Cost-sharing Reduction (CSR) Reconciliation Technical Assistance

July 6, 2016

CSR Reconciliation Technical Assistance Series

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Purpose

- The purpose of this presentation is to overview the discrepancy resolution process.
- This presentation will address:
  - New FAQs available on REGTAP and guidance for the discrepancy process, and
  - The timeline and requirements for submitting discrepancy files.

CSR Reconciliation – Discrepancy Resolution Process Guidance

- On June 23, 2016 CMS released FAQs (16491) and technical specifications on the discrepancy resolution process issuers follow if they have a CSR reconciliation discrepancy to report.
- The technical specifications are available on the CCIIO website: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Cost-Sharing-Reduction-Reconciliation-Discrepancy-Resolution-Inbound-Specification.pdf

CSR Reconciliation – New FAQs

- CMS will begin netting charges that result from cost-sharing reduction reconciliation from all issuers, including those that have been identified as outliers, in August 2016.

- Any additional charges that the issuer may owe, or payments owed to the issuer, based on resubmissions to correct data errors will be collected in subsequent payment cycles.

Source: REGTAP FAQ 16490

CSR Reconciliation – New FAQs

- The deadline for issuers to request reconsideration is 11:59 p.m. EDT on Monday, August 29, 2016.
- Any issuer filing an appeal is strongly encouraged to file a discrepancy in order to permit CMS to work with the issuer to resolve the dispute outside the formal administrative appeals process.

Source: REGTAP FAQ 16492

CSR Reconciliation – New FAQs

- If an issuer files a discrepancy and requests reconsideration on the same issue and the discrepancy process resolves the issue, we ask that the issuer withdraw its appeal by contacting ACAfinancialappeals@cms.hhs.gov.

Source: REGTAP FAQ 16492

CSR Reconciliation – New FAQs

- CMS will only accept discrepancies for data that directly impacts the calculation of the issuer's reconciled CSR amounts.
- **Issuers will have until 11:59 p.m. EDT on August 29, 2016 to submit discrepancies.**

Source: REGTAP FAQ 16488 and 16491

CSR Reconciliation – New FAQs

- We note that, pursuant to the Manual for Reconciliation of the CSR Component of Advance Payments for Benefit Years 2014 and 2015, issuers also may submit additional 2015 data that becomes available after CSRs have been reconciled for the 2015 Benefit Year, during the 2016 CSR reconciliation reporting year cycle, in the spring of 2017.

Source: REGTAP FAQ 16488 and 16491

CSR Reconciliation - Update

- Issuers that have additional 2014 Benefit Year claims should use the discrepancy process to re-adjudicate and submit policies with those new claims.
- Issuers should not use the discrepancy process to add newly settled 2015 claims, and instead should re-adjudicate these additional claims in the 2016 cycle.

CSR Reconciliation - Update

- In rare circumstances, CMS may make limited exceptions to allow issuers to submit additional 2014 data during the same 2016 CSR reconciliation reporting cycle. CMS will issue guidance on the process for the 2016 CSR reconciliation cycle at a later date.

Discrepancy Reporting Requirements

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CSR Reconciliation – Discrepancy Resolution Process

- Issuers will submit discrepancy files to CMS.
- CMS will review and investigate discrepancy files on a rolling basis as files are received.
- CMS will follow up with issuers to communicate the discrepancy results.

CSR Reconciliation – Discrepancy Resolution File Naming Convention

- Since discrepancy files will be submitted via EFT, issuers must follow the EFT required file naming convention.
- The file name consists of the following sections:
  - Trading Partner (TP) Identifier (ID)
  - Application ID
  - Function Code
  - Date
  - Time
  - Environment Code
  - Direction
- Sample filename: **12345678.OPR.CSRDRI.D160706.T123136760.P.IN**

CSR Reconciliation – Discrepancy Resolution File Naming Convention

- The discrepancy files are being processed by a different system than CSR reconciliation data and attestation files.
- Accordingly, please note the differences in Application ID and Function Code in the discrepancy file name:
  - o Application ID - OPR
  - o Function Code - CSRDRI

CSR Reconciliation – Discrepancy Resolution File Format

- CSR reconciliation discrepancy files follow a similar format as CSR Reconciliation data files.
- Discrepancy files must be submitted in a pipe-delimited format, using ASCII text and a CRLF as the line terminator.
- The file submitted by the issuer should have only one HIOS ID. Note: One discrepancy file will include records that apply to the 2014 and 2015 Benefit Years, as applicable.
- If the issuer is submitting data for multiple HIOS IDs, for example as the result of an acquisition, the issuer must create a separate file for each HIOS ID.

