



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

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1155 and 0938-1187. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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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:
 - o Name
 - o Job Title
 - o Phone Number
 - o Email Address
- Reconsideration Type:
 - o Risk Adjustment User Fee
 - o Risk Adjustment Default Charge Report
 - o Risk Adjustment Reported Discrepancy
 - o Risk Adjustment Charges and Payment Report (June 30)
 - o Reinsurance Reported Discrepancy
 - o 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):
 - o Individual
 - o Small Group
 - o Catastrophic
 - o Merged
- Basis for Reconsideration:
 - o Contest processing error by HHS
 - o HHS incorrect application of methodology
 - o 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

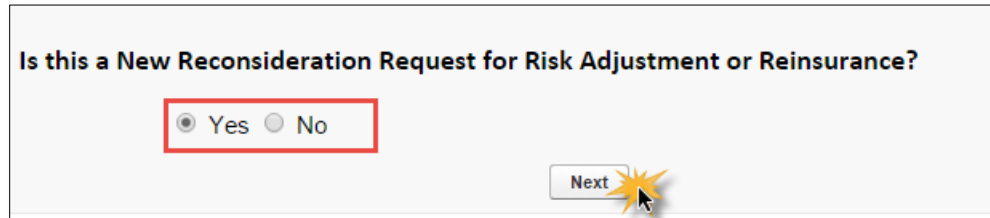
The landing page introduces the ACA Financial Appeals – Request for Reconsideration process and lists important deadlines for submitting the Form.

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



Is this a New Reconsideration Request for Risk Adjustment or Reinsurance?

☒ Yes ☐ No

Next

5.2 Reconsideration Request Information Page

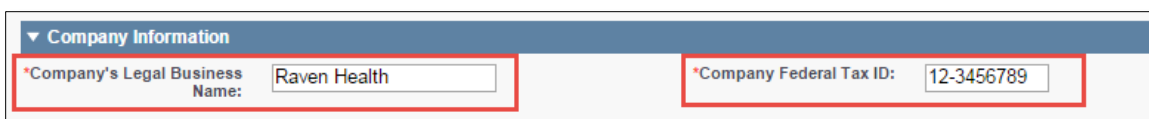
The Reconsideration Request Form requires Company information, Primary Contact information, and Alternate Contact information. Each Request for Reconsideration must be filed at the company level.

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



▼ Company Information

*Company's Legal Business Name: Raven Health

*Company Federal Tax ID: 12-3456789

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

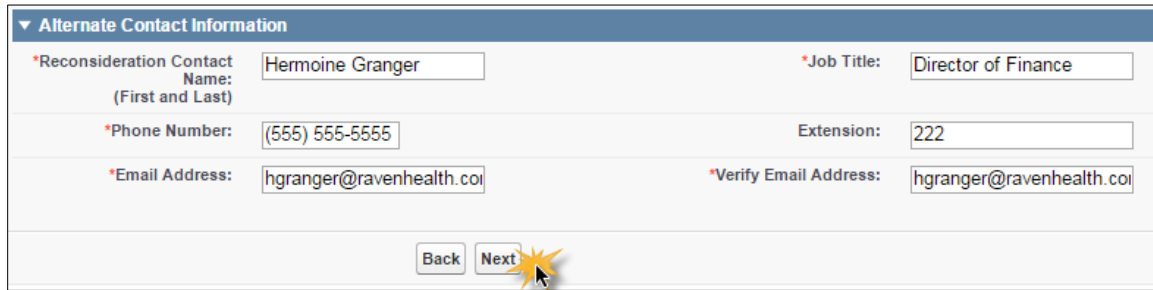
▼ Primary Contact Information	
*Reconsideration Contact Name: (First and Last)	Harry Potter
*Job Title:	CFO
*Phone Number:	(555) 555-5555
Extension:	555
*Email Address:	hpotter@ravenhealth.com
*Verify Email Address:	hpotter@ravenhealth.com

