ı	Reconciliation of the Cost-Sharing	g Reduction Component of Advance Pay	ments - Attestation Frror Code List
ı	Reconcination of the cost-sharing	g Neduction Component of Advance ray	illelits - Attestation Liloi Code List

Error Code Identifier	Error Code Description
CSRATI001	Form A - Mandatory Benefit Year value is missing
CSRATIO02	Form A - Invalid Benefit Year value
CSRATIO03	Form A - Mandatory HIOS Issuer ID value is missing
CSRATIO04	Form A - Mandatory Name of Person Completing the Form value is missing
CSRATI005	Form A - Mandatory Title value is missing
CSRATI006	Form A - Mandatory Organization value is missing
CSRATI007	Form A - Mandatory Telephone Number value is missing
CSRATI008	Form A - Mandatory Email Address value is missing
CSRATI009	Form A - Mandatory Signature value is missing
CSRATI010	Form A - Mandatory Date Signed value is missing
CSRATI011	Form B - Mandatory Benefit Year value is missing
CSRATIO12	Form B - Invalid Benefit Year value
CSRATIO13	Form B - Mandatory HIOS Issuer ID value is missing
CSRATIO14	Form B - Mandatory QHP Plan ID value is missing
CSRATIO15	Form B - Mandatory Name of Person Completing the Form value is missing
CSRATIO16	Form B - Mandatory Title value is missing
CSRATIO17	Form B - Mandatory Organization value is missing
CSRATIO18	Form B - Mandatory Telephone Number value is missing
CSRATIO19	Form B - Mandatory Email Address value is missing
CSRATIO20	Form B - Mandatory Signature value is missing
CSRATI021	Form B - Mandatory Date Signed value is missing
CSRATI022	Form C - Mandatory Benefit Year value is missing
CSRATI023	Form C - Invalid Benefit Year value
CSRATI024	Form C - Mandatory HIOS Issuer ID value is missing
CSRATI025	Form C - Mandatory Name of Person Completing the Form value is missing
CSRATI026	Form C - Mandatory Title value is missing
CSRATI027	Form C - Mandatory Organization value is missing
CSRATI028	Form C - Mandatory Telephone Number value is missing
CSRATI029	Form C - Mandatory Email Address value is missing
CSRATI030	Form C - Mandatory Signature value is missing
CSRATI031	Form C - Mandatory Date Signed value is missing
CSRATI032	Form C PARAM - Mandatory Benefit Year value is missing
CSRATI033	Form C PARAM - Mandatory HIOS Issuer ID value is missing
CSRATI034	Form C PARAM - Mandatory QHP Plan ID value is missing
CSRATI035	Form C PARAM - Mandatory Standard plan written description is missing
	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual
CSRATI036	Medical sub group
	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Individual
CSRATI037	Medical sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for
CSRATI038	standard plan Individual Medical sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for
CSRATI039	standard plan Individual Medical sub group
	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard
CSRATI040	plan Individual Medical sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Individual
CSRATI041	Medical sub group
	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual
CSRATI042	Pharmacy sub group
	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Individual
CSRATI043	Pharmacy sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for
CSRATI044	standard plan Individual Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for
CSRATI045	standard plan Individual Pharmacy sub group
	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard
CSRATI046	plan Individual Pharmacy sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Individual
CSRATI047	Pharmacy sub group
	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Individual

CSRATI049	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Individual Medical and Pharmacy sub group
CSIATIO49	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for
CSRATI050	standard plan Individual Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for
CSRATI051	standard plan Individual Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard
CSRATI052	plan Individual Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Individual
CSRATI053	Medical and Pharmacy sub group
	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Enrollment
CSRATI054	Group Medical sub group
	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Enrollment
CSRATI055	Group Medical sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for
CSRATI056	standard plan Enrollment Group Medical sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for
CSRATI057	standard plan Enrollment Group Medical sub group
	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard
CSRATI058	plan Enrollment Group Medical sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Enrollment
SRATI059	Group Medical sub group
	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Enrollment
CSRATI060	Group Pharmacy sub group
	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Enrollment
CSRATI061	Group Pharmacy sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for
SRATI062	standard plan Enrollment Group Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for
CSRATI063	standard plan Enrollment Group Pharmacy sub group
	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard
SRATI064	plan Enrollment Group Pharmacy sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Enrollment
CSRATI065	Group Pharmacy sub group
	Form C PARAM - Mandatory Average Deductible parameter is missing for standard plan Enrollment
SRATI066	Group Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective Deductible parameter is missing for standard plan Enrollment
CSRATI067	Group Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for
SRATI068	standard plan Enrollment Group Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for
CSRATI069	standard plan Enrollment Group Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective non-deductible cost-sharing parameter is missing for standard
CSRATI070	plan Enrollment Group Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for standard plan Enrollment
CSRATI071	Group Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI072	like plan Individual Medical sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMC
CSRATI073	like plan Individual Medical sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Individual
SRATI074	Medical sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI075	like plan Individual Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMC
CSRATI076	like plan Individual Pharmacy sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Individual
CSRATI077	Pharmacy sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI078	like plan Individual Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMC
CSRATI079	like plan Individual Medical and Pharmacy sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Individual
CSRATI080	Medical and Pharmacy sub group

