



Centers for Medicare & Medicaid Services

Reconciliation of Cost-Sharing Reduction Reconsideration Request

Web Form Guide

September 2017



Reconciliation of CSR Reconsideration Request Web Form Guide

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Resources

The following cost-sharing reduction (CSR) reconciliation request for reconsideration resources are available for review or download:

- ACA Request for Reconsideration web page to access the Reconciliation of Cost-Sharing Reduction Reconsideration Request web form: <https://acapaymentoperations.secure.force.com/ACAReconsideration/>
- Download and review CSR reconciliation webinar training materials from the REGTAP library (<https://www.regtap.info/>) in the ACA Financial Appeals Program Area

1. Introduction

Issuers that filed a discrepancy to dispute the reconciled Cost-sharing Reduction (CSR) portion of advance payments for the 2016 benefit year or a prior year restatement are permitted to file a request for reconsideration to contest a processing error by HHS, HHS's incorrect application of methodology, or HHS's mathematical error for the corresponding benefit year. A company may submit multiple requests for reconsideration related to different CSR Reconciliation Reconsideration Error Types for the same or different HIOS IDs.

CMS developed the ACA Request for Reconsideration web page for the CSR reconciliation reconsideration request process. Please note that the ACA Request for Reconsideration web page, in addition to having a link for the CSR Reconciliation Reconsideration Request web form, has links to access the Risk Adjustment (including risk adjustment default charge and risk adjustment user fees), Reinsurance, and Risk Corridors reconsideration request web forms.

The Reconciliation of Cost-Sharing Reduction Reconsideration Request web form uses the Discrepancy point of contact (POC) email address to determine the HIOS ID(s) for which each organization can submit a request for reconsideration. The Discrepancy POC email address is indicated on the issuer's CSR reconciliation discrepancy file submission. CMS uses the Discrepancy POC email address to validate the authority of the individual to request reconsideration for a company for the selected benefit year. The information may be entered by a person other than the Discrepancy POC. However, the individual completing the web form must use the Discrepancy POC email address to access the web form.

The Discrepancy POC will receive a notification email containing information about the CSR reconciliation reconsideration reporting process. This email will contain a link to the ACA Request for Reconsideration web page to access the Reconciliation of Cost-Sharing Reduction Reconsideration Request web form. This email will be sent on September 15, 2017.

This document is a step-by step guide to log in, complete, and submit the CSR reconciliation request for reconsideration web form.



The Reconciliation of Cost-Sharing Reduction Reconsideration Request web form must be completed in a single session for all requests within a benefit year. The CSR reconciliation request for reconsideration process for the 2016 benefit year or a prior year restatement, if applicable, must be completed by October 31, 2017.



Note: Submission of a reconsideration request with the same HIOS ID, benefit year, and error type as a previously submitted reconsideration request will overwrite the previously submitted reconsideration request.



Note: The web form is optimized for use with Google Chrome™ or Firefox®. Some form features, such as error messaging, may not function properly in Internet Explorer®.

2. ACA Request for Reconsideration Web Page

Upon selecting the web page link in the notification email from ACAfinancialappeals@cms.hhs.gov, you are directed to the ACA Request for Reconsideration web page. The ACA Request for Reconsideration web page includes links to access the CSR Reconciliation, Risk Adjustment (including risk adjustment default charge and risk adjustment user fees), Reinsurance, and Risk Corridors reconsideration request web forms. Select the Reconciliation of Cost-Sharing Reduction Reconsideration Request web form link as shown in

Figure 1. The web forms for each of the various programs will only be available during the regulatory mandated timeframes.

Figure 1: ACA Request for Reconsideration Web Page

ACA Request for Reconsideration Page

Instructions

Select an appropriate link below to request reconsideration for the risk adjustment (including risk adjustment default charge and risk adjustment user fee), reinsurance, cost-sharing reduction reconciliation, or risk corridors programs.

Please note that pursuant to CMS regulations, the program specific web forms are only accessible during the reconsideration submission window. Review the guidance below the link to determine if the web form is currently available.

[Risk Adjustment \(including Risk Adjustment Default Charge and Risk Adjustment User Fee\) and Reinsurance Reconsideration Request Web Form](#)

Access is available from June 30, 2017 through July 31, 2017 at 11:59 pm ET.

[Cost-sharing Reduction Reconciliation Reconsideration Request Web Form](#)

Access is currently unavailable. If you would like to submit a request for reconsideration, please email CMS at ACAfinancialappeals@cms.hhs.gov.

[Risk Corridors Reconsideration Request Web Form](#)

Access is currently not available for any benefit year.

By using this web form, you accept the terms and conditions. If you decline, you should not use the web form.

- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:
 - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
 - Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

3. Welcome Page

The Welcome page provides general information regarding what is needed to log into the web form. Collect all necessary information before initiating the process. If requesting reconsideration for multiple benefit years, a separate web form must be completed for each benefit year.

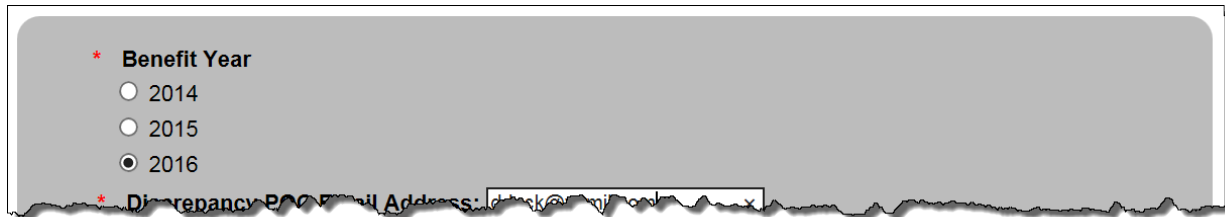
The web form allows for reconsideration requests related to the 2014, 2015, and 2016 benefit years, if applicable.



Note: The web form allows for the submission of a reconsideration request and for the attachment of files in support of the reconsideration request. The web form must be completed in one session, and the information cannot be saved on the web form. Please collect necessary information before initiating the reconsideration reporting process.

1. Select the radio button next to the applicable year.

Figure 2: Benefit Year Selection



* **Benefit Year**

☐ 2014

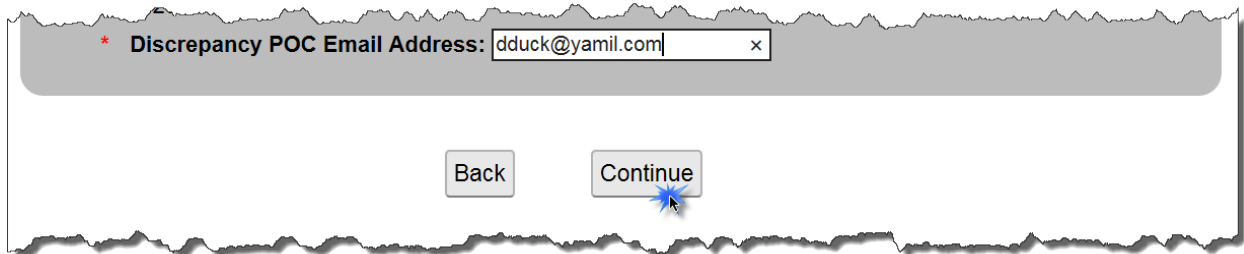
☐ 2015

☒ 2016

* **Discrepancy POC Email Address:**

2. Enter the Discrepancy POC Email Address in the designated field.

Figure 3: Discrepancy POC Email Address



* **Discrepancy POC Email Address:**

3. Select the **Continue** button. The web form proceeds to the Contact Information page.

3.1. Contact Information Page

The Discrepancy POC does **not** have to be the Submitter or the Alternate Contact on this web form (see Figure 4).

The Submitter and Alternate Contacts **must** be different.



Do not include the following characters in the Contact Information page: !

