

ACA Financial Appeals – Request for Reconsideration (Risk Adjustment and Reinsurance) for the 2015 Benefit Year Quick Start Guide

Resources

The following 2015 benefit year risk adjustment and reinsurance request for reconsideration resources are available for review or download:

- ACA Request for Reconsideration web page to access the Risk Adjustment (including Risk Adjustment Default Charge and Risk Adjustment User Fee) and Reinsurance web form: <https://acapaymentoperations.secure.force.com/ACAReconsideration/>
- Download and review the Request for Reconsideration webinar training materials from the REGTAP library in the “ACA Financial Appeals” Program Area: <https://www.regtap.info>

1 Introduction

All issuers of risk adjustment covered plans and reinsurance-eligible plans are permitted to file a request for reconsideration for the 2015 benefit year only to contest a processing error by HHS, HHS’s incorrect application of the relevant methodology, or HHS’s mathematical error with respect to the amount of a reinsurance payment or risk adjustment payment or charge, including the risk adjustment user fee or risk adjustment default charge amount. For the 2015 benefit year, issuers will file their request(s) for reconsideration at a company level and will have the ability to select multiple HIOS IDs for a single reconsideration.

CMS developed the ACA Request for Reconsideration web page to provide a link to various web forms to request reconsideration for various ACA financial programs. Please note that the ACA Request for Reconsideration web page, in addition to having a link for the Risk Adjustment (including Risk Adjustment Default Charge and Risk Adjustment User Fee) and Reinsurance Reconsideration web form, contains links to access the Cost-Sharing Reduction Reconciliation and Risk Corridors Reconsideration Request web forms. The web forms for each of the various programs will only be available during the regulatorily mandated timeframes.

This document is a step-by-step guide to log in, complete, and submit the request for reconsideration within the Risk Adjustment (including Risk Adjustment Default Charge and Risk Adjustment User Fee) and Reinsurance Reconsideration web form for a company’s HIOS ID(s).

To begin, the Risk Adjustment (including Risk Adjustment Default Charge and Risk Adjustment User Fee) and Reinsurance Reconsideration web form requires the CEO Designate email address to determine the HIOS ID(s) for which each organization can request for reconsideration. Each organization’s CEO Designate and alternate contact will receive a notification email containing information about the Risk Adjustment and Reinsurance Reconsideration reporting process on Thursday, June 30, 2016. This email will contain a link to

the ACA Request for Reconsideration web page, providing access to the Risk Adjustment (including Risk Adjustment Default Charge and Risk Adjustment User Fee) and Reinsurance web form.



For the 2015 benefit year risk adjustment and reinsurance programs, you have **30 calendar days** to file a request for reconsideration from June 30, 2016. Therefore, you must file a request for reconsideration no later than 11:59 p.m. ET on Monday, August 1, 2016.



The web form provides the option to save and exit from specific pages. You do not need to complete the entire reporting process in a single session. However, **you must complete any and all requests for reconsideration for the 2015 benefit year by 11:59 p.m. ET on Monday, August 1, 2016.**

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. Please note that the ACA Request for Reconsideration web page, in addition to having a link for the Risk Adjustment (including Risk Adjustment Default Charge and Risk Adjustment User Fee) and Reinsurance Reconsideration web form, contains links to access the Cost-Sharing Reduction Reconciliation and Risk Corridors reconsideration request web forms. The Cost-Sharing Reduction Reconciliation and Risk Corridors reconsideration request web forms are currently not accessible. **Ensure that the Risk Adjustment (including Risk Adjustment Default Charge and Risk Adjustment User Fee) and Reinsurance Reconsideration Web Form link is selected**, as shown in Figure 1.

Figure 1: ACA Request for Reconsideration Page



ACA Request for Reconsideration Page

Instructions

Select the 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, 2016 through August 1, 2016 at 11:59pm ET.

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

Access is available from July 15, 2016 through August 29, 2016 at 11:59pm ET.

[Risk Corridors Reconsideration Request Web Form](#)

Access is available in the Fall and an announcement will be made when the web form is open.

3 Welcome Page

Upon selecting the Risk Adjustment (including Risk Adjustment Default Charge and Risk Adjustment User Fee) and Reinsurance Reconsideration web form link in the ACA Request for Reconsideration web page, you are directed to the Welcome page of that web form, as shown in Figure 2. If your company has not created an access code for the Reconsideration Request process, select the **Create Access Code** button (See [Section 3.1](#)). Returning users log in using the CEO Designate email address and access code created during a prior session (See [Section 3.2](#)).

Figure 2: Risk Adjustment & Reinsurance Reconsideration Web Form



[Guidance](#)

Welcome Page

Welcome to the Risk Adjustment & Reinsurance Reconsideration Web Form

This web form allows you to request a reconsideration, and/or upload additional information requested by CMS for the 2015 benefit year. To complete this process, you must have access to the contact information for your company's CEO and CEO designate.

Instructions

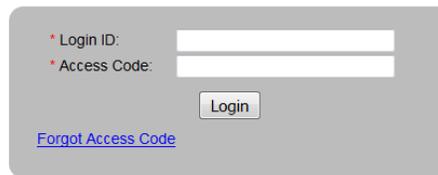
My company has not created an Access Code

Select the **Create Access Code** button to create an Access Code for the Reconsideration Request process.

My company has an Access Code

Enter the CEO Designate email address in the Login ID field and the access code you created in a previous session in the Access Code field, and then select the **Login** button.

If you forgot your access code, select the **Forgot Access Code** link to reset your access code.



* Login ID:
* Access Code:

[Forgot Access Code](#)

Note: If your company's CEO Designate changed after June 30, 2016, you **must** contact edge_server_data@cms.hhs.gov to advise CMS of this update. You will not be able to complete this process until the update to the CEO Designate has been completed.

Figure 3: Create Access Code Button

Instructions

My company has not created an Access Code

Select the **Create Access Code** button to create an Access Code for the Reconsideration Request process.



If your company's CEO Designate changes after June 30, 2016, you **must** contact edge_server_data@cms.hhs.gov to advise of the update. You will not be able to complete the Reconsideration Request process until the update to the CEO Designate has been made.

3.1 Create Access Code

The first time you access the web form, you will be required to create an access code and complete security questions, as shown in Figure 4. This access code is the

password for your company; therefore, we encourage you to remember the access code, as this code is required to log back into the web form.

Table 1: Create Access Code

| Step | Action |
|------|---|
| 1 | <p>Enter a valid CEO Designate email address in the CEO Designate Email Address field.</p> <p>Your company's list of HIOS ID(s) will be generated based on the CEO Designate email address entered.</p> |
| 2 | <p>Enter an access code in the Create Access Code field. Access codes must meet the following requirements:</p> <ul style="list-style-type: none"> • At least eight (8) characters but no more than 12 characters • At least one (1) capital letter • At least one (1) lower-case letter • At least one (1) number • Cannot begin with a number |
| 3 | <p>Re-enter the access code in the Confirm Access Code field.</p> <ul style="list-style-type: none"> • Access codes must match |
| 4 | <p>Select a security question from the Security Question 1 pick list.</p> |
| 5 | <p>Enter the security question answer in the Security Question 1 Answer field.</p> |
| 6 | <p>Select a security question from the Security Question 2 pick list.</p> |
| 7 | <p>Enter the security question answer in the Security Question 2 Answer field.</p> |
| 8 | <p>Select the Continue button.</p> <p>You will be directed to the Access Code Created Page, as shown in Figure 5.</p> |
| 9 | <p>Select the Continue button.</p> <p>You will be directed to the Welcome Page of the web form.</p> |

Figure 4: Create Access Code Page



[Guidance](#)

Create Access Code Page

Instructions

You must create an access code and complete security questions to request a reconsideration, and/or upload additional information requested by CMS for the 2015 benefit year. The access code is created at the company level. Please remember your access code as you will use this access code to log into the web form.