CSR Reconciliation – Discrepancy Resolution Process

- Issuers that identify data discrepancies related to Qualified Health Plan (QHP) ID errors (CSRIFIL67), Exchange Assigned Subscriber ID errors (CSRIFIL50), or errors related to the amount of Cost-sharing Reductions (CSRs) that an issuer provided at the policy level, including, for example, flawed issuer calculations or lost data, should utilize the discrepancy reporting process.
- Issuers will submit discrepancies in a pipe-delimited file format through Enterprise File Transfer (EFT).

CSR Reconciliation – Discrepancy Resolution File Format

- CSR reconciliation discrepancy files have three levels of records:
  - Issuer Summary (01) Records
  - Discrepancy Summary (02) Records
  - Policy Level (03) Records
- Some data elements in the discrepancy file are the same as those submitted in the CSR reconciliation data files, while others are new data elements.

Discrepancy Resolution File Validations and Record Level Details

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Discrepancy File Validations

CMS will send a rejection report to the issuer's EFT outbound folder, if the issuer's file contains the following errors:

1. **Data Structure Integrity:** Across all the record levels, the count of the fields must match to the number specified in the inbound specifications.
2. **Valid Record Level Codes:** The Record Code must be 01, 02, or 03, only.
3. **Valid Discrepancy Reason Type Code**: Each Discrepancy Reason Type Code must match one of the values listed in the specifications (R01, R02, R03, R04, R05, R06, R07, R08, R09, R10).

Discrepancy Resolution File Format – Issuer Summary (01) Record

- One record should be created for each issuer and benefit year.
- If an issuer is reporting multiple discrepancies for a benefit year, the information must be reported in the Discrepancy Summary (02) and Policy (03) level records that correspond to the HIOS ID and benefit year in the Issuer Summary (01) record.
- Issuer Summary (01) Records must have twelve fields.

Discrepancy Resolution File Format – Issuer Summary (01) Record

- If an issuer is reporting discrepancies for both benefit years, there should be two “01” level records.
- Each Issuer Summary (01) record must be immediately followed by the Discrepancy Summary (02) and Policy Level (03) records that correspond to the HIOS ID and benefit year in the preceding Issuer Summary (01) record.

Discrepancy Resolution File Format – Issuer Summary (01) Record

Position	Field	Mandatory/ Optional for Rejected QHP/ Subscriber ID Discrepancy	Mandatory/ Optional for Data Discrepancy for Accepted Records	Data Type	Length	Notes
01	Record-Code	M	M	Text	2	Value: 01
02	Trading Partner ID	M	M	Text	5-10	The Trading Partner number assigned
03	Issuer State Code	M	M	Text	2	The 2-letter state code for issuer's state of licensure
04	HIOS ID	M	M	Numeric	5	The five-digit Health Insurance Oversight System (HIOS)-generated Issuer ID number
05	Benefit Year	M	M	Numeric	4	The calendar benefit year. Values are restricted to 2014 or 2015.
06	Total Amount of CSR Discrepancy (amount of CSR provided that is under Dispute)	M	M	Numeric	4-12	This is the total amount of the discrepancy for actual CSR provided for the HIOS ID and the benefit year (including all discrepancy reasons). Can be positive or negative. Positive suggests the issuer is indicating that it provided more valid CSR than was accepted by CMS.
07	Discrepancy Resolution POC First Name	M	M	Text	2-100	To identify the first name of the discrepancy reporting POC of the issuer
08	Discrepancy Resolution POC Last Name	M	M	Text	2-100	To identify the last name of the discrepancy reporting POC of the issuer
09	Discrepancy Resolution POC Email Address	M	M	Text	2-100	To identify the email address of the discrepancy reporting POC of the issuer
10	Discrepancy Resolution POC Organization Title	M	M	Text	2-100	To identify the organization of the discrepancy reporting POC of the issuer
11	Discrepancy Resolution POC Phone Number	M	M	Text	2-100	To identify the phone number of the discrepancy reporting POC of the issuer
12	Latest Accepted CSR Reconciliation Submission File Name	M	M	Text	2-100	File name of the latest submitted data file for CSR reconciliation accepted by MIDAS

Note: Highlighted fields represent new data elements not included in the CSR reconciliation data files.

