Cost-Sharing Reduction Reconciliation Issuer to MIDAS
Attestation Inbound Specification

Publication: April 2019
Version: 4.0

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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 or B, as applicable. Attestation Forms A or B must be sent 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 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 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 folder structure is applicable to both test and production. Differentiation is based on the .T or .P within the filename.

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 **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)

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.CSRATI.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 or B, 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.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 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.

Attestation Form A

<div align="right">

Min Use: 1   **Max Use: 999**

Grp: **Fields: 9**

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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.

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

Purpose: The calendar benefit year

Note: Valid format is YYYY. The values are restricted to 2016 or 2017.

Pos	ID	FIELD	Type	Min Len	Max Len	Usage
02	102	HIOS Issuer ID	Numeric	5	5	Mandatory

Purpose: The five-digit HIOS–generated Issuer ID number.

Pos	ID	FIELD	Type	Min Len	Max Len	Usage
03	103	Name of Person Completing the Form				
			String	2	100	Mandatory

Purpose: The person assigned by issuer to complete the Attestation Form(s).

Pos	ID	FIELD	Type	Min Len	Max Len	Usage
04	104	Title	String	2	100	Mandatory

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

Pos	ID	FIELD	Type	Min Len	Max Len	Usage
05	105	Organization	String	2	100	Mandatory

Purpose: The name of the issuer (organization) sending the Attestation Form(s).

Pos	ID	FIELD	Type	Min Len	Max Len	Usage
06	106	Telephone Number	Numeric	2	100	Mandatory

Purpose: The phone number of the issuer sending the Attestation Form(s).
Example: 3010000000

Pos	ID	FIELD	Type	Min Len	Max Len	Usage
07	107	Email Address	String	4	100	Mandatory

Purpose: The email address of the issuer sending the Attestation Form(s).

Pos	ID	FIELD	Type	Min Len	Max Len	Usage
08	108	Signature	String	2	50	Mandatory

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

Pos	ID	FIELD	Type	Min Len	Max Len	Usage
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. 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.

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 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 MMDDYYY.

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 2017 or 2018. 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 2017 or 2018. 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
6.	Telephone	N/A
7.	Email Address	N/A

ID#	Element Name	Business Validation
8.	Signature (Typed)	Ensure that there are values in this field. This validation will cause file rejection if empty.
9.	Date Signed	N/A

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.