Note: The email address entered on this page must be a valid CEO Designate email address. Your company's list of HIOS ID(s) will be generated based on the CEO Designate entered below.

Required fields are indicated with a red asterisk (*).

Create Access Code

Access Code Requirements:

- ✘ At least eight (8) characters but no more than 12 characters
- ✘ At least one (1) capital letter
- ✘ At least one (1) lower-case letter
- ✘ At least one (1) number
- ✘ Cannot begin with a number
- ✘ Access codes must match

* CEO Designate Email Address:

* Create Access Code:

* Confirm Access Code:

Security Questions

* Security Question 1:

* Security Question 1 Answer:

* Security Question 2:

* Security Question 2 Answer:

Figure 5: Access Code Created Page



[Guidance](#)

Access Code Created

Instructions

You have successfully created an Access Code. Select the **Continue** button to log into the Risk Adjustment & Reinsurance Reconsideration web form.

3.2 Login with Access Code

Table 2: Login with Access Code

| Step | Action |
|------|---|
| 1 | Enter the CEO Designate email address in the Login ID field. |
| 2 | Enter the access code for your company in the Access Code field. |
| 3 | Select the Login button, as shown in Figure 6. |

Figure 6: Login with Access Code



The screenshot shows a login form with two input fields: "* Login ID:" and "* Access Code:". Below the fields is a "Login" button with a mouse cursor hovering over it. A blue link labeled "Forgot Access Code" is located at the bottom left of the form area.

3.2.1 Forgot Access Code

The web form allows you to reset your access code from the Welcome Page in the event you have forgotten the access code, as shown in Figure 7.

Table 3: Forgot Access Code

| Step | Action |
|------|--|
| 1 | Select the Forgot Access Code link. |
| 2 | On the Forgot Access Code Page enter the CEO Designate email address in the CEO Designate Email Address field. |
| 3 | Select the Send PIN button. A six-digit PIN will be sent to the CEO Designate and Alternate Contact email addresses. For security purposes, the PIN will expire in 24 hours or after it has been used. |
| 4 | Enter the PIN in the PIN field. <i>Note: If you have navigated away from the web form, you do not need to request another PIN. Use the original link you were provided to access the web form, and select the Forgot Access Code link again.</i> |
| 5 | Select the Continue button. |
| 6 | On the Re-set Access Code Page, enter a new access code in the New Access Code field. Access codes must meet the following requirements: <ul style="list-style-type: none"> • At least eight (8) characters but no more than 12 characters • At least one (1) capital letter • At least one (1) lower-case letter • At least one (1) number • Cannot begin with a number |
| 7 | Re-enter the access code in the Confirm Access Code field. <ul style="list-style-type: none"> • Access codes must match |
| 8 | Enter the answer to Security Question 1 in the Security Question 1 Answer field. |
| 9 | Enter the answer to Security Question 2 in the Security Question 2 Answer field. |
| 10 | Select the Continue button. You will be directed to the Access Code Re-set Page of the web form. |
| 11 | Select the Continue button. You will be directed to the Welcome Page of the web form. |

Figure 7: Forgot Access Code Page



[Guidance](#)

Forgot Access Code

Instructions

Enter the CEO Designate email address in the field provided and select the **Send PIN** button. A PIN will be sent to the CEO Designate and Alternate Contact email addresses on record. The PIN will expire in 24 hours.

Note: Only enter the CEO Designate email address in the CEO Designate Email Address field.

Once you receive the six-digit PIN, you must enter this in the PIN field below and select the **Continue** button to reset your access code.

Required fields are indicated with a red asterisk (*).

* CEO Designate Email Address:

* PIN:

Figure 8: Access Code Re-set Page



[Guidance](#)

Access Code Re-set

Instructions

You have successfully re-set your Access Code. Select the **Continue** button to log into the Risk Adjustment & Reinsurance Reconsideration web form.

4 Contact Information Page

Once the the **Login ID** (CEO Designate email address) and **Access Code** fields are validated to match what is on record, you will be directed to the Contact Information Page. The Submitter and Alternate Contacts **must** be different.

Table 4: Contact Information Page

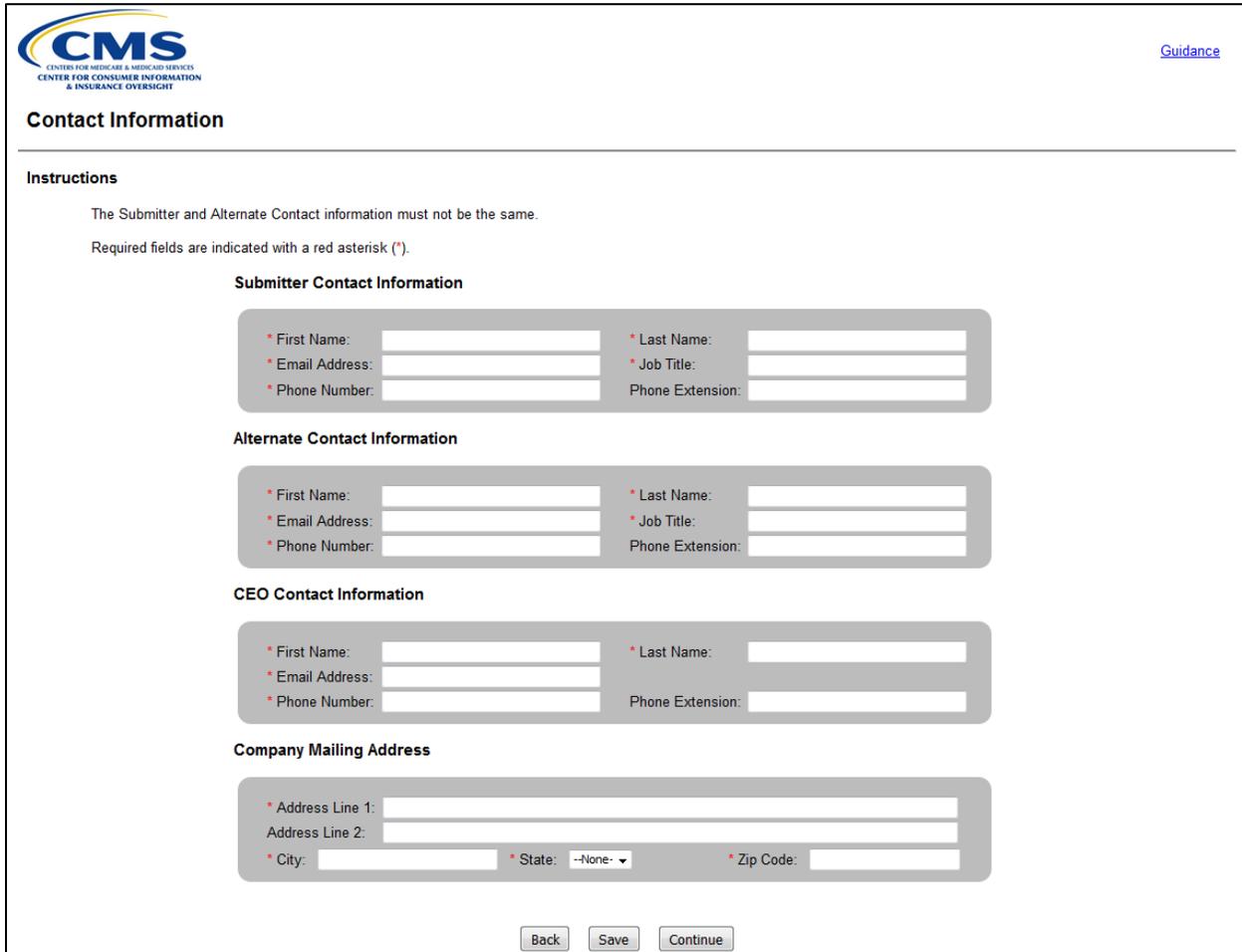
| Step | Action |
|------|---|
| 1 | Enter the Submitter Contact information: <ul style="list-style-type: none"> • First Name • Last Name • Email Address • Job Title • Phone Number • Phone Extension (optional) |
| 2 | Enter the Alternate Contact information (must be different from the Submitter Contact): <ul style="list-style-type: none"> • Contact First Name • Contact Last Name • Contact Email Address • Contact Job Title • Contact Phone Number • Contact Phone Extension (optional) The Alternate Contact information will be auto-populated for users with saved/submitted sessions. |
| 3 | Enter the CEO Contact information: <ul style="list-style-type: none"> • First Name • Last Name • Email Address • Phone Number • Phone Extension (optional) The CEO Contact information will be auto-populated for users with saved/submitted sessions. |
| 4 | Enter the Company Mailing Address information: |

