

Reconciliation of the Cost-Sharing Reduction Component of Advance Payments - Attestation Error Code List

Error Code Identifier	Error Code Description
CSRATIO001	Form A - Mandatory Benefit Year value is missing
CSRATIO002	Form A - Invalid Benefit Year value
CSRATIO003	Form A - Mandatory HIOS Issuer ID value is missing
CSRATIO004	Form A - Mandatory Name of Person Completing the Form value is missing
CSRATIO005	Form A - Mandatory Title value is missing
CSRATIO006	Form A - Mandatory Organization value is missing
CSRATIO007	Form A - Mandatory Telephone Number value is missing
CSRATIO008	Form A - Mandatory Email Address value is missing
CSRATIO009	Form A - Mandatory Signature value is missing
CSRATIO010	Form A - Mandatory Date Signed value is missing
CSRATIO011	Form B - Mandatory Benefit Year value is missing
CSRATIO012	Form B - Invalid Benefit Year value
CSRATIO013	Form B - Mandatory HIOS Issuer ID value is missing
CSRATIO014	Form B - Mandatory QHP Plan ID value is missing
CSRATIO015	Form B - Mandatory Name of Person Completing the Form value is missing
CSRATIO016	Form B - Mandatory Title value is missing
CSRATIO017	Form B - Mandatory Organization value is missing
CSRATIO018	Form B - Mandatory Telephone Number value is missing
CSRATIO019	Form B - Mandatory Email Address value is missing
CSRATIO020	Form B - Mandatory Signature value is missing
CSRATIO021	Form B - Mandatory Date Signed value is missing
CSRATIO022	Form C - Mandatory Benefit Year value is missing
CSRATIO023	Form C - Invalid Benefit Year value
CSRATIO024	Form C - Mandatory HIOS Issuer ID value is missing
CSRATIO025	Form C - Mandatory Name of Person Completing the Form value is missing
CSRATIO026	Form C - Mandatory Title value is missing
CSRATIO027	Form C - Mandatory Organization value is missing
CSRATIO028	Form C - Mandatory Telephone Number value is missing
CSRATIO029	Form C - Mandatory Email Address value is missing
CSRATIO030	Form C - Mandatory Signature value is missing
CSRATIO031	Form C - Mandatory Date Signed value is missing
CSRATIO032	Form C PARAM - Mandatory Benefit Year value is missing
CSRATIO033	Form C PARAM - Mandatory HIOS Issuer ID value is missing
CSRATIO034	Form C PARAM - Mandatory QHP Plan ID value is missing
CSRATIO035	Form C PARAM - Mandatory Standard plan written description is missing
CSRATIO036	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual Medical sub group
CSRATIO037	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Individual Medical sub group
CSRATIO038	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for standard plan Individual Medical sub group
CSRATIO039	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for standard plan Individual Medical sub group
CSRATIO040	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard plan Individual Medical sub group
CSRATIO041	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Individual Medical sub group
CSRATIO042	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual Pharmacy sub group
CSRATIO043	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Individual Pharmacy sub group
CSRATIO044	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for standard plan Individual Pharmacy sub group
CSRATIO045	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for standard plan Individual Pharmacy sub group
CSRATIO046	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard plan Individual Pharmacy sub group
CSRATIO047	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Individual Pharmacy sub group
CSRATIO048	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual Medical and Pharmacy sub group

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CSRATI081	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Medical sub group
CSRATI082	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Medical sub group
CSRATI083	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment Group Medical sub group
CSRATI084	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Pharmacy sub group
CSRATI085	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Pharmacy sub group
CSRATI086	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment Group Pharmacy sub group
CSRATI087	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Medical and Pharmacy sub group
CSRATI088	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Medical and Pharmacy sub group
CSRATI089	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment Group Medical AND Pharmacy sub group
CSRATI090	Attestation FORM A or B is Missing from the submission
CSRATI091	Form C - Attestation FORM C is Missing from the submission for Simplified Methodology
CSRATI092	Form C - No Data File exists for this issuer to validate the QHPIDs
CSRATI093	Form C - QHPIDs are missing in Attestation form C
CSRATI094	Form C PARAM - Standard Individual Medical Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI095	Form C PARAM - Standard Individual Pharmacy Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI096	Form C PARAM - Standard Individual Medical Pharmacy combined Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI097	Form C PARAM - Standard Enrollment Group Medical Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI098	Form C PARAM - Standard Enrollment Group Pharmacy Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI099	Form C PARAM - Standard Enrollment Group Medical Pharmacy combined Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI100	Form C PARAM - HMO Individual Medical Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI101	Form C PARAM - HMO Individual Pharmacy Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI102	Form C PARAM - HMO Individual Medical Pharmacy combined Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI103	Form C PARAM - HMO Enrollment Group Medical Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI104	Form C PARAM - HMO Enrollment Group Pharmacy Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI105	Form C PARAM - HMO Enrollment Group Medical Pharmacy combined Group business validation 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.