

# **CSR Reconciliation Issuer to MIDAS Attestation Inbound Specification**

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# ITC-ICSRRL0

## CSR Reconciliation Inbound Specification

The purpose of this document is to provide the details on cost-sharing reduction (CSR) attestation files that the Multidimensional Insurance Data Analytics System (MIDAS) will receive. The attestation files will be in Excel document format and users must select the correct benefit year attestation for Attestation A, B, and C, as applicable. Attestations A, B, and C must 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 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 data.

### Date:

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

### Time:

The Time section of the filename specifies the time created (timestamp) for the file in **THHMMSSmmm** 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)

Note: Files with a .T extension should not include production data.

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

Example of a sample filename where the TP\_ID = '12345678': 1234567890.MID.CSRATL.D130223.T145543452.P.IN

**CSR Reconciliation Attestation File Instructions and Overview**

- Issuers will create a ZIP file with Attestation Forms A, B, and C, as applicable.
- Issuers will create an attestation form for each applicable attestation type per benefit year.
- The ZIP file containing the attestations will be named as <<tpid>>.MID.CSRATL.Date.Time.P.IN
- 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.
- Attestation form submission for issuers will have no tolerance for partial submissions. Issuers are required to send applicable forms based on their methodologies (see form mapping table below).
- A new attestation file must be submitted with each new data file.

**CSR Reconciliation Attestation Validations**

- MIDAS will check whether or not the naming conventions are correctly followed; otherwise the files will be rejected by the EFT (MIDAS will not receive the files if the incorrect naming convention is used).
- 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 simplified methodology and submitted FORM C as part of their attestation package.

# Attestation Form A

**Min Use: 1**

**Max Use: 999**

**Grp:**

**Fields: 9**

Attestation A is required for all issuers that do not use Attestation Form B.

<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	<b>Benefit Year</b>	Numeric	4	4	Mandatory
		<b>Purpose:</b> The calendar benefit year				
		Note: Valid format is YYYY. The values are restricted to 2014, 2015, or 2016.				
02	102	<b>HIOS Issuer ID</b>	Numeric	5	5	Mandatory
		<b>Purpose:</b> The five-digit Health Insurance Oversight System (HIOS)-generated Issuer ID number.				
03	103	<b>Name of Person Completing the Form</b>	String	2	100	Mandatory
		<b>Purpose:</b> The person assigned by issuer to complete form(s).				
04	104	<b>Title</b>	String	2	100	Mandatory
		<b>Purpose:</b> The title of the person assigned by issuer to complete form(s).				
05	105	<b>Organization</b>	String	2	100	Mandatory
		<b>Purpose:</b> The name of the issuer (organization) sending the attestation form(s).				
06	106	<b>Telephone Number</b>	Numeric	2	100	Mandatory
		<b>Purpose:</b> The phone number of the issuer sending the attestation form(s).				
		Example: 3010000000				
07	107	<b>Email Address</b>	String	4	100	Mandatory
		<b>Purpose:</b> The email address of the issuer sending the attestation form(s).				
08	108	<b>Signature</b>	String	2	50	Mandatory
		<b>Purpose:</b> The signature of the issuer sending the attestation form(s). This field will be typed.				
09	109	<b>Date Signed</b>	Date	8	8	Mandatory
		<b>Purpose:</b> Date the attestation form was signed.				
		Note: Valid date format is MMDDYYYY				

# 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 and do not use Form A.

<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	<b>Benefit Year</b>	Numeric	4	4	Mandatory
		<b>Purpose:</b> The calendar benefit year.				
		Note: Valid format is YYYY. The values should be restricted to 2014, 2015 or 2016.				
02	202	<b>HIOS Issuer ID</b>	Numeric	5	5	Mandatory
		<b>Purpose:</b> The five-digit Health Insurance Oversight System (HIOS)–generated Issuer ID number.				
03	203	<b>QHP Plan ID</b>	String	16	16	Mandatory
		<b>Purpose:</b> 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.				
		<b>Note:</b> QHP IDs should be listed per line on the attestation forms.				
04	204	<b>Name of Person Completing the Form</b>	String	2	100	Mandatory
		<b>Purpose:</b> The person assigned by issuer to complete form(s).				
05	205	<b>Title</b>	String	2	100	Mandatory
		<b>Purpose:</b> The title of the person assigned by issuer to complete form(s).				
06	206	<b>Organization</b>	String	2	100	Mandatory
		<b>Purpose:</b> The name of the issuer (organization) sending the attestation form(s).				
07	207	<b>Telephone Number</b>	Numeric	10	10	Mandatory
		<b>Purpose:</b> The phone number of the issuer sending the attestation form(s).				
		Example: 8005555555				
08	208	<b>Email Address</b>	Text	1	100	Mandatory
		<b>Purpose:</b> The email address of the issuer sending the attestation form(s).				
09	209	<b>Signature</b>	String	2	50	Mandatory
		<b>Purpose:</b> The signature of the issuer sending the attestation form(s). This field will be typed.				
10	210	<b>Date Signed</b>	Date	8	8	Mandatory
		<b>Purpose:</b> Date the attestation form was signed.				
		Note: Format is MMDDYYYY.				