| Step | Action |
|------|---|
| | <ul style="list-style-type: none"> • Address Line 1 • Address Line 2 (optional) • City • State • Zip Code <p>The Company Mailing Address information will be auto-populated for users with saved/submitted sessions.</p> |
| 5 | <p>Select the Continue button.</p> <p>You will be directed to the Requesting Reconsideration Options Page of the web form.</p> |



Select the **Save** button to save all of the information you have entered in the Contact Information Page.

Figure 9: Contact Information Page



The screenshot shows a web form titled "Contact Information" with the CMS logo and a "Guidance" link. The form includes instructions and four sections of input fields: "Submitter Contact Information", "Alternate Contact Information", "CEO Contact Information", and "Company Mailing Address". Each section contains fields for First Name, Last Name, Email Address, Phone Number, Job Title, and Phone Extension. The "Company Mailing Address" section also includes fields for Address Line 1, Address Line 2, City, State (a dropdown menu), and Zip Code. At the bottom of the form are "Back", "Save", and "Continue" buttons.

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Contact Information

Instructions

The Submitter and Alternate Contact information must not be the same.

Required fields are indicated with a red asterisk (*).

Submitter Contact Information

* First Name: * Last Name:
* Email Address: * Job Title:
* Phone Number: Phone Extension:

Alternate Contact Information

* First Name: * Last Name:
* Email Address: * Job Title:
* Phone Number: Phone Extension:

CEO Contact Information

* First Name: * Last Name:
* Email Address: * Phone Extension:
* Phone Number:

Company Mailing Address

* Address Line 1:
Address Line 2:
* City: * State: --None- v * Zip Code:

5 Request Reconsideration Options

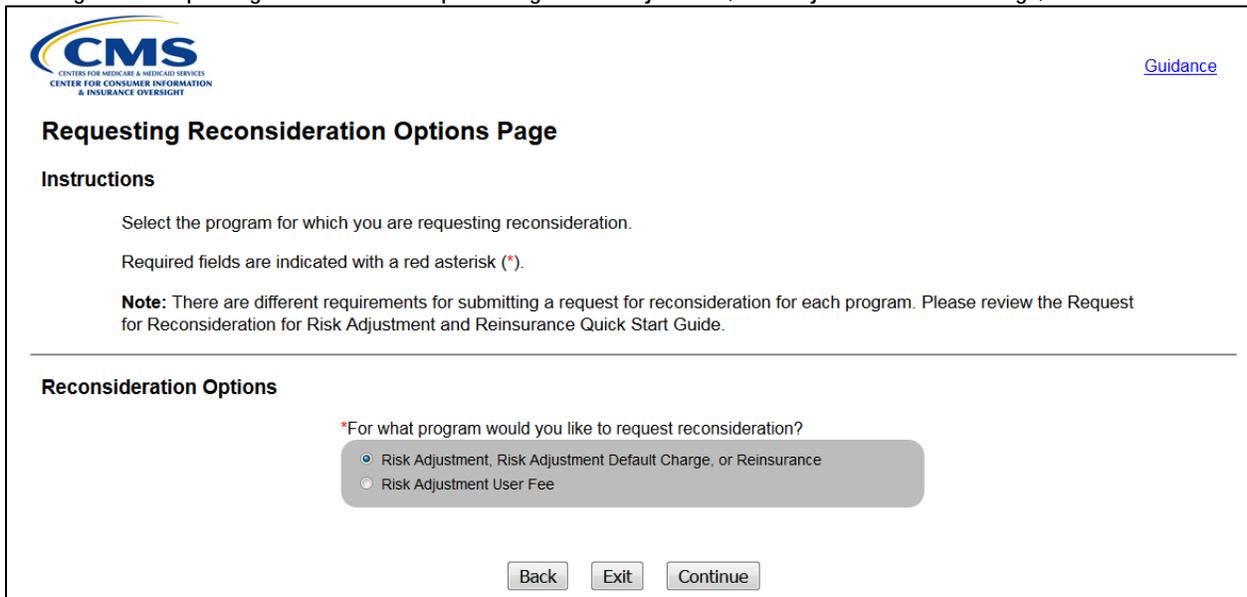
To request reconsideration for Risk Adjustment, Risk Adjustment Default Charge or Reinsurance, see [Section 5.1](#) and [Section 5.2](#). To request reconsideration for Risk Adjustment User Fee, see [Section 5.3](#).

5.1 Request Reconsideration for Risk Adjustment or Risk Adjustment Default Charge

Table 5: Request Reconsideration for Risk Adjustment or Risk Adjustment Default Charge – Reconsideration Options

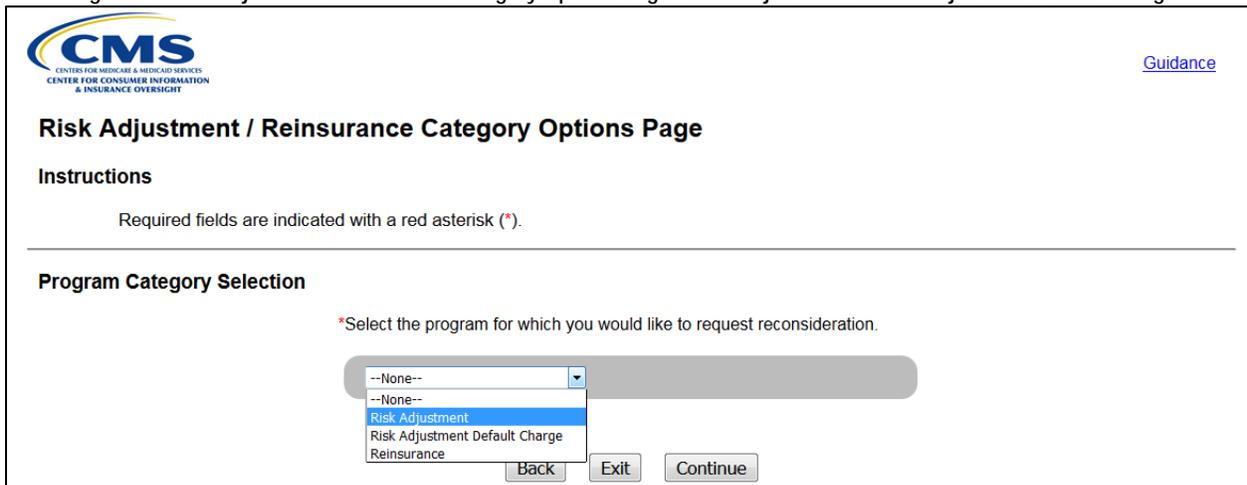
| Step | Action | | | | | | | | |
|--------------------------------|---|----|------|-----------------|---------------------|--------------------------------|---------------------|-------------|---|
| 1 | Select the radio button next to the statement, “Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance,” as shown in Figure 10. | | | | | | | | |
| 2 | Select the Continue button. You will be directed to the Risk Adjustment / Reinsurance Category Options Page of the web form. | | | | | | | | |
| 3 | Select from the dropdown menu, which program you would like to request reconsideration. Note: for reinsurance follow the instructions in Section 5.2 <table border="1" data-bbox="597 1094 1240 1346" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>Risk Adjustment</td> <td>Continue to Step 4.</td> </tr> <tr> <td>Risk Adjustment Default Charge</td> <td>Continue to Step 4.</td> </tr> <tr> <td>Reinsurance</td> <td>Follow the instructions in Section 5.2.</td> </tr> </tbody> </table> | If | Then | Risk Adjustment | Continue to Step 4. | Risk Adjustment Default Charge | Continue to Step 4. | Reinsurance | Follow the instructions in Section 5.2. |
| If | Then | | | | | | | | |
| Risk Adjustment | Continue to Step 4. | | | | | | | | |
| Risk Adjustment Default Charge | Continue to Step 4. | | | | | | | | |
| Reinsurance | Follow the instructions in Section 5.2. | | | | | | | | |
| 4 | Select the Continue button. You will be directed to the Reconsideration Request Details Page of the web form. | | | | | | | | |

