Discrepancy Resolution Process Inbound Specification

Version as of 6/23/2016

Contents

Introduction

The purpose of this document is to provide details on cost-sharing reduction (CSR) reconciliation discrepancy files that will be received from the issuer. The issuer will need to submit files in pipe-delimited format. The file format that will be used is ASCII text and will use a CRLF as the line terminator. The file submitted by the issuers should have only ONE HIOS issuer ID identifier (Note: One discrepancy file will include records that apply to the 2014 and 2015 benefit years, as applicable). If the issuer is submitting data for multiple HIOS IDs, for example as the result of an acquisition, the issuer must create a separate file for each HIOS ID. The function code for this submission will be CSRDRI. CMS will only accept discrepancy files through Enterprise File Transfer (EFT). Accordingly, the file name must adhere to the EFT file name format requirements described below.

File Name and Format

CSR Reconciliation Discrepancy Resolution Submission Files:

The filenames proposed for usage by issuers will consist of the following sections:

1. Trading Partner (TP) Identifier (ID)
2. Application ID
3. Function Code
4. Date
5. Time
6. Environment Code
7. Direction

Trading Partner (TP) Identifier (ID):

TPID is the identification number assigned to the Trading Partner. The length of the TPID can range between 5-10 characters. The TPID that should be used for CSR Reconciliation Discrepancy Resolution must be the same as the one the issuer has used for 820 payments with function code F820.

Application ID:

The Application ID section of the filename is an ID for the application that processes the files. This section specifies the target application where the system routes the file. This is a static value and is **OPR** for this process.

Function Code:

The Function Code section of the filename is an alphanumeric code indicating the functional purpose of the file within the application. This also helps identify specific processing once the system routes the file to the application. This is a static value and is **CSRDRI** for all CSR reconciliation discrepancy files.

Date:

The Date section of the filename specifies the date the issuer is transferring the discrepancy file to CMS, in **D**YYMMDD format. The first **D** is static text.

Time:

The Time section of the filename specifies the time created (timestamp) for the file in **T**HHMMSSmmm format where HH is hours, MM is minutes, SS is seconds, and mmm is milliseconds. The **T** is static text and exactly nine numerals must follow.

Environment Code:

The Environment Code section of the filename is a single character code indicating the environment to which the system transfers the file. This code should be **P** for Production Environment (PROD).

Direction:

The Direction section of the filename indicates the direction in which the data flows, toward the Centers for Medicare & Medicaid Services (CMS) or away from CMS:

IN for to CMS

- **OUT** for from CMS

All of the sections indicated as 1-7 above need to be separated by a period (.)

Example of a sample filename: **12345678.OPR.CSRDRI.D151027.T123136760.P.IN**

Data Files Format:

The discrepancy files specified below should be created by HIOS ID and should never be zipped.

If a value for an optional field is not provided, include a space between pipe delimiters for that field.

01—Issuer Summary Record (Issuer/Year Level)

One record should be created for each Issuer and benefit year. If an issuer is reporting multiple discrepancies for a benefit year, the information must be reported in the "02" and "03" level records that correspond to the HIOS ID and benefit year in the "01" record. If an issuer is reporting discrepancies for both benefit years, there should be TWO "01" level records. However each "01" level record must be immediately followed by the "02" and "03" level records that correspond to the HIOS ID and benefit year in the preceding "01" record. Issuer Summary Records must have twelve fields.

Position	Field	Mandatory/ Optional for Rejected QHP/ Subscriber ID Discrepancy	Mandatory/ Optional for Data Discrepancy for Accepted Records	Data Type	Length	Notes
01	Record-Code	M	M	Text	2	Value: 01
02	Trading Partner ID	M	M	Text	5-10	The Trading Partner number assigned
03	Issuer State Code	M	M	Text	2	The 2-letter state code for issuer's state of licensure
04	HIOS ID	M	M	Numeric	5	The five-digit Health Insurance Oversight System (HIOS)-generated Issuer ID number
05	Benefit Year	M	M	Numeric	4	The calendar benefit year. Values are restricted to 2014 or 2015.
06	Total Amount of CSR Discrepancy (amount of CSR provided that is under Dispute)	M	M	Numeric	4-12	This is the total amount of the discrepancy for actual CSR provided for the HIOS ID and the benefit year (including all discrepancy reasons). Can be positive or negative. Positive suggests the issuer is indicating that it provided more valid CSR than was accepted by CMS.
07	Discrepancy Resolution POC First Name	M	M	Text	2-100	To identify the first name of the discrepancy reporting POC of the issuer
08	Discrepancy Resolution POC Last Name	M	M	Text	2-100	To identify the last name of the discrepancy reporting POC of the issuer
09	Discrepancy Resolution POC Email Address	M	M	Text	2-100	To identify the email address of the discrepancy reporting POC of the issuer

