Cost-Sharing Reduction (CSR) Reconciliation for Benefit Year 2016 and Restatements

February 7 & 9, 2017

Health Insurance Exchange Program Training Series

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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Agenda

- Session Guidelines
- CSR Reconciliation Overview
- Timelines
- Testing
- Methodology web form
- CSR Reconciliation Operational Processes Overview
- Data File Structure Overview
- Data File Submission Process
- Restatements
- Outliers
- Attestation Form Completion and Submission Process
- Question and Answer (Q&A)
- Resources
- Closing Remarks

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Session Guidelines

- This is a two (2) hour webinar session.
- For questions regarding content, please submit inquiries to REGTAP at https://www.REGTAP.info/.
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520.

Intended Audience

- The intended audience includes issuers that received the Cost-Sharing Reduction (CSR) portion of advance payments for the 2016 benefit year and/or issuers restating CSRs for the 2015 benefit year.
- The purpose of this presentation is to educate and prepare issuers who will be participating in initial testing of the CSR reconciliation process with CMS; however, all issuers are welcome to attend.

Purpose

- This stakeholder training session will:
  - Explain the CSR reconciliation initial testing process and timeline
  - Provide an overview of the Methodology Web Form
  - Discuss the requirements issuers must follow to submit CSR reconciliation data
  - Provide an overview of the CSR reconciliation data file format
  - Explain how to complete and submit attestation forms

CSR Reconciliation Overview

CSR Background

- 45 CFR 156.430 sets forth regulations regarding CSR advance payments, data submission and reconciliation.
  - A Qualified Health Plan (QHP) issuer will receive periodic advance payments based on the advance payment amounts calculated in accordance with §155.1030(b)(3).
  - Under §156.410, QHP issuers must ensure that any individual enrolled through the Marketplace, who is eligible for cost-sharing reductions, pays only the cost-sharing required for the applicable covered service under the plan variation.
  - In the case of improper assignment to a plan variation or improper cost-sharing, the issuer must correct the plan variation assignment and refund any excess cost-sharing paid by the consumer. Issuers cannot seek reimbursement for any excess cost-sharing provided.

CSR Background (continued)

- For each benefit year, CMS reconciles CSR payments first by collecting issuer data on what the enrollee in a CSR plan variation paid in cost sharing and what the enrollee would have paid in cost sharing in a standard plan. The difference is the amount of CSR provided.
  - CMS will then compare the amount of CSR provided to the enrollee to the CSR component of the advance payment provided to the issuer by the Federal government.

CSR Reconciliation - Requirements

- In order to facilitate reconciliation of CSRs to reflect the amount provided to enrollees in CSR variation plans, issuers will submit their allowable Essential Health Benefits (EHB) medical claims costs to CMS, broken down by:
  - The amount the issuer paid,
  - The amount the enrollee paid, and
  - The amount the enrollee would have paid for the same claims if enrolled in a standard plan.
    - Issuers will use one (1) of two (2) methodologies to determine enrollee cost sharing amounts for comparable claims in the standard plan.
- By **June 2, 2017**, issuers must submit this data for each QHP plan for Benefit Year 2016 and, if applicable, separately for Benefit Year 2015 restatements.

CSR Reconciliation – Requirements (continued)

- **Issuers will be required to submit different data elements based on which CSR reconciliation methodology (standard or simplified) they chose for their plans.**
- **For the purposes of our file format, issuers using the simplified method should indicate "Simplified" if they are estimating parameters for some plans, but not all. Issuers should indicate "Simplified AV" if they are using the Simplified AV method exclusively.**

List of Materials Released by CMS

To assist QHP issuers in the CSR Reconciliation Process, CMS has provided the following resources:

Resource	Resource Link
Cost-Sharing Reduction Reconciliation Guidance for Benefit Year 2016	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-Manual-for-Reconciliation-of-the-Cost-Sharing-Reduction-Component-of-Advance-Payments-for-the-2016-Benefit-Year.pdf
CSR Reconciliation Issuer to MIDAS Attestation Inbound Specification	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2-CSR-Reconciliation-Issuer-to-MIDAS-Attestation-Inbound-Specification-010.pdf
CSR Reconciliation Issuer to MIDAS Inbound Specification	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/1-CSR-Reconciliation-Issuer-to-MIDAS-Inbound-Specification-01052017.pdf
CSR Reconciliation Data File Error Code List	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CSR-Reconciliation-Data-File-Error-Code-List-01052017.pdf
CSR Reconciliation Attestation File Error Code List	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CSR-Reconciliation-Attestation-Error-Code-List-01052017.pdf
Attestation Forms	https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/index.html#Premium Stabilization Programs
Methodology Web Form	https://acapaymentoperations.secure.force.com/CSRReconciliationMethodology

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List of Materials Released by CMS (continued) - CSR Reconciliation Attestation Forms for Benefit Year 2016 and Prior Year Restatement

Attestation Form	Resource Link
Attestation Form A – 2016 Benefit Year	Cost-Sharing Reduction Reconciliation Attestation Form A – Benefit Year 2014
Attestation Form A – 2015 Benefit Year	Cost-Sharing Reduction Reconciliation Attestation Form A – Benefit Year 2015
Attestation Form A – 2014 Benefit Year	Cost-Sharing Reduction Reconciliation Attestation Form A – Benefit Year 2014
Attestation Form B – 2016 Benefit Year	Cost-Sharing Reduction Reconciliation Attestation Form B – Benefit Year 2016
Attestation Form B – 2015 Benefit Year	Cost-Sharing Reduction Reconciliation Attestation Form B – Benefit Year 2015
Attestation Form B – 2014 Benefit Year	Cost-Sharing Reduction Reconciliation Attestation Form B – Benefit Year 2014
Attestation Form C – 2016 Benefit Year	Cost-Sharing Reduction Reconciliation Attestation Form C and Parameters – Benefit Year 2016
Attestation Form C – 2015 Benefit Year	Cost-Sharing Reduction Reconciliation Attestation Form C and Parameters – Benefit Year 2015
Attestation Form C – 2014 Benefit Year	Cost-Sharing Reduction Reconciliation Attestation Form C and Parameters – Benefit Year 2014

Timelines

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Timing of Reconciliation Process Calendar

Timing	Activity
November 2016	Draft Instructional manual and specification guide published on CMS website for 30-day comment period.
January 2017	Final manual and specifications published.
February 2017	Webinars and training for all issuers; Methodology web form open from February 7, 2017 to 11:59 p.m. E.T. on March 6, 2017.
March 1-10, 2017	Testing window for Benefit Year 2016 reconciliation and 2015 restatements.
April 3, 2017	Data submission window opens for Benefit Year 2016 reconciliation and 2015 restatements.
June 2, 2017	Data submission window closes for Benefit Year 2016 reconciliation and 2015 restatements.
June 30, 2017	CMS notifies issuers of reconciled amounts.

Testing Overview

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Testing Process

- CMS will only accept submissions through EFT.
- CMS will conduct external testing with issuers from **March 1-10, 2017**.
- All issuers should complete testing with CMS before submitting production data to CMS in April.
- Issuers should submit test data and attestation files with a ".T" in the filename. Examples:
  - **12345678.MID.CSRI.D160612.T123136760.T.IN**
  - **12345678.MID.CSRATI.D160612.T123136760.T.IN**

Testing Process (continued)

- Issuers should test data files (using the pipe-delimited format) and attestation forms with dummy data (see Inbound Specification documents).
- The primary purpose of testing is to test the new file format and structure.
- Issuers may receive confirmation emails and error logs in their EFT based on the data in the test files (assuming the file passes structural validations and a valid email address is included in the test data file).

Testing Resources

- CMS will provide technical assistance during the testing phase, including regular training and technical assistance calls.
- Issuers can email CSRreconquestions@cms.hhs.gov with questions.
- Issuers may also continue to submit policy-related questions through ITMS at https://www.REGTAP.info.

Methodology Web Form Overview

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Methodology Web Form

- CMS created a new web form to allow issuers to report methodology for reconciliation of the CSR portion of advance payments for a HIOS ID and benefit year, along with technical points of contact (POC) for the corresponding HIOS ID(s) for which you reported the CSR Reconciliation methodology.