Figure 10: Requesting Reconsideration Options Page – Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance



The screenshot shows the 'Requesting Reconsideration Options Page' with the CMS logo and a 'Guidance' link. The page title is 'Requesting Reconsideration Options Page'. Under 'Instructions', it says 'Select the program for which you are requesting reconsideration.' and 'Required fields are indicated with a red asterisk (*).' A note states: 'Note: There are different requirements for submitting a request for reconsideration for each program. Please review the Request for Reconsideration for Risk Adjustment and Reinsurance Quick Start Guide.' The 'Reconsideration Options' section asks '*For what program would you like to request reconsideration?' with two radio button options: 'Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance' (selected) and 'Risk Adjustment User Fee'. At the bottom are 'Back', 'Exit', and 'Continue' buttons.

Figure 11: Risk Adjustment/Reinsurance Category Options Page – Risk Adjustment or Risk Adjustment Default Charge



The screenshot shows the 'Risk Adjustment / Reinsurance Category Options Page' with the CMS logo and a 'Guidance' link. The page title is 'Risk Adjustment / Reinsurance Category Options Page'. Under 'Instructions', it says 'Required fields are indicated with a red asterisk (*).' The 'Program Category Selection' section asks '*Select the program for which you would like to request reconsideration.' Below this is a dropdown menu with options: '--None--', '--None--', 'Risk Adjustment', 'Risk Adjustment Default Charge', and 'Reinsurance'. The 'Risk Adjustment' option is selected. At the bottom are 'Back', 'Exit', and 'Continue' buttons.

Table 6: Request Reconsideration for Risk Adjustment or Risk Adjustment Default Charge – Request Details

| Step | Action | | | | | | |
|------|--|----|------|-----|---|----|---------------------|
| 1 | Enter a Reconsideration Request nickname in the Create a nickname for this Reconsideration Request field. | | | | | | |
| 2 | Select the HIOS ID(s) for which you are requesting reconsideration for the same issue from the Available HIOS ID(s) list. <i>Note: There will be an opportunity to report additional reconsideration requests prior to submitting your attestation.</i> | | | | | | |
| 3 | Select Yes or No to the question, “Did you report a discrepancy related to this Reconsideration Request?” <table border="1" data-bbox="418 716 1341 1031"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>A. Enter the Discrepancy ID. This is the number generated from the RA/RI Attestation and Discrepancy Reporting web form. It can be found in the confirmation PDF. B. The Discrepancy Submission Date is auto-populated based on the Discrepancy ID.</td> </tr> <tr> <td>No</td> <td>Continue to Step 4.</td> </tr> </tbody> </table> | If | Then | Yes | A. Enter the Discrepancy ID. This is the number generated from the RA/RI Attestation and Discrepancy Reporting web form. It can be found in the confirmation PDF. B. The Discrepancy Submission Date is auto-populated based on the Discrepancy ID. | No | Continue to Step 4. |
| If | Then | | | | | | |
| Yes | A. Enter the Discrepancy ID. This is the number generated from the RA/RI Attestation and Discrepancy Reporting web form. It can be found in the confirmation PDF. B. The Discrepancy Submission Date is auto-populated based on the Discrepancy ID. | | | | | | |
| No | Continue to Step 4. | | | | | | |
| 4 | Select the check box next to all applicable basis for the Basis for Reconsideration Request . | | | | | | |
| 5 | Provide a brief explanation of your Reconsideration Request in the Reconsideration Request Explanation field. You will also be given the option to upload documents in support of this Reconsideration Request on the Summary page of the web form. | | | | | | |
| 6 | Select the Continue button. You will be directed to the Market Information Page of the web form. | | | | | | |

Figure 12: Reconsideration Request Details Page – Risk Adjustment or Risk Adjustment Default Charge (Steps 1-3)

Reconsideration Request Details

Instructions

Reconsideration requests must be reported one at a time. Select all HIOS IDs that have the same issue for which you are requesting reconsideration. There will be an opportunity to report additional reconsideration requests prior to submitting your attestation.

To indicate the appropriate HIOS IDs below, select the HIOS ID from the Available HIOS ID(s) list, and then select the arrow button → to move it to the Selected HIOS ID(s) list. To select all HIOS IDs, select the double arrow button →→. To de-select HIOS ID(s), use the single and double arrows to move the ID(s) from the Selected HIOS ID(s) list to the Available HIOS ID(s) list.

Required fields are indicated with a red asterisk (*).

Reconsideration Details – Risk Adjustment

Reconsideration Request Start Time: 6/29/2016 4:33 PM
Benefit Year: 2015

* Create a nickname for this Reconsideration Request:

* Select the HIOS ID(s) associated to this Reconsideration Request:

| Available HIOS ID(s) | Selected HIOS ID(s) |
|---|--|
| Showing all 5 | Empty list |
| Filter <input style="width: 80%;" type="text"/> | Filter <input style="width: 80%;" type="text"/> |
| →→ → | ← ←← |
| <div style="border: 1px solid gray; padding: 5px; min-height: 100px;"> 10001 20002 30003 40004 50005 </div> | <div style="border: 1px solid gray; padding: 5px; min-height: 100px;"> (Empty list) </div> |

* Did you report a discrepancy related to this Reconsideration Request?
 Yes No

Figure 13: Reconsideration Request Details Page – Risk Adjustment or Risk Adjustment Default Charge (Steps 4-6)

Discrepancy ID:

Discrepancy Submission Date:

***Basis for Reconsideration Request:**

- Contest a processing error by HHS
- HHS mathematical error for amount
- HHS incorrect application of methodology

*** Reconsideration Request Explanation:**

Maximum of 1000 characters.

Note: Please provide a brief explanation of your Reconsideration Request. You will also be given the option to upload a file in support of this Reconsideration Request on the Summary page.

