DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201

Date: **August 13, 2014**
Subject: **Reinsurance Contribution Submission Process: Supporting Documentation File Layout**

General Requirements

General Requirements, supporting documentation:
- Must be a file in .CSV format
- Must not exceed 2MB
- Must not include the following special characters:

*	<	>	/	\	%	^	,	+	?
`	{	}	[	]	!	~	&	=	

- Must contain one (1) row for each Contributing Entity represented on the corresponding ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form (the "Form")
- The sum of all enrollment counts in the supporting documentation file must not exceed 1,587,301.58 covered lives if remitting a Combined Collection or 1,904,761.90 covered lives if remitting a two-part collection

Table 1: **Supporting Documentation Fields** (Note: An asterisk (*) indicates a **required** field)

Field Name	Max Length	Description and Constraints
* Reporting Entity Legal Business Name (LBN)	150	• Legal business name (LBN) associated with the reporting entity's Federal Tax Identification Number (TIN). • Must match the LBN on the corresponding Form submission. • Field value is the same for each contributing entity listed in this supporting documentation file. • Valid Format: If the reporting entity's LBN includes special characters, omit them for the purposes of the supporting documentation file.
* Reporting Entity Federal Tax Identification Number (TIN)	10	• Federal TIN associated with the reporting entity's LBN. • Must match the TIN on the corresponding Form submission. • Field value is the same for each contributing entity listed in this supporting documentation file. • Valid Format: include the hyphen. NN-NNNNNNN

* Contributing Entity Legal Business Name (LBN)	150	• Legal business name (LBN) associated with the contributing entity's Federal Tax Identification Number (TIN). • Valid Format: If the contributing entity's LBN includes special characters, omit them for the purposes of the supporting documentation file.
* Contributing Entity Federal Tax Identification Number (TIN)	10	• Federal TIN associated with the contributing entity's LBN. For self-insured group health plans, it is the TIN of the plan sponsor. • Valid Format: include the hyphen, NN-NNNNNNN

* Contributing Entity Organization Type	10	• Organization status associated with the contributing entity's Federal TIN. For self-insured group health plans, it is the organization type of the plan sponsor.
		• Value must be one of the following:
		  o Value 'For Profit'
		  o Value 'Nonprofit'

* Contributing Entity Billing Address – Line 1	150	• Contributing entity's billing street address. For self-insured group health plans, it is the billing address of the plan sponsor. • Valid Format: Alphanumeric
Contributing Entity Billing Address – Line 2	150	• Contributing entity's billing street address 2. For self-insured group health plans, it is the billing address of the plan sponsor. • Optional • Valid Format: Alphanumeric
* Contributing Entity Billing Address City	150	• Contributing entity's billing address city name. For self-insured goup health plans, it is the billing address city name of the plan sponsor. • Valid Format: If the contributing entity's billing address city name includes special characters, omit them for the purposes of the supporting documentation file.
* Contributing Entity Billing Address State	2	• State Abbreviation. For self-insured group health plans, it is the billing address State of the plan sponsor. • Value Format: Must be one of the State Abbreviations listed in Table 2: Valid State Abbreviations.
* Contributing Entity Billing Address Zip Code plus 4	10	• 5-digit zip code, plus 4 (if available). For self-insured group health plans, it is the billing address zip code of the plan sponsor. • Valid Format: NNNNN-NNNN or NNNNN

* Contributing Entity Domiciliary State	2	• Abbreviation for State where the plan sponsor of the self-insured group health plan is located or, if fully insured, applicable State of licensure for providing coverage. • Value Format: Must be one of the State Abbreviations listed in Table 2: Valid State Abbreviations.

*Benefit Year	4	• Benefit year applicable to the annual enrollment count reported.
		• Value must be one of the following:
		  o Value '2014'
		  o Value '2015'
		  o Value '2016'

*Annual Enrollment Count	10	• Number of covered lives of reinsurance contribution enrollees for this contributing entity. • Valid Format: NNNNNNN.NN

*Type of Contributing Entity[1]	5	• Type of contributing entity for whom you are submitting the annual enrollment count.
		• Value must be one of the following:
		  o Value 'HII' = Health Insurance Issuer
		  o Value 'SI' = Self-Insured
		  o Value 'SISA' = Self-Insured, Self-Administered
		  o Value 'MGHPS' = Multiple Group Health Plan (Aggregate Reporting)
		  o Value 'MGHPM' = Multiple Group Health Plan (Separate Reporting)
		  o Value 'OTHER' = Other type

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[1] For more information on selecting the Type of Contributing Entity, please see the Transitional Reinsurance Program Operational Guidance: Counting Method Examples for Contributing Entities located in the REGTAP library (https://www.regtap.info/).

Table 2: **Valid State Abbreviations**

Value 'AL' = Alabama	Value 'NJ' = New Jersey
Value 'AK' = Alaska	Value 'NM' = New Mexico
Value 'AZ' = Arizona	Value 'NY' = New York
Value 'AR' = Arkansas	Value 'NC' = North Carolina
Value 'CA' = California	Value 'ND' = North Dakota
Value 'CO' = Colorado	Value 'OH' = Ohio
Value 'CT' = Connecticut	Value 'OK' = Oklahoma
Value 'DE' = Delaware	Value 'OR' = Oregon
Value 'DC' = District Of Columbia	Value 'PA' = Pennsylvania
Value 'FL' = Florida	Value 'RI' = Rhode Island
Value 'GA' = Georgia	Value 'SC' = South Carolina
Value 'HI' = Hawaii	Value 'SD' = South Dakota
Value 'ID' = Idaho	Value 'TN' = Tennessee
Value 'IL' = Illinois	Value 'TX' = Texas
Value 'IN' = Indiana	Value 'UT' = Utah
Value 'IA' = Iowa	Value 'VT' = Vermont
Value 'KS' = Kansas	Value 'VA' = Virginia
Value 'KY' = Kentucky	Value 'WA' = Washington
Value 'LA' = Louisiana	Value 'WV' = West Virginia
Value 'ME' = Maine	Value 'WI' = Wisconsin
Value 'MD' = Maryland	Value 'WY' = Wyoming
Value 'MA' = Massachusetts	Value 'AS' = American Samoa
Value 'MI' = Michigan	Value 'GU' = Guam
Value 'MN' = Minnesota	Value 'MP' = Northern Mariana Islands
Value 'MS' = Mississippi	Value 'PR' = Puerto Rico
Value 'MO' = Missouri	Value 'VI' = Virgin Islands
Value 'MT' = Montana	
Value 'NE' = Nebraska	
Value 'NV' = Nevada	
Value 'NH' = New Hampshire	