- If issuers used the simplified methodology in 2015 or the issuer was not an applicable 2014 or 2015 issuer and therefore did not select a methodology, all three (3) methodology options are available to you for CSR Reconciliation for the 2016 Benefit Year.

- If issuers used the standard methodology in the 2015 Benefit Year, standard is the only methodology option available to you for CSR Reconciliation for the 2016 Benefit Year.
  - These issuers may still complete the web form to notify CMS of new or updated technical POCs.

Methodology Web Form

- The web form will be open from **Tuesday, February 7, 2017 to 11:59 p.m. ET on Monday, March 6, 2017**, and again from **Monday, April 3, 2017 to 11:59 p.m. on Tuesday, May 30, 2017**.

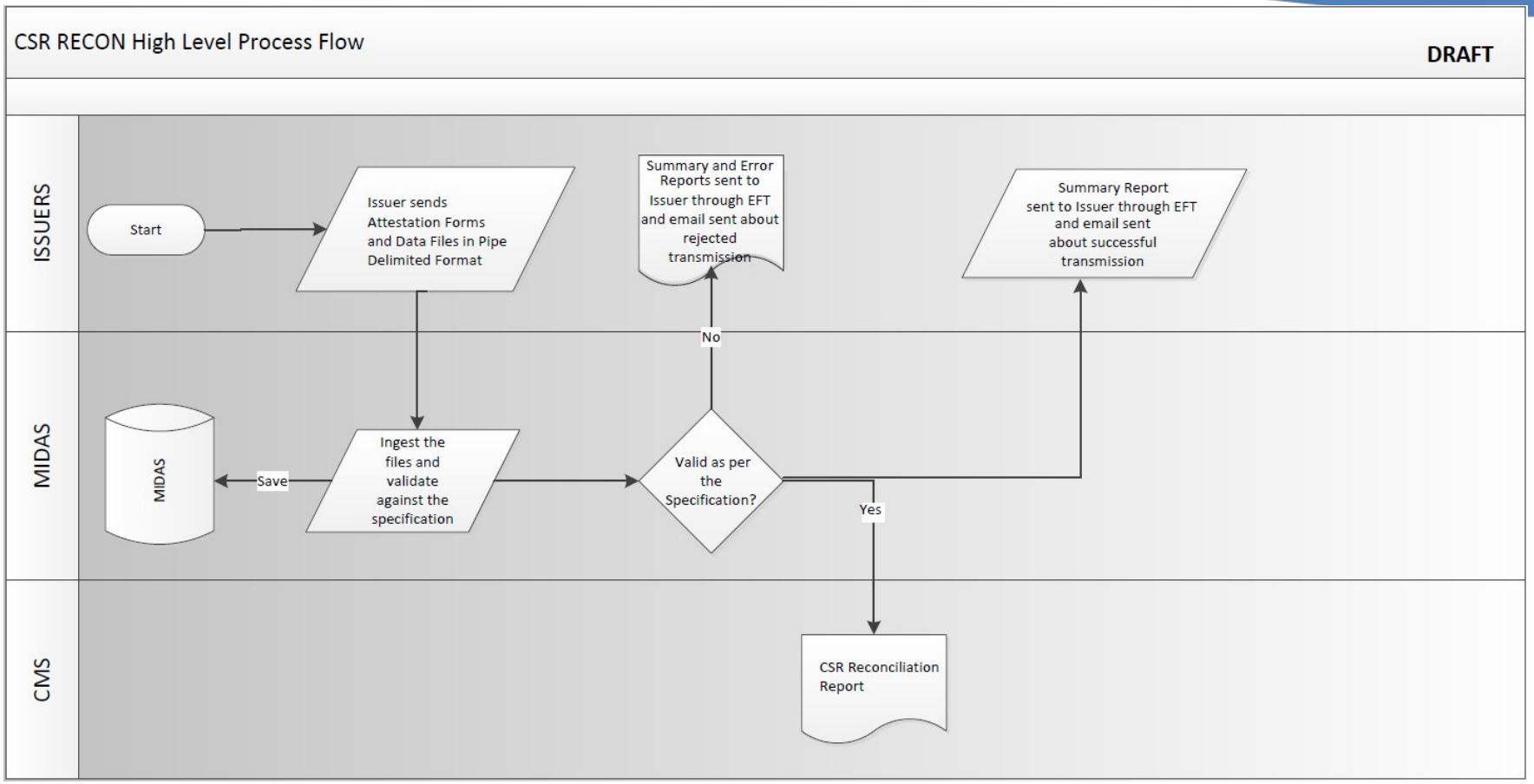
- We strongly encourage issuers to submit any methodology and POC updates using the web form by **March 6, 2017** to avoid any potential data file and attestation file processing issues.
  - If you submit your data file with an updated methodology during the submission window, but have not submitted the methodology update via the web form, your data file may be rejected.

Methodology Web Form

- This web form must be completed and submitted in a single session; it is not possible to save and return to the session.
- You may submit the form multiple times to provide updated methodology or POC information to CMS. You will have to re-enter your information each time you submit the form.
- Although CMS will make the web form available again during the 2017 reporting cycle open submission window, which begins April 3, 2017, CMS will not permit methodology or POC changes after May 30, 2017. Email CSRreconquestions@cms.hhs.gov if you have questions regarding the web form.
- **Link to Web Form**: https://acapaymentoperations.secure.force.com/CSRReconciliationMethodology
- **Link to Web Form User Guide:** https://www.regtap.info/uploads/library/FT_CSR_WebFormGuide_5CR_020617.pdf

CSR Reconciliation Operational Process Overview

Data Submission Process Overview



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CSR Reconciliation Step I Activities

Step 1

Issuer submits CSR reconciliation data and attestation forms to CMS

- CMS requires issuers to report CSR reconciliation data in an electronic file via the CMS Enterprise File Transfer (EFT) location.
- The file must be in pipe-delimited format and in ASCII text.
- The data elements in the file include issuer, plan (optional), and policy level information.
- The CSR Reconciliation Issuer to MIDAS Inbound Specification document provides the technical specifications for the file.

CMS will only accept submissions through EFT.

CSR Reconciliation Step I Activities (continued)

Step 1

Issuer submits CSR reconciliation data and attestation forms to CMS

- CMS also requires issuers to complete the attestation form(s) which are available on the CCIIO website.
- Issuers must upload attestations on the same timeline for submitting data files.
- Issuers will provide the following attestations:

Forms A, B & C submitted via EFT

  - Attestation Form A: Allowed Costs for Essential Health Benefits (with the exception of issuers who estimated Allowed Costs for Essential Health Benefits)
  - Attestation Form B: Estimate of Allowed Costs for Essential Health Benefits
  - Attestation Form C: Simplified Methodology Effective Parameters and Formulas

CSR Reconciliation Step I Activities
(continued)

Step 1

Issuer submits CSR reconciliation data and attestation forms to CMS

- Attestation forms must be completed and submitted separately from the data files.
- All issuers must complete either Attestation Form A or B, as applicable.
- Some issuers will also have to fill out Attestation Form C, as applicable.

The CSR Reconciliation Issuer to MIDAS Attestation Inbound Specification provides requirements to submit Attestation Forms A, B and C through EFT.

CSR Reconciliation Step II Activities

Step 2

CMS Data Validation

- CMS will perform a series of validations on the data and attestation forms.
- Issuers will receive emails confirming the status of their data file and attestation file submissions.
  - Confirmation emails for data files are sent to the business and technical POC email addresses the issuer included in their data file.
  - Confirmation emails for attestation files are sent to the POC email addresses CMS has on file from the Methodology web form the issuer submitted.
- Every issuer will receive an error log in their EFT folder for all data file processing statuses, including successful submission without errors.
- Please refer to the CSR Reconciliation Issuer to MIDAS Inbound Specification document for a list of validations that CMS will be performing on data files and attestation forms. CMS may perform additional validations and will follow up with additional guidance if needed.