* " ~ ^ [] < > { } ? \$; \

1. Enter the Submitter Contact Information:

First Name

Last Name

Email Address

Job Title

Phone Number

Phone Extension (optional)



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2. Enter the Alternate Contact information (must be different from the Submitter Contact):

First Name

Last Name

Email Address

Job Title

Phone Number

Phone Extension (optional)

3. Enter the Company Mailing Address information:

Address Line 1

Address Line 2 (optional)

City

State (select from list)

Zip Code

4. Select the **Continue** button.

The web form proceeds to the CSR Reconciliation Reconsideration Request Error Type page.

Figure 4: Contact Information Page

Contact Information

Instructions

The Submitter and Alternate Contact must be different.

The red asterisk (*) indicates required fields.

Submitter Contact Information

* First Name:

Edward

* Last Name:

Payne

* Email Address:

epayne@ymail.com

* Job Title:

Administrator

* Phone Number:

(410) 555-1212

Phone Extension:

Alternate Contact Information

* First Name:

Peggy

* Last Name:

Haynes

* Email Address:

phaynes@ymail.com

* Job Title:

Assistant Administrator

* Phone Number:

(410) 555-1313

Phone Extension:

Company Mailing Address

* Address Line 1:

1212 Spring Valley Rd

Address Line 2:

* City:

Springfield

* State:

KY

* Zip Code:

02136

Back

Continue

4. Reconsideration Request Errors

There are three reconsideration error types: QHP ID Error, Exchange-assigned Subscriber ID Error, and Other – Error (other than QHP ID or Subscriber ID Errors).



Note: The option to submit reconsideration requests for different HIOS IDs within the selected benefit year is available on the web form Summary page.

4.1. Reconsideration Request Error Type Page

The Reconsideration Request Error Type page, as shown in Figure 5, requires entry of the HIOS ID for which you have error(s), and the selection of the error(s) related to that specific HIOS ID.

1. Enter the **HIOS ID** associated with the reconsideration request.
2. Select the check box for one or more of the Reconsideration Error Types (select all that apply):
 - QHP ID Error
 - Exchange-assigned Subscriber ID Error
 - Other Error (other than QHP ID or Exchange-assigned Subscriber ID Errors)
3. Select the **Continue** button.

The web form proceeds to the selected error type page.



Note: If multiple Reconsideration Error Types are selected for the HIOS ID, each selected Reconsideration Error Type opens in the following order: QHP ID Error Information page; Exchange Subscriber ID Error Information page; and Other Error Information page.

Figure 5: Reconsideration Request Error Type Page

Reconsideration Request Error Type

Instructions

The red asterisk (*) indicates required fields.

Reconsideration Request Start Date: 09/06/2017 04:33 PM
Benefit Year: 2016

- * Enter the HIOS ID associated with this reconsideration request:
- * Select one or more of the following Error Types for the HIOS ID entered:
- ☒ **QHP ID Error** – select if this request for reconsideration is related to one or more CSRIFIL67 errors
 - ☐ **Exchange-assigned Subscriber ID Error** - select if this request for reconsideration is related to one or more CSRIFIL50 errors
 - ☐ **Other Error** - select if this request for reconsideration is related to an error other than QHP ID or Exchange-assigned Subscriber ID Errors

Back Exit Continue

4.2. QHP ID Error Information Page

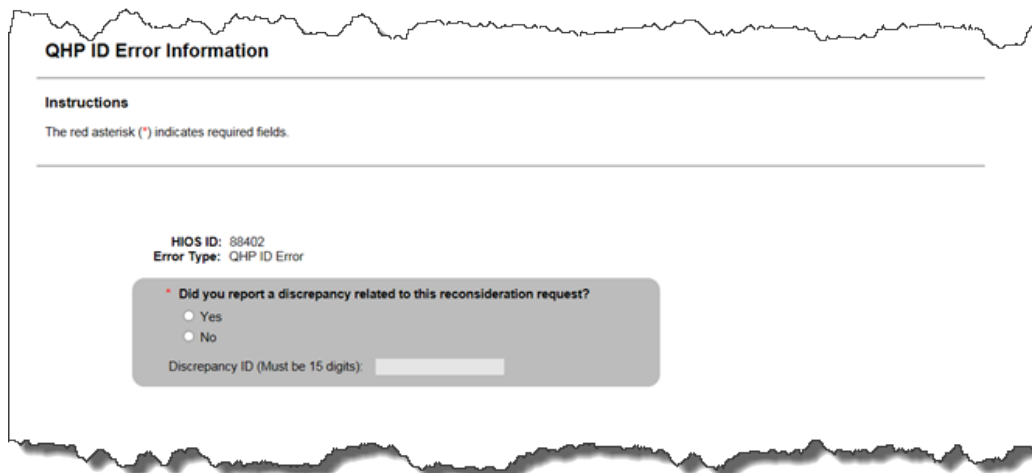
If QHP ID Error was selected as a CSR Reconciliation Reconsideration Request Error Type, the web form navigates to the QHP ID Error Information page.

1. Select **Yes** or **No** to the question, “Did you report a discrepancy related to this reconsideration request?”

Table 1: Navigation from the QHP ID Error Information Page

If	Then
Yes	<p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the Discrepancy ID field.</p> <ul style="list-style-type: none"> The Discrepancy ID is automatically assigned and can be located in the issuer's outbound EFT folder and the Discrepancy Resolution Decision the issuer received from CMS. <p>Continue to Step 2.</p>
No	Continue to Step 2.

Figure 6: QHP ID Error Discrepancy Reported



QHP ID Error Information

Instructions
The red asterisk (*) indicates required fields.

HIOS ID: 88402
Error Type: QHP ID Error

* Did you report a discrepancy related to this reconsideration request?

☐ Yes
☐ No

Discrepancy ID (Must be 15 digits):

- Select the check box for each Application Dispute Code that applies to the HIOS ID. Applicable Dispute Code options:
 - R01 – Exchange-assigned Subscriber ID rejected by CMS
 - R02 – QHP ID rejected by CMS
 - R03 – HHS processing error
 - R04 – HHS mathematical error for amount
 - R05 – HHS incorrect application of the relevant methodology
 - R06 – Issuer processing error
 - R07 – Issuer mathematical error for amount
 - R08 – Issuer incorrect application of the relevant methodology

- R09 – Claims data or policies submitted in the wrong benefit year
- R10 – Other
- R11 – Exchange-assigned Subscriber ID rejected by CMS and the issuer updated CSR provided in the discrepancy process
- R12 – Issuer initially submitted an incorrect Subscriber ID and provided a corrected ID in the discrepancy process
- R13 – Issuer did not submit the Subscriber ID(s) in the CSR Reconciliation data file submission to MIDAS and is submitting them for the first time in the discrepancy process

Figure 7: QHP ID Error Application Dispute Codes

* **Application Dispute Codes (select all that apply):**

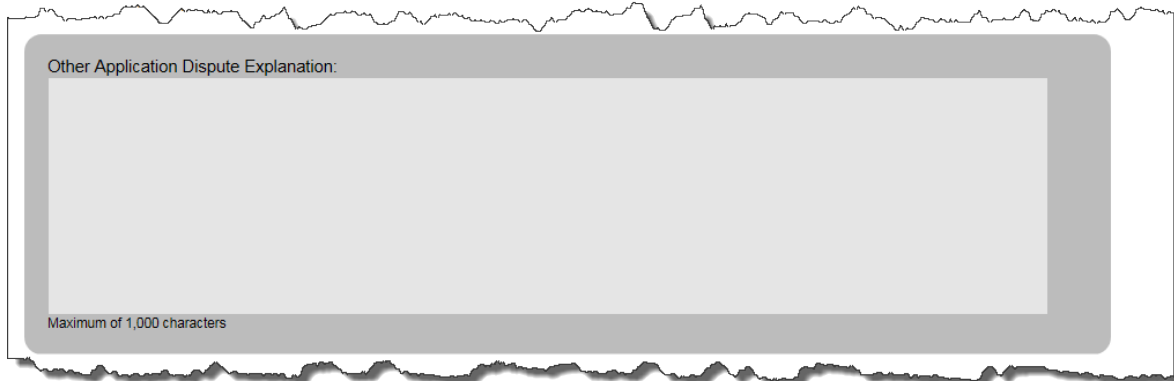
- ☐ R01 - Exchange-assigned Subscriber ID rejected by CMS
- ☐ R02 - QHP ID rejected by CMS
- ☐ R03 - HHS Processing Error
- ☐ R04 - HHS Mathematical Error for Amount
- ☐ R05 - HHS Incorrect application of the relevant methodology
- ☐ R06 - Issuer Processing Error
- ☐ R07 - Issuer Mathematical Error Amount
- ☐ R08 - Issuer Incorrect application of the relevant methodology
- ☐ R09 - Claims data or policies submitted for the wrong benefit year
- ☐ R10 - Other
- ☐ R11 - Exchange-assigned Subscriber ID rejected by CMS and the issuer updated CSR provided in the discrepancy process
- ☐ R12 - Issuer initially submitted an incorrect Subscriber ID and provided a corrected ID in the discrepancy process
- ☐ R13 - Issuer did not submit the subscriber ID(s) in the CSR Reconciliation data file submission to MIDAS and is submitting them for the first time in the discrepancy process