Table 7: Request Reconsideration for Risk Adjustment or Risk Adjustment Default Charge – Market Information & Amount Details

| Step | Action |
|----------|---|
| 1 | <p>Select the check box next to all applicable market(s) affected for each HIOS ID for which you are submitting a Reconsideration Request.</p> <p><i>Note: The Merged Market check box should only be selected if the HIOS ID is in Vermont (VT).</i></p> |
| 2 | <p>Select the Continue button.</p> <p>You will be directed to the Reconsideration Request Amount Details page of the web form.</p> |
| 3 | <p>Enter the amount for which the issuer is requesting Reconsideration in the Amount Issuer Claiming to Owe or Receive column. For examples of payment or charge amounts, see Section 5.2.1.</p> <p><i>Note: A charge amount must be entered as a negative number.</i></p> |

| Step | Action | | | | | | |
|--------------------------------|--|------------|-------------|--------------------------------|--|--------|---|
| 4 | <p>Enter the amount listed on the June 30, 2016 report in the Published CMS Payment or Charge Amount. For examples of published CMS payment or charge amounts, see Section 5.2.1.</p> <p><i>Note: A charge amount must be entered as a negative number.</i></p> | | | | | | |
| 5 | <p>Select the Calculate button.</p> <p>This will populate the following column/row:</p> <table border="1" data-bbox="435 604 1312 846"> <thead> <tr> <th>Column/Row</th> <th>Calculation</th> </tr> </thead> <tbody> <tr> <td>Reconsideration Request Amount</td> <td>Difference between the Amount Issuer Claiming to Owe or Receive and Published CMS Payment or Charge Amount</td> </tr> <tr> <td>Totals</td> <td>Sum of all amount fields for HIOS ID(s) and Market(s)</td> </tr> </tbody> </table> <p>Select the Delete link next to the HIOS ID(s) you would like to delete.</p> | Column/Row | Calculation | Reconsideration Request Amount | Difference between the Amount Issuer Claiming to Owe or Receive and Published CMS Payment or Charge Amount | Totals | Sum of all amount fields for HIOS ID(s) and Market(s) |
| Column/Row | Calculation | | | | | | |
| Reconsideration Request Amount | Difference between the Amount Issuer Claiming to Owe or Receive and Published CMS Payment or Charge Amount | | | | | | |
| Totals | Sum of all amount fields for HIOS ID(s) and Market(s) | | | | | | |
| 6 | <p>Select the Continue button.</p> <p>You will be directed to the Summary page of the web form.</p> | | | | | | |

Figure 14: Reconsideration Request Market Information Page – Risk Adjustment or Risk Adjustment Default Charge



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Market Information Page

Instructions

Required fields are indicated with a red asterisk (*).

Market Details

*Select the markets for each HIOS ID for which you are submitting this Reconsideration Request:

| HIOS ID | Individual Market (including Catastrophic Market) | Small Group Market | Merged Market ? |
|---------|---|--------------------------|--------------------------|
| 10001 | | | <input type="checkbox"/> |
| 20002 | | | <input type="checkbox"/> |
| 30003 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 40004 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 50005 | <input type="checkbox"/> | <input type="checkbox"/> | |

Figure 15: Reconsideration Request Amount Details Page – Risk Adjustment or Risk Adjustment Default Charge


[Guidance](#)

Reconsideration Request Amount Details

Instructions

Enter the Amount for which the Issuer is requesting Reconsideration. **A Charge Amount must be entered as a negative number.** To populate the Reconsideration Request Amount column, select the **Calculate** button.

Required fields are indicated with a red asterisk (*).

Reconsideration Request Amount Details – Risk Adjustment

*Enter the Amounts in the table for each HIOS ID and Market:

| Action | HIOS ID | Market | Amount Issuer Claiming to Owe or Receive ? | Published CMS Payment or Charge Amount ? | Reconsideration Request Amount ? |
|------------------------|---------|--|---|---|-------------------------------------|
| Delete | 10001 | Merged | \$ <input type="text"/> | \$ <input type="text"/> | \$ |
| Delete | 20002 | Merged | \$ <input type="text"/> | \$ <input type="text"/> | \$ |
| Delete | 30003 | Individual Market (Including Catastrophic) | \$ <input type="text"/> | \$ <input type="text"/> | \$ |
| Delete | 40004 | Individual Market (Including Catastrophic) | \$ <input type="text"/> | \$ <input type="text"/> | \$ |
| Delete | 50005 | Individual Market (Including Catastrophic) | \$ <input type="text"/> | \$ <input type="text"/> | \$ |
| Totals: | | | \$ | \$ | \$ |

5.2 Request Reconsideration for Reinsurance

Table 8: Request Reconsideration for Reinsurance - Request Details

| Step | Action | | | | | | |
|------|--|----|------|-----|--|----|---------------------|
| 1 | Under the Program Category Selection section, select Reinsurance from the dropdown menu, as shown in Figure 16. | | | | | | |
| 2 | Select the Continue button. You will be directed to the Reconsideration Request Details page of the web form. | | | | | | |
| 3 | Enter a Reconsideration Request nickname in the Create a nickname for this Reconsideration Request field. | | | | | | |
| 4 | Select the HIOS ID(s) for which you are requesting reconsideration with the same issue from the Available HIOS ID(s) list. <i>Note: There will be an opportunity to report additional reconsideration requests prior to submitting your attestation.</i> | | | | | | |
| 5 | Select Yes or No to the question, "Did you report a discrepancy related to this Reconsideration Request?" <table border="1" data-bbox="422 1018 1344 1333"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>A. Enter the Discrepancy ID. This is the number generated from the RA/RI Attestation and Discrepancy Reporting web form. It can be found in the confirmation PDF. B. The Discrepancy Submission Date will be auto-populated based on the Discrepancy ID.</td> </tr> <tr> <td>No</td> <td>Continue to Step 6.</td> </tr> </tbody> </table> | If | Then | Yes | A. Enter the Discrepancy ID. This is the number generated from the RA/RI Attestation and Discrepancy Reporting web form. It can be found in the confirmation PDF. B. The Discrepancy Submission Date will be auto-populated based on the Discrepancy ID. | No | Continue to Step 6. |
| If | Then | | | | | | |
| Yes | A. Enter the Discrepancy ID. This is the number generated from the RA/RI Attestation and Discrepancy Reporting web form. It can be found in the confirmation PDF. B. The Discrepancy Submission Date will be auto-populated based on the Discrepancy ID. | | | | | | |
| No | Continue to Step 6. | | | | | | |
| 6 | Select the check box next to all applicable basis for the Basis for Reconsideration Request . | | | | | | |
| 7 | Provide a brief explanation of your Reconsideration Request in the Reconsideration Request Explanation field. You will also be given the option to upload documents in support of this Reconsideration Request on the Summary page of the web form. | | | | | | |
| 8 | Select the Continue button. You will be directed to the Reconsideration Request Amount Details page of the web form. | | | | | | |

