Centers for Medicare & Medicaid Services

Center for Consumer Information and Insurance Oversight (CCIIO)

Request for Reconsideration Form for Risk Adjustment and Reinsurance Quick Start Guide

Version 1.6

06/30/2015

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1 Introduction

In 45 CFR 156.1220, HHS established an Administrative Appeals process applicable to the Risk Adjustment and Reinsurance programs.

There is a three-level Administrative Appeals process for Risk Adjustment (RA) and Reinsurance (RI):

1. Request for Reconsideration
2. Informal Hearing before the Centers for Medicare & Medicaid Services (CMS) Hearing Officer
3. Review by CMS Administrator (or delegate) – discretionary

Completion of the Request for Reconsideration Form (the Form) is the first level of the Administrative Appeals process for the RA and RI programs. For RA and RI Administrative Appeals, the final agency decision may be the reconsideration decision if the issuer does not request an informal hearing or the informal hearing decision if no party requests CMS Administrator review or the CMS Administrator declines review.

2 Request for Reconsideration Form Overview

An issuer must complete the Request for Reconsideration Form for the RA and RI programs within 60 calendar days of the date of the June 30th notification or notification of the risk adjustment default charge. The Form should be submitted at the company level, and may include multiple requests for reconsideration by HIOS ID.

An issuer may only file a Request for Reconsideration related to a risk adjustment payment or charge for a benefit year, including an assessment of risk adjustment user fees; a risk adjustment default charge for a benefit year; or a reinsurance payment for a benefit year to contest the following:

- A processing error by HHS
- HHS's incorrect application of methodology
- HHS's mathematical error

3 Before You Begin

Before accessing and completing the Request for Reconsideration Form for the RA and RI Programs, gather the following information:

- Company Legal Business Name
- Company Federal Tax Identification Number
- Primary and Alternate Contact Details:
    - Name
    - Job Title
    - Phone Number
    - Email Address
- Reconsideration Type:
    - Risk Adjustment User Fee
    - Risk Adjustment Default Charge Report
    - Risk Adjustment Reported Discrepancy
    - Risk Adjustment Charges and Payment Report (June 30)
    - Reinsurance Reported Discrepancy
    - Reinsurance Payment Report (June 30)
- Discrepancy Case ID (required only for a request related to a previously reported RA or RI discrepancy)
- HIOS ID
- Reconsideration Case ID (required only to submit additional information regarding a previous Reconsideration Request)
- Market Type (if applicable):
    - Individual
    - Small Group
    - Catastrophic
    - Merged
- Basis for Reconsideration:
    - Contest processing error by HHS
    - HHS incorrect application of methodology
    - HHS mathematical error
- Explanation of Request for Reconsideration
- Issuer Estimated Payment
- CMS Payment
- Issuer Estimated Charge (if applicable)
- CMS Charge (if applicable)


Do not use any of the following special characters within the Form: " * < > [ ] \ ^ ` { } ~ ! ? $;

4 Access the Request for Reconsideration Form

Select the link http://acapaymentoperations.force.com/ACAFinancialAppeals or copy and paste the URL into your Internet browser to open the Request for Reconsideration Form for the RA and RI programs.

5 Complete the Request for Reconsideration Form

5.1 Landing Page

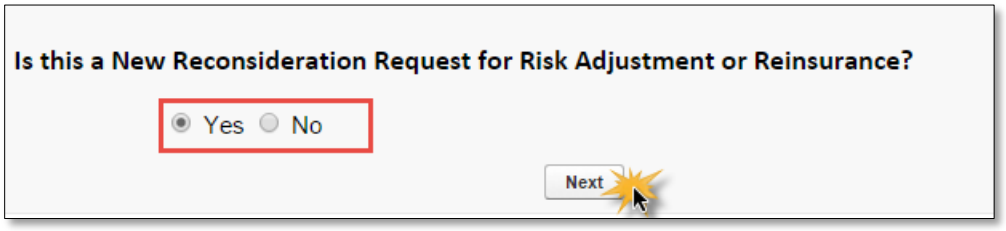
The landing page introduces the ACA Financial Appeals – Request for Reconsideration process and lists important deadlines for submitting the Form.

Make sure all required information listed in Section 3 is available before you begin the Form. **You must complete the Form in one session; you cannot save data and complete the Form at a later date.**

Follow the steps below to initiate the Request for Reconsideration Form:

1. Select the **Yes** or **No** button below the question, "Is this a New Reconsideration Request?"
   a) Select **Yes** if you are submitting a new Request for Reconsideration. Continue to Section 5.2 for instructions on how to complete a new Reconsideration Request.
   b) Select **No** if you are providing additional information for a previously submitted Request for Reconsideration. Go to Section 5.8 for instructions on how to edit an existing Reconsideration Request.
2. Select the **Next** button.