3. If **R10 – Other** was selected, provide a brief explanation of the reconsideration request in the Other Application Dispute Explanation field.



Note: The Other Application Dispute Explanation field only appears if R10-Other is selected as an Application Dispute Code.

Figure 8: QHP ID Error Other Application Dispute Explanation



Other Application Dispute Explanation:

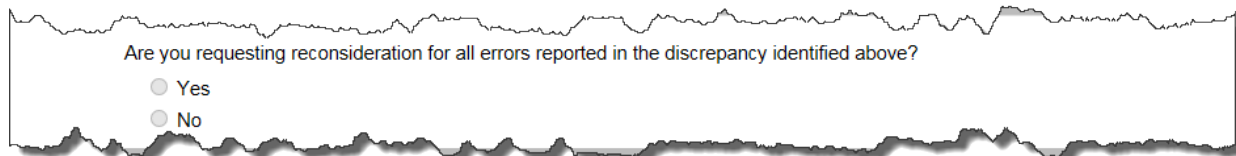
Maximum of 1,000 characters

4. If you reported a discrepancy related to this reconsideration request, select **Yes** or **No** to the question, “Are you requesting reconsideration for all errors reported in the discrepancy identified above?”



Note: The reconsideration request for all errors question only appears if you indicate that you reported a discrepancy related to this reconsideration request.

Figure 9: QHP ID Error Reconsideration Request for All Errors



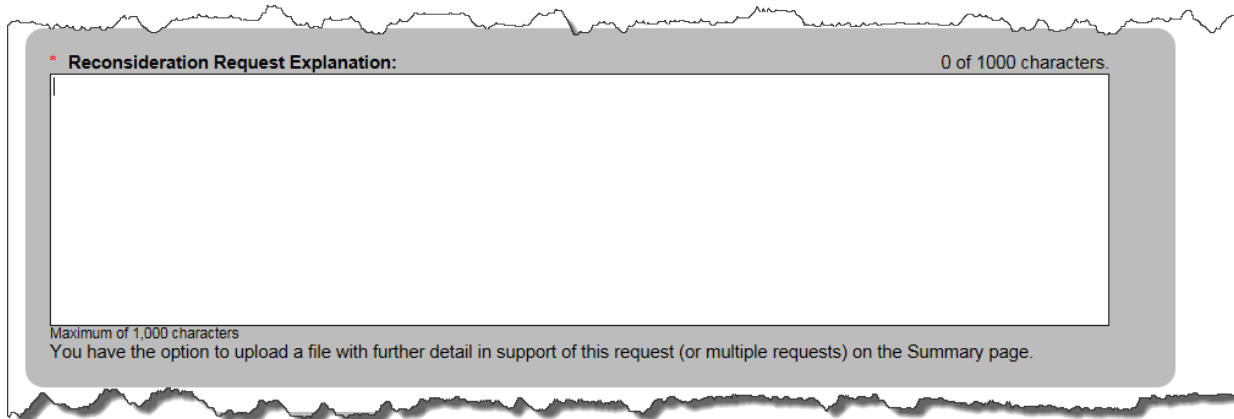
Are you requesting reconsideration for all errors reported in the discrepancy identified above?

☐ Yes

☐ No

5. Provide a brief explanation of the reconsideration request in the Reconsideration Request Explanation field.

Figure 10: QHP ID Error Reconsideration Request Explanation



*** Reconsideration Request Explanation:** 0 of 1000 characters.

Maximum of 1,000 characters
You have the option to upload a file with further detail in support of this request (or multiple requests) on the Summary page.



Note: You have the option to upload a file with further detail in support of this request (or multiple requests) on the Summary page.

6. Enter the **QHP ID(s)** for which you are requesting reconsideration in the designated field.



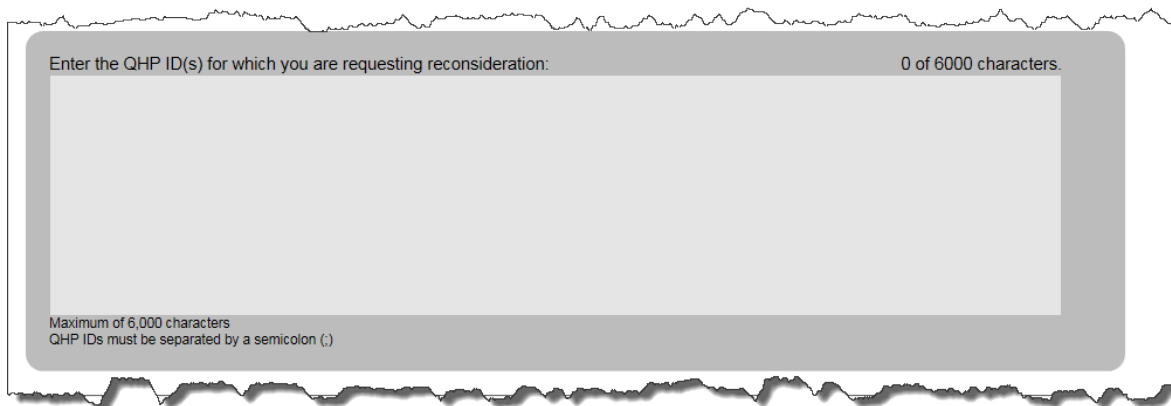
Note: The QHP ID(S) for which you are requesting reconsideration field will appear only if No was selected for either of the following questions:

- Did you report a discrepancy related to this Reconsideration Request?
- Are you requesting reconsideration for all of the errors reported in the discrepancy identified above?



The QHP IDs must be separated by a semicolon (;).

Figure 11: QHP ID(s) for Reconsideration



Enter the QHP ID(s) for which you are requesting reconsideration: 0 of 6000 characters.

Maximum of 6,000 characters
QHP IDs must be separated by a semicolon (;)

7. Review the **Unapproved Disputed CSR Amount**.



Note: The unapproved disputed CSR amount is the maximum amount the issuer is permitted to appeal. If you are trying to appeal an amount that is greater than the unapproved disputed CSR amount, your appeal may not be considered without prior approval from CMS. Please email CSRreconquestions@cms.hhs.gov with your request.

8. Enter the amount you wish to appeal in the **CSR Amount Appealed** field.

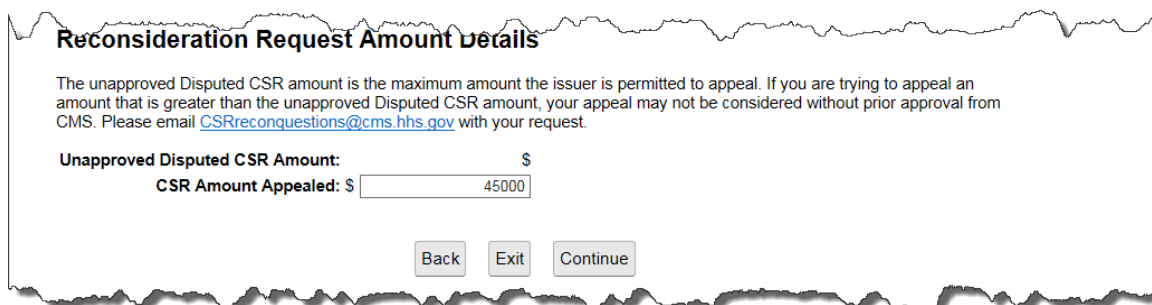
Table 2: Reconsideration Request CSR Amount Appealed Guidelines

If	Then
You are requesting a reconsideration because your charge amount is greater than expected or your payment amount is lower than expected	Enter a positive number in the CSR Amount Appealed field.
You are requesting a reconsideration because your payment is greater than expected or your charge amount is lower than expected	Enter a negative number in the CSR Amount Appealed field.