Position	Field	Mandatory/ Optional for Rejected QHP/ Subscriber ID Discrepancy	Mandatory/ Optional for Data Discrepancy for Accepted Records	Data Type	Length	Notes
10	Discrepancy Resolution POC Organization Title	M	M	Text	2-100	To identify the organization of the discrepancy reporting POC of the issuer
11	Discrepancy Resolution POC Phone Number	M	M	Text	2-100	To identify the phone number of the discrepancy reporting POC of the issuer
12	Latest Accepted CSR Reconciliation Submission File Name	M	M	Text	2-100	File name of the latest submitted data file for CSR reconciliation accepted by MIDAS

02—Discrepancy Summary Record (Issuer/Year/Discrepancy Reason Level)

One record should be created for each Discrepancy Reason reported for the issuer and benefit year indicated in the corresponding "01" Issuer Summary record. Records with Record Code 02 should be positioned in the text file immediately after the 01 Issuer Year record they are associated with. Discrepancy Summary Records must have six fields.

Position	Field	Mandatory/ Optional for Rejected QHP/ Subscriber ID Discrepancy	Mandatory/ Optional for Data Discrepancy for Accepted Records	Data Type	Length	Notes
01	Record-Code	M	M	Text	2	Value: 02
02	Discrepancy Reason Type Code	M	M	Text	3	Three-character reason type code selected from the list in Appendix 1
03	Discrepancy Description	O	M	Text	0-500	Description of issue associated with Discrepancy Reason Type Code. Entire field must be enclosed in "double quotes". 500 character max.
04	Does this affect all reported Subscriber IDs?	M	M	Text	1	Y or N. If N, Issuers must submit a "03" level record below for each Subscriber Policy affected.
05	Number of Subscriber IDs affected	O	O	Numeric	1-10	Mandatory only if issuer answers N above. This count is not a count of unique subscriber IDs. Each time a Subscriber ID is submitted, count it. For example, if the same subscriber ID was submitted twice under two "03" policy level records in an issuer's CSR reconciliation data submission, the count of the subscriber ID input in this field should be "2".
06	Amount of CSR Disputed for Discrepancy Reason Code (amount of CSR provided that is under dispute because of that discrepancy reason code)	M	M	Numeric	4-12	This is the total amount of the discrepancy for CSR provided that is associated with the specific Discrepancy Reason Type Code (defined in Appendix 1) only. Can be positive or negative. Positive suggests the issuer is indicating that it provided more valid CSR than was accepted by CMS.

03—Policy Level Record (Issuer/Year/Discrepancy Reason/Subscriber Policy Level)

Should be filled in for each Issuer/Year/Discrepancy Reason that affects fewer than "All" Subscriber IDs. Records with Record-Code 03 should be positioned in the text file immediately after the 02 Issuer Year Discrepancy record they are associated with. Policy Level Records must have eight fields.