# Attestation Form C

**Min Use: 1**

**Max Use: 999999**

**Grp:**

**Fields: 23**

Attestation Form C is required for all issuers that select the Simplified Methodology. After reporting parameters, issuers must also list any plans for which they used the simplified actuarial value methodology. Form C is not required for issuers that use the AV methodology **exclusively**.

<u>Pos</u>	<u>ID</u>	<u>FIELD</u>	<u>Type</u>	<u>Min Len</u>	<u>Max Len</u>	<u>Req</u>
01	301	<b>Benefit Year</b> <b>Purpose:</b> The calendar benefit year. Note: Valid format is YYYY. The values should be restricted to 2014, 2015 or 2016.	String	4	4	Mandatory
02	302	<b>HIOS Issuer ID</b> <b>Purpose:</b> The five-digit Health Insurance Oversight System (HIOS)–generated Issuer ID number.	Numeric	5	5	Mandatory
03	303	<b>QHP Plan HIOS ID</b> <b>Purpose:</b> 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. <b>Note:</b> QHP IDs for which the issuer calculated CSRs using the simplified actuarial value method should be listed per line on the attestation forms. If multiple QHP IDs are on the same line, they must be separated by a comma.	String	16	16	Mandatory
04	304	<b>Name of Person Completing the Form</b> <b>Purpose:</b> The person assigned by issuer to complete form(s).	String	2	100	Mandatory
05	305	<b>Title</b> <b>Purpose:</b> The title of the person assigned by issuer to complete form(s).	String	2	100	Mandatory
06	306	<b>Organization</b> <b>Purpose:</b> The name of the issuer (organization) sending the attestation form(s).	String	2	100	Mandatory
07	307	<b>Telephone Number</b> <b>Purpose:</b> The phone number of the issuer sending the attestation form(s). Example: 8005555555	Numeric	10	10	Mandatory
08	308	<b>Email Address</b> <b>Purpose:</b> The email address of the issuer sending the attestation form(s).	Text	4	100	Mandatory
09	309	<b>Signature</b> <b>Purpose:</b> The signature of the issuer sending the attestation form(s). This field will be typed.	String	2	50	Mandatory
10	310	<b>Date Signed</b> <b>Purpose:</b> Date the attestation form was signed. Note: Format is MMDDYYYY.	Date	8	8	Mandatory

11	311	Attestation C Parameters <b>Subgroups Description Box</b>	String	2	4000	Mandatory
		<b>Purpose:</b> Describe the subgroups and how the issuer calculated effective parameters.				
12	312	<b>Attestation C Parameters Plan Subgroups</b>	Text	0	1	Mandatory
		<b>Purpose:</b> The issuer should populate “Y” for all subgroups for which it will report parameters.				
13	313	<b>Individual Medical = &lt; 80%</b> <b>Total allowed EHB costs are subject to deductible</b>	String	2	10	Mandatory
		<b>Purpose:</b> Parameters for Standard Plans				
		<b>Note:</b> 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:			
14	314	<b>Individual Pharmacy = &lt;80%</b>	String	2	10	Mandatory
		<b>Purpose:</b> Plan Parameters				
		<b>Note:</b> 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:			
15	315	<b>Individual Medical &amp; Pharmacy Combined = &lt;80%</b>	String	2	10	Mandatory
		<b>Purpose:</b> Plan Parameters				
		<b>Note:</b> 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:			
16	316	<b>Enrollment Group Medical = &lt;80%</b>	String	2	10	Mandatory
		<b>Purpose:</b> Plan Parameters				
		<b>Note:</b> 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:			



17      317      **Enrollment Group Pharmacy =<80%**    String    2                    10    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:

18      318      **Enrollment Group Medical & Pharmacy  
Combined = <80%**    String    2                    10    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:

19      319      **Individual Medical >80% total allowed EHB costs are NOT subject to deductible  
(HMO-like plans or plans  
with HMO-like payment arrangements)**

String    2                    10    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