9. Select the **Continue** button.

The web form navigates to the next selected reconsideration request type error page. If no other error types were selected, the web form navigates to the Summary page.

Figure 12: QHP ID Error Reconsideration Request Amount Details



Reconsideration Request Amount Details

The unapproved Disputed CSR amount is the maximum amount the issuer is permitted to appeal. If you are trying to appeal an amount that is greater than the unapproved Disputed CSR amount, your appeal may not be considered without prior approval from CMS. Please email CSRreconquestions@cms.hhs.gov with your request.

Unapproved Disputed CSR Amount: \$

CSR Amount Appealed: \$

Back Exit Continue

4.3. Exchange-Assigned Subscriber ID Error Information Page

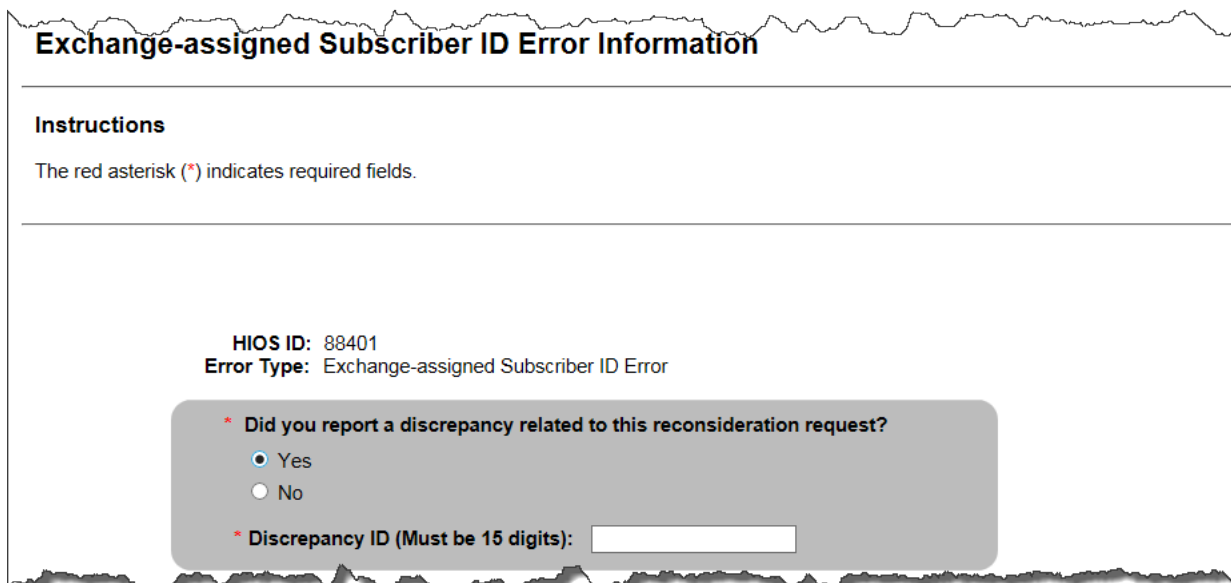
If Exchange-assigned Subscriber ID Error is selected as a CSR Reconciliation Reconsideration Error Type, then the web form navigates to the Exchange-Assigned Subscriber ID Error Information page.

1. Select **Yes** or **No** to the question, “Did you report a discrepancy related to this reconsideration request?”

Table 3: Navigation from the Exchange-Assigned Subscriber ID Error Information Page

If	Then
Yes	<p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the Discrepancy ID field.</p> <ul style="list-style-type: none"> The Discrepancy ID is automatically assigned and can be located in the issuer’s outbound EFT folder and the Discrepancy Resolution Decision the issuer received from CMS. <p>Continue to Step 2.</p>
No	Continue to Step 2.

Figure 13: Exchange-Assigned Subscriber ID Error Discrepancy Reported



Exchange-assigned Subscriber ID Error Information

Instructions

The red asterisk (*) indicates required fields.

HIOS ID: 88401
Error Type: Exchange-assigned Subscriber ID Error

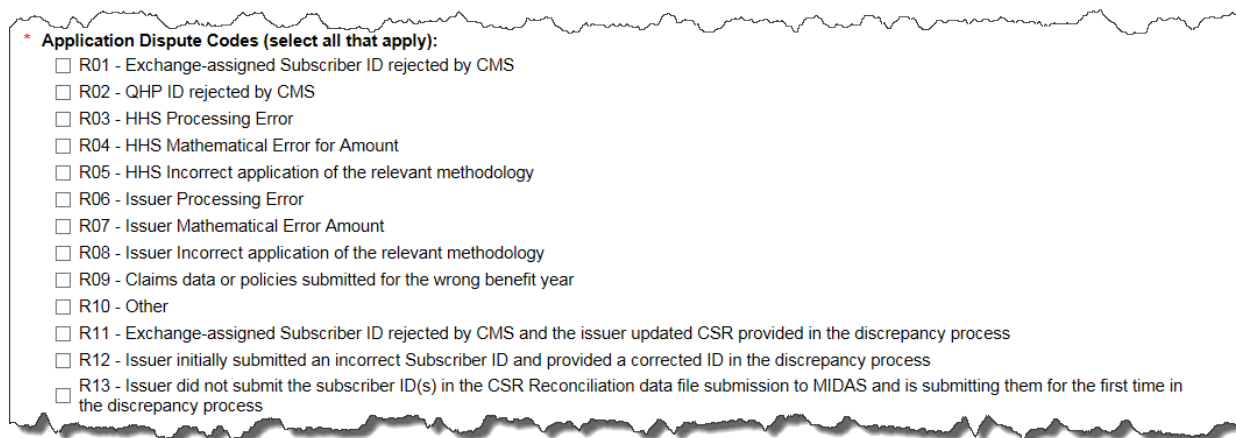
* Did you report a discrepancy related to this reconsideration request?

☒ Yes
☐ No

* Discrepancy ID (Must be 15 digits):

3. Select the check box for each Application Dispute Code that applies to the HIOS ID. Applicable Dispute Code options:
- R01 – Exchange-assigned Subscriber ID rejected by CMS
 - R02 – QHP ID rejected by CMS
 - R03 – HHS processing error
 - R04 – HHS mathematical error for amount
 - R05 – HHS incorrect application of the relevant methodology
 - R06 – Issuer processing error
 - R07 – Issuer mathematical error for amount
 - R08 – Issuer incorrect application of the relevant methodology
 - R09 – Claims data or policies submitted for the wrong benefit year
 - R10 – Other
 - R11 – Exchange-assigned Subscriber ID rejected by CMS and the issuer updated CSR provided in the discrepancy process
 - R12 – Issuer initially submitted an incorrect Subscriber ID and provided a corrected ID in the discrepancy process
 - R13 – Issuer did not submit the Subscriber ID(s) in the CSR Reconciliation data file submission to MIDAS and is submitting them for the first time in the discrepancy process