Figure 1: Landing Page Selection



5.2 Reconsideration Request Information Page

The Reconsideration Request Form requires Company information, Primary Contact information, and Alternate Contact information. Each Request for Reconsideration must be filed at the company level.

5.2.1 Company Information

Follow the steps below to complete the Company information:

1. Enter the Company's Legal Business Name. The Legal Business Name cannot exceed 128 characters or include special characters.
2. Enter the Federal Tax ID Number. The Federal Tax ID Number must be 9 digits. The hyphen will be automatically inserted.

Figure 2: Company Information

5.2.2 Primary Contact Information

Follow the steps below to complete the Primary Contact Information:

1. Enter the Reconsideration Contact Name. The Reconsideration Contact Name cannot exceed 75 characters or include special characters.
2. Enter the Job Title. The Job Title cannot exceed 128 characters or include special characters

3. Enter the Phone Number. The Phone Number must be 10 digits including area code. The phone number hyphens will be automatically inserted.
4. Enter the Phone Number Extension (optional). The Extension cannot exceed 10 digits. Do not enter “x” or “ext.” in front of the extension.
5. Enter the Email Address. The Email Address cannot exceed 80 characters and must include the @ symbol.
6. Verify the Email Address. Ensure the email addresses match.

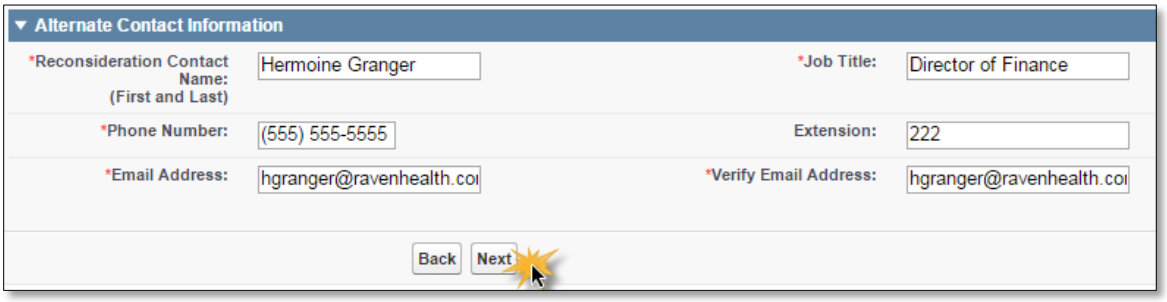
Figure 3: Primary Contact Information

5.2.3 Alternate Contact Information

Follow the steps below to complete Alternate Contact information:

1. Enter the Alternate Reconsideration Contact Name. The Alternate Reconsideration Contact Name cannot exceed 75 characters or include special characters.
2. Enter the Job Title. The Job Title cannot exceed 128 characters or include special characters.
3. Enter the Phone Number. The Phone Number must be 10 digits including the area code. The phone number hyphens will be automatically inserted.
4. Enter the Phone Number Extension (optional). The Extension cannot exceed 10 digits. Do not enter “x” or “ext.” in front of the extension.
5. Enter the Email Address. The Email address cannot exceed 80 characters and must include the @ symbol.
6. Verify the Email Address. Ensure the email addresses match.
7. Select the **Next** button.