Discrepancy Resolution File Format – Discrepancy Summary (02) Record

- Records with Record Code 02 should be positioned in the text file immediately after the Issuer Year (01) record they are associated with.
- Discrepancy Summary (02) records must have six fields.

Discrepancy Resolution File Format – Discrepancy Summary (02) Record

Position	Field	Mandatory/ Optional for Rejected QHP/ Subscriber ID Discrepancy	Mandatory/ Optional for Data Discrepancy for Accepted Records	Data Type	Length	Notes
01	Record-Code	M	M	Text	2	Value: 02
02	Discrepancy Reason Type Code	M	M	Text	3	Three-character reason type code selected from the list in Appendix 1
03	Discrepancy Description	O	M	Text	0-500	Description of issue associated with Discrepancy Reason Type Code. Entire field must be enclosed in "double quotes". 500 character max.
04	Does this affect all reported Subscriber IDs?	M	M	Text	1	Y or N. If N, Issuers must submit a "03" level record below for each Subscriber Policy affected.
05	Number of Subscriber IDs affected	O	O	Numeric	1-10	Mandatory only if issuer answers N above. This count is not a count of unique subscriber IDs. Each time a Subscriber ID is submitted, count it. For example, if the same subscriber ID was submitted twice under two "03" policy level records in an issuer's CSR reconciliation data submission, the count of the subscriber ID input in this field should be "2".
06	Amount of CSR Disputed for Discrepancy Reason Code (amount of CSR provided that is under dispute because of that discrepancy reason code)	M	M	Numeric	4-12	This is the total amount of the discrepancy for CSR provided that is associated with the specific Discrepancy Reason Type Code (defined in Appendix 1) only. Can be positive or negative. Positive suggests the issuer is indicating that it provided more valid CSR than was accepted by CMS.

Note: Highlighted fields represent new data elements not included in the CSR reconciliation data files.

Discrepancy Reason Type Code- Appendix 1 in Specification document

The Discrepancy Reason Type Code is the second data element populated in each Discrepancy Summary (02) record.

Discrepancy Category	Discrepancy Reason Type Code	Discrepancy Reason Type Definition
Subscriber/QHP ID Data Discrepancy	R01	Subscriber ID (issuer-submitted) was rejected by CMS (issuer received error code CSRIFIL50 for the Policy Detail (03) record with this Subscriber ID). This discrepancy reason type may only be used by FFM Issuers.
	R02	QHP ID (issuer-submitted) was rejected by CMS (issuer received error code CSRIFIL67 for the Policy Detail (03) record with this Subscriber ID)
Data Discrepancy for Accepted Records	R03	HHS Processing Error: Contesting a processing error (submitted data file, file was rejected, not seeing anything in error report, or incorrect error codes generated in error report)
	R04	HHS Mathematical Error for Amount (HHS used wrong CSR advance payment amount, HHS otherwise miscalculated CSR Provided or the reconciled CSR amount, or incorrect amount stated in the report of CSR reconciliation charges and payments for 2014 and 2015)
	R05	HHS Incorrect application of the relevant methodology (HHS recorded the issuer as simplified when the issuer had previously selected the standard methodology, or vice versa, and therefore CMS rejected the file)
	R06	Issuer Processing Error: Reporting a processing error (submitted incorrect or incomplete information in the data file, or a claims processing error affected the amount of CSR provided that was reported in the data file)
	R07	Issuer Mathematical Error for Amount (Issuer reported incorrect amounts for the amounts paid for services, or applied incorrect actuarial value in simplified method formula and/or miscalculated CSR Provided)
	R08	Issuer Incorrect application of the relevant methodology (Issuer or its TPA failed to follow CMS guidance on re-adjudication of claims, or issuer used the incorrect methodology)
	R09	Claims data or policies submitted in the wrong benefit year
	R10	Other

Discrepancy Resolution File Format – Policy Level (03) Record

- Issuers must populate Policy Level (03) records with the details (i.e., QHP IDs or Subscriber IDs) for each Policy Level (02) record that the issuer is filing a discrepancy for from their data file(s). (Note: With the exception specified on the next slide.)

Discrepancy Resolution File Format – Policy Level (03) Record

- Policy level (03) records should be populated for each Issuer/Year/Discrepancy Reason that affects fewer than "All" Exchange Assigned Subscriber IDs.
- Records with Record Code 03 should be positioned in the text file immediately after the Discrepancy Year (02) record they are associated with.
- Policy level (03) records should have eight or nine fields.