Figure 14: Exchange-Assigned Subscriber ID Error Application Dispute Codes



* **Application Dispute Codes (select all that apply):**

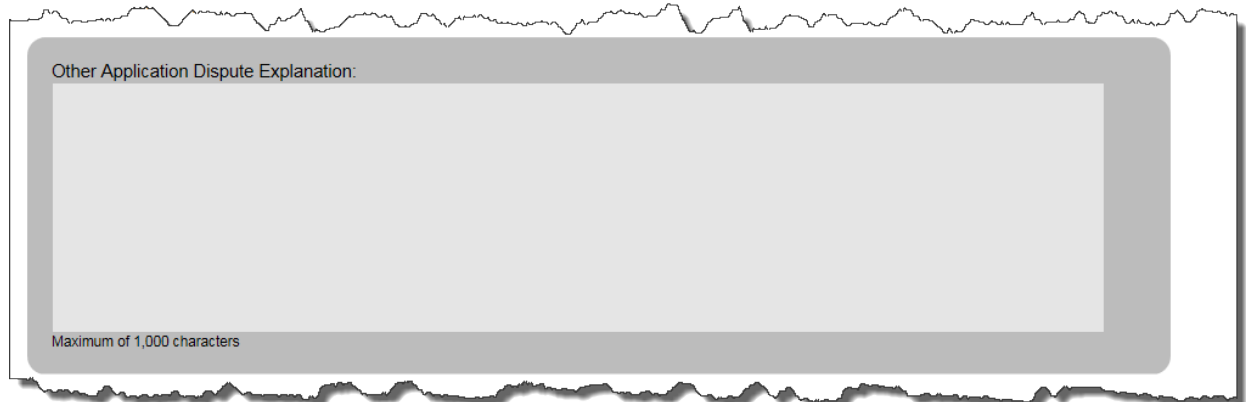
- ☐ R01 - Exchange-assigned Subscriber ID rejected by CMS
- ☐ R02 - QHP ID rejected by CMS
- ☐ R03 - HHS Processing Error
- ☐ R04 - HHS Mathematical Error for Amount
- ☐ R05 - HHS Incorrect application of the relevant methodology
- ☐ R06 - Issuer Processing Error
- ☐ R07 - Issuer Mathematical Error Amount
- ☐ R08 - Issuer Incorrect application of the relevant methodology
- ☐ R09 - Claims data or policies submitted for the wrong benefit year
- ☐ R10 - Other
- ☐ R11 - Exchange-assigned Subscriber ID rejected by CMS and the issuer updated CSR provided in the discrepancy process
- ☐ R12 - Issuer initially submitted an incorrect Subscriber ID and provided a corrected ID in the discrepancy process
- ☐ R13 - Issuer did not submit the subscriber ID(s) in the CSR Reconciliation data file submission to MIDAS and is submitting them for the first time in the discrepancy process

4. If **R10 – Other** was selected, provide a brief explanation of the reconsideration request in the Other Application Dispute Explanation field.



Note: The Other Application Dispute Explanation field will not appear if R10-Other was not selected.

Figure 15: Exchange-Assigned Subscriber ID Error Other Application Dispute Explanation



Other Application Dispute Explanation:


Maximum of 1,000 characters

5. If you reported a discrepancy related to this reconsideration request, select **Yes** or **No** to the question, "Are you requesting reconsideration for all errors reported in the discrepancy identified above?"



Note: The reconsideration request for all errors question will not appear if you did not report a discrepancy related to this reconsideration request.

Figure 16: Exchange-Assigned Subscriber ID Error Reconsideration Request for All Errors



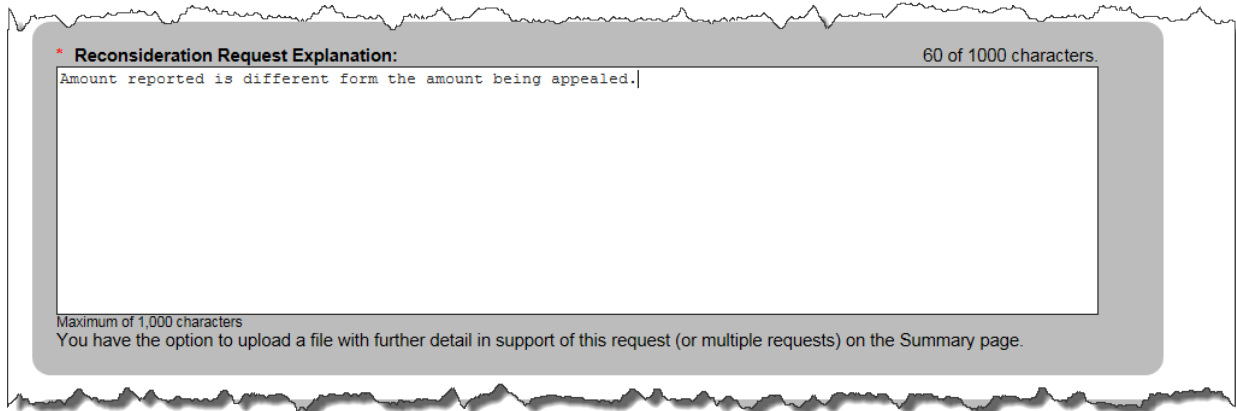
Are you requesting reconsideration for all errors reported in the discrepancy identified above?

☐ Yes

☐ No

6. Provide a brief explanation of the reconsideration request in the Reconsideration Request Explanation field.

Figure 17: Exchange-Assigned Subscriber ID Error Reconsideration Request Explanation



*** Reconsideration Request Explanation:** 60 of 1000 characters.

Amount reported is different form the amount being appealed.

Maximum of 1,000 characters
You have the option to upload a file with further detail in support of this request (or multiple requests) on the Summary page.

7. Enter the **Exchange-assigned Subscriber ID(s)** for which you are requesting reconsideration in the designated field.



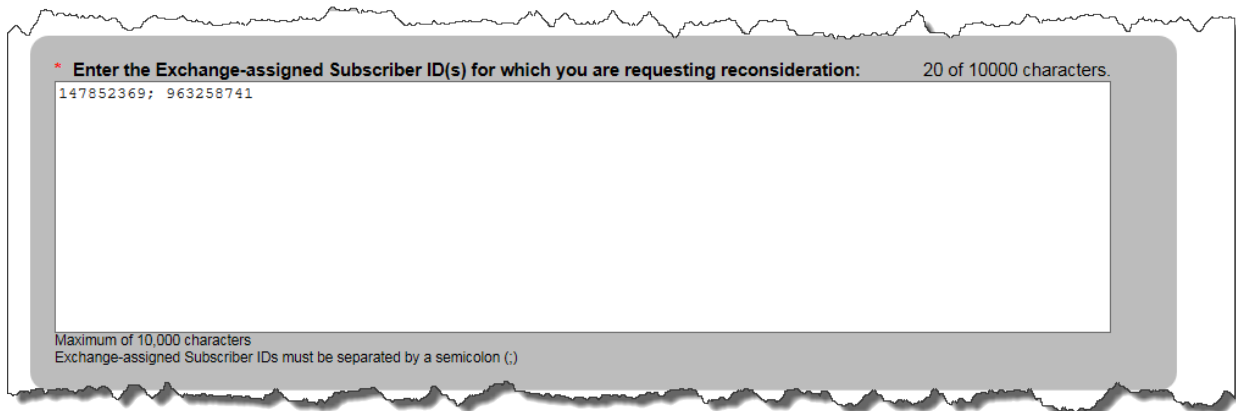
Note: The Exchange-assigned Subscriber ID(s) for which you are requesting reconsideration field will appear only if No was selected for either of the following questions:

- Did you report a discrepancy related to this Reconsideration Request?
- Are you requesting reconsideration for all of the errors reported in the discrepancy identified above?



The Exchange-assigned Subscriber ID(s) must be separated by a semicolon (;).

Figure 18: Exchange-assigned Subscriber ID(s) for Reconsideration



*** Enter the Exchange-assigned Subscriber ID(s) for which you are requesting reconsideration:** 20 of 10000 characters.

147852369; 963258741

Maximum of 10,000 characters
Exchange-assigned Subscriber IDs must be separated by a semicolon (;)

8. Review the **Unapproved Disputed CSR Amount**.



Note: The unapproved disputed CSR amount is the maximum amount the issuer is permitted to appeal. If you are trying to appeal an amount that is greater than the unapproved disputed CSR amount, your appeal may not be considered without prior approval from CMS. Please email CSRreconquestions@cms.hhs.gov with your request.

