

CSR Recon Issuer to MIDAS Attestation Inbound Specification

Standard: DFF V.01
Subject: Cost-Sharing Reduction
Reconciliation Project

Publication: 01/15/2016

Version: Draft

Table of Contents

Attestation Form A	4
Attestation Form B	5
Attestation Form C	6
CSR Reconciliation Business Validations for Attestation Forms	9
Appendix A	12

DRAFT

ITC-ICSRRL0

CSR Recon Inbound Specification

The purpose of this Message is to provide the details on cost-sharing reduction (CSR) attestation files that will be received in the Multidimensional Insurance Data Analytics System (MIDAS). The attestation files will be in Excel document format and all the forms will be sent together in a zipped format.

All issuers must attest that CSR amounts provided to enrollees and submitted for reimbursement represent only cost sharing for essential health benefits for which Federal reimbursement is permitted, and amounts paid to fee-for-service providers to the extent amounts were passed through by the issuer to such providers.

CSR Reconciliation Attestation Files:

CMS will only accept submissions through EFT.

For direct SFTP (for automation) - sftp://eft.feeps.cms.gov

- When using SFTP, send files using the “Inbound 30” folder.

The folder structure is applicable to both test and production. Differentiation is based on the .T or .P within the file name.

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 must be the same as that has been 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 MID 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 **CSRATI** for all the attestation form data.

Date:

The Date section of the filename specifies the date the file transferred in **DYYMMDD** format. The first **D** is static text.

Time:

The Time section of the filename specifies the time created (timestamp) for the file in **TTHMMSSmmm** 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. Allowed values are as follows:

- P** for Production Environment (PROD)
- T** for Test Environment (TEST) and Implementation Environment (IMP)

Direction:

The Direction section of the filename indicates the direction in which the data flows, towards the Centers for Medicare & Medicaid

Services (CMS) or away from CMS:

IN for to CMS

OUT for from CMS

All the sections need to be separated by a period (.)

Example of a sample filename: **CSRATI.12345678.D151027.T123136760.P**

CSR Reconciliation Attestation File Instructions and Overview

- Issuers will create a ZIP file with all of the attestation forms.
- Issuers will create an attestation form for each attestation type per benefit year.
- The ZIP file containing the attestations will be named as **CSRATI.<<tpid>>.Date.Time.P**
- The attestation file will be named as **Attestation<<A/B/C>> benefitYear HIOSID**. The worksheets inside the file will be the name of the forms such as Attestation A, Attestation B or Attestation C.
- There is no tolerance for partial submission of attestation forms. Issuers are required to send applicable forms based on their methodologies.(See form mapping table below)

CSR Recon Attestation Validations

- MIDAS will check whether or not the naming conventions are correct, otherwise the file will be rejected.
- MIDAS will validate if each attestation form has a signature, if not, the file will be rejected and noted in the error log.
- MIDAS will validate the count of QHPIDs for issuers that have selected the simplified methodology and submitted FORM C as part of their attestation package.

Attestation Form A

Min Use: 1

Max Use: 999

Grp:

Fields: 9

This attestation form is required for all issuers.

<u>Pos</u>	<u>ID</u>	<u>FIELD</u>	<u>Type</u>	<u>Min Len</u>	<u>Max Len</u>	<u>Usage</u>
01	101	Benefit Year Purpose: The calendar benefit year Note: Note: Valid format is YYYY. The values should be restricted to 2014 or 2015.	Numeric	4	4	Mandatory
02	102	HIOS Issuer ID Purpose: The five-digit Health Insurance Oversight System (HIOS)-generated Issuer ID number.	Numeric	5	5	Mandatory
03	103	Name of Person Completing the Form Purpose: The person assigned by issuer to complete form(s).	String	20	100	Mandatory
04	104	Title Purpose: The title of the person assigned by issuer to complete form(s).	String	25	100	Mandatory
05	105	Organization Purpose: The name of the issuer (organization) sending the attestation form(s).	String	20	100	Mandatory
06	106	Telephone Number Purpose: The phone number of the issuer sending the attestation form(s). Example: 800-555-5555	Numeric	10	15	Mandatory
07	107	Email Address Purpose: The email address of the issuer sending the attestation form(s).	String	1	100	Mandatory
08	108	Signature Purpose: The signature of the issuer sending the attestation form(s). This field will be typed.	String	10	50	Mandatory
09	109	Date Signed Purpose: Date the attestation form was signed. Note: Valid date format is CCYYMMDD.	Date	8	8	Mandatory

Attestation Form B

Min Use: 1

Max Use: 9999

Grp:

Fields: 10

Issuers will send attestation FORM B if required. Form B is required for those issuers that are estimating total allowed essential benefits as allowed under 45 CFR 156.430(c)(2)(i)(A)-(B).

