Transitional Reinsurance Program (RI) Contributions:
Supporting Documentation File Layout for 2016 Benefit Year

Note: For the 2016 Benefit Year, Supporting Documentation is **only** required when reporting for four (4) or more Contributing Entities. When reporting for three (3) or fewer Contributing Entities, the Supporting Documentation is not required.

General Requirements

Must be a file in .CSV format
- Must <u>not</u> exceed 2MB
- Must <u>not</u> include the following Special Characters in Figure 1.

Figure 1: Special Characters

*	<	>	/	\	%	^	`	{	}
~	[	]	!	&	=	?	+	,	

- Must contain one (1) row for each Contributing Entity represented on the corresponding 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form (Form). There must be a minimum of four (4) rows because Supporting Documentation is ONLY required when reporting for four (4) or more Contributing Entities.
  - If you are reporting for three (3) or fewer Contributing Entities, the Supporting Documentation is not required. You are required to provide your Contribuitng Entity information in the Form.
- The sum of all annual enrollment counts in the .CSV file must not exceed 3,703,703.70 if remitting a Combined Collection (one payment) or 4,629,629.62 if remitting a First Collection or Second Collection (two payments).

Table 1: Supporting Document Fields (**Note:** An asterisk (*) indicates a **required** field)

Field Name	Max Length	Format	Description and Constraints
* Reporting Entity Legal Business Name (LBN)	150	If the Reporting Entity's LBN includes special characters omit them for the purposes of the Supporting Documentation .CSV file	• LBN associated with the Reporting Entity's Federal Tax Identification Number (TIN) must match the LBN on the corresponding Form • Field value is the same for each Contributing Entity listed in this Supporting Documentation .CSV file
* Reporting Entity Federal Tax Identification Number (TIN)	10	NN-NNNNNNN (include the hyphen)	• Federal TIN associated with the Reporting Entity's LBN must match the TIN on the corresponding Form • Field value is the same for each Contributing Entity listed in this Supporting Documentation .CSV file
* Contributing Entity Legal Business Name (LBN)	150	If the Contributing Entity's LBN includes special characters, omit them for the purposes of the Supporting Documentation .CSV file	LBN associated with the Contributing Entity's Federal TIN
* Contributing Entity Federal Tax Identification Number (TIN)	10	NN-NNNNNNN (include the hyphen)	Federal TIN associated with the Contributing Entity's LBN • For self-insured group health plans, it is the TIN of the plan sponsor
* Contributing Entity Organization Type	150	Must be one of the following: • Value 'For Profit' • Value 'Nonprofit'	Organization status associated with the Contributing Entity's Federal TIN • For self-insured group health plans, it is the organization type of the plan sponsor
* Contributing Entity Billing Address – Line 1	150	Alphanumeric	Contributing Entity's billing street address • For self-insured group health plans, it is the billing address of the plan sponsor
Contributing Entity Billing Address – Line 2	150	Alphanumeric	• Contributing Entity's billing street address 2 ○ For self-insured group health plans, it is the billing address of the plan sponsor • This is an optional data element, but a blank space must still be entered in the .CSV file if a Contributing Entity's billing street address 2 will not be entered

Field Name	Max Length	Format	Description and Constraints
* Contributing Entity Billing Address City	150	If the Contributing Entity's billing address city name includes special characters, omit them for the purposes of the Supporting Documentation .CSV file	Contributing Entity's billing address city name • For self-insured group health plans, it is the billing address city name of the plan sponsor
* Contributing Entity Billing Address State	2	Must be one of the state abbreviations listed in Table 2: Valid State Abbreviations	State Abbreviation • For self-insured group health plans, it is the billing address state of the plan sponsor
* Contributing Entity Billing Address Zip Code	10	NNNNN-NNNN or NNNNN	5-digit zip code, plus 4 (if available) • For self-insured group health plans, it is the billing address zip code of the plan sponsor
* Contributing Entity Domiciliary State	2	Must be one of the state abbreviations listed in Table 2: Valid State Abbreviations	Abbreviation for state of licensure for fully insured plans or where the plan sponsor of the self-insured group health plan is located
*Benefit Year	4	Must be: • Value '2016'	Benefit year applicable to the Annual Enrollment Count reported
*Annual Enrollment Count	10	NNNNNNN.NN	• Number of covered lives of reinsurance contribution enrollees for this Contributing Entity[1] • Must be rounded to the nearest hundredth