Figure 4: Alternate Contact Information

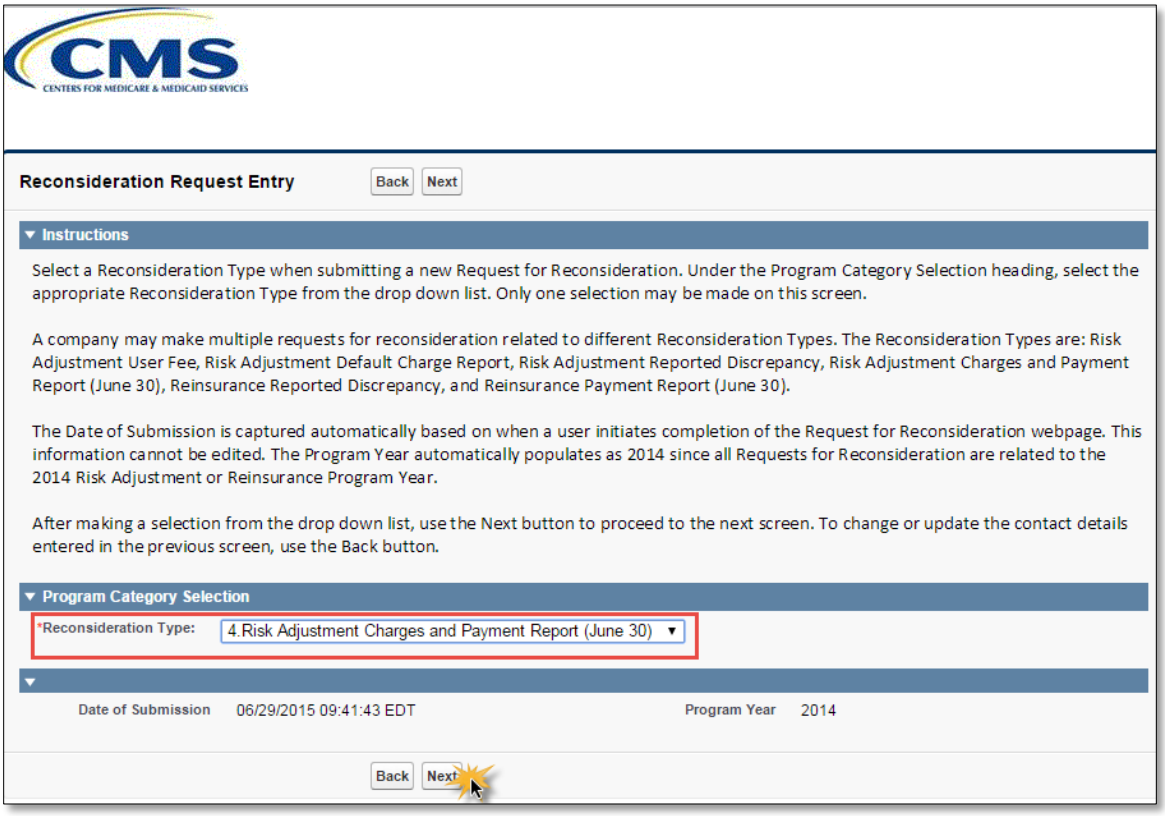


5.3 Reconsideration Request Entry Page

A company may make multiple requests for reconsideration related to different Reconsideration Types for the same or different HIOS IDs. The Reconsideration Type is how the company would identify what is in dispute related to the specific HIOS ID identified. Follow the steps below to identify the Reconsideration Type and continue to the next page:

1. Select the **Reconsideration Type** from the dropdown menu:
   - Risk Adjustment User Fee
   - Risk Adjustment Default Charge Report
   - Risk Adjustment Reported Discrepancy
   - Risk Adjustment Charges and Payment Report (June 30)
   - Reinsurance Reported Discrepancy
   - Reinsurance Payment Report (June 30)
2. Select the **Next** button.

Figure 5: Reconsideration Request Entry Page



Your browser's Back arrow has been disabled for the Form. You must use select the **Back** button on the Form to navigate to the previous screen.

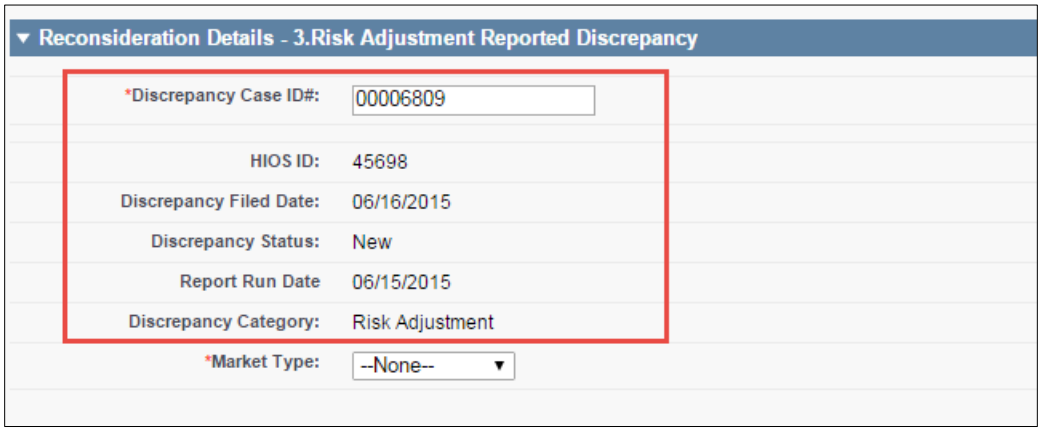
5.4 Reconsideration Request Details Page

The Reconsideration Request may **NOT** contain any protected health information (PHI) or personally identifiable information (PII) – this includes within the description of the Request or any additional information provided to support the Request.

Follow the steps below to complete the Reconsideration Request Details page.