CSR Reconciliation Step III Activities

Step 3

CMS Error Reporting to Issuers

- Possible data file statuses include Accepted, Accepted with Errors, or Rejected. If the file is Rejected or Accepted with Errors, the error log will include a comprehensive list of the data file errors.
  - The file will be rejected when mandatory data elements are not included or are input incorrectly, or if critical validations fail, and the issuer will receive an email indicating that the file has been rejected.
  - The file will be accepted and processed with errors when other, non-critical validations fail, in which case the issuer will receive an email indicating that the file has been accepted and processed but there are errors. CMS will generate an error log that summarizes the non-critical errors, which are informational and do not affect CMS's processing of the CSR amounts submitted.
- Issuers should review the error logs to determine what corrections are needed, make the corrections, and resubmit the data files before the submission deadline.
- If attestation files are rejected, the error codes associated with the rejection will be communicated within the confirmation email for the attestation files.

CSR Reconciliation Step III Activities (continued)

Step 3

CMS Error Reporting to Issuers

- When correcting data and resubmitting data files, issuers must re-submit the entire file (i.e., the full pipe-delimited file).
- CMS will consider every resubmission as a new submission, so the filename for the resubmission must be unique and include a new date and time.
  - o CMS will not accept or process resubmissions with identical dates and times in the filename.

Because CMS will not process partial resubmissions, issuers should plan accordingly by saving their flat, pipe-delimited file in a separate environment so that it can be modified and resubmitted as necessary.

Sample Error Log (page 1)

SAMPLE ERROR LOG FOR BENEFIT YEAR 2016 DATA FILE SUBMISSION

----------File Statistics----------

PROCESSING FILE : CSRI.330519730.D161026.T103735000.P

FILE FORMAT : /data/midas_pentaho/csrr/working/CSRI.330519730.D161026.T103735000.P: ASCII text

VALIDATING FILE BASICS.....

Number of 01 Records in the file : 1

Number of 02 Records in the file : 10

Number of 03 Records in the file : 5506

Number of Records that do not start with 01 or 02 or 03 in the file : 0

Number of 01 Records that do not have 27 fields : 0

Number of 02 Records that do not have 9 fields : 0

Number of 03 Records that do not have 14 fields : 0

VALIDATING ISSUER SUMMARY (01 Records)

HIOS ID : 89944

TPID : 9413405245

Coverage Year : 2016

Selected Methodology : SIMPLIFIED AV

Total Amount of CSR Provided in Issuer Summary Record : 3715568.50

VALIDATING POLICY DETAIL (03 Records)

QHPIDs submitted in 03 Records :

89944GA005000404 89944GA005000405 89944GA005000406 89944GA005000502 89944GA005000504 89944GA005000505

89944GA005000506 89944GA005000602 89944GA005000604 89944GA005000605 89944GA005000606 89944GA005000902

QHPs that received advanced CSR payments, but were not submitted in this reconciliation file:

89944GA005555802
89944GA005555902

Sample Error Log (page 2)

Policy level (03) with invalid CSR format : 0

Number of 03 Records missing Annual Limitation on Cost Sharing for Standard Plan (SIMPLIFIED AV) : 0

Number of Invalid 03 Records (Invalid due to error code CSRIFIL50 and/or CSRIFIL67) : 1

Sum of all CSR Provided from Policy Detail Records: 3,715,568.50

Valid CSR Amount from Policy Detail Records : 3,714,568.50

Invalid CSR Amount from Policy Detail Records (Invalid due to error code CSRIFIL50, CSRIFIL64, and/or CSRIFIL67) : 1,000.00

Advanced CSR amount for benefit year: 2,493,177.09

Reconciled CSR payment or charge for the benefit year: 1,221,391.41

ERROR_CODE	ERROR_DESCRIPTION	ERROR_COUNT	
CSRIFIL50	03 - Invalid Exchange Assigned Subscriber ID Lookup (FEPS)	1	2017-04-24

ERROR_CODE	ERROR_DETAILED_DESCRIPTION	
CSRIFIL50	89944GA005000506; 0000012345; Invalid against the FEPS enrollment data (FFM plans only) Exchange Assigned Subscriber Id	2017-04-24

CSR Outreach Team

- An outreach team will facilitate the accurate and timely submission of files from issuers to CMS, and to assist issuers in resolving data validation errors.
- CMS will convene regular technical assistance calls with issuers.
- The outreach team can be reached for questions and assistance at CSRreconquestions@cms.hhs.gov.

Data File Structure Overview

Data File Structure

- CMS will only accept data file submissions through EFT.
  - 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.
  - **Issuers must use ".T" in the file name for test files submitted during the March 1-10, 2017 testing window.**
  - **Issuers must use ".P" in the file name for files submitted during the April 3-June 2, 2017 submission window.**
  - The filenames proposed for usage by issuers will consist of the following sections:
    - Trading Partner (TP) Identifier (ID)
    - Application ID
    - Function Code
    - Date
    - Time
    - Environment Code
    - Direction

Data File Structure (continued)

- Data files must be submitted in pipe-delimited format.
- The data elements in the file will include three (3) levels of data, each with a specific set of information that must be included:
  - Issuer Summary Record (01)
  - Plan Summary Record (02) *Optional*
  - Policy Detail Record (03)

Pipe-delimited Format Example

01|54631|VA|11512|04222016|103256|2016|2.00|5.00|STANDARD|Y|06012016|11512|N|||FIRSTNAME1|LASTNAME1|Email1@email.com|TPOC1|4063608629|POCFIRSTNAME1|POCLASTNAME1|Email2@email.com|BPOC1|4063608630|1|1
02|11512NC006002403|0.00|5.00|4.00|1.00|2.00|1.00|1
03|0000238689|1234567890|20160701|20161231|11512NC006002403|20160701|20161231|0.00|S|100.00|0.70|10.00|6.00|4.00|6.00|2.00

Each field is separated by a pipe character.

(01) Issuer Summary Record

The **(01) Issuer Summary Record** contains information on aggregate amounts of EHB claims, amounts paid by policy holders, the issuer, and CSR provided for all QHPs under this issuer.

Issuer Summary Records must have 28 fields.

Sample Issuer Summary Record Format:

01|54631|VA|11512|04222016|103256|2016|2.00|5.00|STANDARD|Y|06012016|11512|N|||FIRSTNAME1|LASTNAME1|Email1@email.com|TPOC1|4063608629|POCFIRSTNAME1|POCLASTNAME1|Email2@email.com|BPOC1|4063608630|1|1

(01) Issuer Summary Record
(Continued)

This table lists the data elements and position of data elements in the **Issuer Summary Record**.

Issuer Summary Record Data Elements					
Field Name	**Position**	**Field Name**	**Position**	**Field**	**Position**
Record Code	101	Acquisition	111	Technical POC Organization	120
Trading Partner ID	102	Acquisition Effective Dates	112	Technical POC Phone Number	121
Issuer State Code	103	Acquiring Issuer	113	Business POC First Name	122
HIOS ID	104	Merger	114	Business POC Last Name	123
Issuer Extract Date	105	Merger Issuer	115	Business POC Email Address	124
Issuer Extract Time	106	Merger Effective Dates	116	Business POC Organization Title	125
Benefit Year	107	Technical POC First Name	117	Business POC Phone Number	126
Total Actual CSR Amount	108	Technical POC Last Name	118	Total number of CSR Variant Plans under HIOS ID (Placement of this data element has been moved)	127
Total CSR Amount Advanced to the Issuer by CMS	109	Technical POC Email Address	119	Total number of Exchange-assigned Subscriber IDs in all CSR Variant Plans under this HIOS ID (New data element in Issuer record, since Plan record is optional)	128
Reconciliation methodology	110				

(02) Plan Summary Record

The **(02) Plan Summary Record** includes plan-related data elements such as a list of all QHPs, financial amounts, and methodology selected for the applicable benefit year.

Plan Summary Records are optional.

Sample Plan Summary Record Format:

02|11512NC006002403|0.00|5.00|4.00|1.00|2.00|1.00|1

(02) Plan Summary Record
(continued)

The table below lists the data elements and position of data elements in the **Plan Summary Record.** Plan Summary Records are optional.

Plan Summary Record Data Elements	
Field Name	**Position**
Record-Code	201
QHP ID	202
Total Annual Premium	203
Total Allowed Costs for EHB	204
Total Actual Amount the Issuer Paid for EHB	205
Total Actual Amount Paid For EHB by Enrollees	206
Total actual amount for EHB enrollees would have paid in the standard plan	207
Total actual value of CSR Provided	208
Total number of Exchange Subscriber IDs in this plan variation for the benefit year	209

(03) Policy Detail Record

The **(03) Policy Detail Record** includes policy-related data elements for all QHPs, financial amounts, and methodology selected for the applicable benefit year.