20      320      **Individual Pharmacy >80%  
(HMO-like plans or plans  
with HMO-like payment arrangements)**

String    2                    10    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

21      321      **Individual Medical & Pharmacy  
combined >80% (HMO-like plans or plans  
with HMO-like payment arrangements)**

String    2                    10    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

22      322      **Enrollment Group Medical >80%  
 (HMO-like plans or plans  
 with HMO-like payment arrangements)**  
 String      2      10 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

23      323      **Enrollment Group Pharmacy >80%  
 (HMO-like plans or plans  
 with HMO-like payment arrangements)**  
 String      2      10 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

24      324      **Enrollment Group Medical & Pharmacy  
 combined >80% (HMO-like plans or plans  
 with HMO-like payment arrangements)**  
 String      2      10 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

**Form C Tab for Listing AV plans**      Min Use: 1      Max Use: 999999  
 Grp:      Fields: 3

Issuers that selected the Simplified Methodology but used the AV methodology for some of its plans must complete this tab of Attestation Form C.

<u>Pos</u>	<u>ID</u>	<u>FIELD</u>	<u>Type</u>	<u>Min Len</u>	<u>Max Len</u>	<u>Req</u>
01	301	<b>Benefit Year</b>	String	4	4	Mandatory
		<b>Purpose:</b> The calendar benefit year.				
		Note: Valid format is YYYY. The values should be restricted to 2014, 2015 or 2016.				
02	302	<b>HIOS Issuer ID</b>	Numeric	5	5	Mandatory
		<b>Purpose:</b> The five-digit Health Insurance Oversight System (HIOS)–generated Issuer ID number.				

03      303      **QHP Plan ID**      String      16      16      Mandatory

**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. If multiple QHP IDs are listed on the same line, they must be separated by a comma.

## 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, 2015, or 2016.  File rejection will occur if value in field is invalid.
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, 2015, or 2016.  File rejection will occur if value in field is invalid.
2.	HIOS ID	N/A

ID#	Element Name	Business Validation
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, 2015, or 2016.  File rejection will occur if value in field is invalid.
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.  File rejection will occur if value in field is invalid.
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

ID #	Element Name	Business Validation
9.	Signature (Typed)	Ensure that there are values in this field. This validation will cause file rejection if empty.
10.	Subgroups Description Box	N/A
11.	Plan Subgroups	N/A
12.	Date Signed	N/A
13.	Individual Medical =<80%	N/A
14.	Individual Pharmacy =<80%	N/A
15.	Individual Medical & Pharmacy Combined =<80%	N/A
16.	Enrollment Group Medical =<80%	N/A
17.	Enrollment Group Pharmacy =<80%	N/A
18.	Enrollment Group Medical & Pharmacy Combined =<80%	N/A
19.	Individual Medical >80% HMO-like plans or plans with HMO-like payment arrangements	N/A
20.	Individual Pharmacy >80% HMO-like plans or plans with HMO-like payment arrangements	N/A
21.	Individual Medical & Pharmacy combined >80% HMO-like plans or plans with HMO-like payment arrangements	N/A

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

### **Business Validations for Attestation Form C Tab for Listing AV Plans**

ID #	Element Name	Business Validation
1.	Benefit Year	Ensure the field values as 2014, 2015 or 2016.  File rejection will occur if value in field is invalid.
2.	HIOS Issuer ID	N/A
3.	QHP Plan ID	The count of QHP IDs on the Parameters tab of Form C and the count of QHP IDs on the AV list tab of Form C must equal the “Total Number of CSR Variant Plans under this HIOS ID” reported in the issuer’s data submission file. File rejection will occur if value in field is invalid.

## **Appendix A**

### **Attestation Form Mapping**

**Table 1: Attestation Forms Mapping**

<b>Form Type</b>	<b>Form Name</b>	<b>Mandatory Information</b>	<b>Usage</b>
Form A	Allowed Costs for Essential Health Benefits	HIOS ID Benefit Year	Mandatory for all issuers that do not submit Attestation Form B.
Form B	Estimate of Allowed Costs for Essential Health Benefits	HIOS ID Benefit Year	Mandatory for issuers that are estimating their total allowed essential health benefits and did not submit Attestation Form A.
Form C	Simplified Methodology Effective Parameters and Formulas	HIOS ID Benefit Year QHP Plan ID	Mandatory for issuers that select <b>Simplified</b> . Issuers using Simplified that also have some plans calculated using simplified AV, must complete the Attestation C for AV plan form (Included in the Attestation Form C Template). Form C is not required for issuers that use the AV methodology <b>exclusively</b> .

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