1. The Reconsideration Type selected on the Reconsideration Entry page will determine the next required step.
    a) If the Reconsideration Type selected was: Risk Adjustment User Fee, Risk Adjustment Default Charge Report, Risk Adjustment Charges and Payment Report (June 30), or Reinsurance Payment Report (June 30), continue to Step 2.
    b) If the Reconsideration Type selected was: Risk Adjustment Reported Discrepancy or Reinsurance Reported Discrepancy, enter the Discrepancy Case ID. Continue to Step 3. Advancing to the next field will auto-populate the following fields:
        - HIOS ID
        - Discrepancy Filed Date
        - Discrepancy Status
        - Report Run Date
        - Discrepancy Category

Figure 6: Reconsideration Details – Risk Adjustment Reported Discrepancy



2. Enter the HIOS ID related to the Reconsideration Type chosen on the prior screen. The HIOS ID must be 5 digits.
3. Select the Market Type from the dropdown menu (if applicable):
   - Individual
   - Small Group
   - Catastrophic
   - Merged
4. Select the Basis for Reconsideration by selecting the box next to the basis. You can select more than one Basis for Reconsideration:
   - A processing error by HHS
   - HHS incorrect application of methodology
   - HHS's mathematical error
5. The Reconsideration Type selected on the Reconsideration Request Entry page will determine the next required step.
   a) If the Reconsideration Type selected was: Risk Adjustment User Fee, Risk Adjustment Default Charge Report, Risk Adjustment Reported Discrepancy, or Reinsurance Reported Discrepancy, continue to Step 6.
   b) If the Reconsideration Type selected was: Risk Adjustment Charges and Payments Report (June 30), select the check box next to the Risk Adjustment Charge and Payment Report Element(s) that are relevant to this Request for Reconsideration. You can select more than one element name:
      - State Average Premium

- State Average Risk Score
- Total Plan Transfer Amount
- Rating Area Transfer Amount
- Rating Area Transfer PMPM
- Plan Liability Risk Score (PLRS)
- Induced Demand Factor (IDF)
- Geographic Cost Factor (GCF)
- Actuarial Value (AV)
- Product for All Plans with Risk
- Product for All Plans without Risk

c) If the Reconsideration Type selected was: Reinsurance Payment Report (June 30) select the check box next to Reinsurance Payment Report Element(s) that are relevant to this Request for Reconsideration. You can select more than one element name:

- EDGE RI Payment Calculation
- Projected RI Payment Amount

6. Enter an explanation for the Request for Reconsideration. The explanation cannot exceed 255 characters and cannot include the following special characters: [ ] \ ^ ` { }

The explanation provided should be brief, and contain only information not previously submitted. Any in-depth explanation or evidence should be included as a separate attachment.

7. Enter the Issuer Estimated Payment amount (that is, the payment amount the issuer believes is accurate). The amount cannot exceed 12 digits including 2 decimal places. For example: 1234567890.12. Do not use dollar signs or commas. The decimal will be automatically inserted.
8. Enter the CMS Payment Amount (that is, the payment amount listed in the June 30th report). The amount cannot exceed 12 digits including 2 decimal places. For example: 1234567890.12. Do not use dollar signs or commas. The decimal will be automatically inserted.
9. Enter the Issuer Estimated Charge Amount, if applicable (that is, the charge amount the issuer believes is accurate). The amount cannot

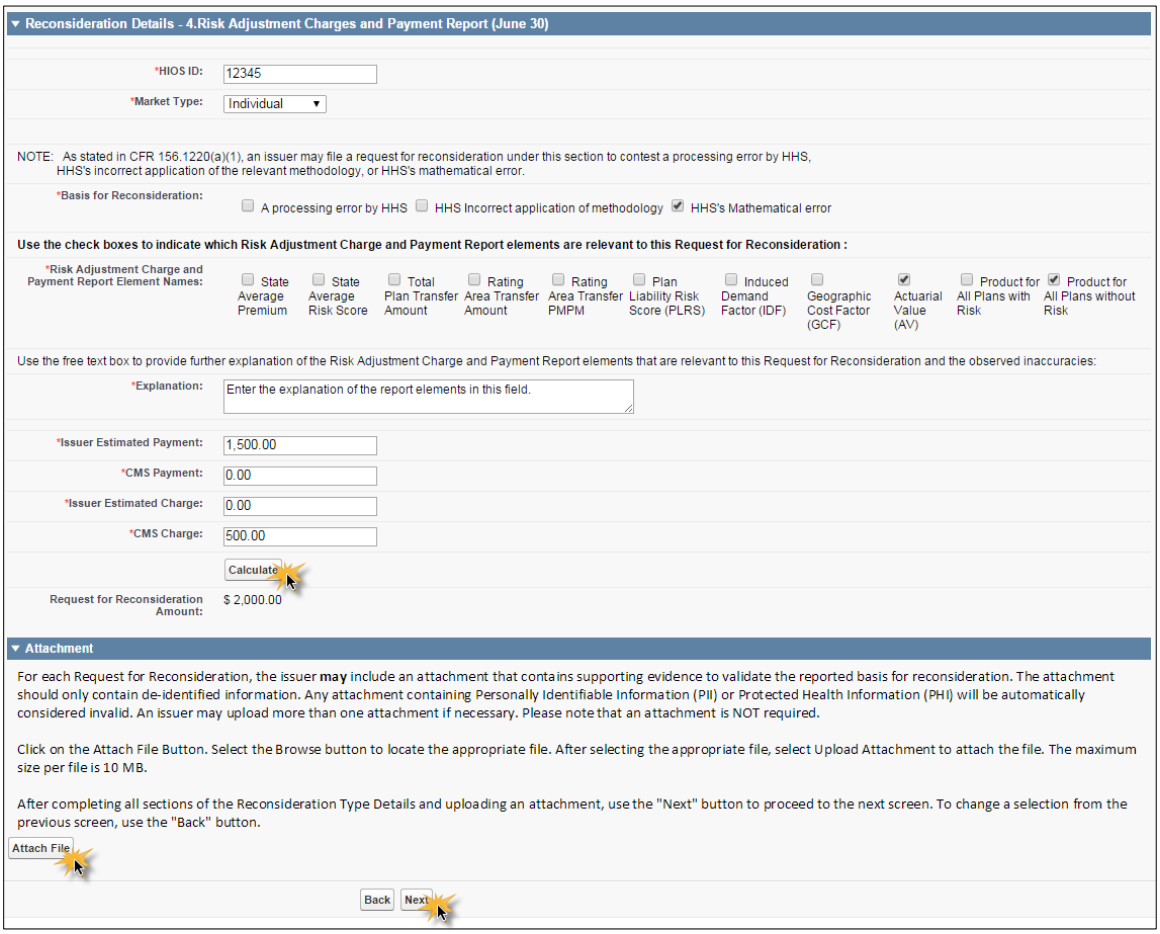
exceed 12 digits including decimal places. If the field is not applicable, enter 0 as the value. For example: 1234567890.12. Do not use dollar signs or commas.