Discrepancy Resolution File Format – Policy Level (03) Record

Position	Field	Rejected QHP/ Subscriber ID Discrepancy	Data Discrepancy for Accepted Records	Data Type	Length	Notes
01	Record-Code	M	M	Text	2	Value: 03
02	Exchange Subscriber ID Exists	M	O	Text	1	If the issuer is aware of a Federally-facilitated Marketplace (FFM) Exchange-Assigned Subscriber ID that has been assigned to the subscriber, input "Y" in this field. If a subscriber ID was never assigned by the FFM for this subscriber (but the subscriber is a valid enrollee on the FFM for the applicable benefit year), then the issuer should input "N" in this field. State-based Marketplace (SBM) Issuers should populate this field with "N".
03	Exchange Subscriber ID	M	M	Text	10	The subscriber identification number assigned by the Exchange. For SBMs, issuers should list the SBM-assigned Subscriber ID if it was reported in the "03" level of the issuer's original CSR reconciliation data submission.
04	QHP ID	M	M	Text	16	Enter the 16-digit HIOS-generated qualified health plan (QHP) identification number. This includes the 14-digit standard plan ID plus the 2-digit variant ID.
05	Exchange Assigned Policy ID	M	M	Text	1-20	Policy ID uniquely identifying an individual policy for this Subscriber and QHP ID. This should match the Exchange-Assigned Policy ID listed on 834's from CMS and the Policy ID submitted by issuers for the Enrollment Reconciliation process.
06	Policy Benefit Start Date	M	M	Date	8	First date that the subscriber enrolled in this policy. Policy Benefit Start Date should be in MMDDYYYY format.
07	Policy Benefit End Date	M	M	Date	8	Date that the subscriber's enrollment in this policy ended. Policy Benefit End Date should be in MMDDYYYY format.
08	Amount of CSR Provided Disputed for the Policy	M	M	Numeric	4-12	This is the amount of the discrepancy for CSR provided that is associated with the specific Discrepancy Reason Type Code (defined in Appendix 1) and this policy record only. Can be positive or negative. Positive suggests the issuer is indicating that it provided more valid CSR than was accepted by CMS.
09	Updated Subscriber ID	O	O	Text	10	Optional field to provide a corrected Exchange Subscriber ID. This field should only be used if an incorrect ID was submitted in the original CSR Reconciliation submission.

CSR Reconciliation – Requests for Reconsideration

- CMS will host separate webinars to overview the CSR reconciliation request for reconsideration process.
- The CSR reconciliation request for reconsideration webinars are scheduled for July 13 and July 20, 2016.
- Issuers may request reconsiderations of the calculated CSR reconciliation amount within 60 days of the date of the June 30, 2016 report to contest a processing error by HHS, HHS's incorrect application of the relevant methodology, or HHS's mathematical error. Requests for reconsideration are due by **11:59 p.m. EDT on August 29, 2016**.

Questions?

To submit or withdraw questions by phone:

- *Dial **# (star-pound) on your phone's keypad to ask a question*
  - *Dial **# (star-pound) on your phone's keypad to withdraw your question*