	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI081	like plan Enrollment Group Medical sub group
00.0.001	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO
CSRATI082	like plan Enrollment Group Medical sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment
CSRATI083	Group Medical sub group
	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI084	like plan Enrollment Group Pharmacy sub group
	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO
CSRATI085	like plan Enrollment Group Pharmacy sub group
	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment
CSRATI086	Group Pharmacy sub group
00.00.000	Form C PARAM - Mandatory Effective Pre-deductible Coinsurance Rate parameter is missing for HMO
CSRATI087	like plan Enrollment Group Medical and Pharmacy sub group
<b>65</b> 11.667	Form C PARAM - Mandatory Effective Post-deductible Coinsurance Rate parameter is missing for HMO
CSRATI088	like plan Enrollment Group Medical and Pharmacy sub group
2510 (11000	Form C PARAM - Mandatory Effective claims ceiling parameter is missing for HMO like plan Enrollment
CSRATI089	Group Medical AND Pharmacy sub group
CSRATI090	Attestation FORM A or B is Missing from the submission
CSRATI090	Form C - Attestation FORM C is Missing from the submission for Simplified Methodology
CSRATI092	Form C - No Data File exists for this issuer to validate the QHPIDs
CSRATI093	Form C - QHPIDs are missing in Attestation form C
CSIVATIOSS	Form C PARAM - Standard Individual Medical Group business validation failed. See CSR Reconciliation
CSRATI094	Attestation Specification document for the business validation.
C3NA11034	Form C PARAM - Standard Individual Pharmacy Group business validation failed. See CSR
CSRATI095	Reconciliation Attestation Specification document for the business validation.
CSNATIO93	neconcination Attestation Speciment of the business valuation.
	Form C PARAM - Standard Individual Medical Pharmacy combined Group business validation failed.
CSDATIONS	See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI096	
CCD ATION 7	Form C PARAM - Standard Enrollment Group Medical Group business validation failed. See CSR
CSRATI097	Reconciliation Attestation Specification document for the business validation.
CCDATIOOG	Form C PARAM - Standard Enrollment Group Pharmacy Group business validation failed. See CSR
CSRATI098	Reconciliation Attestation Specification document for the business validation.
	Face C DADAM. Shoulded Facelly and Curry Madicel Discussion and Curry business while in
CCDATIOOO	Form C PARAM - Standard Enrollment Group Medical Pharmacy combined Group business validation
CSRATI099	failed. See CSR Reconciliation Attestation Specification document for the business validation.
CCDATIAGO	Form C PARAM - HMO Individual Medical Group business validation failed. See CSR Reconciliation
CSRATI100	Attestation Specification document for the business validation.
000.474.04	Form C PARAM - HMO Individual Pharmacy Group business validation failed. See CSR Reconciliation
CSRATI101	Attestation Specification document for the business validation.
	Form C PARAM - HMO Individual Medical Pharmacy combined Group business validation failed. See
CSRATI102	CSR Reconciliation Attestation Specification document for the business validation.
000 4714 00	Form C PARAM - HMO Enrollment Group Medical Group business validation failed. See CSR
CSRATI103	Reconciliation Attestation Specification document for the business validation.
	Form C PARAM - HMO Enrollment Group Pharmacy Group business validation failed. See CSR
CSRATI104	Reconciliation Attestation Specification document for the business validation.
	Form C PARAM - HMO Enrollment Group Medical Pharmacy combined Group business validation
CSRATI105	failed. See CSR Reconciliation Attestation Specification document for the business validation.
CSRATI106	Issuer does not exist in the CMS reference data
CSRATI107	Issuer Methodology does not exist in the CMS reference data

## Notes:

1. The attestation file will be rejected if any of the errors above are triggered.