10. Enter the CMS Charge Amount, if applicable (that is, the charge amount listed in the June 30th report). The amount cannot exceed 12 digits including decimal places. If the field is not applicable, enter 0 as the value. For example: 1234567890.12. Do not use dollar signs or commas.
11. To view the total Request for Reconsideration Amount, select the **Calculate** button.
12. Attach supporting evidence to validate the Basis for Reconsideration (optional).
    d) Select the **Attach File** button.
    e) Select the **Browse** button to select a file.
    f) Select the **Upload Attachment** button to upload the file.

The maximum file size for an attachment is 10 megabytes (MB).

13. Select the **Next** button.

Figure 7: Reconsideration Request Details Page



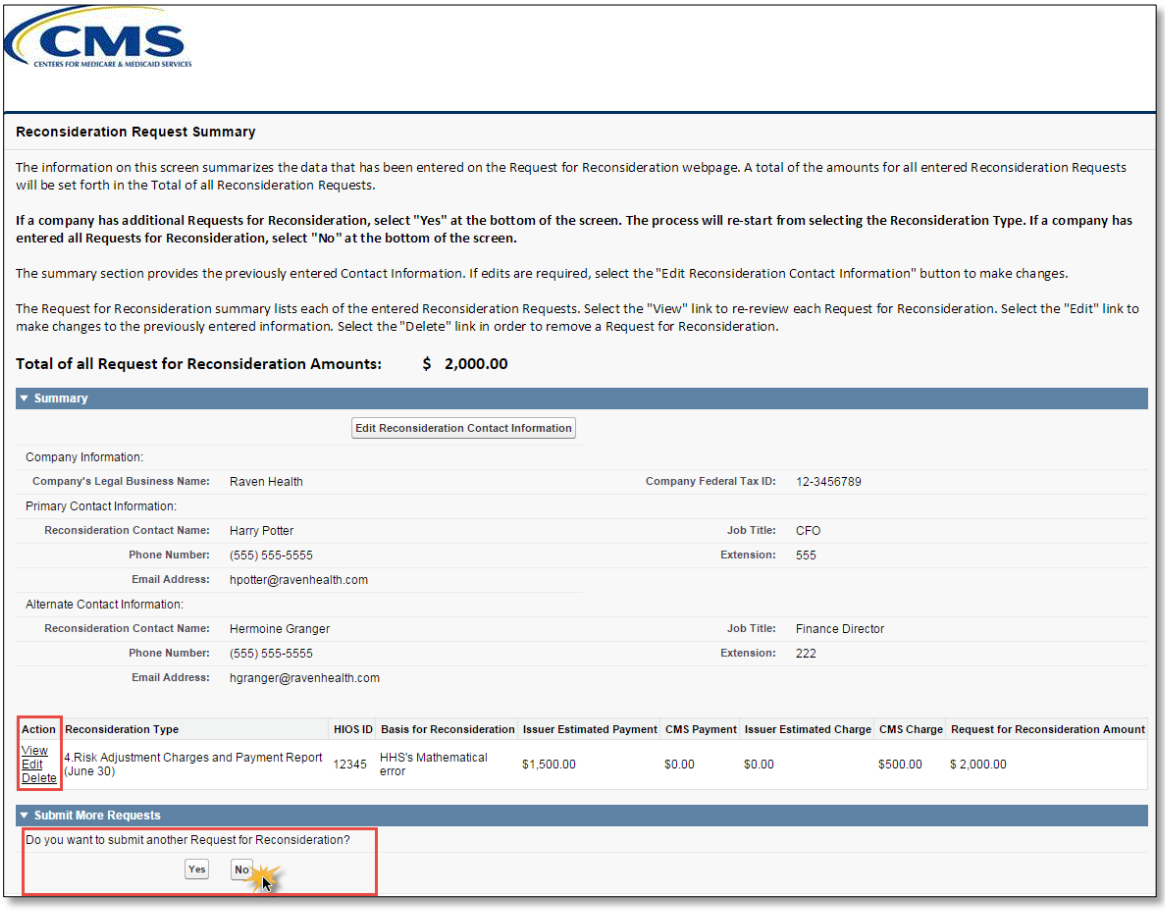
5.5 Reconsideration Request Summary Page