9. Enter the amount you wish to appeal in the CSR Amount Appealed field.

Table 4: Reconsideration Request CSR Amount Appealed Guidelines

If	Then
You are requesting a reconsideration because your charge amount is greater than expected or your payment amount is lower than expected	Enter a positive number in the CSR Amount Appealed field.
You are requesting a reconsideration because your payment is greater than expected or your charge amount is lower than expected	Enter a negative number in the CSR Amount Appealed field.

10. Select the **Continue** button.

The web form navigates to the next selected reconsideration request type error page. If no other error types were selected, the web form navigates to the Summary page.

Figure 19: Exchange-assigned Subscriber ID(s) Error Reconsideration Request Amount Details

Reconsideration Request Amount Details

The unapproved Disputed CSR amount is the maximum amount the issuer is permitted to appeal. If you are trying to appeal an amount that is greater than the unapproved Disputed CSR amount, your appeal may not be considered without prior approval from CMS. Please email CSRreconquestions@cms.hhs.gov with your request.

Unapproved Disputed CSR Amount: \$ 500,000.00

CSR Amount Appealed: \$

4.4. Other Error Information Page

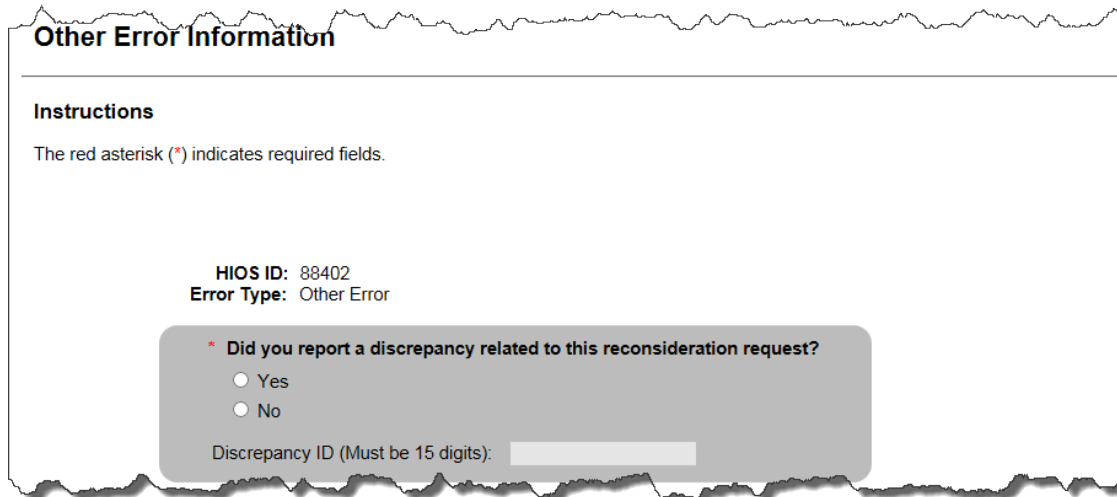
If Other Error is selected as a CSR Reconciliation Reconsideration Error Type, then the web form navigates to the Other Error Information page.

1. Select **Yes** or **No** to the question, “Did you report a discrepancy related to this reconsideration request?”

Table 5: Navigation to the Other Error Information field

If	Then
Yes	<p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the Discrepancy ID field.</p> <ul style="list-style-type: none"> The Discrepancy ID is automatically assigned and can be located in the issuer’s outbound EFT folder and the Discrepancy Resolution Decision the issuer received from CMS. <p>Continue to Step 2.</p>
No	Continue to Step 2.

Figure 20: Other Error Discrepancy Reported



Other Error Information

Instructions

The red asterisk (*) indicates required fields.

HIOS ID: 88402
Error Type: Other Error

* Did you report a discrepancy related to this reconsideration request?

☐ Yes
☐ No

Discrepancy ID (Must be 15 digits):

2. Select the check box for each Application Dispute Code that applies to the HIOS ID. Applicable Dispute Code options:
 - R01 – Exchange-assigned Subscriber ID rejected by CMS
 - R02 – QHP ID rejected by CMS
 - R03 – HHS processing error

- R04 – HHS mathematical error for amount
- R05 – HHS incorrect application of the relevant methodology
- R06 – Issuer processing error
- R07 – Issuer mathematical error for amount
- R08 – Issuer incorrect application of the relevant methodology
- R09 – Claims data or policies submitted in the wrong benefit year
- R10 – Other
- R11 – Exchange-assigned Subscriber ID rejected by CMS and the issuers updated CSR provided in the discrepancy process
- R12 – Issuer initially submitted an incorrect Subscriber ID and provided a corrected ID in the discrepancy process
- R13 – Issuer did not submit the Subscriber ID(s) in the CSR Reconciliation data file submission to MIDAS and is submitting them for the first time in the discrepancy process

Figure 21: Other Error Application Dispute Codes

* **Application Dispute Codes (select all that apply):**

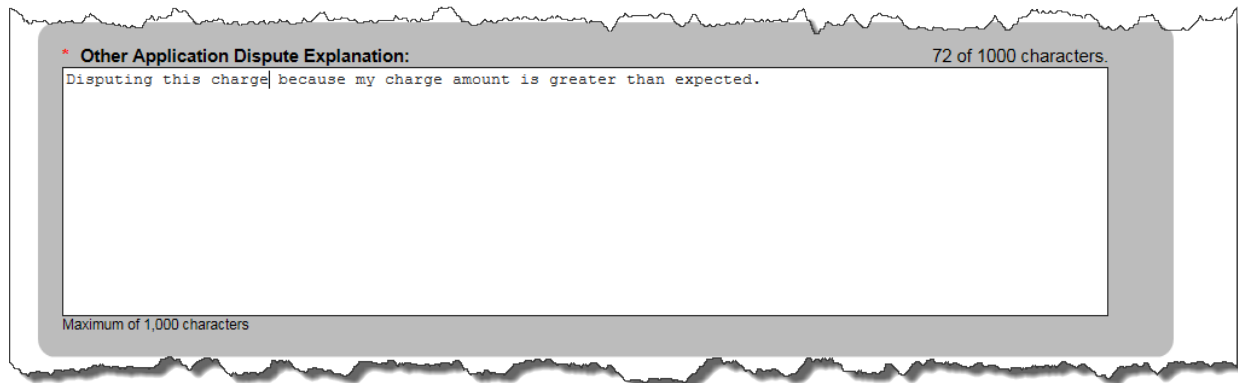
- ☐ R01 - Exchange-assigned Subscriber ID rejected by CMS
- ☐ R02 - QHP ID rejected by CMS
- ☐ R03 - HHS Processing Error
- ☐ R04 - HHS Mathematical Error for Amount
- ☐ R05 - HHS Incorrect application of the relevant methodology
- ☐ R06 - Issuer Processing Error
- ☐ R07 - Issuer Mathematical Error Amount
- ☐ R08 - Issuer Incorrect application of the relevant methodology
- ☐ R09 - Claims data or policies submitted for the wrong benefit year
- ☐ R10 - Other
- ☐ R11 - Exchange-assigned Subscriber ID rejected by CMS and the issuer updated CSR provided in the discrepancy process
- ☐ R12 - Issuer initially submitted an incorrect Subscriber ID and provided a corrected ID in the discrepancy process
- ☐ R13 - Issuer did not submit the subscriber ID(s) in the CSR Reconciliation data file submission to MIDAS and is submitting them for the first time in the discrepancy process

3. If **R10 – Other** was selected, provide a brief explanation of the reconsideration request in the Other Application Dispute Explanation field.



Note: The Other Application Dispute Explanation field will not appear if R10-Other was not selected.