Policy Detail Records must have 17 fields.

Example Policy Summary Record Format

03|0000238689|1234567890|20160701|20161231|11512NC006002403|20160701|20161231|0.00|S|100.00|0.70|10.00|6.00|4.00|6.00|2.00

(03) Policy Detail Record
(continued)

This table lists the data elements and position of data elements in the **Policy Detail Record**.

Policy Detail Record Data Elements			
Field Name	**Position**	**Field Name**	**Position**
Record Code	301	Self Only/ Other than self-only	310
Exchange-assigned Subscriber ID	302	Annual limitation on cost sharing for the standard plan	311
Exchange-assigned Policy ID (New optional data element)	303	Actuarial value amount of the Standard Plan	312
Exchanged-assigned Policy Start Date (New optional data element)	304	Total allowed costs for the EHB	313
Exchange-assigned Policy End Date (New optional data element)	305	Actual amount the issuer paid for EHB	314
QHP Plan ID (Placement of this data element has been moved)	306	Actual amount the enrollee(s) paid for EHB	315
Plan Benefit Start Date	307	Actual amount the enrollee(s) would have paid under the standard plan	316
Plan Benefit End Date	308	Actual CSR Provided	317
Total Monthly Premium	309		

Optional Data Elements

- If issuers are not populating optional data elements in a record, issuers must ensure they populate the preceding and proceeding pipe delimiters for the data element.
  - (01) Issuer Summary records must have **28 fields**.
  - (02) Plan Summary records, if included, must have **9 fields**.
  - (03) Policy Detail records must have **17 fields**.
  - Issuers may populate a space in between the pipe delimiters, although a space is not required.

Data Accuracy at the Issuer, Plan and Policy Levels

- CMS will sum the (03) Policy Detail level CSR amounts, and compare this sum to the amount the issuer received for the CSR component of advance payments for the benefit year.
- This comparison will serve as the basis for the CSR reconciliation calculation.
- The expected CSR reconciliation amount will be displayed in the error log provided to the issuer.

Data File Submission Process

Data File Submission

- Issuers will submit files to Multidimensional Insurance Data Analytics System (MIDAS) through EFT in pipe-delimited format using ASCII text and a CRLF as the line terminator.
- Issuers must submit only one (1) HIOS identifier and benefit year per file.
- If an 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.
- The function code for the data submission will be CSRI.

Issuers must submit attestation forms and data files separately; CMS will accept and process the attestation forms and data files separately. Attestation forms and data files should also be submitted separately by benefit year.

Data File Submission (continued)

- Possible outcomes for data file submissions include:
  - Accepted and Processed
  - Accepted with Errors
  - Rejected
- CMS will send confirmation email messages to issuers regarding status of files.
- CMS will provide issuers with an error log detailing any file format or validation errors.

Data File Submission Scenario # 1

Successful Submission

Scenario 1	Status	Email Message
Data file has been accepted.	DATA FILE ACCEPTED AND PROCESSED SUCCESSFULLY	CMS has processed your CSR reconciliation file submission. Your submission passed all CMS validation checks. Your data submission will be marked as complete contingent on your attestation(s) submission being accepted and processed successfully. You will receive a summary report in your EFT folder within the next 24 hours that includes your CSR reconciliation amount, which was calculated based on the data you have submitted to date. Please review the report. It will include any QHP IDs for which you have not submitted data, if applicable.

Data File Submission Scenario # 2

Submission Accepted, but with Errors

Scenario 2	Status	Email Message/Error Message
Data file has been accepted and processed, but it has errors.	DATA FILE ACCEPTED BUT WITH ERRORS	CMS has processed your CSR reconciliation file submission, but the file has errors. You will receive an error report in your EFT folder within the next 24 hours that summarizes the errors. Review the error report to determine if you need to correct the data, in which case you should resubmit the entire file to CMS. Additionally, the report includes your CSR reconciliation amount, which was calculated based on the data you have submitted to date. The report will also include any QHP IDs for which you have not submitted data, if applicable. Your data submission will be marked as complete contingent on your attestation(s) submission being accepted and processed successfully.

Data File Submission Scenario # 3

Submission Rejected

Scenario 3	Status	Email Message/Error Message
Data file has been rejected.	DATA FILE REJECTED	CMS has rejected your CSR reconciliation file submission due to formatting or other critical errors. You will receive an error report in your EFT folder within the next 24 hours that summarizes the errors. Review the error report to determine what you need to correct, and then resubmit the entire file to CMS. All data resubmissions must include the required attestations in order for your submission to be considered complete.

Restatements

Restatements

- Issuers restating CSRs for a prior year should submit complete data files in the same manner and using the same formats as for the 2016 Benefit Year.
  - **Data files for restatements must be submitted separately by HIOS ID and benefit year. Data files for restatements must be a full file.**
  - **Restatements must be in the new data file format outlined in this presentation. MIDAS will not process files in the old file format.**
- Restatements can apply to previous year data as well as new policies (policies that were in force but not formerly reported to CMS for reconciliation of the benefit year).
- Issuers must use the methodology selected for the benefit year being restated to re-calculate actual CSRs provided for that benefit year.
- Issuers must submit the attestation form that corresponds with the benefit year being restated.

Restatements (continued)

- CMS is permitting issuers to restate 2014 benefit year CSR reconciliation data only for data omitted because of outstanding appeals or unusual circumstances, as determined by CMS.

- **Issuers must receive approval from CMS for 2014 benefit year restatements in advance of submitting the file to MIDAS.**

Restatements (continued)

- Restatements should not include data for which a discrepancy or request for reconsideration was previously submitted and denied by CMS.
- Issuers will receive an updated June 30th report for reconciliation for the restated HIOS ID and benefit year.
- For complete information on restatements, please see page 29 of the Manual for Reconciliation of the Cost-Sharing Reduction Component of Advance Payments for Benefit Year 2016, available at: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-Manual-for-Reconciliation-of-the-Cost-Sharing-Reduction-Component-of-Advance-Payments-for-the-2016-Benefit-Year.pdf

Restatements (continued)

Restatement Summary for Benefit Year 2015 – Error Log Example

ERROR_CODE	ERROR_DESCRIPTION	ERROR_COUNT	
CSRIFIL50	03 - Invalid Exchange Assigned Subscriber ID Lookup (FEPS)	1	2017-04-24

ERROR_CODE	ERROR_DETAILED_DESCRIPTION
CSRIFIL50	89944GA005000506; 0000012345; Invalid against the FEPS enrollment data (FFM plans only) Exchange Assigned Subscriber Id 2017-04-24

RESTATEMENT SUMMARY

Advanced CSR amount : 2,000,000.00

Valid CSR for policies submitted prior to restatement : 2,400,000.00

Total CSR for policies submitted in restated file: 2,410,000.00

Valid CSR for policies submitted in restated file: 2,409,000.00

Invalid CSR for policies submitted in restated file: 1,000.00

Reconciled CSR amount including restatements (Valid CSR submitted in restated file-advanced CSR amount): 409,000

Additional reconciled CSR payment or charge amount (adjustment to be reflected in the issuer's June 30 report of 2016 benefit year reconciled amounts and processed in a subsequent payment

The Restatement Summary can be found at the end of the Error Log. The restatement section will only be populated with values if the issuer submitted a data file for a restatement for a prior benefit year.

Additional reconciled CSR payment or charge amount = Valid CSR for policies submitted in restated file – Valid CSR for policies submitted prior to restatement

Outlier Analysis

Determination of Outliers

- CMS will conduct an analysis on issuers' reported valid CSR amounts to determine whether they are within an expected range, based on an analysis of other issuers' submissions and a threshold derived from that analysis.
- Specifically, CMS will conduct a comparison against other metrics of issuer risk (e.g., Risk Adjustment and Reinsurance data) adjusting for state characteristics (such as, differences in states' premiums in reflection of the CSR amounts provided) to determine if the issuers' reported amounts are within a reasonable range compared to other issuers.
- Issuers flagged as outliers will be asked to provide explanations for their data anomaly. CMS will withhold CSR reconciliation payments to all issuers flagged as outliers based on our analysis until the outlier status is sufficiently and reasonably addressed by the issuer with an explanation or data resubmission. Issuers that do not provide such sufficient and reasonable explanation will be subject to CSR reconciliation payment withholding and CMS audits.