This page summarizes the information entered on the Form, including the total of all appeal amounts, contact information, and reconsideration information. Follow the steps below to review submitted information, edit information if needed, and submit additional Requests for Reconsideration, if needed:

1. Review the Total of All Appeal Amounts to verify it is correct.
2. Review the Company information, Primary Contact information, and Alternate Contact information. Click the **Edit Reconsideration Contact Information** button to make any necessary edits.

3. Review the Reconsideration Type, HIOS ID, Basis for Reconsideration, Issuer Estimated Payment, CMS Payment, Issuer Estimated Charge, CMS Charge, and Appeal Amount.
    a) Select **View** to view the information.
    b) Select **Edit** to edit the information.
    c) Select **Delete** to delete the Request for Reconsideration.
4. To submit an additional Request for Reconsideration, select the **Yes** button. The Form will take you to the landing page to complete an additional request.
5. To continue to the next page, select the **No** button.

Figure 8: Reconsideration Request Summary Page

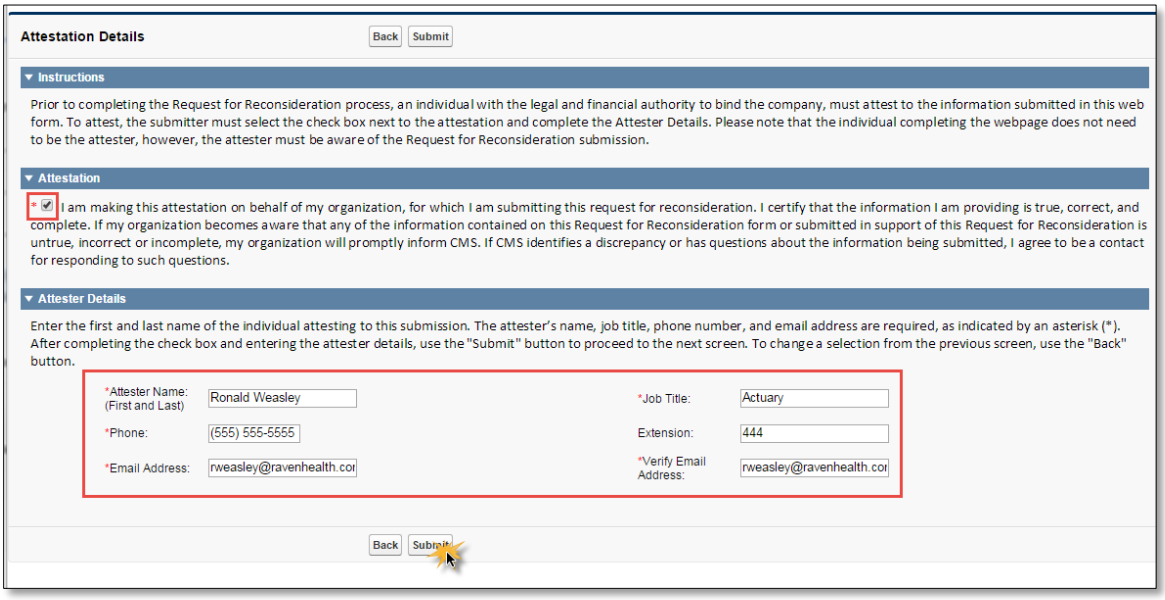


5.6 Attestation Details Page

The Request for Reconsideration requires attestation from an individual who can legally and financially bind the company. We note that the submitter does not need to be the attester; however, the attester is the individual responsible for ensuring the accuracy of the submission. Follow the steps below to attest to the submitted information and submit the Reconsideration Request Form:

1. Review the Attestation statement. Select the box next to the statement to attest that the information provided is true, correct, and complete.
2. Enter the Attester Name. The Attester Name cannot exceed 75 characters or include special characters.
3. Enter the Job Title. The Job Title cannot exceed 128 characters or include special characters.
4. Enter the Phone Number. The Phone Number must be 10 digits including area code.
5. Enter the Phone Number Extension (optional). The Extension cannot exceed 10 digits. Do not type “x” or “ext.” in front of the extension.
6. Enter the Email Address. The Email Address cannot exceed 80 characters and must include the @ symbol.
7. Verify the Email Address. Ensure the email addresses match.
8. Select the **Submit** button.