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

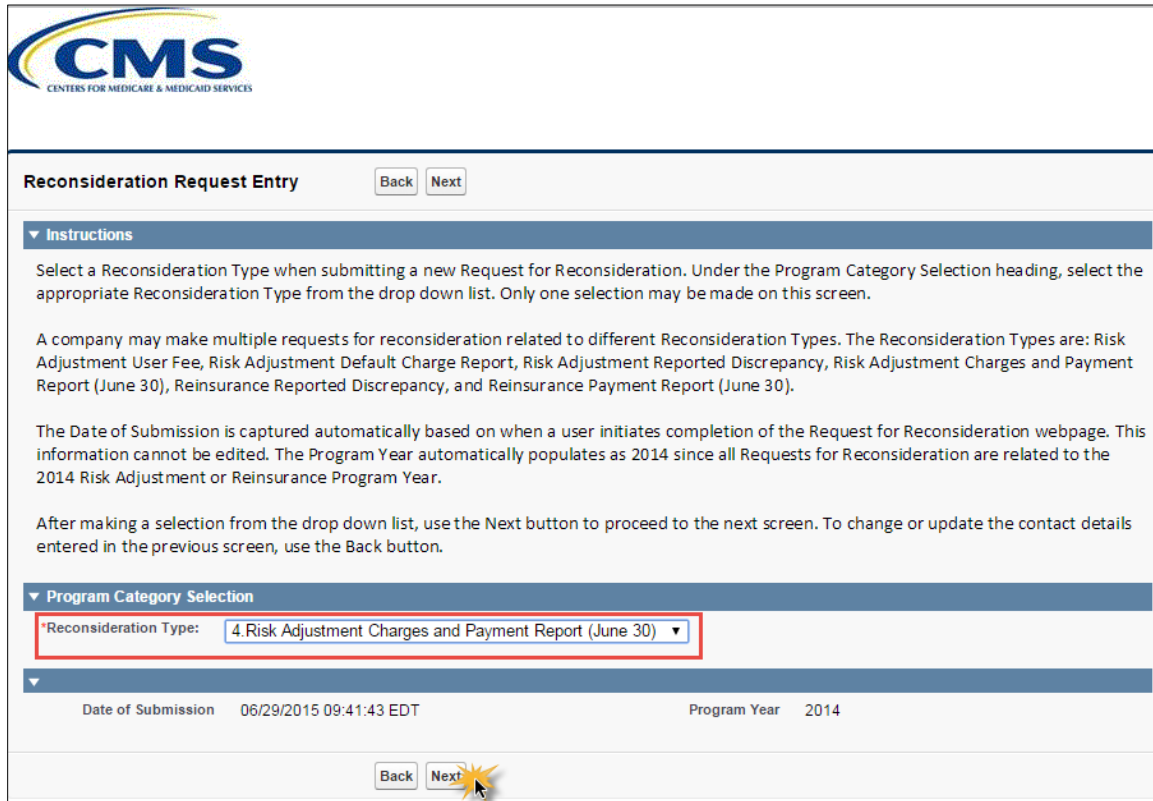


5.3 Reconsideration Request Entry Page

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



The screenshot shows the 'Reconsideration Request Entry' page. At the top is the CMS logo. Below it is a header bar with the title 'Reconsideration Request Entry' and 'Back' and 'Next' buttons. The main content area has a blue header for 'Instructions' followed by three paragraphs of text. Below this is a blue header for 'Program Category Selection' followed by a dropdown menu labeled 'Reconsideration Type:' with the selected option '4.Risk Adjustment Charges and Payment Report (June 30)'. At the bottom, there is a status bar showing 'Date of Submission 06/29/2015 09:41:43 EDT' and 'Program Year 2014'. At the very bottom are 'Back' and 'Next' buttons, with a mouse cursor clicking the 'Next' button.



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

▼ Reconsideration Details - 3.Risk Adjustment Reported Discrepancy	
*Discrepancy Case ID#:	00006809
HIOS ID:	45698
Discrepancy Filed Date:	06/16/2015
Discrepancy Status:	New
Report Run Date	06/15/2015
Discrepancy Category:	Risk Adjustment
*Market Type:	--None-- ▼

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

Reconsideration Details - 4.Risk Adjustment Charges and Payment Report (June 30)

*HIOS ID:

12345

*Market Type:

Individual

NOTE: As stated in CFR 156.1220(a)(1), an issuer may file a request for reconsideration under this section to contest a processing error by HHS, HHS's incorrect application of the relevant methodology, or HHS's mathematical error.

*Basis for Reconsideration:

☐ A processing error by HHS
☐ HHS Incorrect application of methodology
☒ HHS's Mathematical error

Use the check boxes to indicate which Risk Adjustment Charge and Payment Report elements are relevant to this Request for Reconsideration :

*Risk Adjustment Charge and Payment Report Element Names:

☐ 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

Use the free text box to provide further explanation of the Risk Adjustment Charge and Payment Report elements that are relevant to this Request for Reconsideration and the observed inaccuracies:

*Explanation:

Enter the explanation of the report elements in this field.