Figure 16: Risk Adjustment / Reinsurance Category Options Page - Reinsurance

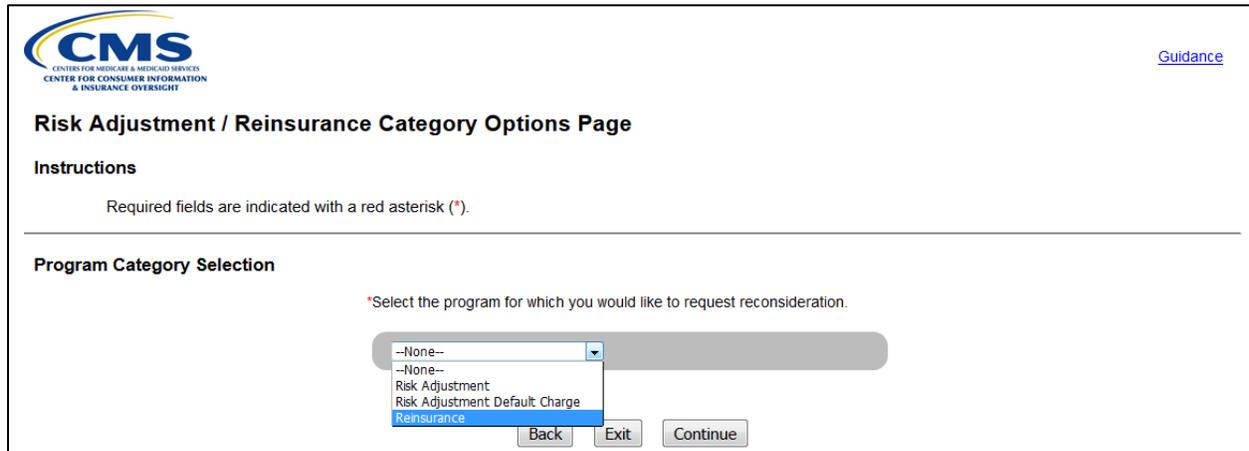


Table 9: Request Reconsideration for Reinsurance - Amount Details

| Step | Action | | | | | | |
|--------------------------------|--|------------|-------------|--------------------------------|--|--------|---|
| 1 | Enter the amount for which the issuer is requesting Reconsideration in the Amount Issuer Claiming to Owe or Receive column. | | | | | | |
| 2 | Enter the amount listed on the June 30, 2016 report in the Published CMS Payment or Charge Amount . For examples of published CMS payment or charge amounts, see Section 5.2.1 . | | | | | | |
| 3 | Select the Calculate button. This will populate the following column/row: <table border="1" data-bbox="423 1213 1300 1451"> <thead> <tr> <th>Column/Row</th> <th>Calculation</th> </tr> </thead> <tbody> <tr> <td>Reconsideration Request Amount</td> <td>Difference between the Amount Issuer Claiming to Owe or Receive and Published CMS Payment or Charge Amount</td> </tr> <tr> <td>Totals</td> <td>Sum of all amount fields for HIOS IDs and Markets</td> </tr> </tbody> </table> Select the Delete link next to the HIOS ID(s) you would like to delete. | Column/Row | Calculation | Reconsideration Request Amount | Difference between the Amount Issuer Claiming to Owe or Receive and Published CMS Payment or Charge Amount | Totals | Sum of all amount fields for HIOS IDs and Markets |
| Column/Row | Calculation | | | | | | |
| Reconsideration Request Amount | Difference between the Amount Issuer Claiming to Owe or Receive and Published CMS Payment or Charge Amount | | | | | | |
| Totals | Sum of all amount fields for HIOS IDs and Markets | | | | | | |
| 4 | Select the Continue button. You will be directed to the Summary page of the web form. | | | | | | |

5.2.1 Examples of Payment or Charge Amounts

Table 10: Examples of Payment or Charge Amounts

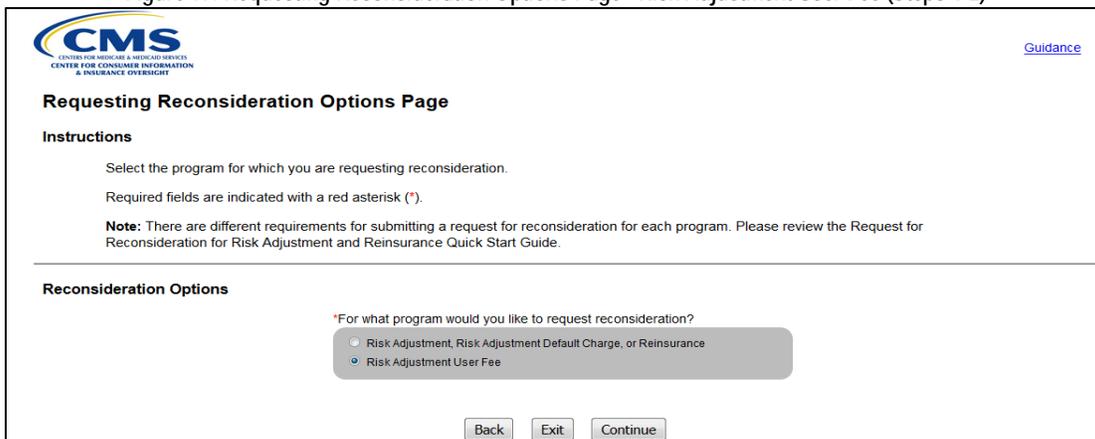
| If | Then |
|---|---|
| <p>You are requesting a reconsideration because your charge amount is greater than expected</p> | <ol style="list-style-type: none"> 1. Enter the charge amount you are claiming to owe in the Amount Issuer Claiming to Owe or Receive column. 2. Enter the charge amount listed on the June 30, 2016 report that you believe is incorrect in the Published CMS Payment or Charge Amount column. <p><i>Note: All charge amount(s) must be entered as a negative number.</i></p> |
| <p>You are requesting a reconsideration because you are being charged, but should receive payment</p> | <ol style="list-style-type: none"> 1. Enter the payment you believe you should receive in the Amount Issuer Claiming to Owe or Receive column. 2. Enter the charge amount listed on the June 30, 2016 report that you believe is incorrect in the Published CMS Payment or Charge Amount column. <p><i>Note: All charge amount(s) must be entered as a negative number.</i></p> |
| <p>You are requesting a reconsideration because your payment is lower than expected</p> | <ol style="list-style-type: none"> 1. Enter the payment you believe you should receive in the Amount Issuer Claiming to Owe or Receive column. 2. Enter the payment amount listed on the June 30, 2016 report that you believe is incorrect in the Published CMS Payment or Charge Amount column. |

5.3 Request Reconsideration for Risk Adjustment User Fee

Table 11: Request Reconsideration for Risk Adjustment User Fee – Reconsideration Options & Request Details

| Step | Action |
|------|--|
| 1 | Select the Risk Adjustment User Fee from dropdown menu, as shown in Figure 17. |
| 2 | Select the Continue button. You will be directed to the Reconsideration Request Details page of the web form. |
| 3 | Enter a Reconsideration Request nickname in the Create a nickname for this Reconsideration Request field. |
| 4 | Select the HIOS ID(s) for which you are requesting reconsideration with the same issue from the Available HIOS ID(s) list. <i>Note: There will be an opportunity to report additional reconsideration requests prior to submitting your attestation.</i> |
| 5 | Select the check box next to all applicable basis for the Basis for Reconsideration Request . |
| 6 | Provide a brief explanation of your Reconsideration Request in the Reconsideration Request Explanation field. You will also be given the option to upload documents in support of this Reconsideration Request on the Summary page of the web form. |
| 7 | Select the Continue button. You will be directed to the Plan ID and Enrollees Information page of the web form. |

Figure 17: Requesting Reconsideration Options Page - Risk Adjustment User Fee (Steps 1-2)



The screenshot shows the 'Requesting Reconsideration Options Page' for the Risk Adjustment User Fee. At the top left is the CMS logo, and at the top right is a 'Guidance' link. The page title is 'Requesting Reconsideration Options Page'. Under 'Instructions', it says: 'Select the program for which you are requesting reconsideration. Required fields are indicated with a red asterisk (*). Note: There are different requirements for submitting a request for reconsideration for each program. Please review the Request for Reconsideration for Risk Adjustment and Reinsurance Quick Start Guide.' The 'Reconsideration Options' section contains the question: '*For what program would you like to request reconsideration?'. There are two radio button options: 'Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance' (which is unselected) and 'Risk Adjustment User Fee' (which is selected). At the bottom of the form are three buttons: 'Back', 'Exit', and 'Continue'.

