

Attestation Error Code List (For Benefit Year 2017 and Benefit Year 2016 Restatements)

Reconciliation of the Cost-Sharing Reduction Component of Advance Payments - Attestation Error Code List (For Benefit Year 2017 and Benefit Year 2016 Restatements)	
Error Code Identifier	Error Code Description
CSRATI001	Form A - Mandatory Benefit Year value is missing
CSRATI002	Form A - Invalid Benefit Year value
CSRATI003	Form A - Mandatory HIOS Issuer ID value is missing
CSRATI004	Form A - Mandatory Name of Person Completing the Form value is missing
CSRATI005	Form A - Mandatory Title value is missing
CSRATI006	Form A - Mandatory Organization value is missing
CSRATI007	Form A - Mandatory Telephone Number value is missing
CSRATI008	Form A - Mandatory Email Address value is missing
CSRATI009	Form A - Mandatory Signature value is missing
CSRATI010	Form A - Mandatory Date Signed value is missing
CSRATI011	Form B - Mandatory Benefit Year value is missing
CSRATI012	Form B - Invalid Benefit Year value
CSRATI013	Form B - Mandatory HIOS Issuer ID value is missing
CSRATI014	Form B - Mandatory QHP Plan ID value is missing
CSRATI015	Form B - Mandatory Name of Person Completing the Form value is missing
CSRATI016	Form B - Mandatory Title value is missing
CSRATI017	Form B - Mandatory Organization value is missing
CSRATI018	Form B - Mandatory Telephone Number value is missing
CSRATI019	Form B - Mandatory Email Address value is missing
CSRATI020	Form B - Mandatory Signature value is missing
CSRATI021	Form B - Mandatory Date Signed value is missing
CSRATI022	Form C - Mandatory Benefit Year value is missing
CSRATI023	Form C - Invalid Benefit Year value
CSRATI024	Form C - Mandatory HIOS Issuer ID value is missing
CSRATI025	Form C - Mandatory Name of Person Completing the Form value is missing
CSRATI026	Form C - Mandatory Title value is missing
CSRATI027	Form C - Mandatory Organization value is missing
CSRATI028	Form C - Mandatory Telephone Number value is missing
CSRATI029	Form C - Mandatory Email Address value is missing
CSRATI030	Form C - Mandatory Signature value is missing
CSRATI031	Form C - Mandatory Date Signed value is missing
CSRATI032	Form C PARAM - Mandatory Benefit Year value is missing
CSRATI033	Form C PARAM - Mandatory HIOS Issuer ID value is missing
CSRATI034	Form C PARAM - Mandatory QHP Plan ID value is missing
CSRATI035	Form C PARAM - Mandatory Standard plan written description is missing
CSRATI036	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual Medical sub group
CSRATI037	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Individual Medical sub group
CSRATI038	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for standard plan Individual Medical sub group

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CSRATI039	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for standard plan Individual Medical sub group
CSRATI040	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard plan Individual Medical sub group
CSRATI041	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Individual Medical sub group
CSRATI042	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual Pharmacy sub group
CSRATI043	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Individual Pharmacy sub group
CSRATI044	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for standard plan Individual Pharmacy sub group
CSRATI045	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for standard plan Individual Pharmacy sub group
CSRATI046	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard plan Individual Pharmacy sub group
CSRATI047	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Individual Pharmacy sub group
CSRATI048	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual Medical and Pharmacy sub group
CSRATI049	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Individual Medical and Pharmacy sub group
CSRATI050	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for standard plan Individual Medical and Pharmacy sub group
CSRATI051	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for standard plan Individual Medical and Pharmacy sub group
CSRATI052	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard plan Individual Medical and Pharmacy sub group
CSRATI053	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Individual Medical and Pharmacy sub group
CSRATI054	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Enrollment Group Medical sub group
CSRATI055	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Enrollment Group Medical sub group
CSRATI056	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for standard plan Enrollment Group Medical sub group
CSRATI057	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for standard plan Enrollment Group Medical sub group
CSRATI058	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard plan Enrollment Group Medical sub group
CSRATI059	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Enrollment Group Medical sub group
CSRATI060	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Enrollment Group Pharmacy sub group
CSRATI061	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Enrollment Group Pharmacy sub group
CSRATI062	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for standard plan Enrollment Group Pharmacy sub group

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CSRATI063	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for standard plan Enrollment Group Pharmacy sub group
CSRATI064	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard plan Enrollment Group Pharmacy sub group
CSRATI065	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Enrollment Group Pharmacy sub group
CSRATI066	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Enrollment Group Medical and Pharmacy sub group
CSRATI067	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Enrollment Group Medical and Pharmacy sub group
CSRATI068	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for standard plan Enrollment Group Medical and Pharmacy sub group
CSRATI069	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for standard plan Enrollment Group Medical and Pharmacy sub group
CSRATI070	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard plan Enrollment Group Medical and Pharmacy sub group
CSRATI071	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Enrollment Group Medical and Pharmacy sub group
CSRATI072	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO like plan Individual Medical sub group
CSRATI073	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO like plan Individual Medical sub group
CSRATI074	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Individual Medical sub group
CSRATI075	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO like plan Individual Pharmacy sub group
CSRATI076	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO like plan Individual Pharmacy sub group
CSRATI077	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Individual Pharmacy sub group
CSRATI078	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO like plan Individual Medical and Pharmacy sub group
CSRATI079	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO like plan Individual Medical and Pharmacy sub group
CSRATI080	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Individual Medical and Pharmacy sub group
CSRATI081	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Medical sub group
CSRATI082	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Medical sub group
CSRATI083	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment Group Medical sub group
CSRATI084	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Pharmacy sub group

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CSRATI085	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Pharmacy sub group
CSRATI086	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment Group Pharmacy sub group
CSRATI087	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Medical and Pharmacy sub group
CSRATI088	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO like plan Enrollment Group Medical and Pharmacy sub group
CSRATI089	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment Group Medical AND Pharmacy sub group
CSRATI090	Attestation FORM A or B is Missing from the submission
CSRATI091	Form C - Attestation FORM C is Missing from the submission for Simplified Methodology
CSRATI092	Form C - No Data File exists for this issuer to validate the QHPIDs
CSRATI093	Form C - QHPIDs are missing in Attestation form C
CSRATI094	Form C PARAM - Standard Individual Medical Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI095	Form C PARAM - Standard Individual Pharmacy Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI096	Form C PARAM - Standard Individual Medical Pharmacy combined Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI097	Form C PARAM - Standard Enrollment Group Medical Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI098	Form C PARAM - Standard Enrollment Group Pharmacy Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI099	Form C PARAM - Standard Enrollment Group Medical Pharmacy combined Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI100	Form C PARAM - HMO Individual Medical Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI101	Form C PARAM - HMO Individual Pharmacy Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI102	Form C PARAM - HMO Individual Medical Pharmacy combined Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI103	Form C PARAM - HMO Enrollment Group Medical Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI104	Form C PARAM - HMO Enrollment Group Pharmacy Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.

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CSRATI105	Form C PARAM - HMO Enrollment Group Medical Pharmacy combined Group business validation failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI106	Issuer does not exist in the CMS reference data.
CSRATI107	Issuer Methodology does not exist in the CMS reference data.

Notes:

1. The attestation file will be rejected if any of the errors above are triggered.