*Issuer Estimated Payment:

1,500.00

*CMS Payment:

0.00

*Issuer Estimated Charge:

0.00

*CMS Charge:

500.00

Calculate

Request for Reconsideration Amount:

\$ 2,000.00

Attachment

For each Request for Reconsideration, the issuer **may** include an attachment that contains supporting evidence to validate the reported basis for reconsideration. The attachment should only contain de-identified information. Any attachment containing Personally Identifiable Information (PII) or Protected Health Information (PHI) will be automatically considered invalid. An issuer may upload more than one attachment if necessary. Please note that an attachment is NOT required.

Click on the Attach File Button. Select the Browse button to locate the appropriate file. After selecting the appropriate file, select Upload Attachment to attach the file. The maximum size per file is 10 MB.

After completing all sections of the Reconsideration Type Details and uploading an attachment, use the "Next" button to proceed to the next screen. To change a selection from the previous screen, use the "Back" button.

Attach File

Back
Next

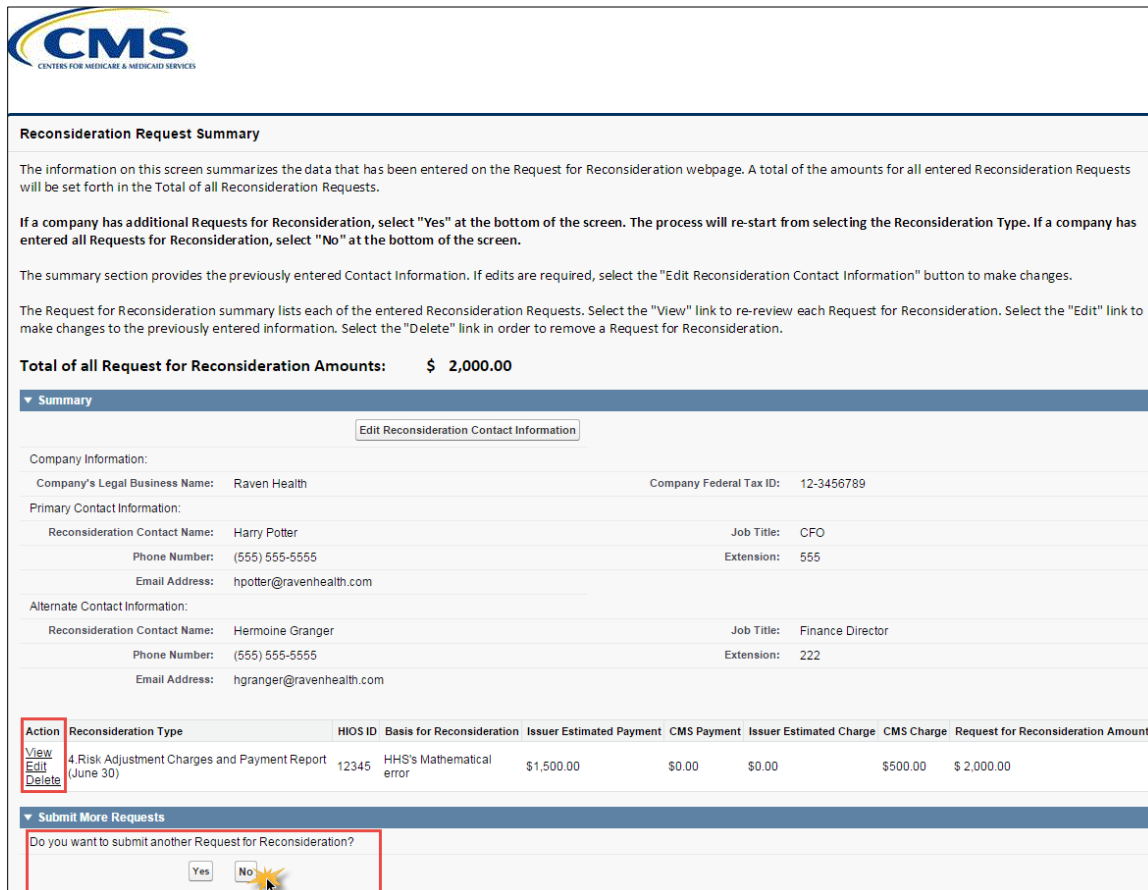
5.5 Reconsideration Request Summary Page

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



Reconsideration Request Summary

The information on this screen summarizes the data that has been entered on the Request for Reconsideration webpage. A total of the amounts for all entered Reconsideration Requests will be set forth in the Total of all Reconsideration Requests.