Figure 9: Attestation Details Page

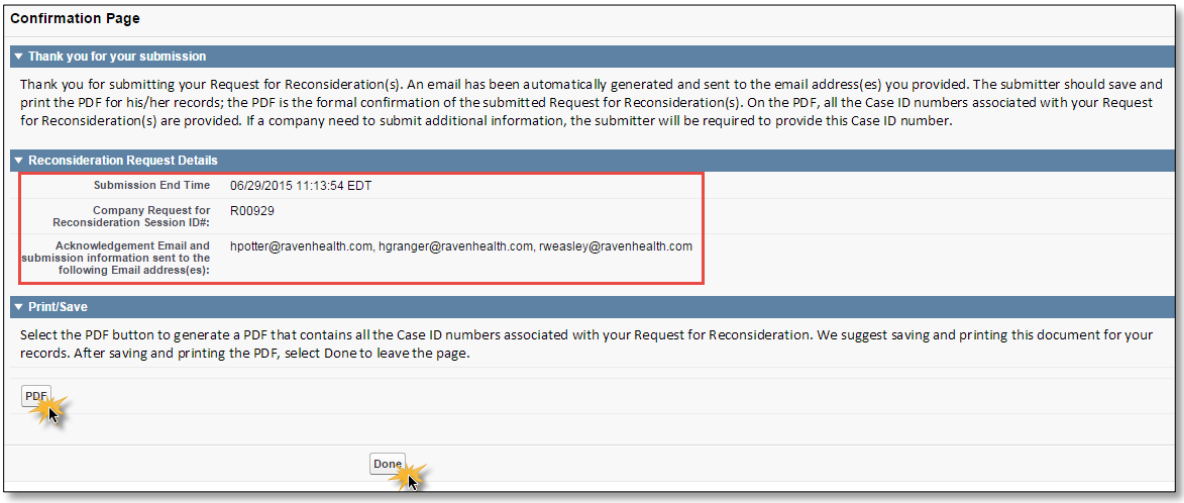


5.7 Confirmation Page

The Confirmation page allows you to generate a PDF copy of your Request for Reconsideration Form for your records. Follow the steps below to generate the PDF copy and complete the Request for Reconsideration process:

1. Select the **PDF** button to generate a PDF copy of your Request for Reconsideration Form, including all Case ID numbers associated with your Form.
2. Select the **Done** button to leave the page and conclude the Request for Reconsideration process.

Figure 10: Confirmation Page

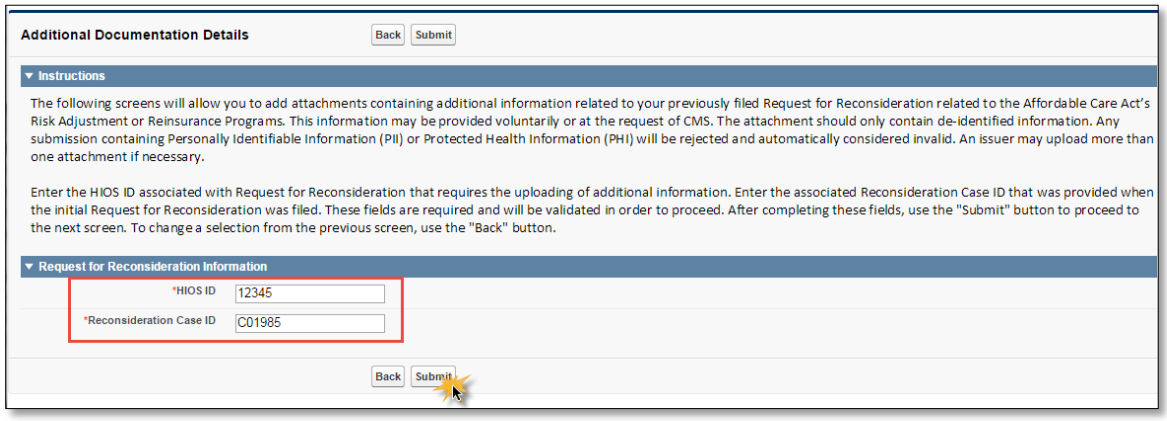


5.8 Additional Documentation Details

If you are submitting additional information for a previously submitted Request for Reconsideration Form, follow the steps below:

1. On the landing page, select **No** to the question, “Is this a New Reconsideration Request?” and click the **Next** button.
2. On the Additional Documentation Details page, enter the HIOS ID and Reconsideration ID that was provided to you when you submitted the Form. Select the **Submit** button.