Attestation Form Completion and Submission Process

Attestation Form – Requirements

- Issuers should complete attestation forms as appropriate, and submit the forms separate from the data files.
- All issuers must complete either Attestation Form A or B.
- Issuers should complete Attestation Forms C as necessary.
  - Attestation Forms A, B & C should be submitted via EFT.
  - The process for submitting attestations has not changed from the prior year.
- Issuers should upload attestations after confirming successful submission of data files.
- The attestation forms are available on the CCIIO website. Separate forms have been created for each form type and benefit year.
- **For restatements, issuers must complete the attestation form(s) that corresponds to the benefit year being restated.**
- The forms are in Excel format. The forms for each benefit year should be sent in Excel format and be zipped together.
- **Signatures must be typed on each attestation form.**

Attestation Form– Requirements (continued)

- The forms include instructions for submission:
  1. Issuers must upload a signed copy of the required form(s) to an EFT folder by **June 2, 2017**.
  2. Issuers are required to submit a separate attestation form(s) for the 2016 Benefit Year and each benefit year that is restated.
  3. Issuers are required to include name, title, organization, telephone, email address and signature on each form before submission (signature must be typed in the attestation form(s)).
- We strongly encourage issuers to submit data files first, and confirm successful submission (Accepted or Accepted with Errors), before submitting attestation files to avoid having to submit attestation files multiple times.
- Attestation forms are available at:
  - https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/index.html#Premium Stabilization Programs

Attestation Form A

- Issuers, with the exception of those that are estimating allowed costs for essential health benefits, must submit this form to attest that cost-sharing reduction amounts provided to enrollees and submitted for reimbursement represent only cost sharing for EHB.

Attestation Form A (continued)

ATTESTATION FORM A (2016): Allowed Costs for Essential Health Benefits

Issuers must attest that cost-sharing reduction amounts provided to enrollees and submitted for reimbursement represent only cost sharing for essential health benefits for which Federal reimbursement is permitted, (in the case of fee-for-service providers, these amounts must have been passed through by the issuer to such providers, pursuant to 45 CFR 156.430(c)(5).)[80] NOTE: Issuers that are estimating essential health benefits must use Form B.

Instructions: Issuer must upload a signed copy of this form to an EFT folder by June 2, 2017. Signatures may simply be typed in the form. Please submit a separate attestation for each benefit year CSR was received.

Benefit year: 2016

HIOS Issuer ID[81]: _____

Enter HIOS ID

Enter Issuer Name

I certify in my capacity as actuary (or authorized delegate of actuary) of [(Issuer Name)] as indicated below:

- I have reviewed the information on cost-sharing reduction amounts provided as calculated under the Standard or Simplified Methodology, as applicable, and submitted to the Centers for Medicare & Medicaid Services (CMS). I further certify that to the best of my knowledge, information, and belief, the information provided is accurate and that cost-sharing reduction amounts represent only cost-sharing reductions paid for essential health benefits for which Federal reimbursement is permitted, as described in Section 1303 of the Affordable Care Act, (in the case of fee-for-service providers, these amounts must have been passed through by the issuer to such providers, pursuant to 45 CFR 156.430(c)(5)). I understand the information included in this submission is the basis for calculating cost-sharing reduction amounts provided by my organization to eligible enrollees.

Name of the Person Completing this form: _____

Title: _____

Organization: _____

Telephone: _____ *ext:* _____

Email Address: _____

Signature: _____ *(type)*

Date Signed: _____ *example: MM/DD/YYYY*

[80] *See 45 CFR 156.430(c)(5) Reimbursement of providers. In the case of a benefit for which the QHP issuer compensates an applicable provider in whole or in part on a fee-for-service basis, allowed costs associated with the benefit may be included in the calculation of the amount that an enrollee(s) would have paid under the standard plan without cost-sharing reductions only to the extent the amount was either payable by the enrollee(s) as cost sharing under the plan variation or was reimbursed to the provider by the QHP issuer.*

[81] *The five-digit Health Insurance Oversight System (HIOS)-generated issuer ID number*

Enter the following information:

- Name,
- Title,
- Organization,
- Telephone number,
- Email address,
- Signature, and
- Date Signed

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO/

Attestation Form B

- Issuers that estimate total allowed essential health benefits must submit this form to attest that they used a reasonable method to estimate, that non-EHB is less than 2% of total, and also that cost-sharing reduction amounts submitted for reimbursement represent only cost sharing for EHB for which Federal reimbursement is permitted.

Attestation Form B (continued)

ATTESTATION FORM B (2016): Estimate of Allowed Costs for Essential Health Benefits

Issuers that estimate total allowed essential health benefits must submit this form, instead of Form A. Attestation must be provided for each plan for which the issuer uses the plan-specific percentage estimate of non-essential health benefit claims submitted on the Uniform Rate Review Template or other reasonable method for the corresponding benefit year to calculate claims amounts attributable to essential health benefits. An issuer using this procedure is required to do so for all plan variations for which the criteria below are met, and must list each plan on this attestation.

Instructions: Issuer must upload a signed copy of this form to an EFT folder by June 2, 2017. Signatures may simply be typed in the form. Please submit a separate attestation for each benefit year CSR was received.

Benefit year: 2016

HIOS Issuer ID: [2] _____

Enter HIOS ID

Qualified Health Plan ID(s)[1]

(List all QHPs for which the issuer has estimated the percentage of essential health benefits for the purpose of calculating cost sharing reductions provided.)

Enter QHP IDs

Enter Issuer Name (here and in two spaces below)

I certify in my capacity as actuary (or authorized delegate of actuary) of [(Issuer Name)] as indicated below:

- I have reviewed the information on cost-sharing reduction amounts provided as calculated under the Standard or Simplified Methodology, as applicable, and submitted to the Centers for Medicare & Medicaid Services (CMS). I further certify that to the best of my knowledge, information, and belief, the information provided is accurate and that cost-sharing reduction amounts represent only cost-sharing reductions paid for essential health benefits for which Federal reimbursement is permitted, as described in Section 1303 of the Affordable Care Act, (in the case of fee-for-service providers, these amounts must have been passed through by the issuer to such providers, pursuant to 45 CFR 156.430(c)(5)).

- I also certify that to the best of my knowledge, information, and belief, that the non-essential health benefit percentage estimate of total allowed costs for essential health benefits for (insert issuer name) is less than 2 percent, as required by CMS for an issuer to be able to calculate claims amounts attributed to essential health benefits for the purpose of cost-sharing reduction reconciliation using the plan-specific percentage estimate of non-essential health benefit claims submitted on the Uniform Rate Review Template for the corresponding benefit year, or other reasonable method (insert explanation) I understand that the information included in this submission is the basis for calculating cost-sharing reduction amounts provided by my organization to eligible enrollees.

Name of the Person Completing this form: _____

Title: _____

Organization: _____

Telephone: _____ ext: _____

Email Address: _____

Signature: _____ (type)

Date Signed: _____ example: MM/DD/YYYY

[2] *The five-digit Health Insurance Oversight System (HIOS)-generated issuer ID number*

[3] *The 16-digit HIOS-generated qualified health plan identification number*

Enter the following information:

- Name,
- Title,
- Organization,
- Telephone number,
- Email address,
- Signature, and
- Date Signed

Attestation Form C

- Issuers that selected the simplified methodology on their data file submission must submit this form.
  - On the first Form C tab ("Attestation C Signature Page"), issuers attest to the accuracy of the effective cost-sharing parameters calculated for each standard plan and the formulas used in establishing cost-sharing reductions provided.
  - On the second tab ("Attestation C Parameters"), issuers must complete a parameters report for each standard plan for which they estimate parameters.
  - On the third tab ("Attestation C for AV Plans"), issuers must list each QHP - if any - for which they are using the simplified AV methodology. Issuers are not required to provide parameters on this form.

Attestation Form C (continued)

ATTESTATION FORM C (2016): Simplified Methodology Attestation Signature

Issuers using the simplified methodology must submit data for each standard plan with claims in the corresponding plan variation and attest to the accuracy of the effective cost-sharing parameters calculated for each standard plan and formulas used in establishing cost-sharing reductions provided.