If a company has additional Requests for Reconsideration, select "Yes" at the bottom of the screen. The process will re-start from selecting the Reconsideration Type. If a company has entered all Requests for Reconsideration, select "No" at the bottom of the screen.

The summary section provides the previously entered Contact Information. If edits are required, select the "Edit Reconsideration Contact Information" button to make changes.

The Request for Reconsideration summary lists each of the entered Reconsideration Requests. Select the "View" link to re-review each Request for Reconsideration. Select the "Edit" link to make changes to the previously entered information. Select the "Delete" link in order to remove a Request for Reconsideration.

Total of all Request for Reconsideration Amounts: \$ 2,000.00

Summary

[Edit Reconsideration Contact Information](#)

Company Information:

Company's Legal Business Name: Raven Health Company Federal Tax ID: 12-3456789

Primary Contact Information:

Reconsideration Contact Name: Harry Potter Job Title: CFO
 Phone Number: (555) 555-5555 Extension: 555
 Email Address: hpotter@ravenhealth.com

Alternate Contact Information:

Reconsideration Contact Name: Hermione Granger Job Title: Finance Director
 Phone Number: (555) 555-5555 Extension: 222
 Email Address: hgranger@ravenhealth.com

Action	Reconsideration Type	HIOS ID	Basis for Reconsideration	Issuer Estimated Payment	CMS Payment	Issuer Estimated Charge	CMS Charge	Request for Reconsideration Amount
View Edit Delete	4 Risk Adjustment Charges and Payment Report (June 30)	12345	HHS's Mathematical error	\$1,500.00	\$0.00	\$0.00	\$500.00	\$2,000.00

Submit More Requests

Do you want to submit another Request for Reconsideration?

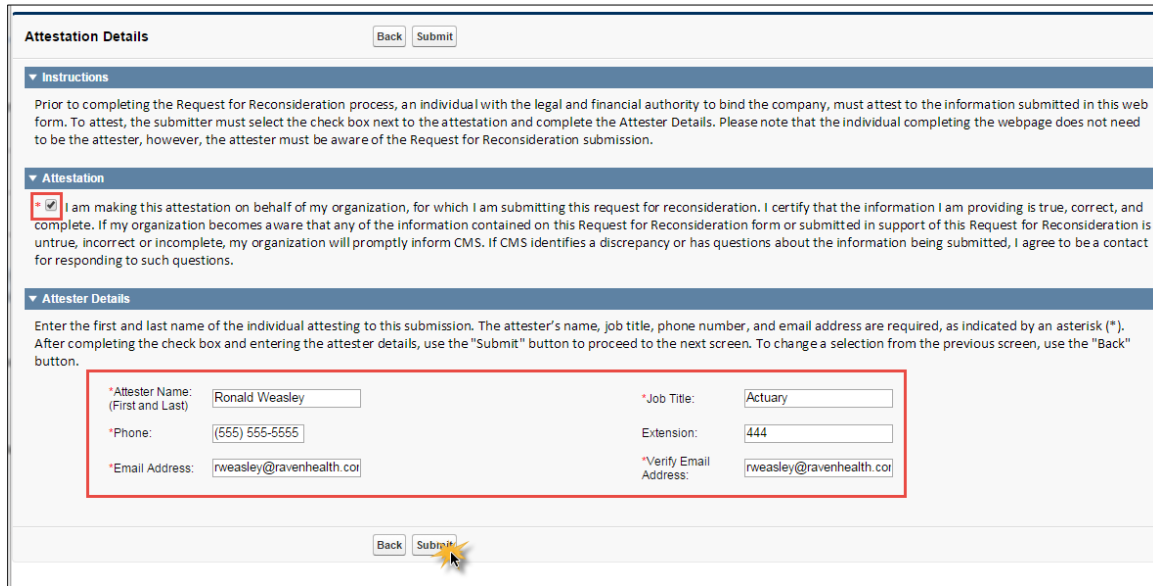
Yes No

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



The screenshot shows the 'Attestation Details' page of the Request for Reconsideration Form. The page has a title bar with 'Attestation Details' and 'Back' and 'Submit' buttons. Below the title bar, there are three sections: 'Instructions', 'Attestation', and 'Attester Details'. The 'Attestation' section contains a checkbox that is checked, indicating that the user is making the attestation on behalf of their organization. The 'Attester Details' section contains fields for the attester's name, job title, phone number, extension, email address, and verify email address. The fields are filled with the following information: Attester Name: Ronald Weasley, Job Title: Actuary, Phone: (555) 555-5555, Extension: 444, Email Address: rweasley@ravenhealth.com, and Verify Email Address: rweasley@ravenhealth.com. The 'Back' and 'Submit' buttons are at the bottom of the 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