Figure 22: Other Error Application Dispute Explanation



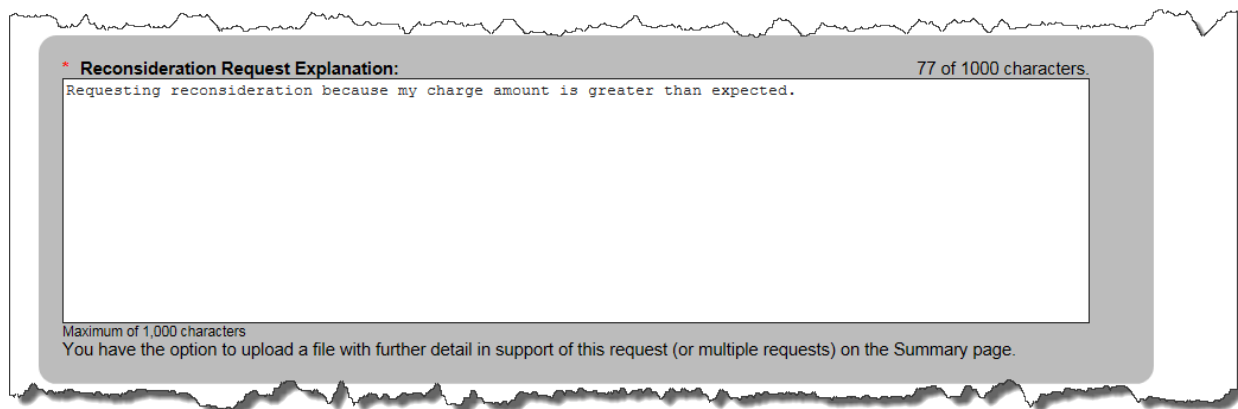
* **Other Application Dispute Explanation:** 72 of 1000 characters.

Disputing this charge because my charge amount is greater than expected.

Maximum of 1,000 characters

4. Provide a brief explanation of the reconsideration request in the **Reconsideration Request Explanation** field.

Figure 23: Other Error Reconsideration Request Explanation




* **Reconsideration Request Explanation:** 77 of 1000 characters.

Requesting reconsideration because my charge amount is greater than expected.

Maximum of 1,000 characters
You have the option to upload a file with further detail in support of this request (or multiple requests) on the Summary page.

5. Review the **Unapproved Disputed CSR Amount**.

 **Note:** The unapproved disputed CSR amount is the maximum amount the issuer is permitted to appeal. If you are trying to appeal an amount that is greater than the unapproved disputed CSR amount, your appeal may not be considered without prior approval from CMS. Please email CSRreconquestions@cms.hhs.gov with your request.

6. Enter the amount you wish to appeal in the **CSR Amount Appealed** field.

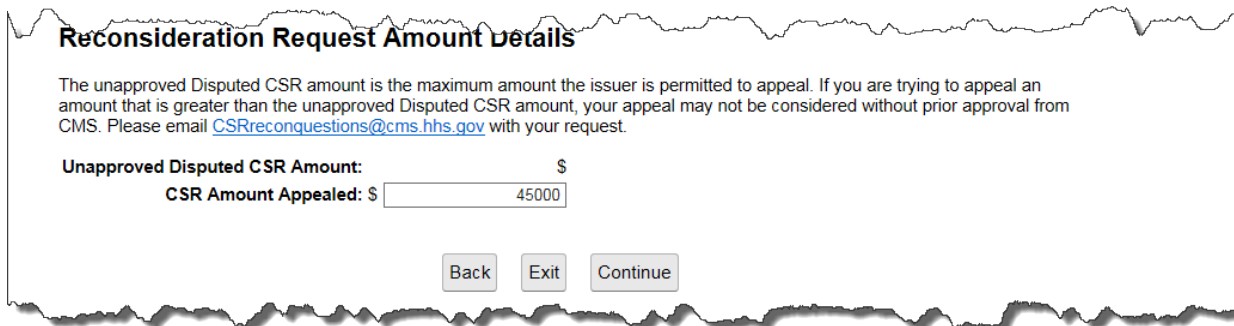
Table 6: Reconsideration Request CSR Amount Appealed Guidelines

If	Then
You are requesting a reconsideration because your charge amount is greater than expected or your payment amount is lower than expected	Enter a positive number in the CSR Amount Appealed field.
You are requesting a reconsideration because your payment is greater than expected or your charge amount is lower than expected	Enter a negative number in the CSR Amount Appealed field.

7. Select the **Continue** button.

The web form navigates to the Summary page.

Figure 24: Other Error Reconsideration Request Amount Details



Reconsideration Request Amount Details

The unapproved Disputed CSR amount is the maximum amount the issuer is permitted to appeal. If you are trying to appeal an amount that is greater than the unapproved Disputed CSR amount, your appeal may not be considered without prior approval from CMS. Please email CSRreconquestions@cms.hhs.gov with your request.

Unapproved Disputed CSR Amount: \$

CSR Amount Appealed: \$

5. Summary Page

Review the Summary page for the specified benefit year. On this page, you can view, edit, and delete reconsideration request information; upload and edit attachments; review and edit contact information; and initiate additional requests for reconsideration for the specified benefit year.

5.1. Reconsideration Request Summary Table

Use the Reconsideration Request Summary table to view, edit or delete reconsideration request(s).

1. Review the Reconsideration Request Summary table to confirm:

- Accurate reconsideration request information was entered
- HIOS ID(s) entered correctly

For each Reconsideration ID, select **View**, **Edit**, or **Delete** from the Action column to view, edit, or delete a reconsideration request.

Figure 25: Reconsideration Request Summary Table

Summary

Reconsideration Request Summary

Benefit Year: 2016
Discrepancy POC Email Address: deborah.zebina@csra.com


Select the link next to the Request ID to **View**, **Edit**, or **Delete** the corresponding reconsideration request. You will be permitted to upload attachments in support of the reconsideration request(s) in the Attachments Summary section below.

Action	Request ID	HIOS ID	Error Type	Unapproved Disputed CSR Amount	CSR Amount Appealed
View Edit Delete	0204	88402	QHP ID	\$ 0.00	\$ 45,000.00


Attachment(s) Summary

5.2. Attachment Summary

The option to upload a file(s) in support of a reconsideration request or to provide further information is available from the Upload Attachments page, as shown in Figure 26. Please note that uploaded files must NOT contain any protected health information (PHI) or personally identifiable information (PII). Files containing PHI or PII are deleted and not considered as part of a reconsideration request. The maximum file size for uploaded files is 10 MB, and there is a limit of 10 attachments per reconsideration request.



Uploaded files must NOT contain any protected health information (PHI) or personally identifiable information (PII). Files containing PHI or PII are deleted and not considered as part of a reconsideration request.



Note: Maximum file size for uploaded files is 10 MB. Up to 10 files may be uploaded to a reconsideration request.

1. On the Summary page, select the **Upload Attachments** button.
2. On the Upload Attachments page, select the check box next to a **Reconsideration ID**, at least one (1) Reconsideration ID must be selected.

The selected Reconsideration ID(s) is linked to the uploaded file. Select as many Reconsideration IDs as apply to the uploaded file.

3. Select the **Browse** button in the Upload a File section.
4. Select the file for upload (the file name will appear in the Upload a File field).
5. Select the **Upload Attachment** button.
6. The uploaded file appears in the Attachment Summary table at the bottom of the page. Select **View**, **Edit**, or **Delete** from the Action column to view, edit or delete an attached file.
7. Repeat Steps 2-5 to upload additional files.
8. Select the **Save & Return** button to save the changes and return to the Summary page.

Figure 26: Upload Attachments Page

Upload Attachments

Instructions

The red asterisk (*) indicates required fields.

* Select at least one Request ID to link to the attachment(s).

Select	Request ID	HIOS ID	Error Type	File(s) Uploaded
<input type="checkbox"/>	0204	88402	QHP ID	

Please note: Uploaded files must **NOT** contain any protected health information (PHI) or personally identifiable information (PII). Files containing PHI or PII will be deleted and not considered as part of the reconsideration request filing.

Upload a File

Max Size: 10 MB
Limit: 10 files per reconsideration

The following file(s) have been uploaded. Select the Action link next to the attachment to view, edit, or delete the selected attachment. Once all attachments have been uploaded, select the **Save & Return** button to save your updates and return to the Summary page.

