

**Cost-sharing Reduction
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 issuers submit to the Multidimensional Insurance Data Analytics System (MIDAS). The Attestation Forms will be in Excel format and users must select the correct Attestation Forms A, B, and/or C, as applicable. Attestation Forms A, B, and/or C must be sent together in a zipped format for each Health Insurance Oversight System (HIOS) ID and benefit year.

All issuers must attest that CSR amounts provided to enrollees and submitted for CSRs provided represent only cost sharing for essential health benefits for which inclusion in the issuer's CSRs provided is permitted. In the case of plans that compensate the applicable providers in whole or in part on a fee-for-service basis, issuers cannot include as part of cost-sharing reductions provided any cost-sharing reductions that are not reimbursed to providers.

CSR Reconciliation Attestation Files:

CMS will only accept submissions through Enterprise File Transfer (EFT).

For direct SFTP (for automation) - <sftp://eft.feps.cms.gov>

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

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 **DYYMMDD** 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)

Direction:

The Direction section of the filename indicates the direction in which the data flows, towards MIDAS or away from MIDAS:

- **IN** for to MIDAS
- **OUT** for from MIDAS

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

Example of a sample filename where the TP_ID = '1234567890':

1234567890.MID.CSRATL.D180523.T145543452.P.IN

CSR Reconciliation Attestation File Instructions and Overview

- Issuers will create a ZIP file for each HIOS ID and benefit year with Attestation Forms A, B, and/or C, as applicable.
- Issuers will create an Attestation Form for each applicable attestation type per benefit year.
- The ZIP file containing the Attestations Forms 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.
- There is no tolerance for partial Attestation Form 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 in the issuer's attestation confirmation email.
- MIDAS will validate the count of qualified health plan (QHP) IDs for issuers that have selected simplified methodology and submitted FORM C as part of their attestation package (applicable only for benefit year 2016 restatements).

Attestation Form A

Min Use: 1
Grp:

Max Use: 999
Fields: 9

Attestation Form A is required for all issuers that do not use Attestation Form B. Please see the Excel version of Attestation Form A on the CCIIO website. The fields below correspond to the Excel version of Attestation Form A.

<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: Valid format is YYYY. The values are restricted to 2016 or 2017.	Numeric	4	4	Mandatory
02	102	HIOS Issuer ID Purpose: The five-digit HIOS-generated Issuer ID number.	Numeric	5	5	Mandatory
03	103	Name of Person Completing the Form String Purpose: The person assigned by issuer to complete the Attestation Form(s).	String	2	100	Mandatory
04	104	Title String Purpose: The title of the person assigned by issuer to complete the Attestation Form(s).	String	2	100	Mandatory
05	105	Organization String Purpose: The name of the issuer (organization) sending the Attestation Form(s).	String	2	100	Mandatory
06	106	Telephone Number Numeric Purpose: The phone number of the issuer sending the Attestation Form(s). Example: 3010000000	Numeric	2	100	Mandatory
07	107	Email Address String Purpose: The email address of the issuer sending the Attestation Form(s).	String	4	100	Mandatory
08	108	Signature String Purpose: The signature of the issuer sending the Attestation Form(s). This field will be typed.	String	2	50	Mandatory
09	109	Date Signed Date Purpose: Date the Attestation Form was signed. Note: Valid date format is MMDDYYYY	Date	8	8	Mandatory

Attestation Form B

**Min Use: 1
Grp:**

**Max Use: 9999
Fields: 10**

Issuers will send Attestation Form B if required. Attestation Form B is required for those issuers that are estimating total allowed essential health benefits and that do not use Form A. Please see the Excel version of Attestation Form B on the CCIIO website. The fields below correspond to the Excel version of Attestation Form 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	Numeric	4	4	Mandatory
		Purpose: The calendar benefit year. Note: Valid format is YYYY. The values should be restricted to 2016 or 2017.				
02	202	HIOS Issuer ID	Numeric	5	5	Mandatory
		Purpose: The five-digit HIOS-generated Issuer ID number.				
03	203	QHP Plan ID	String	16	16	Mandatory
		Purpose: Enter the 16-digit HIOS-generated QHP ID. 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 the Attestation Form(s).				
05	205	Title	String	2	100	Mandatory
		Purpose: The title of the person assigned by issuer to complete the Attestation 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	10	10	Mandatory
		Purpose: The phone number of the issuer sending the Attestation Form(s). Example: 8005555555				
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 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, and is only applicable for benefit year 2016 restatements. After reporting parameters, issuers must also list any plans for which they used the simplified actuarial value (AV) methodology. Attestation Form C is not required for issuers that use the simplified AV methodology **exclusively**. Please see the Excel version of Attestation Form C on the CCIIO website. The fields below correspond to the Excel version 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	Benefit Year	String	4	4	Mandatory
		Purpose: The calendar benefit year.				
		Note: Valid format is YYYY. The values should be restricted to 2016.				
02	302	HIOS Issuer ID	Numeric	5	5	Mandatory
		Purpose: The five-digit HIOS-generated Issuer ID number.				
03	303	QHP Plan HIOS ID	String	16	16	Mandatory
		Purpose: Enter the 16-digit HIOS-generated QHP ID. This includes the 14-digit standard plan ID plus the 2-digit variant ID.				
		Note: QHP IDs for which the issuer calculated CSRs using the simplified AV 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.				
04	304	Name of Person Completing the Form	String	2	100	Mandatory
		Purpose: The person assigned by issuer to complete the Attestation Form(s).				
05	305	Title	String	2	100	Mandatory
		Purpose: The title of the person assigned by issuer to complete the Attestation 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	10	10	Mandatory
		Purpose: The phone number of the issuer sending the Attestation Form(s). Example: 8005555555.				
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:
Format is MMDDYYYY.

11	311	Attestation C Parameters Subgroups Description Box	String	2	4000	Mandatory
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Purpose: Describe the subgroups and how the issuer calculated effective parameters.

12	312	Attestation C Parameters Plan Subgroups	Text	0	1	Mandatory
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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
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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
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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
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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
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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:

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 simplified AV methodology for some of its plans must complete this tab of Attestation Form C (applicable only for benefit year 2016 restatements).

<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	Benefit Year	String	4	4	Mandatory
		Purpose: The calendar benefit year. Note: Valid format is YYYY. The values should be restricted to 2016.				
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 QHP ID. 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 are 2016 or 2017. 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 are 2016 or 2017. 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
5.	Organization	N/A

ID#	Element Name	Business Validation
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 value is 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
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 value is 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

Form Type	Form Name	Mandatory Information	Usage
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 simplified . Only applicable for benefit year 2016 restatements. 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 exclusively .