enrollment Group Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for
CSRATI069	standard plan Enrollment Group Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard
SRATI070	plan Enrollment Group Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Enrollment
CSRATI071	Group Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI072	like plan Individual Medical sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMC
CSRATI073	like plan Individual Medical sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Individual
CSRATI074	Medical sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI075	like plan Individual Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMC
SRATI076	like plan Individual Pharmacy sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Individual
CSRATI077	Pharmacy sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI078	like plan Individual Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMC
CSRATI079	like plan Individual Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Individual
CSRATI080	Medical and Pharmacy sub group

	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI081	like plan Enrollment Group Medical sub group
00.0.4.1001	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO
CSRATI082	like plan Enrollment Group Medical sub group
00.0.1.1002	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment
CSRATI083	Group Medical sub group
001111111111111111111111111111111111111	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI084	like plan Enrollment Group Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO
CSRATI085	like plan Enrollment Group Pharmacy sub group
2510 (11003	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment
CSRATI086	Group Pharmacy sub group
CSIATIOGO	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI087	like plan Enrollment Group Medical and Pharmacy sub group
CSIVATIOO7	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO
CSRATI088	like plan Enrollment Group Medical and Pharmacy sub group
CSIATIOOO	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment
CSRATI089	Group Medical AND Pharmacy sub group
CSRATI090	Attestation FORM A or B is Missing from the submission
CSRATI090	Form C - Attestation FORM C is Missing from the submission for Simplified Methodology
CSRATI091	Form C - No Data File exists for this issuer to validate the QHPIDs
CSRATI092	Form C - QHPIDs are missing in Attestation form C
CSIATIO93	Form C PARAM - Standard Individual Medical Group business validation failed. See CSR Reconciliation
CSRATI094	Attestation Specification document for the business validation.
CSRA11094	Form C PARAM - Standard Individual Pharmacy Group business validation failed. See CSR
CCDATIONS	Reconciliation Attestation Specification document for the business validation.
CSRATI095	Reconciliation Attestation specification document for the business valuation.
	Form C DADAM. Standard Individual Madical Dharmany combined Crown by cinese validation failed
CSDATIONS	Form C PARAM - Standard Individual Medical Pharmacy combined Group business validation failed.
CSRATI096	See CSR Reconciliation Attestation Specification document for the business validation.
CCD ATION 7	Form C PARAM - Standard Enrollment Group Medical Group business validation failed. See CSR
CSRATI097	Reconciliation Attestation Specification document for the business validation.
GCD 4.71000	Form C PARAM - Standard Enrollment Group Pharmacy Group business validation failed. See CSR
CSRATI098	Reconciliation Attestation Specification document for the business validation.
	Form C PARAM - Standard Enrollment Group Medical Pharmacy combined Group business validation
CSRATI099	failed. See CSR Reconciliation Attestation Specification document for the business validation.
	Form C PARAM - HMO Individual Medical Group business validation failed. See CSR Reconciliation
CSRATI100	Attestation Specification document for the business validation.
	Form C PARAM - HMO Individual Pharmacy Group business validation failed. See CSR Reconciliation
CSRATI101	Attestation Specification document for the business validation.
	Form C PARAM - HMO Individual Medical Pharmacy combined Group business validation failed. See
CSRATI102	CSR Reconciliation Attestation Specification document for the business validation.
	Form C PARAM - HMO Enrollment Group Medical Group business validation failed. See CSR
CSRATI103	Reconciliation Attestation Specification document for the business validation.
	Form C PARAM - HMO Enrollment Group Pharmacy Group business validation failed. See CSR
CSRATI104	Reconciliation Attestation Specification document for the business validation.
	Form C PARAM - HMO Enrollment Group Medical Pharmacy combined Group business validation
CSRATI105	failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI106	Issuer does not exist in the CMS reference data
CSRATI107	Issuer Methodology does not exist in the CMS reference data

Notes:

1. The attestation file will be rejected if any of the errors above are triggered.