<u>Pos</u>	<u>ID</u>	<u>FIELD</u>	<u>Type</u>	<u>Min Len</u>	<u>Max Len</u>	<u>Req</u>
01	201	Benefit Year Purpose: The calendar benefit year. Note: Valid format is YYYY. The values should be restricted to 2014 or 2015.	Numeric	4	4	Mandatory
02	202	HIOS Issuer ID Purpose: The five-digit Health Insurance Oversight System (HIOS)–generated Issuer ID number.	Numeric	5	5	Mandatory
03	203	QHP Plan ID Purpose: Enter the 16-digit HIOS-generated qualified health plan identification number. This includes the 14-digit standard plan ID plus the 2-digit variant ID. Note: QHP IDs should be listed per line on the attestation forms.	String	16	16	Mandatory
04	204	Name of Person Completing the Form Purpose: The person assigned by issuer to complete form(s).	String	20	100	Mandatory
05	205	Title Purpose: The title of the person assigned by issuer to complete form(s).	String	25	100	Mandatory
06	206	Organization Purpose: The name of the issuer (organization) sending the attestation form(s).	String	20	100	Mandatory
07	207	Telephone Number Purpose: The phone number of the issuer sending the attestation form(s). Example: 800-555-5555	Numeric	10	15	Mandatory
08	208	Email Address Purpose: The email address of the issuer sending the attestation form(s).	Text	1	100	Mandatory
09	209	Signature Purpose: The signature of the issuer sending the attestation form(s). This field will be typed.	String	10	50	Mandatory
10	210	Date Signed Purpose: Date the attestation form was signed. Note: Format is CCYYMMDD.	Date	8	8	Mandatory

Attestation Form C

Min Use: 1 **Max Use: 999999**

Grp: **Fields: 22**

This form is required for all issuers that select the Simplified Methodology.

<u>Pos</u>	<u>ID</u>	<u>FIELD</u>	<u>Type</u>	<u>Min Len</u>	<u>Max Len</u>	<u>Req</u>	<u>Usage</u>
01	301	Benefit Year Purpose: The calendar benefit year. Note: Valid format is YYYY. The values should be restricted to 2014 or 2015.	String	4	4	Mandatory	
02	302	HIOS Issuer ID Purpose: The five-digit Health Insurance Oversight System (HIOS)–generated Issuer ID number.	Numeric	5	5	Mandatory	
03	303	QHP Plan HIOS ID Purpose: Enter the 16-digit HIOS-generated qualified health plan identification number. This includes the 14-digit standard plan ID plus the 2-digit variant ID.	String	16	16	Mandatory	
04	304	Name of Person Completing the Form Purpose: The person assigned by issuer to complete form(s).	String	20	100	Mandatory	
05	305	Title Purpose: The title of the person assigned by issuer to complete form(s).	String	25	100	Mandatory	
06	306	Organization Purpose: The name of the issuer (organization) sending the attestation form(s).	String	20	100	Mandatory	
07	307	Telephone Number Purpose: The phone number of the issuer sending the attestation form(s). Example: 800-555-5555	Numeric	10	15	Mandatory	
08	308	Email Address Purpose: The email address of the issuer sending the attestation form(s).	Text	1	100	Mandatory	
09	309	Signature Purpose: The signature of the issuer sending the attestation form(s). This field will be typed.	String	10	50	Mandatory	
10	310	Date Signed Purpose: Date the attestation form was signed. Note: Note: Format is CCYYMMDD.	Date	8	8	Mandatory	