Attachment(s) Summary

Action	File Name	File Size	Associated Request ID(s)
--------	-----------	-----------	--------------------------

5.2.1. Edit Attachments

Attachments may be edited from the Attachments Summary section of the Summary page or the Upload Attachments page list of attached files.

1. Select the **Edit** link from the Action column.
2. On the Edit Attachments page (see Figure 27), select or de-select the check box in the **Associated Reconsideration ID** column to edit the HIOS IDs association with the file.
3. Select the **Save & Return** button to save the changes and return to the previous page.
4. Repeat Steps 1-3 to edit additional attachments.

Figure 27: Edit Attachments Page

Edit Attachments

Select or de-select the check box next to the Request ID(s) to indicate which requests are associated with the listed file. Select the **Save & Return** button to save your selection and return to the Upload Attachments page.

File Name	Associated Request ID(s)	HIOS ID	Error Type
Capture.PNG	<input checked="" type="checkbox"/> 0204	88402	QHP ID

Cancel
Save & Return

5.3. Contact Information

Review the Contact Information section on the Summary page for accuracy. To edit Contact Information, select the **Edit Contact Information** button.

Figure 28: Contact Information

Contact Information

Select the **Edit Contact Information** button to update/edit contact information.

The red asterisk (*) indicates required fields.

Submitter Contact Information

* First Name:	Edward	* Last Name:	Payne
* Email Address:	epayne@ymail.com	* Job Title:	Administrator
* Phone Number:	(410) 555-1212	Phone Extension:	

Alternate Contact Information

* First Name:	Peggy	* Last Name:	Haynes
* Email Address:	pahaynes@ymail.com	* Job Title:	Assistant Administrator
* Phone Number:	(410) 555-1313	Phone Extension:	

Company Mailing Address

* Address Line 1:	1212 Spring Valley Rd		
Address Line 2:			
* City:	Springfield	* State:	KY
* Zip Code:	02136		

[Edit Contact Information](#)

5.4. Additional Requests for Reconsideration

1. Select **Yes** or **No** to the question, “Do you have additional requests for reconsideration for this benefit year?”



Note: Select **Yes** if you wish to submit a reconsideration request for another HIOS ID for the same benefit year.

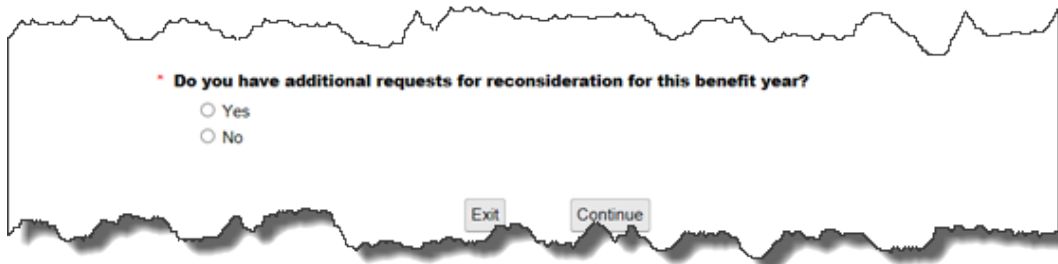
If	Then
Yes	The web form proceeds to the Reconsideration Request Error Type page for HIOS ID entry (see Section 4). Continue to Step 2.
No	The web form proceeds to the Attester Details page (see Section 6). Continue to Step 2.

2. Select the **Continue** button.



Selecting the Exit button on the Summary page displays a popup, which notes that all session data will be lost. Select Cancel to return to the Summary page if you do not intend to exit.

Figure 29: Additional Requests for Reconsideration



The screenshot shows a web form with the following content:

- A red asterisk followed by the text: "Do you have additional requests for reconsideration for this benefit year?"
- Two radio button options: "Yes" and "No".
- At the bottom right, there are two buttons: "Exit" and "Continue".

6. Submitting an Attestation

This section reviews the completion of the Attestation page and details how to review and print Confirmation of the reconsideration request web form submission (see Figure 30).



Note: The individual providing the attestation must be someone with the authority to legally and financially bind the company. This person is not required to be the Submitter, Alternate contact, or CEO. This individual does not have to personally complete these steps.

1. Thoroughly review the Attestation statement in its entirety.
2. Select the check box next to the Attestation statement to indicate agreement.
3. Complete the Attester Details section with the following information:
 - First Name
 - Last Name
 - Email Address
 - Job Title
 - Phone Number
 - Phone Extension (optional)



Note: The individual providing the attestation must be someone who can legally and financially bind the company. This individual does not have to personally complete these steps. This person is not required to be the Submitter, Alternate Contact, or CEO.

4. Select the **Submit** button.

Figure 30: Attestation Page

Attestation

Instructions

Prior to completing the request for reconsideration process, an individual with the authority to legally and financially bind the company must attest to the information submitted in this web form. To attest, the submitter must select the check box next to the attestation and complete the Attester Details. Please note that the individual completing the web form does not need to be the attester; however, the attester must be aware of the Request for Reconsideration submission, as they will be an individual whom CMS contacts if CMS identifies an issue or has questions.

The red asterisk (*) indicates required fields.

Attestation

* ☒ I am making this attestation on behalf of my company, for which I am submitting the request(s) for reconsideration. I certify that I am an individual with the legal and financial authority to bind my company. I certify that the information I am providing is true, correct, and complete. If my company becomes aware that any of the information contained on this Request for Reconsideration form or submitted in support of this request for reconsideration is untrue, incorrect, or incomplete, my company will promptly inform CMS. If CMS identifies an issue or has questions about the information being submitted, I agree to be the point of contact for responding to such questions.

Attester Details ?

<p>* First Name: <input type="text" value="Edward"/></p> <p>* Email Address: <input type="text" value="epayne@gmail.com"/></p> <p>* Phone Number: <input type="text" value="(410) 555-1212"/></p>	<p>* Last Name: <input type="text" value="Payne"/></p> <p>* Job Title: <input type="text" value="Administrator"/></p> <p>Phone Extension: <input type="text"/></p>
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By selecting the **Submit** button, your data will be saved and your attestation submitted. You may make edits, submit additional requests for reconsideration, or upload additional attachments until **11:59 p.m. ET on Tuesday, October 31, 2017.**

6.1. Confirmation

An acknowledgement email will be sent from ACAfinancialappeals@cms.hhs.gov to the email addresses listed on the Confirmation page, as shown in Figure 31. Please save and print the PDF of the confirmation for your records. The PDF is the formal confirmation of reconsideration request submission.

1. Select the **PDF** button to print/save the confirmation for your records.
2. Once the confirmation is printed and/or saved, select the **Exit** button to exit the web form.



Note: To submit a CSR Reconciliation request for reconsideration for another benefit year, please complete another web form by accessing the ACA Request for Reconsideration web page:
<https://acapaymentoperations.secure.force.com/ACAReconsideration/>.

Figure 31: Confirmation Page

Confirmation

Warning: Please print your PDF for your records before selecting the Exit button.

Thank you for your submission.

Note: If you need to submit a request for reconsideration for another benefit year, you must select the following link to return to the Welcome page to complete a new web form for that benefit year: <https://acapaymentoperations.secure.force.com/CSRReconReconsideration/>.

An acknowledgement email has been sent to the email addresses provided. Print and save the PDF document for your records; it is formal confirmation of attestation and submission of the Reconciliation of Cost-Sharing Reduction Request for Reconsideration web form for the benefit year submitted. Please direct any questions to CSRreconquestions@cms.hhs.gov.

Submission End Time: 09/06/2017 05:50 PM

Acknowledgement email and submission information sent to the following email addresses:

epayne@ymail.com
phaynes@ymail.com
deborah.zebina@csra.com

Print/Save

Select the **PDF** button to generate a PDF confirmation that contains the HIOS ID number(s) for the benefit year for which you submitted a request for reconsideration. It is recommended that you print and save this document for your records.

PDF

Exit