Figure 18: Reconsideration Request Details - Risk Adjustment User Fee (Steps 3-5)

Reconsideration Request Details

Instructions

Reconsiderations must be reported one at a time. Select all HIOS IDs that have the same issue for which you are requesting reconsideration. There will be an opportunity to report additional reconsideration requests prior to submitting your attestation.

To indicate the appropriate HIOS IDs below, select the HIOS ID from the Available HIOS ID(s) list, and then select the arrow button → to move it to the Selected HIOS ID(s) list. To select all HIOS IDs, select the double arrow button →→. To de-select HIOS ID(s), use the single and double arrows to move the ID(s) from the Selected HIOS ID(s) list to the Available HIOS ID(s) list.

Required fields are indicated with a red asterisk (*).

Reconsideration Details – Risk Adjustment User Fee

Reconsideration Request Start Time: 6/29/2016 4:33 PM
Benefit Year: 2015

* Create a nickname for this Reconsideration Request:

* Select the HIOS ID(s) associated to this Reconsideration Request:

| Available HIOS ID(s) | Selected HIOS ID(s) |
|--|--|
| Showing all 5 | Empty list |
| Filter <input type="text"/> | Filter <input type="text"/> |
| <div style="display: flex; justify-content: space-around; align-items: center;"> →→ → </div> | <div style="display: flex; justify-content: space-around; align-items: center;"> ← ←← </div> |
| <div style="border: 1px solid gray; padding: 2px;"> 10001 20002 30003 40004 50005 </div> | <div style="border: 1px solid gray; padding: 2px; height: 40px;"> (Empty list) </div> |

* Basis for Reconsideration Request:

- Contest a processing error by HHS
- HHS mathematical error for amount
- HHS incorrect application of methodology

Figure 19: Reconsideration Request Details - Risk Adjustment User Fee (Steps 6-7)

* Reconsideration Request Explanation:

Please provide a brief explanation of your Reconsideration Request. You will also be given the option to upload a file in support of this Reconsideration Request on the Summary page.

0 / 1000 characters.
Maximum of 1000 characters.

Table 12: Request Reconsideration for Risk Adjustment User Fee – Plan ID and Enrollees Information

| Step | Action |
|----------|---|
| 1 | Enter the number of Plan ID(s) affected for each HIOS ID for which you are making a Reconsideration Request in the Total Number of Plan IDs Affected column. |
| 2 | Enter the number of enrollees for each HIOS ID for which you are making a Reconsideration Request in the Total Number of Enrollees column. Select the Delete link next to the HIOS ID(s) you would like to delete. |
| 3 | Select the Continue button. You will be directed to the Summary page of the web form. |

Figure 20: Plan ID and Enrollees Information Page - Risk Adjustment User Fee


[Guidance](#)

Plan ID and Enrollees Information Page

Instructions

Enter the Total Number of Plan IDs and Total Number of Enrollees affected for each HIOS ID for which you are making this Reconsideration Request.

Required fields are indicated with a red asterisk (*).

*Enter the Total Number of Plan IDs and Total Number of Enrollees affected for each HIOS ID for which you are making this Reconsideration Request.

| Action | HIOS ID | Total Number of Plan IDs Affected | Total Number of Enrollees |
|------------------------|---------|-----------------------------------|---------------------------|
| Delete | 10001 | <input type="text"/> | <input type="text"/> |
| Delete | 20002 | <input type="text"/> | <input type="text"/> |
| Delete | 30003 | <input type="text"/> | <input type="text"/> |
| Delete | 40004 | <input type="text"/> | <input type="text"/> |
| Delete | 50005 | <input type="text"/> | <input type="text"/> |

5.3.1 Summary Page

Table 13: Summary Page

| Step | Action | | | | | | |
|------|--|----|------|-----|---|----|--|
| 1 | <p>Review the Reconsideration Request(s) Summary section to confirm the following:</p> <ul style="list-style-type: none"> • Accurate reconsideration request information was entered • Correct HIOS ID(s) was entered <p>Select the Action link (View, Edit, or Delete) next to the Reconsideration Nickname you would like to view, edit, or delete.</p> | | | | | | |
| 2 | <p>To upload a(n) attachment(s), follow the instructions in Section 5.3.2.</p> <p>Review the Attachments Summary section to ensure the following:</p> <ul style="list-style-type: none"> • Appropriate named file(s) have been uploaded • Uploaded file(s) listed linked to the appropriate reconsideration request <p>Select the Action link (View, Edit, or Delete) next to the file name you would like to view, edit, or delete. To edit attachments, follow the instructions in Section 5.3.3.</p> | | | | | | |
| 3 | <p>Review the Contact Information section on the Summary page for accuracy.</p> <p>To edit Contact Information, select the Edit Contact Information button.</p> | | | | | | |
| 4 | <p>Select Yes or No to the question, “Do you have additional requests for reconsideration?” See Section 5 for more information.</p> <table border="1"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>You will be directed to the Requesting Reconsideration Options page of the web form (see Section 5).</td> </tr> <tr> <td>No</td> <td>You will be directed to the Attester Details page of the web form.</td> </tr> </tbody> </table> | If | Then | Yes | You will be directed to the Requesting Reconsideration Options page of the web form (see Section 5). | No | You will be directed to the Attester Details page of the web form. |
| If | Then | | | | | | |
| Yes | You will be directed to the Requesting Reconsideration Options page of the web form (see Section 5). | | | | | | |
| No | You will be directed to the Attester Details page of the web form. | | | | | | |
| 5 | <p>Select the Continue button.</p> | | | | | | |



Select the **Save** button to save all of the information you have entered to this point.

Figure 21: Summary Page (Steps 1-2)


[Guidance](#)

Summary

Reconsideration Request(s) Summary

Select the link next to the Reconsideration Nickname to view, edit, or delete the corresponding reconsideration request. You will be permitted to upload additional documentation in support of the Reconsideration Requests listed in the Attachments Summary section below.

| Action | Reconsideration Nickname | Reconsideration Type | HIOS ID(s) | Reconsideration Request Amount |
|--|--------------------------|--------------------------|---|--------------------------------|
| View Edit Delete | Test | Risk Adjustment | 10001 | \$ -218.00 |
| View Edit Delete | test | Risk Adjustment | 10001 20002 30003 40004 50005 | \$ 1,265.00 |
| View Edit Delete | test | Risk Adjustment User Fee | 10001 | N/A |

Attachments Summary

To upload an attachment, select the **Upload Attachment** button.

Figure 22: Summary Page (Steps 3-5)

Contact Information

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

Submitter Contact Information

| | | | |
|------------------|-------------------|------------------|------|
| * First Name: | test | * Last Name: | test |
| * Email Address: | test123@gmail.com | * Job Title: | test |
| * Phone Number: | (894) 987-4984 | Phone Extension: | |

Alternate Contact Information

| | | | |
|------------------|----------------|------------------|-------|
| * First Name: | test | * Last Name: | tedst |
| * Email Address: | test@gmail.com | * Job Title: | test |
| * Phone Number: | (234) 234-3243 | Phone Extension: | |

CEO Contact Information

| | | | |
|------------------|-----------------|------------------|-----|
| * First Name: | 324 | * Last Name: | 324 |
| * Email Address: | test1@gmail.com | | |
| * Phone Number: | (234) 343-2434 | Phone Extension: | |

Company Mailing Address

| | | | |
|-------------------|------------|----------|----|
| * Address Line 1: | test | | |
| Address Line 2: | test | | |
| * City: | test | * State: | MD |
| * Zip Code: | 21343-4334 | | |

*Do you have additional requests for reconsideration?