11	311	Individual Medical = < 80% total allowed EHB costs are subject to deductible	String	2	3	Mandatory
		Purpose: Parameters for Standard Plans				
		Note: Fill in parameters for all subgroups that apply.				
		Individual Medical				Average Deductible:
		Individual Medical				Effective Deductible:
		Individual Medical				Effective Pre-deductible Coinsurance Rate:
		Individual Medical				Effective Post-deductible Coinsurance Rate:
		Individual Medical				Effective non-deductible cost-sharing:
		Individual Medical				Effective claims ceiling:
12	312	Individual Pharmacy = <80%	String	2	3	Mandatory
		Purpose: Plan Parameters				
		Note: Fill in parameters for all subgroups that apply.				
		Individual Pharmacy				Average Deductible:
		Individual Pharmacy				Effective Deductible:
		Individual Pharmacy				Effective Pre-deductible Coinsurance Rate:
		Individual Pharmacy				Effective Post-deductible Coinsurance Rate:
		Individual Pharmacy				Effective non-deductible cost-sharing:
		Individual Pharmacy				Effective claims ceiling:
13	313	Individual Medical & Pharmacy Combined = <80%	String	2	3	Mandatory
		Purpose: Plan Parameters				
		Note: Fill in parameters for all subgroups that apply.				
		Individual Medical & Pharmacy				Average Deductible:
		Individual Medical & Pharmacy				Effective Deductible:
		Individual Medical & Pharmacy				Effective Pre-deductible Coinsurance Rate:
		Individual Medical & Pharmacy				Effective Post-deductible Coinsurance Rate:
		Individual Medical & Pharmacy				Effective non-deductible cost-sharing:
		Individual Medical & Pharmacy				Effective claims ceiling:
14	314	Enrollment Group Medical = <80%	String	2	3	Mandatory
		Purpose: Plan Parameters				
		Note: Fill in parameters for all subgroups that apply.				
		Enrollment Group Medical				Average Deductible:
		Enrollment Group Medical				Effective Deductible:
		Enrollment Group Medical				Effective Pre-deductible Coinsurance Rate:
		Enrollment Group Medical				Effective Post-deductible Coinsurance Rate:
		Enrollment Group Medical				Effective non-deductible cost-sharing:
		Enrollment Group Medical				Effective claims ceiling:
15	315	Enrollment Group Pharmacy <80%	String	2	3	Mandatory
		Purpose: Plan Parameters				
		Note: Fill in parameters for all subgroups that apply.				

Enrollment Group Pharmacy Average Deductible:
 Enrollment Group Pharmacy Effective Deductible:
 Enrollment Group Pharmacy Effective Pre-deductible Coinsurance Rate:
 Enrollment Group Pharmacy Effective Post-deductible Coinsurance Rate:
 Enrollment Group Pharmacy Effective non-deductible cost-sharing:
 Enrollment Group Pharmacy Effective claims ceiling:

16 **316** **Enrollment Group Medical & Pharmacy
 Combined = <80%** String 2 3 Mandatory

Purpose: Plan Parameters

Note: Fill in parameters for all subgroups that apply.

Enrollment Group Medical & Pharmacy Average Deductible:
 Enrollment Group Medical & Pharmacy Effective Deductible:
 Enrollment Group Medical & Pharmacy Effective Pre-deductible Coinsurance Rate:
 Enrollment Group Medical & Pharmacy Effective Post-deductible Coinsurance Rate:
 Enrollment Group Medical & Pharmacy Effective non-deductible cost-sharing:
 Enrollment Group Medical & Pharmacy Effective claims ceiling:

17 **317** **Individual Medical >80% total allowed EHB costs are NOT subject to deductible
 (HMO-like plans or plans
 with HMO-like payment arrangements)**

String 2 3 Mandatory

Purpose: Plan Parameters

Note: Fill in parameters for all subgroups that apply.

Individual Medical Effective Pre-deductible Coinsurance Rate:
 Individual Medical Effective Post-deductible Coinsurance Rate:
 Individual Medical Effective claims ceiling

18 **318** **Individual Pharmacy >80%
 (HMO-like plans or plans
 with HMO-like payment arrangements)**

String 2 3 Mandatory

Purpose: Plan Parameters

Note: Fill in parameters for all subgroups that apply.

Individual Pharmacy Effective Pre-deductible Coinsurance Rate:
 Individual Pharmacy Effective Post-deductible Coinsurance Rate:
 Individual Pharmacy Effective claims ceiling

19 **319** **Individual Medical & Pharmacy
 combined >80% (HMO-like plans or plans
 with HMO-like payment arrangements)**

String 2 3 Mandatory

Purpose: Plan Parameters

Note: Fill in parameters for all subgroups that apply.

Individual Medical & Pharmacy Effective Pre-deductible Coinsurance Rate:
 Individual Medical & Pharmacy Effective Post-deductible Coinsurance Rate:

Individual Medical & Pharmacy Effective claims ceiling

20 320 **Enrollment Group Medical >80% (HMO-like plans or plans with HMO-like payment arrangements)** String 2 3 Mandatory

Purpose: Plan Parameters

Note: Fill in parameters for all subgroups that apply.

