

## Transitional Reinsurance Program (RI) Contributions: Supporting Documentation File Layout for 2015 Benefit Year

**NOTE:** For the 2015 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 no longer required.

### General Requirements

- Must be a file in .CSV format
- Must not exceed 2MB
- Must not include the following Special Characters:

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

- Must contain one (1) row for each Contributing Entity represented on the corresponding 2015 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 no longer required. You are required to provide your ContributingEntity information in the Form.
- The sum of all annual enrollment counts in the .CSV file must not exceed 2,272,727.27 if remitting a Combined Collection or 3,030,303.00 if remitting a Two-Part Collection.

**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                           | <ul style="list-style-type: none"> <li>• Legal business name (LBN) associated with the Reporting Entity's Federal Tax Identification Number (TIN) must match the LBN on the corresponding Form</li> <li>• Field value is the same for each Contributing Entity listed in this Supporting Documentation file</li> </ul>   |
| * Reporting Entity Federal Tax Identification Number (TIN)    | 10         | NN-NNNNNNN (include the hyphen)  | <ul style="list-style-type: none"> <li>• Federal TIN associated with the Reporting Entity's LBN must match the TIN on the corresponding Form</li> <li>• Field value is the same for each Contributing Entity listed in this Supporting Documentation .CSV file</li> </ul>  |
| * 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 <ul style="list-style-type: none"> <li>○ For self-insured group health plans, it is the TIN of the plan sponsor</li> </ul>   |
| * Contributing Entity Organization Type                       | 150        | Must be one (1) of the following: <ul style="list-style-type: none"> <li>• Value 'For Profit'</li> <li>• Value 'Nonprofit'</li> </ul>                    | Organization status associated with the Contributing Entity's Federal TIN <ul style="list-style-type: none"> <li>○ For self-insured group health plans, it is the organization type of the plan sponsor</li> </ul>   |
| * Contributing Entity Billing Address – Line 1                | 150        | Alphanumeric   | Contributing Entity's billing street address <ul style="list-style-type: none"> <li>○ For self-insured group health plans, it is the billing address of the plan sponsor</li> </ul>  |
| Contributing Entity Billing Address – Line 2                  | 150        | Alphanumeric   | <ul style="list-style-type: none"> <li>• Contributing Entity's billing street address 2                             <ul style="list-style-type: none"> <li>○ For self-insured group health plans, it is the billing address of the plan sponsor</li> </ul> </li> <li>• 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</li> </ul> |
| * 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 <ul style="list-style-type: none"> <li>○ For self-insured group health plans, it is the billing address city name of the plan sponsor</li> </ul>   |
| * Contributing Entity Billing Address State                   | 2          | Must be one (1) of the state abbreviations listed in Table 2: Valid State Abbreviations  | State Abbreviation <ul style="list-style-type: none"> <li>○ For self-insured group health plans, it is the billing address state of the plan sponsor</li> </ul>  |

| Field Name                                     | Max Length | Format  | Description and Constraints   |
|--|------------|---|---|
| * Contributing Entity Billing Address Zip Code | 10         | NNNNN-NNNN or NNNNN   | 5-digit zip code, plus four (4) (if available) <ul style="list-style-type: none"> <li>For self-insured group health plans, it is the billing address zip code of the plan sponsor</li> </ul>  |
| * Contributing Entity Domiciliary State        | 2          | Must be one (1) 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: <ul style="list-style-type: none"> <li>Value '2015'</li> </ul>   | Benefit year applicable to the annual enrollment count reported   |
| *Annual Enrollment Count                       | 10         | NNNNNNN.NN  | <ul style="list-style-type: none"> <li>Number of covered lives of reinsurance contribution enrollees for this Contributing Entity<sup>1</sup></li> <li>Must be rounded to the nearest hundredth</li> </ul>  |
| *Type of Contributing Entity <sup>2</sup>      | 5          | <ul style="list-style-type: none"> <li>Must be one of the following: <ul style="list-style-type: none"> <li>Value 'HII'</li> <li>Value 'SI'</li> <li>Value 'MGHPS'</li> <li>Value 'MGHPM'</li> <li>Value 'OTHER'</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Type of Contributing Entity for whom the Reporting Entity is submitting the annual enrollment count</li> <li>Each of the Type of Contributing Entity values mean the following: <ul style="list-style-type: none"> <li>HII = Health Insurance Issuer</li> <li>SI = Self-Insured</li> <li>MGHPS = Multiple Group Health Plan (single plan treatment)</li> <li>MGHPM = Multiple Group Health Plan (multiple plan treatment)</li> <li>OTHER = Other type</li> </ul> </li> </ul> |

### **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 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, 2015, 200.50, SI

<sup>1</sup> For more information on determining the number of covered lives for a Contributing Entity, please see Module 2: Reinsurance Contributions Counting Methods Overview located in the REGTAP library (<https://www.regtap.info/>)

<sup>2</sup> For more information on selecting the Type of Contributing Entity, please see Module 1: Transitional Reinsurance Program Contributions Overview for 2015 Benefit Year located in the REGTAP library (<https://www.regtap.info/>)

**Table 2: Valid State Abbreviations**

|                                   |                                       |
|-----------------------------------|---------------------------------------|
| Value 'AL' = Alabama              | Value 'NV' = Nevada                   |
| Value 'AK' = Alaska               | Value 'NH' = New Hampshire            |
| Value 'AZ' = Arizona              | Value 'NJ' = New Jersey               |
| Value 'AR' = Arkansas             | Value 'NM' = New Mexico               |
| Value 'CA' = California           | Value 'NY' = New York                 |
| Value 'CO' = Colorado             | Value 'NC' = North Carolina           |
| Value 'CT' = Connecticut          | Value 'ND' = North Dakota             |
| Value 'DE' = Delaware             | Value 'OH' = Ohio                     |
| Value 'DC' = District Of Columbia | Value 'OK' = Oklahoma                 |
| Value 'FL' = Florida              | Value 'OR' = Oregon                   |
| Value 'GA' = Georgia              | Value 'PA' = Pennsylvania             |
| Value 'HI' = Hawaii               | Value 'RI' = Rhode Island             |
| Value 'ID' = Idaho                | Value 'SC' = South Carolina           |
| Value 'IL' = Illinois             | Value 'SD' = South Dakota             |
| Value 'IN' = Indiana              | Value 'TN' = Tennessee                |
| Value 'IA' = Iowa                 | Value 'TX' = Texas                    |
| Value 'KS' = Kansas               | Value 'UT' = Utah                     |
| Value 'KY' = Kentucky             | Value 'VT' = Vermont                  |
| Value 'LA' = Louisiana            | Value 'VA' = Virginia                 |
| Value 'ME' = Maine                | Value 'WA' = Washington               |
| Value 'MD' = Maryland             | Value 'WV' = West Virginia            |
| Value 'MA' = Massachusetts        | Value 'WI' = Wisconsin                |
| Value 'MI' = Michigan             | Value 'WY' = Wyoming                  |
| Value 'MN' = Minnesota            | Value 'AS' = American Somoa           |
| Value 'MS' = Mississippi          | Value 'GU' = Guam                     |
| Value 'MO' = Missouri             | Value 'MP' = Northern Mariana Islands |
| Value 'MT' = Montana              | Value 'PR' = Puerto Rico              |
| Value 'NE' = Nebraska             | Value 'VI' = Virgin Islands           |