*Type of Contributing Entity[2]	5	Must be one of the following:
		• Value 'HII'
		• Value 'SI'
		• Value 'MGHPS'
		• Value 'MGHPM'
		• Value 'OTHER'
			• Type of Contributing Entity for whom the Reporting Entity is submitting the annual enrollment count
			• Each of the Type of Contributing Entity values mean the following:
			  o HII = Health Insurance Issuer
			  o SI = Self-Insured Group Health Plan
			  o MGHPS = Multiple Group Health Plan (single plan treatment)
			  o MGHPM = Mulitple Group Health Plan (multiple plan treatment)
			  o OTHER = Other type

Sample Supporting Documentation Content

The completed .CSV file will be in the following format:

Reporting Entity LBN, Reporting Entity Federal TIN, Contributing Entity LBN, Contributing Entity Federal TIN, Contributing Entity Organization Type, Contributing Entity Billing Address – Line 1, Contributing Entity Billing Address – Line 2, Contributing Entity Billing Address City, Contributing Entity Billing Address State, Contributing Entity Billing Address Zip Code, Contributing Entity Domiciliary State, Benefit Year, Annual Enrollment Count, Type of Contributing Entity

Example:

Reporting Entity Company, 12-3456789, Contributing Entity Company, 12-3456788, For Profit, 123 Test Drive, , Test City, MD, 20878, MD, 2016, 200.50, SI

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[1] For more information on determining the annual enrollment count for a Contributing Entity, please see Module 2: 2016 Reinsurance Contributions Counting Methods Overview located in the REGTAP Library (https://www.regtap.info/).

[2] For more information on selecting the Type of Contributing Entity, please see the Transitional Reinsurance Program Operational Guidance: Examples of Counting Methods for Contributing Entities – UPDATED for the 2016 Benefit Year located in the REGTAP Library (https://www.regtap.info/).

Table 2: Valid State Abbreviations

Abbreviation	State
Value 'AL'	Alabama
Value 'AK'	Alaska
Value 'AZ'	Arizona
Value 'AR'	Arkansas
Value 'CA'	California
Value 'CO'	Colorado
Value 'CT'	Connecticut
Value 'DE'	Delaware
Value 'DC'	District Of Columbia
Value 'FL'	Florida
Value 'GA'	Georgia
Value 'HI'	Hawaii
Value 'ID'	Idaho
Value 'IL'	Illinois
Value 'IN'	Indiana
Value 'IA'	Iowa
Value 'KS'	Kansas
Value 'KY'	Kentucky
Value 'LA'	Louisiana
Value 'ME'	Maine
Value 'MD'	Maryland
Value 'MA'	Massachusetts
Value 'MI'	Michigan
Value 'MN'	Minnesota
Value 'MS'	Mississippi
Value 'MO'	Missouri
Value 'MT'	Montana
Value 'NE'	Nebraska

Abbreviation	State
Value 'NV'	Nevada
Value 'NH'	New Hampshire
Value 'NJ'	New Jersey
Value 'NM'	New Mexico
Value 'NY'	New York
Value 'NC'	North Carolina
Value 'ND'	North Dakota
Value 'OH'	Ohio
Value 'OK'	Oklahoma
Value 'OR'	Oregon
Value 'PA'	Pennsylvania
Value 'RI'	Rhode Island
Value 'SC'	South Carolina
Value 'SD'	South Dakota
Value 'TN'	Tennessee
Value 'TX'	Texas
Value 'UT'	Utah
Value 'VT'	Vermont
Value 'VA'	Virginia
Value 'WA'	Washington
Value 'WV'	West Virginia
Value 'WI'	Wisconsin
Value 'WY'	Wyoming
Value 'AS'	American Somoa
Value 'GU'	Guam
Value 'MP'	Northern Mariana Islands
Value 'PR'	Puerto Rico
Value 'VI'	Virgin Islands