Actuarial attestation must include a written description by a member of the American Academy of Actuaries in accordance with generally accepted actuarial principles and methodologies of how the issuer calculated the effective parameters for each applicable subgroup of a standard plan, for all plan variations with claims sets for which the issuer provided cost-sharing reductions. (Issuers should provide descriptions of individual standard plan calculations on "Simplified Method Effective Parameters" forms accompanying this attestation signature page.)

Instructions: Issuer must upload a signed copy of this form along with effective parameters reports for each standard plan to an EFT folder by June 2, 2017. Signatures may simply be typed in this form. Please submit a separate attestation and effective parameters forms for each benefit year cost-sharing reduction payments were received.

Benefit year: 2016

HIOS Issuer ID [85] _____

Enter HIOS ID

Enter Issuer Name (here and in two spaces below)

I certify in my capacity as actuary (or authorized delegate of actuary) of [(Issuer Name)] as indicated below:

I have reviewed the information on each Simplified Methodology Effective Parameters Report submitted to the Centers for Medicare & Medicaid Services (CMS) for each standard plan with claims in the corresponding plan variation. I further certify that to the best of my knowledge, information, and belief, the information provided is accurate and that the effective parameters listed for each standard plan are calculated according to the methodology provided at 45 CFR 156.430. I certify that effective parameters have been calculated for all subgroups in each standard plan associated with plan variation subgroups for which this issuer has provided cost-sharing reductions. I certify that for each policy in each plan variation, (insert issuer name) has selected the CMS formula (A, B, and C) appropriate to each policy subgroup claims set and applied the appropriate effective parameters to calculate cost-sharing reductions provided for that policy.

I understand the information included in this submission is the basis for calculating cost-sharing reduction amounts provided by my organization to eligible enrollees.

Name of the Person Completing this form: _____

Title: _____

Organization: _____

Telephone: _____

Email Address: _____

Signature: _____ *(type)*

Date Signed: _____ *example: MM/DD/YYYY*

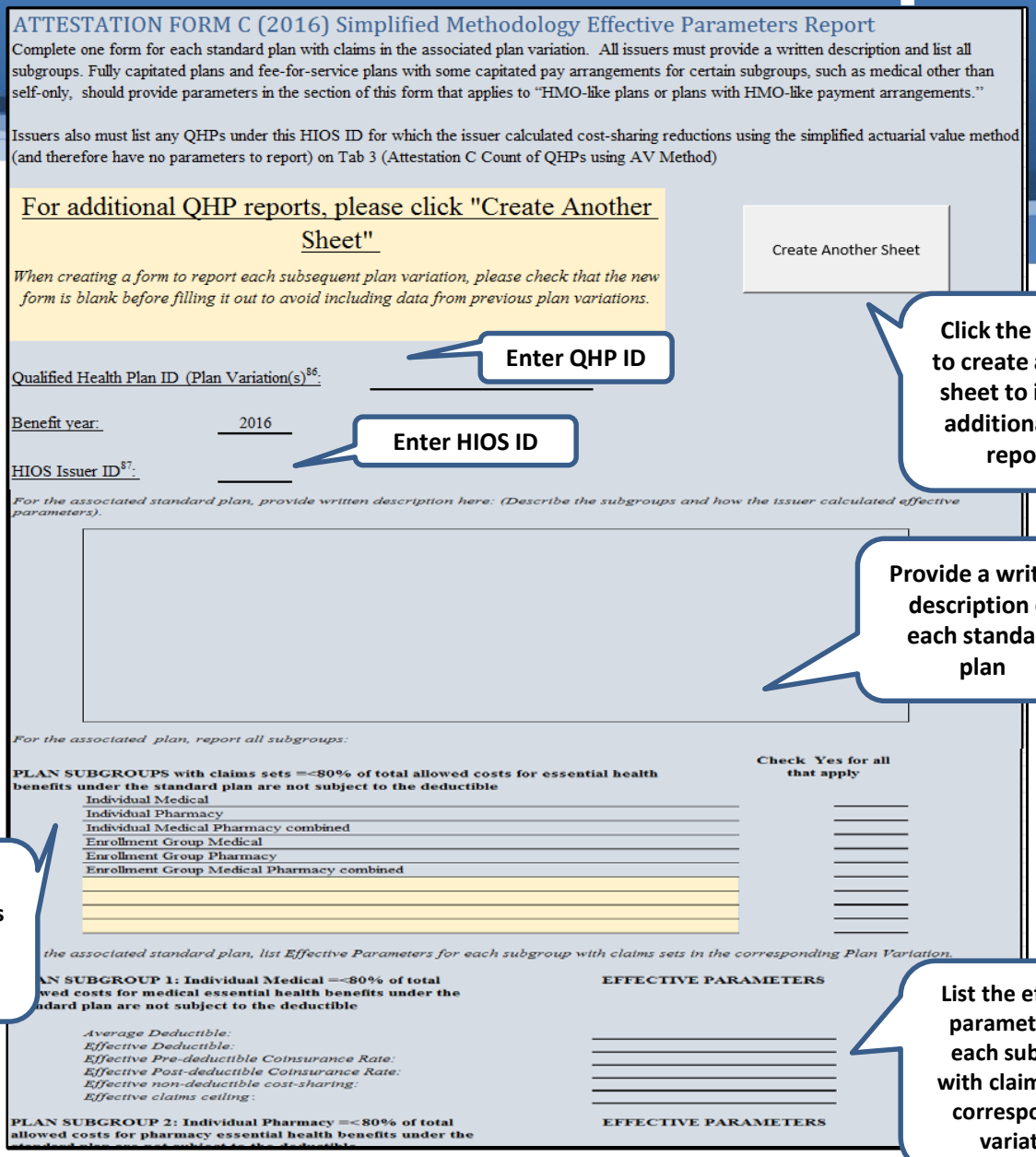
[85] *The five-digit Health Insurance Oversight System (HIOS)-generated issuer ID number*

Enter the following information:

- Name,
- Title,
- Organization,
- Telephone number,
- Email address,
- Signature, and
- Date Signed

Attestation C Parameters Example

- The second tab in Attestation Form C includes fields to report Simplified Methodology effective parameters.
- Issuers must complete one (1) form for each standard plan with claims in the associated plan variation.



ATTESTATION FORM C (2016) Simplified Methodology Effective Parameters Report

Complete one form for each standard plan with claims in the associated plan variation. All issuers must provide a written description and list all subgroups. Fully capitated plans and fee-for-service plans with some capitated pay arrangements for certain subgroups, such as medical other than self-only, should provide parameters in the section of this form that applies to "HMO-like plans or plans with HMO-like payment arrangements."

Issuers also must list any QHPs under this HIOS ID for which the issuer calculated cost-sharing reductions using the simplified actuarial value method (and therefore have no parameters to report) on Tab 3 (Attestation C Count of QHPs using AV Method)

For additional QHP reports, please click "Create Another Sheet"

When creating a form to report each subsequent plan variation, please check that the new form is blank before filling it out to avoid including data from previous plan variations.

Create Another Sheet

Qualified Health Plan ID (Plan Variation(s)[86]:

Benefit year: 2016

HIOS Issuer ID[87]:

For the associated standard plan, provide written description here: (Describe the subgroups and how the issuer calculated effective parameters).

For the associated plan, report all subgroups:

PLAN SUBGROUPS with claims sets =<80% of total allowed costs for essential health benefits under the standard plan are not subject to the deductible	Check Yes for all that apply
Individual Medical	
Individual Pharmacy	
Individual Medical Pharmacy combined	
Enrollment Group Medical	
Enrollment Group Pharmacy	
Enrollment Group Medical Pharmacy combined	

the associated standard plan, list Effective Parameters for each subgroup with claims sets in the corresponding Plan Variation.