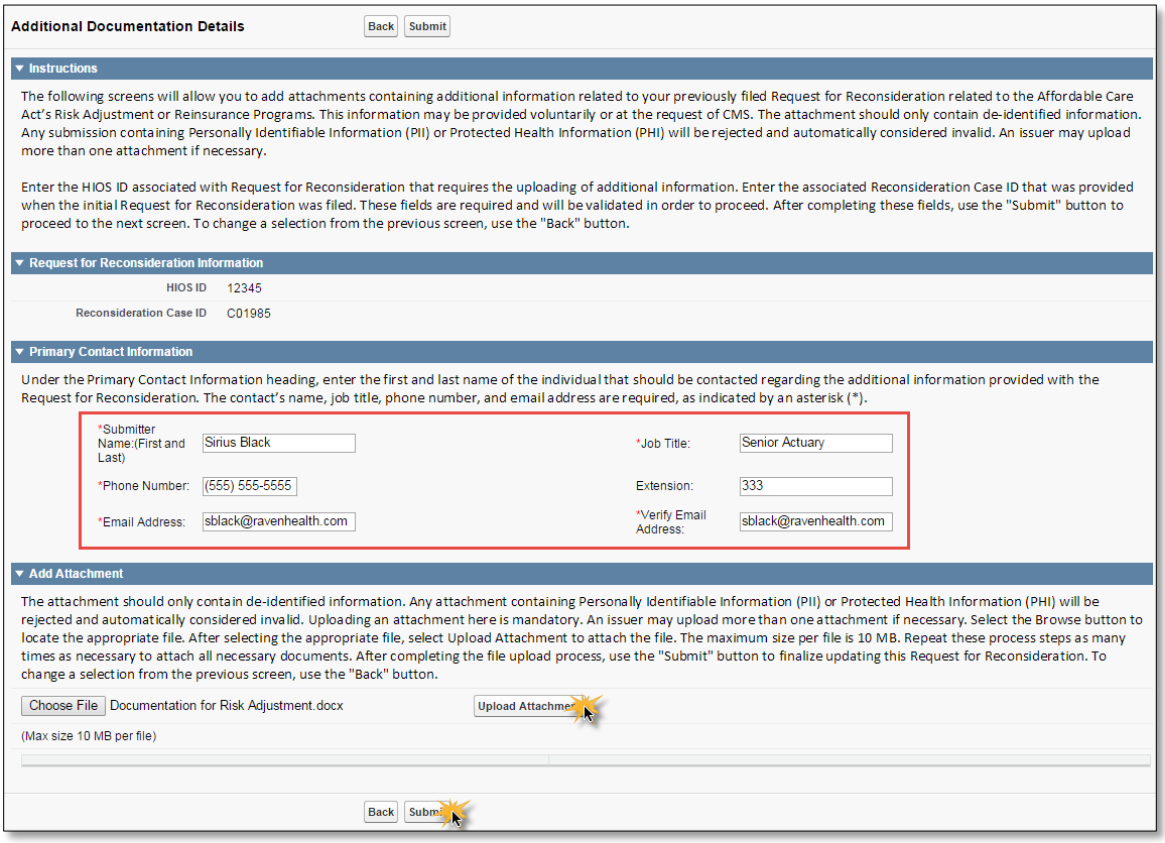
Figure 11: Additional Documentation Details Page



3. On the Additional Documentation Details page, enter the contact information for the submission of additional information.
4. Select the **Upload Attachment** button to upload a new attachment.
5. Select the **View** button to view a previously uploaded attachment.
6. Select the **Delete** button to delete a previously uploaded attachment.
7. Select the **Next** button to continue to the Confirmation page. See Section 5.7 to continue the Form from this point.

The attachment may **NOT** contain any protected health information (PHI) or personally identifiable information (PII). If information is submitted containing PHI or PII, it will be denied and considered invalid.

Figure 12: Additional Documentation Details Page – Upload Attachment



Appendix A: Additional Resources

Resources

For more information on the ACA Financial Appeals Process for the Reinsurance and Risk Adjustment Programs:

- **The Center for Consumer Information and Insurance Oversight (CCIIO) Website**: This website offers guidance on the Premium Stabilization Program, as well other resources. http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/index.html

- **REGTAP**: Communications regarding the ACA Financial Appeals – Request for Reconsideration for Risk Adjustment and Reinsurance Process will be made through REGTAP: The Registration for Technical Assistance Portal. Please monitor your REGTAP emails for announcements about upcoming events and other program information. You can also access program related documents and FAQs on REGTAP by selecting Library or FAQ on the REGTAP dashboard and filtering by Program Area "ACA Financial Appeals." REGTAP also allows registrants to sign up for events. If not already a REGTAP user, please visit https://www.regtap.info and select Register as a New User.