Position	Field	Rejected QHP/ Subscriber ID Discrepancy	Data Discrepancy for Accepted Records	Data Type	Length	Notes
01	Record-Code	M	M	Text	2	Value: 03
02	Exchange Subscriber ID Exists	M	O	Text	1	If the issuer is aware of a Federally-facilitated Marketplace (FFM) Exchange-Assigned Subscriber ID that has been assigned to the subscriber, input "Y" in this field. If a subscriber ID was never assigned by the FFM for this subscriber (but the subscriber is a valid enrollee on the FFM for the applicable benefit year), then the issuer should input "N" in this field. State-based Marketplace (SBM) Issuers should populate this field with "N".
03	Exchange Subscriber ID	M	M	Text	10	The subscriber identification number assigned by the Exchange. For SBMs, issuers should list the SBM-assigned Subscriber ID if it was reported in the "03" level of the issuer's original CSR reconciliation data submission.
04	QHP ID	M	M	Text	16	Enter the 16-digit HIOS-generated qualified health plan (QHP) identification number. This includes the 14-digit standard plan ID plus the 2-digit variant ID.
05	Exchange Assigned Policy ID	M	M	Text	1-20	Policy ID uniquely identifying an individual policy for this Subscriber and QHP ID. This should match the Exchange-Assigned Policy ID listed on 834's from CMS and the Policy ID submitted by issuers for the Enrollment Reconciliation process.
06	Policy Benefit Start Date	M	M	Date	8	First date that the subscriber enrolled in this policy. Policy Benefit Start Date should be in MMDDYYYY format.
07	Policy Benefit End Date	M	M	Date	8	Date that the subscriber's enrollment in this policy ended. Policy Benefit End Date should be in MMDDYYYY format.

Position	Field	Rejected QHP/ Subscriber ID Discrepancy	Data Discrepancy for Accepted Records	Data Type	Length	Notes
08	Amount of CSR Provided Disputed for the Policy	M	M	Numeric	4-12	This is the amount of the discrepancy for CSR provided that is associated with the specific Discrepancy Reason Type Code (defined in Appendix 1) and this policy record only. Can be positive or negative. Positive suggests the issuer is indicating that it provided more valid CSR than was accepted by CMS.

Appendix 1: Discrepancy Reason Type Code

Discrepancy Category	Discrepancy Reason Type Code	Discrepancy Reason Type Definition
Subscriber/QHP ID Data Discrepancy	R01	Subscriber ID (issuer-submitted) was rejected by CMS (issuer received error code CSRIFIL50 for the Policy Detail (03) record with this Subscriber ID). This discrepancy reason type may only be used by FFM Issuers.
	R02	QHP ID (issuer-submitted) was rejected by CMS (issuer received error code CSRIFIL67 for the Policy Detail (03) record with this Subscriber ID)
Data Discrepancy for Accepted Records	R03	HHS Processing Error: Contesting a processing error (submitted data file, file was rejected, not seeing anything in error report, or incorrect error codes generated in error report)
	R04	HHS Mathematical Error for Amount (HHS used wrong CSR advance payment amount, HHS otherwise miscalculated CSR Provided or the reconciled CSR amount, or incorrect amount stated in the report of CSR reconciliation charges and payments for 2014 and 2015)
	R05	HHS Incorrect application of the relevant methodology (HHS recorded the issuer as simplified when the issuer had previously selected the standard methodology, or vice versa, and therefore CMS rejected the file)
	R06	Issuer Processing Error: Reporting a processing error (submitted incorrect or incomplete information in the data file, or a claims processing error affected the amount of CSR provided that was reported in the data file)
	R07	Issuer Mathematical Error for Amount (Issuer reported incorrect amounts for the amounts paid for services, or applied incorrect actuarial value in simplified method formula and/or miscalculated CSR Provided)
	R08	Issuer Incorrect application of the relevant methodology (Issuer or its TPA failed to follow CMS guidance on re-adjudication of claims, or issuer used the incorrect methodology)
	R09	Claims data or policies submitted in the wrong benefit year
	R10	Other

Appendix 2: Inbound Data Checks

CMS will validate the inbound submissions for 3 types of errors. If the issuer's file exhibits any of the errors below, CMS will send a rejection report to the issuer's EFT outbound folder.

Data Structure Integrity:
Across all the record levels, the count of the fields must match to the number specified in the inbound specifications. Files failing this check will be rejected.

Valid Record Level Codes:
The Record Code must be 01, 02, or 03. If any record in the file includes an invalid Record Code, the file will be rejected.

Valid Discrepancy Reason Type Code:
Each Discrepancy Reason Type Code must match one of the values listed in Appendix 1. If any code is invalid, the file will be rejected.