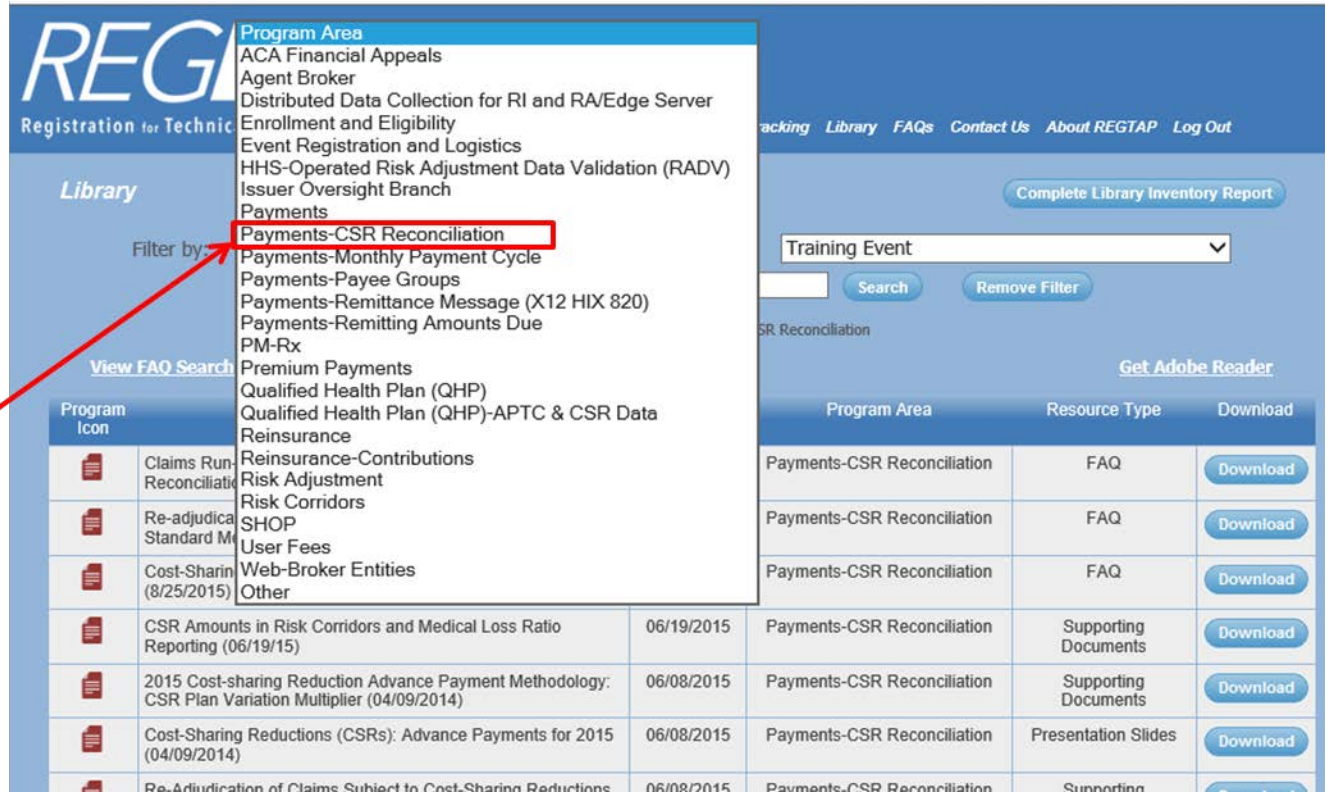
To submit questions by webinar:

- *Type your question in the text box under the 'Q&A' tab*

Locating CSR Reconciliation Documents in REGTAP

Stakeholders can access additional documents at https://www.REGTAP.info in the REGTAP Library.

Under Program Area, select "Payment-CSR Reconciliation"



