CSR Reconciliation Issuer to MIDAS Attestation Inbound Specification

Standard:	**DFF V.01**
Subject:	**Cost-Sharing Reduction Reconciliation Project**
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ITC-ICSRRL0

CSR Reconciliation 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 Attestation Forms A, B, and C, as applicable, 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.feps.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 data.

Date:
The Date section of the filename specifies the date the file transferred 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. 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.

V1.1

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 where the TP_ID = '12345678': **1234567890.MID.CSRATI.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.CSRATI.Date.Time.P.IN**
- The attestation file will be named as **Attestation<<A/B/C>>_benefitYear_HIOSID**. The worksheets inside the file will be 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.
- 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 Form A is required for all issuers that do not meet the criterion for Attestation Form B.

Pos	ID	FIELD	Type	Min Len	Max Len	Req
01	101	Benefit Year	Numeric	4	4	Mandatory

Purpose: The calendar benefit year.

Note: Valid format is YYYY. The values should be restricted to 2014 or 2015.

02	102	HIOS Issuer ID	Numeric	5	5	Mandatory

Purpose: The five-digit Health Insurance Oversight System (HIOS)–generated Issuer ID number.

03	103	Name of Person Completing the Form	String	2	100	Mandatory

Purpose: The person assigned by issuer to complete form(s).

04	104	Title	String	2	100	Mandatory

Purpose: The title of the person assigned by issuer to complete form(s).

05	105	Organization	String	2	100	Mandatory

Purpose: The name of the issuer (organization) sending the attestation form(s).

06	106	Telephone Number	Numeric	2	100	Mandatory

Purpose: The phone number of the issuer sending the attestation form(s).

Example: 3010000000

07	107	Email Address	String	4	100	Mandatory

Purpose: The email address of the issuer sending the attestation form(s).

08	108	Signature	String	2	50	Mandatory

Purpose: The signature of the issuer sending the attestation form(s). This field will be typed.

09	109	Date Signed	Date	8	8	Mandatory

Purpose: 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 health benefits as allowed under 45 CFR 156.430(c)(2)(i)(A)-(B).

Pos	ID	FIELD	Type	Min Len	Max Len	Req
01	201	Benefit Year	Numeric	4	4	Mandatory

Purpose: The calendar benefit year.
Note: Valid format is YYYY. The values should be restricted to 2014 or 2015.

02	202	HIOS Issuer ID	Numeric	5	5	Mandatory

Purpose: The five-digit Health Insurance Oversight System (HIOS)–generated Issuer ID number.

03	203	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.

04	204	Name of Person Completing the Form	String	2	100	Mandatory

Purpose: The person assigned by issuer to complete form(s).

05	205	Title	String	2	100	Mandatory

Purpose: The title of the person assigned by issuer to complete form(s).

06	206	Organization	String	2	100	Mandatory

Purpose: The name of the issuer (organization) sending the attestation form(s).

07	207	Telephone Number	Numeric	2	100	Mandatory

Purpose: The phone number of the issuer sending the attestation form(s).

Example: 800-555-5555

08	208	Email Address	Text	1	100	Mandatory

Purpose: The email address of the issuer sending the attestation form(s).

09	209	Signature	String	2	50	Mandatory

Purpose: The signature of the issuer sending the attestation form(s).
This field will be typed.

10	210	Date Signed	Date	8	8	Mandatory

Purpose: Date the attestation form was signed.

Note: Format is MMDDYYY.

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. This form is not required for issuers that use the AV methodology exclusively.

Pos	ID	FIELD	Type	Min Len	Max Len	Req
01	301	Benefit Year	String	4	4	Mandatory

Purpose: The calendar benefit year.

Note: Valid format is YYYY. The values should be restricted to 2014 or 2015
.

02	302	HIOS Issuer ID	Numeric	5	5	Mandatory

Purpose: 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 on the same line, they must be separated by a comma.

04	304	Name of Person Completing the Form	String	2	100	Mandatory

Purpose: The person assigned by issuer to complete form(s).

05	305	Title	String	2	100	Mandatory

Purpose: The title of the person assigned by issuer to complete form(s).

06	306	Organization	String	2	100	Mandatory

Purpose: The name of the issuer (organization) sending the attestation form(s).

07	307	Telephone Number	Numeric	2	15	Mandatory

Purpose: The phone number of the issuer sending the attestation form(s).

Example: 800-555-5555

08	308	Email Address	Text	4	100	Mandatory

Purpose: The email address of the issuer sending the attestation form(s).

09	309	Signature	String	2	50	Mandatory

Purpose: The signature of the issuer sending the attestation form(s).
This field will be typed.

| 10 | **310** | **Date Signed** | Date | 8 | 8 | Mandatory |

Purpose: Date the attestation form was signed.
Note: Note: Format is MMDDYYY.

| 11 | **311** | **Attestation C Parameters Subgroups Description Box** | String | 2 | 4000 | Mandatory |

Purpose: Describe the subgroups and how the issuer calculated effective parameters.

| 12 | **312** | **Attestation C Parameters Plan Subgroups** | Text | 0 | 1 | Mandatory |

Purpose: The issuer should populate "Y" for all subgroups for which it will report parameters.

| 13 | **313** | **Individual Medical = < 80%**
total allowed EHB costs are subject to deductible | String | 2 | 10 | 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:

| 14 | **314** | **Individual Pharmacy = <80%** | String | 2 | 10 | 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:

| 15 | **315** | **Individual Medical & Pharmacy**
Combined = <80% | String | 2 | 10 | 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:

| 16 | **316** | **Enrollment Group Medical = <80%** | String | 2 | 10 | 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:			
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.

Pos	ID	FIELD	Type	Min Len	Max Len	Req
01	**301**	**Benefit Year**	String	4	4	Mandatory

Purpose: The calendar benefit year.

Note: Valid format is YYYY. The values should be restricted to 2014 or 2015

| 02 | **302** | **HIOS Issuer ID** | Numeric | 5 | 5 | Mandatory |

Purpose: 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 or 2015. 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 or 2015. File rejection will occur if value in field is invalid.
2.	HIOS ID	N/A
3.	Name of person completing this form	N/A
4.	Title	N/A

ID#	Element Name	Business Validation
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. File rejection will occur if value in field is invalid.
2.	HIOS Issuer ID	N/A
3.	QHP Plan 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
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

ID #	Element Name	Business Validation
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
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

ID #	Element Name	Business Validation
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 or 2015. 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

<u>Attestation Form Mapping</u>

Table 1: Attestation Forms Mapping

Form Type	Form Name	Mandatory Information	Usage
Form A	Allowed Costs for Essential Health Benefits	HIOS ID Benefit Year	This attestation form is required for all issuers that do not meet the criterion for Attestation B.
Form B	Estimate of Allowed Costs for Essential Health Benefits	HIOS ID Benefit Year	Optional **<u>Note</u>**: 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	Optional for issuers that select **<u>Simplified</u>**, however, issuers with plans that were calculated using simplified AV, must complete the Attestation C for AV plan form (Included in the Attestation Form C Template)