AN SUBGROUP 1: Individual Medical =<80% of total wed costs for medical essential health benefits under the ndard plan are not subject to the deductible — EFFECTIVE PARAMETERS

Average Deductible:
Effective Deductible:
Effective Pre-deductible Coinsurance Rate:
Effective Post-deductible Coinsurance Rate:
Effective non-deductible cost-sharing:
Effective claims ceiling:

PLAN SUBGROUP 2: Individual Pharmacy =<80% of total allowed costs for pharmacy essential health benefits under the — EFFECTIVE PARAMETERS

Enter QHP ID

Enter HIOS ID

Click the button to create another sheet to include additional QHP reports

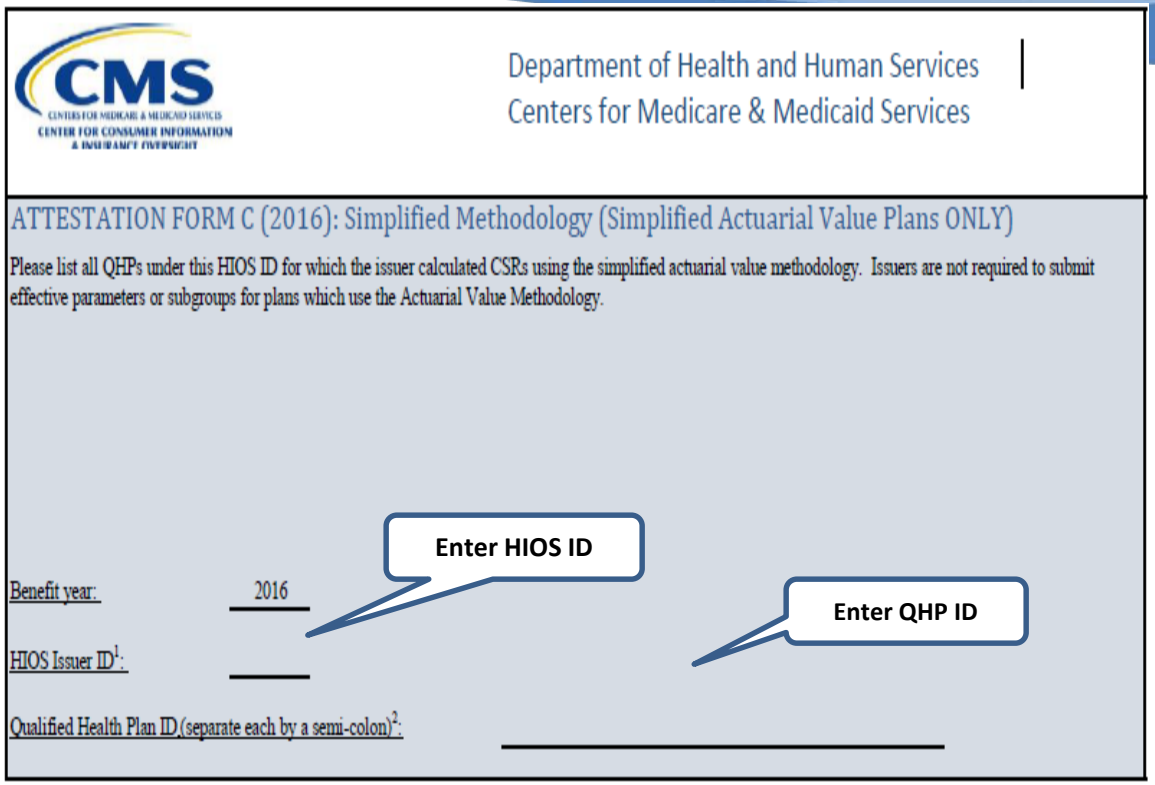
Provide a written description of each standard plan

Report all subgroups for each standard plan

List the effective parameters for each subgroup with claim sets in corresponding variation

Attestation C Simplified AV Methodology

- The third tab in Attestation Form C includes fields to report all QHPs for which Issuers calculated CSR using the simplified Actuarial Value (AV) methodology.



Attestation Form Submission Scenario # 1

Successful Submission

Scenario 1	Status	Email Message/Error Message
Attestation form(s) has been accepted.	ATTESTATION FORM(S) ACCEPTED AND PROCESSED SUCCESSFULLY	CMS has received your CSR reconciliation Attestation Form(s) and it has been processed successfully. Your form(s) passed CMS's validation checks. Your submission will be marked as complete contingent on your data file being submitted and processed successfully.

Attestation Form Submission Scenario # 2

Rejected Submission

Scenario 2	Status	Email Message/Error Message
Attestation form(s) has been rejected and must be resubmitted	ATTESTATION FORM(S) HAS BEEN REJECTED	CMS rejected your attestation form(s) because it failed the validation process. Your attestation form(s) needs to be corrected and resubmitted. Below is a summary of the errors associated with your attestation form(s). Review the errors to determine what corrections need to be made, and then submit a corrected form(s). Zip File has attestations for 2014 and 2015. Submit separate Zip file for each coverage year. CSRATI001 Form A - Mandatory Benefit Year value is missing

Attestation Form Structure Overview

CSR Reconciliation Issuer to MIDAS Attestation Inbound Specification File Structure

- **CSR Reconciliation Attestation Forms:**
  - CMS will only accept Attestation Form A, B, and C 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.
  - **Issuers must use ".T" in the file name for test files submitted during the March 1-10, 2017 testing window.**
  - **Issuers must use ".P" in the file name for files submitted during the April 3-June 2, 2017 submission window.**
  - The filenames proposed for usage by Issuers will consist of the following sections:
    - Trading Partner (TP) Identifier (ID)
    - Application ID
    - Function Code
    - Date
    - Time
    - Environment Code
    - Direction

CSR Reconciliation Attestation Form Structure

All the sections of the filename must be separated by a period (.)

Example filename:

12345678.MID.CSRATI.D160530.T123136760.P.IN

CSR Reconciliation Attestation Form Structure (continued)

- Issuers will create a ZIP file that includes their attestation form(s) for each HIOS ID and benefit year.
- Issuers will complete an attestation form for **each attestation type per HIOS ID and benefit year**.
- The ZIP file containing the attestations will be named as: **1234567890.MID.CSRATI.D160612.T145543452.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.
- CMS will not accept partial submission of attestation forms.

Next Steps

- CMS will repeat this webinar on Thursday, February 9, 2017.
- CMS expects to follow the same process detailed in this presentation with all issuers.
- Methodology web form: Open from **Tuesday, February 7** to **Monday, March 6, 2017,** and **Monday, April 3** to **Tuesday, May 30, 2017.**
- Testing: **March 1-10, 2017.**
- We anticipate hosting another similar webinar for all issuers in March, which will cover lessons learned from testing.