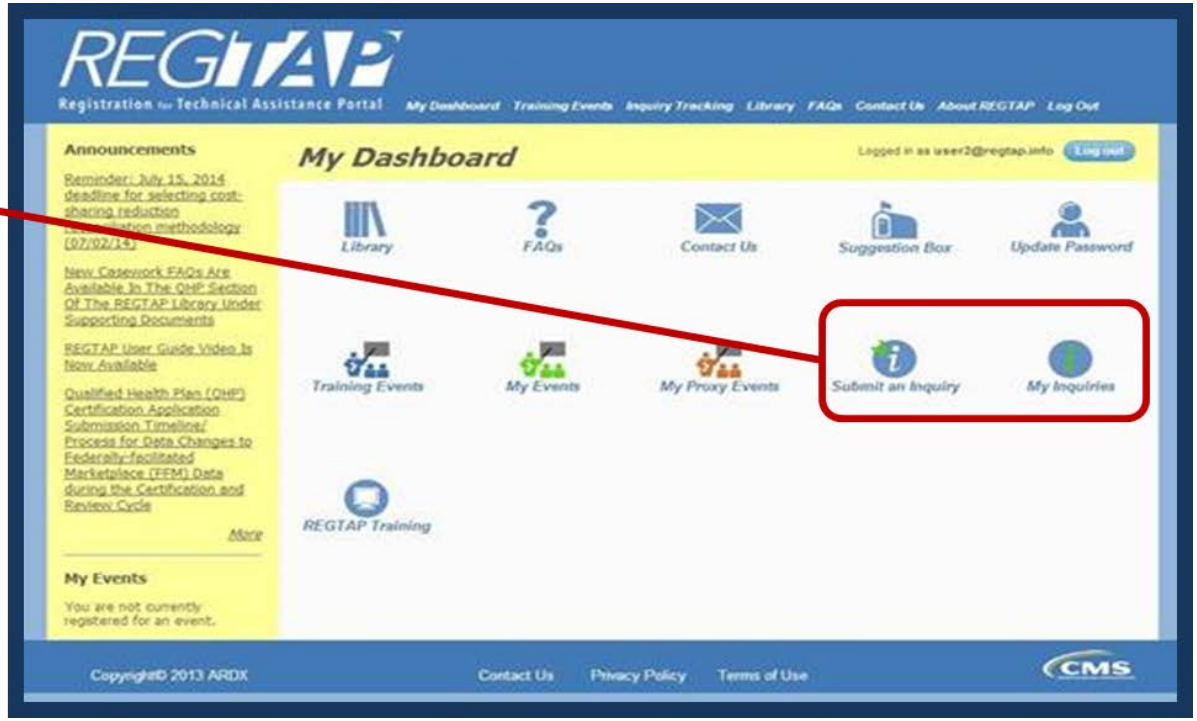
Resources

Resource	Resource Link
U.S. Department of Health & Human Services	http://www.hhs.gov/
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://www.cms.gov/cciio
Consumer website on Health Reform	http://www.healthcare.gov/
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info

Inquiry Tracking and Management System (ITMS)

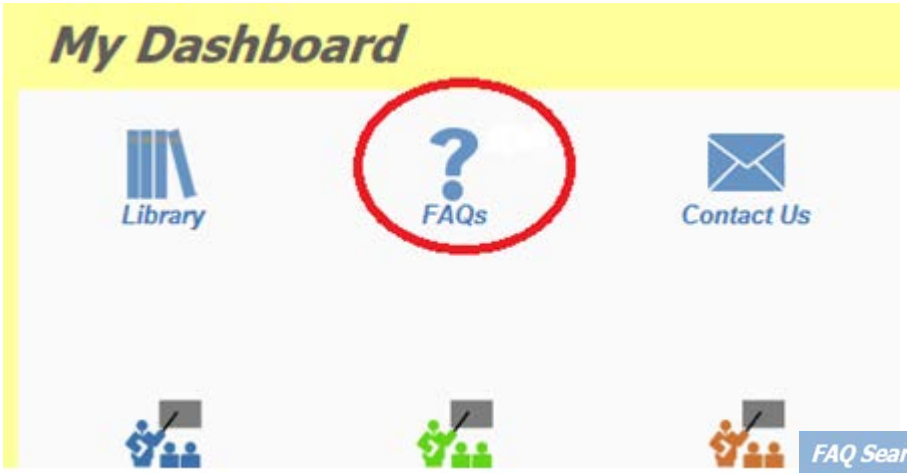
Stakeholders can submit inquiries to https://www.REGTAP.info through ITMS.

Select ‘Submit an Inquiry’ from My Dashboard.



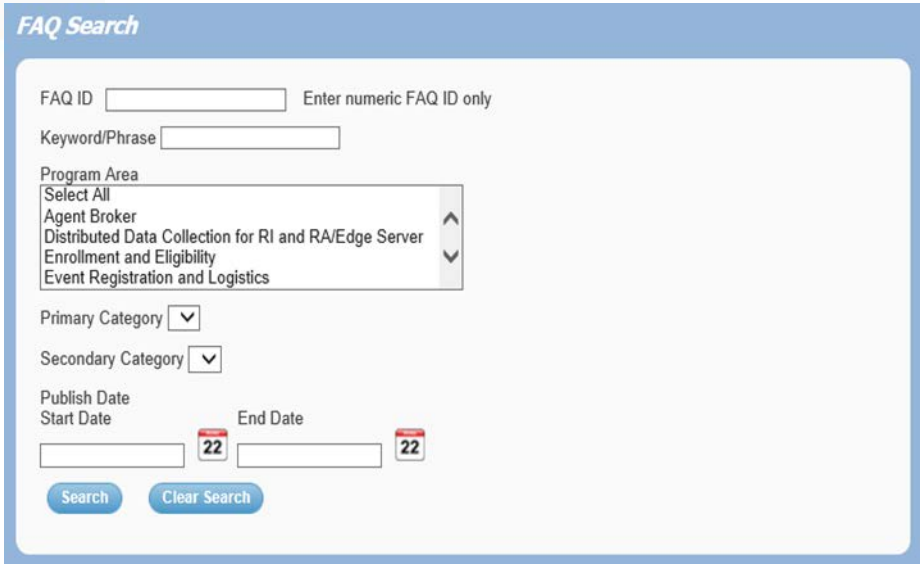
Note: Enter only one (1) question per submission.

FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary Categories, Benefit Year, Retired and Current FAQs and Publish Date.

FAQ Database is available at https://www.regtap.info/



Closing Remarks