Confirmation Page

▼ Thank you for your submission

Thank you for submitting your Request for Reconsideration(s). An email has been automatically generated and sent to the email address(es) you provided. The submitter should save and print the PDF for his/her records; the PDF is the formal confirmation of the submitted Request for Reconsideration(s). On the PDF, all the Case ID numbers associated with your Request for Reconsideration(s) are provided. If a company need to submit additional information, the submitter will be required to provide this Case ID number.

▼ Reconsideration Request Details

Submission End Time	06/29/2015 11:13:54 EDT
Company Request for Reconsideration Session ID#:	R00929
Acknowledgement Email and submission information sent to the following Email address(es):	hpotter@ravenhealth.com, hgranger@ravenhealth.com, rweasley@ravenhealth.com

▼ Print/Save

Select the PDF button to generate a PDF that contains all the Case ID numbers associated with your Request for Reconsideration. We suggest saving and printing this document for your records. After saving and printing the PDF, select Done to leave the page.

PDF 

Done 

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

Additional Documentation Details Back Submit

▼ Instructions

The following screens will allow you to add attachments containing additional information related to your previously filed Request for Reconsideration related to the Affordable Care Act's Risk Adjustment or Reinsurance Programs. This information may be provided voluntarily or at the request of CMS. The attachment should only contain de-identified information. Any submission containing Personally Identifiable Information (PII) or Protected Health Information (PHI) will be rejected and automatically considered invalid. An issuer may upload more than one attachment if necessary.

Enter the HIOS ID associated with Request for Reconsideration that requires the uploading of additional information. Enter the associated Reconsideration Case ID that was provided when the initial Request for Reconsideration was filed. These fields are required and will be validated in order to proceed. After completing these fields, use the "Submit" button to proceed to the next screen. To change a selection from the previous screen, use the "Back" button.

▼ Request for Reconsideration Information

*HIOS ID	12345
*Reconsideration Case ID	C01985

Back Submit 

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

Additional Documentation Details
Back
Submit

Instructions

The following screens will allow you to add attachments containing additional information related to your previously filed Request for Reconsideration related to the Affordable Care Act's Risk Adjustment or Reinsurance Programs. This information may be provided voluntarily or at the request of CMS. The attachment should only contain de-identified information. Any submission containing Personally Identifiable Information (PII) or Protected Health Information (PHI) will be rejected and automatically considered invalid. An issuer may upload more than one attachment if necessary.

Enter the HIOS ID associated with Request for Reconsideration that requires the uploading of additional information. Enter the associated Reconsideration Case ID that was provided when the initial Request for Reconsideration was filed. These fields are required and will be validated in order to proceed. After completing these fields, use the "Submit" button to proceed to the next screen. To change a selection from the previous screen, use the "Back" button.

Request for Reconsideration Information

HIOS ID 12345

Reconsideration Case ID CD1985

Primary Contact Information

Under the Primary Contact Information heading, enter the first and last name of the individual that should be contacted regarding the additional information provided with the Request for Reconsideration. The contact's name, job title, phone number, and email address are required, as indicated by an asterisk (*).

*Submitter Name:(First and Last)

*Job Title:

*Phone Number:

Extension:

*Email Address:

*Verify Email Address:

Add Attachment

The attachment should only contain de-identified information. Any attachment containing Personally Identifiable Information (PII) or Protected Health Information (PHI) will be rejected and automatically considered invalid. Uploading an attachment here is mandatory. An issuer may upload more than one attachment if necessary. Select the Browse button to locate the appropriate file. After selecting the appropriate file, select Upload Attachment to attach the file. The maximum size per file is 10 MB. Repeat these process steps as many times as necessary to attach all necessary documents. After completing the file upload process, use the "Submit" button to finalize updating this Request for Reconsideration. To change a selection from the previous screen, use the "Back" button.

Documentation for Risk Adjustment.docx

(Max size 10 MB per file)

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.