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*

Resources

HTTPS://WWW.REGTAP.INFO/

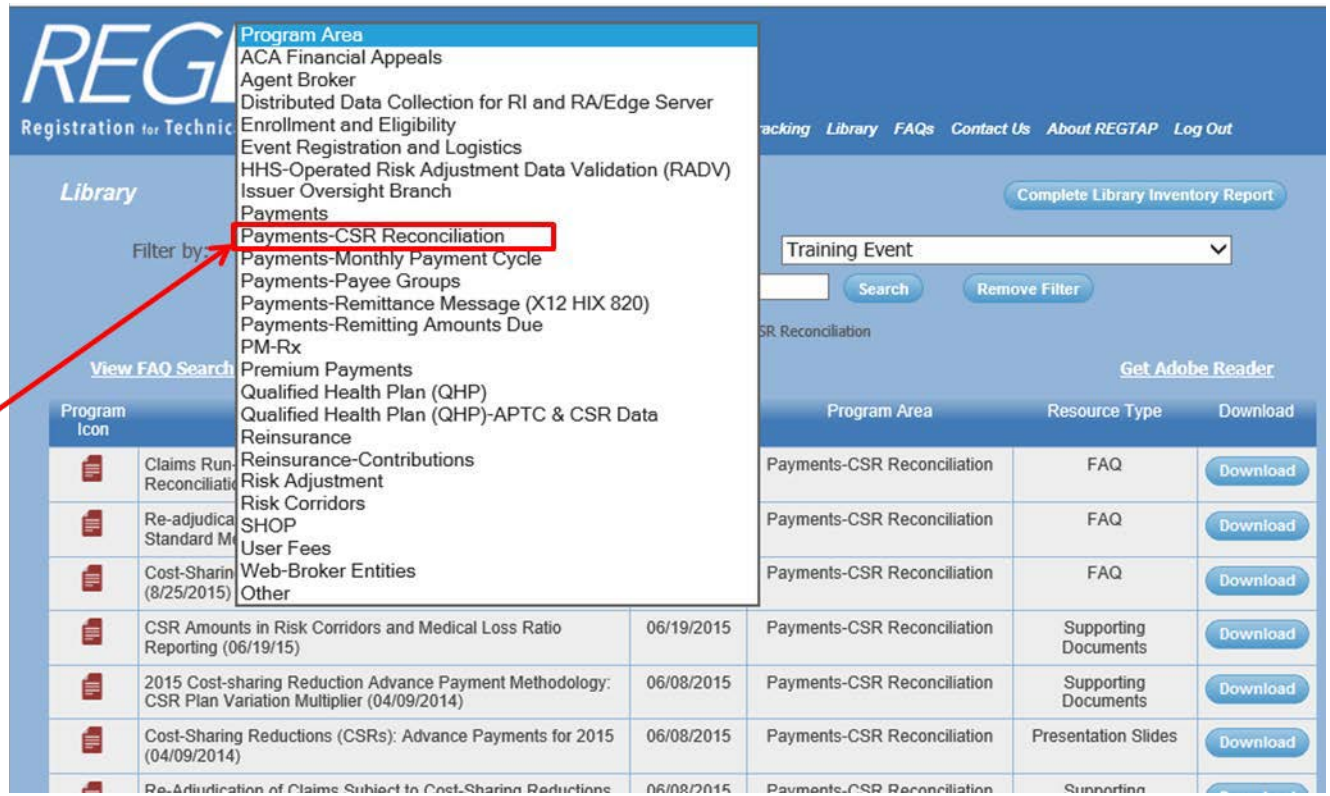
Resources

Resource	Resource Link
U.S. Department of Health & Human Services (HHS)	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

Locating CSR Reconciliation Documents in REGTAP

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

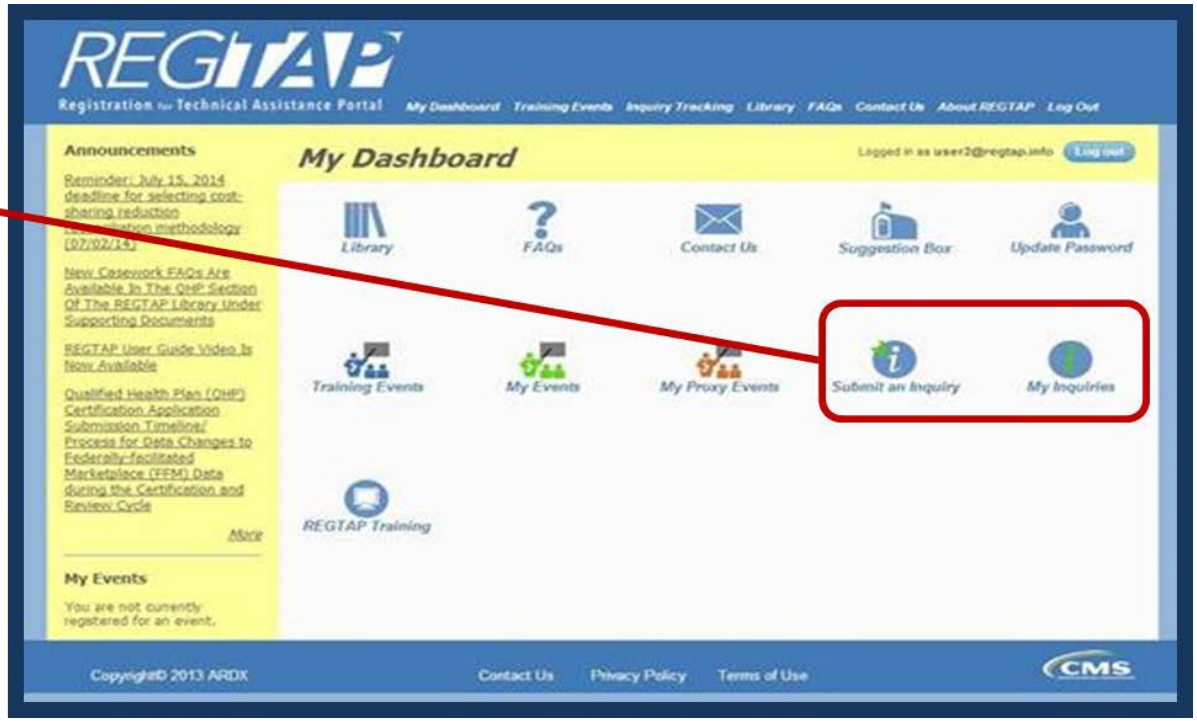
Under Program Area, select "Payment-CSR Reconciliation"



Inquiry Tracking and Management System (ITMS)

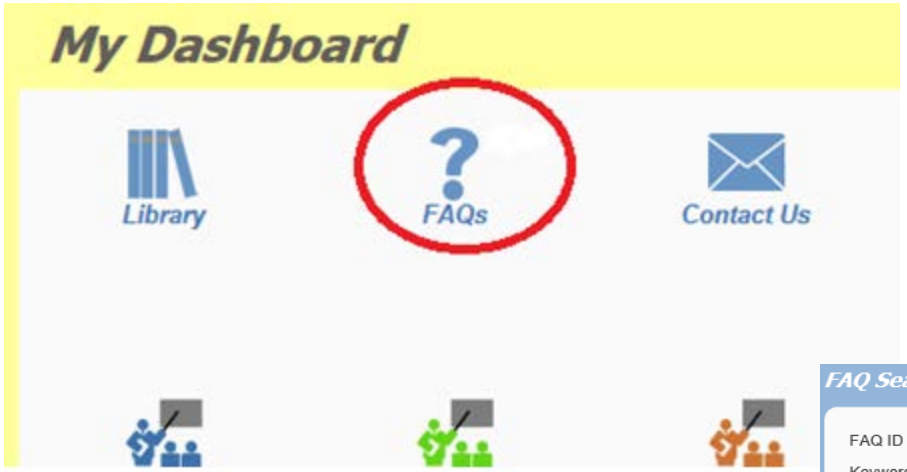
Stakeholders can submit inquiries to https://www.REGTAP.info through ITMS.

Select 'Submit an Inquiry' from My Dashboard.

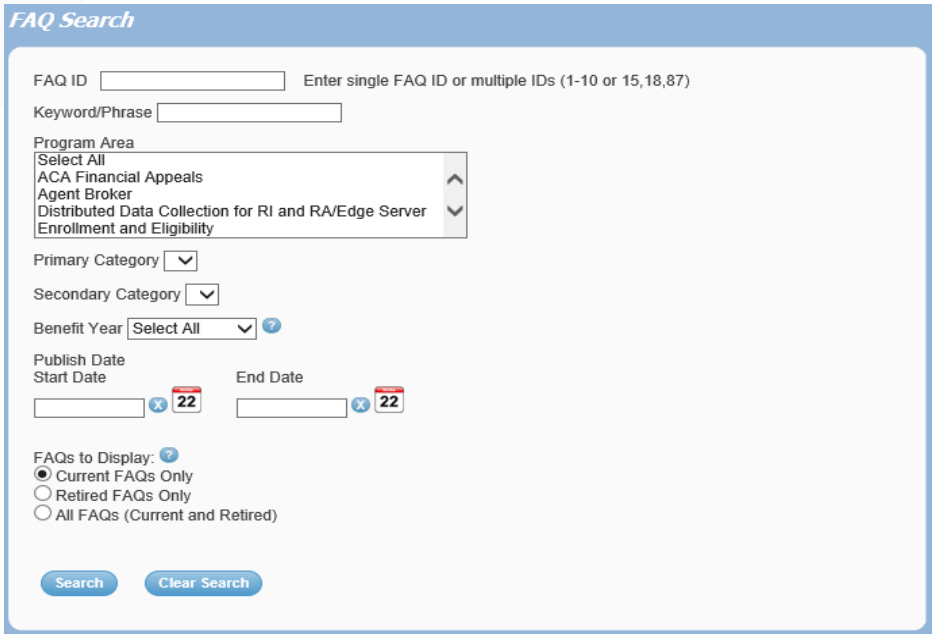


Note: Enter only one (1) question per submission.

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

HTTPS://WWW.REGTAP.INFO/