Enrollment Group Medical Effective Pre-deductible Coinsurance Rate:
Enrollment Group Medical Effective Post-deductible Coinsurance Rate:
Enrollment Group Medical Effective claims ceiling

21 321 **Enrollment Group Pharmacy >80% (HMO-like plans or plans with HMO-like payment arrangements)** String 2 3 Mandatory

Purpose: Plan Parameters

Note: Fill in parameters for all subgroups that apply.

Enrollment Group Pharmacy Effective Pre-deductible Coinsurance Rate:
Enrollment Group Pharmacy Effective Post-deductible Coinsurance Rate:
Enrollment Group Pharmacy Effective claims ceiling

22 322 **Enrollment Group Medical & Pharmacy combined >80% (HMO-like plans or plans with HMO-like payment arrangements)** String 2 3 Mandatory

Purpose: Plan Parameters

Note: Fill in parameters for all subgroups that apply.

Enrollment Group Medical & Pharmacy Effective Pre-deductible Coinsurance Rate:
Enrollment Group Medical & Pharmacy Effective Post-deductible Coinsurance Rate:
Enrollment Group Medical & Pharmacy Effective claims ceiling

CSR Reconciliation Business Validations for Attestation Forms

Business Validations for Attestation Form A

ID #	Element Name	Business Validation
1.	Benefit Year	Ensure the field values as 2014 or 2015.
2.	HIOS Issuer ID	N/A
3.	Name of person completing this form	N/A
4.	Title	N/A
5.	Organization	N/A
6.	Telephone	N/A
7.	Email Address	N/A
8.	Signature (Typed)	Ensure that there are values in this field. This validation will cause file rejection if empty.
9.	Date Signed	N/A

Business Validations for Attestation Form B

ID#	Element Name	Business Validation
1.	Benefit Year	Ensure the field values as 2014 or 2015.
2.	HIOS ID	N/A
3.	Name of person completing this form	N/A
4.	Title	N/A
5.	Organization	N/A
6.	Telephone	N/A
7.	Email Address	N/A
8.	Signature (Typed)	Ensure that there are values in this field. This validation will cause file rejection if empty.
9.	Date Signed	N/A

Business Validations for Attestation Form C

ID #	Element Name	Business Validation
1.	Benefit Year	Ensure the field values as 2014 or 2015.
2.	HIOS Issuer ID	N/A
3.	QHP Plan HIOS ID	The count of QHP Plan IDs must equal the count on the Data Submissions.
4.	Name of person completing this form	N/A
5.	Title	N/A
6.	Organization	N/A
7.	Telephone	N/A
8.	Email Address	N/A
9.	Signature (Typed)	Ensure that there are values in this field. This validation will cause file rejection if empty.
10.	Date Signed	N/A
11.	Individual Medical =<80%	N/A
12.	Individual Pharmacy =<80%	N/A
13.	Individual Medical & Pharmacy Combined =<80%	N/A
14.	Enrollment Group Medical =<80%	N/A
15.	Enrollment Group Pharmacy =<80%	N/A
16.	Enrollment Group Medical & Pharmacy Combined =<80%	N/A
17.	Individual Medical >80% HMO-like plans or plans with HMO-like payment arrangements	N/A
18.	Individual Pharmacy >80% HMO-like plans or plans with HMO-like	N/A

ID #	Element Name	Business Validation
	payment arrangements	
19.	Individual Medical & Pharmacy combined >80% HMO-like plans or plans with HMO-like payment arrangements	N/A
20.	Enrollment Group Medical >80% HMO-like plans or plans with HMO-like payment arrangements	N/A
21.	Enrollment Group Pharmacy >80% HMO-like plans or plans with HMO-like payment arrangements	N/A
22.	Enrollment Group Medical & Pharmacy combined >80% HMO-like plans or plans with HMO-like payment arrangements	N/A

Appendix A

Table 1: Attestation Forms Mapping

Form Type	Form Name	Mandatory Information	Usage
Form A	Allowed Costs for Essential Health Benefits	HIOS ID Benefit Year	Mandatory for all issuers.

Form B	Estimate of Allowed Costs for Essential Health Benefits	HIOS ID Benefit Year	Optional Note: Form B is required for those issuers that are estimating their total allowed essential benefits as we allow them to do under 45 CFR 156.430(c)(2)(i)(A)-(B).
Form C	Simplified Methodology Effective Parameters and Formulas	HIOS ID Benefit Year QHP Plan ID	Mandatory for issuers that select <u>Simplified.</u>

DRAFT