Yes No

5.3.2 Upload Attachments

You have the option to upload documents in support of the reconsideration request(s) or to provide further information from the Attachments Summary section on the Summary page. You can select one or more Reconsideration Nicknames to link to your uploaded document(s).

Please note that uploaded documents 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.

The maximum file size for uploaded documents is 10 MB, and you may upload up to 10 files per reconsideration request. If you need to submit additional information, please email ACAfinancialappeals@cms.hhs.gov to request assistance in uploading or sending additional materials.



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.



Maximum file size for uploaded files is 10 MB. You may upload up to 10 files per discrepancy.

Table 14: Upload Attachments

| Step | Action |
|------|---|
| 1 | On the Summary page, select the Upload Attachment button. |
| 2 | On the Upload Attachments page, select at least one Reconsideration Nickname for which you want to upload attachment(s). |
| 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. All uploaded files for this Reconsideration Nickname will appear in a table at the bottom of the page. Select the Action link (View , Edit , or Delete) next to the file name you would like to view, edit, or delete. |
| 6 | Repeat Steps 2-5 for each file you want to upload. |

| Step | Action |
|------|--|
| 7 | Select the Return to Summary button to save your updates and return to the Summary page. |

Figure 23: Upload Attachments Page


[Guidance](#)

Upload Attachments

*Select at least one Reconsideration Nickname to link to the attachment(s).

| Select | Reconsideration Nickname | HIOS ID(s) | File(s) Uploaded |
|--------------------------|--------------------------|---|------------------|
| <input type="checkbox"/> | Test | 10001 | |
| <input type="checkbox"/> | test | 10001 20002 30003 40004 50005 | |
| <input type="checkbox"/> | test | 10001 | |

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

No file selected.

Max Size: 10 MB
Limit: 10 files per reconsideration

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

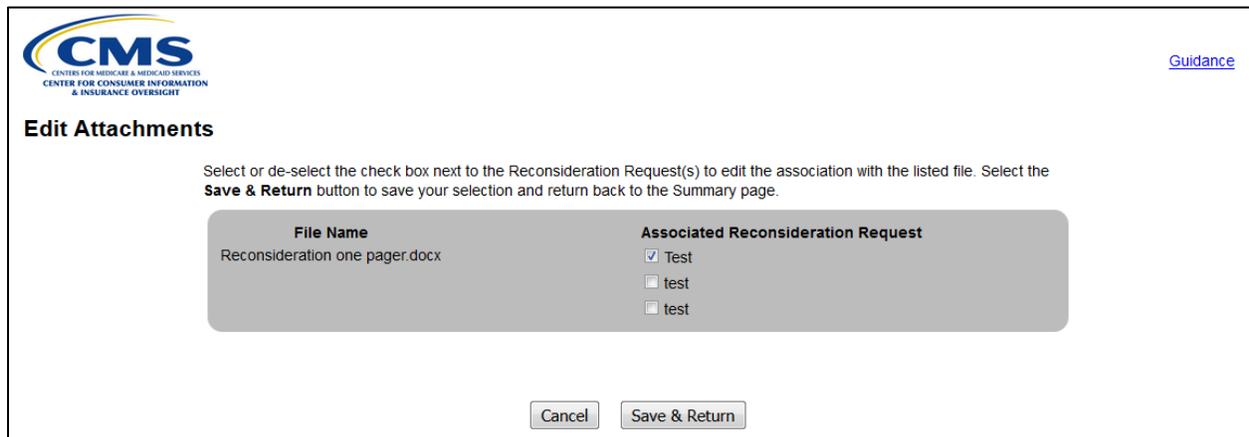
| Action | File Name | File Size | Associated Reconsiderations |
|---|-----------|-----------|-----------------------------|
| <input type="button" value="Return to Summary Page"/> | | | |

5.3.3 Edit Attachments

Table 15: Edit Attachments

| Step | Action |
|------|---|
| 1 | On the Summary or the Upload Attachments page, select the Edit link next to the file name you would like to edit. |
| 2 | On the Edit Attachments page, select or de-select the check box next to the Reconsideration Request(s) to edit the association with the listed file. |
| 3 | Select the Save & Return button to save your selection and return to the Summary or the Upload Attachments page. |
| 4 | Repeat Steps 1-3 to edit additional attachments. |

Figure 24: Edit Attachments Page



The screenshot shows the CMS 'Edit Attachments' page. At the top left is the CMS logo with the text 'CENTERS FOR MEDICARE & MEDICAID SERVICES' and 'CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT'. At the top right is a 'Guidance' link. The main heading is 'Edit Attachments'. Below the heading is a paragraph: 'Select or de-select the check box next to the Reconsideration Request(s) to edit the association with the listed file. Select the **Save & Return** button to save your selection and return back to the Summary page.' Below this is a table with two columns: 'File Name' and 'Associated Reconsideration Request'. The 'File Name' column contains 'Reconsideration one pager.docx'. The 'Associated Reconsideration Request' column contains three rows: 'Test' with a checked checkbox, 'test' with an unchecked checkbox, and 'test' with an unchecked checkbox. At the bottom of the form are two buttons: 'Cancel' and 'Save & Return'.

6 Submitting an Attestation

Once you have submitted all requests for reconsideration, you will complete the Attestation page. This section will review completion of the Attestation page and reviewing and printing Confirmation of the web form submission.

6.1 Attestation



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.

Table 16: Attestation

| Step | Action |
|------|--|
| 1 | Thoroughly review the Attestation statement in its entirety. |
| 2 | Select the check box next to the Attestation statement to indicate agreement. |
| 3 | <p>Complete the Attester Details section with the following information:</p> <ul style="list-style-type: none"> • First Name • Last Name • Job Title • Email Address • Phone Number • Phone Extension (optional) <p>Reminder: <i>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, nor CEO.</i></p> |
| 4 | Select the Submit button. |



Select the **Save** button to save all of the information you have entered to this point.



By selecting the Submit button on the Attestation page, your data is saved and your attestation and Reconsideration Requests are submitted and deemed complete by CMS. CMS may request that you provide additional information; however, **you will not be able to edit your Reconsideration Request(s) after 11:59 p.m. ET Monday, August 1, 2016.**

Figure 25: Attestation Page


[Guidance](#)

Attester Details

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.

Required fields are indicated with a red asterisk (*).

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 a contact for responding to such questions.

Attester Details ?

| | |
|---------------------------------------|---------------------------------------|
| * First Name: <input type="text"/> | * Last Name: <input type="text"/> |
| * Email Address: <input type="text"/> | * Job Title: <input type="text"/> |
| * Phone Number: <input type="text"/> | Phone Extension: <input type="text"/> |

By selecting the Submit button, your data will be saved and your attestation submitted with the ability to make edits, submit additional requests for reconsideration or upload additional attachments until 11:59 p.m. ET Monday, August 1, 2016. Thereafter, you can only upload additional attachments at the request of CMS.

Back Exit Save Submit

6.2 Confirmation

An acknowledgement email is sent from ACAFinancialappeals@cms.hhs.gov to the email addresses in the **Contact Information** and **Attester Details** sections of the web form. Please save and print a PDF of the submission for your records. The PDF is the formal confirmation of attestation and submitted Reconsideration Requests.



If you have any questions about your submitted Reconsideration Request, please email ACAFinancialappeals@cms.hhs.gov and reference RARI Reconsideration, include the reconsideration ID assigned from the PDF confirmation, and at least one HIOS ID in the subject line.

Table 17: Confirmation

| Step | Action |
|------|--|
| 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. |

Figure 26: Confirmation Page



[Guidance](#)

Confirmation

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

Thank you for your submission.

An acknowledgement email has been sent to the email addresses provided. It is recommended that you save and print the PDF for your records; the PDF is the formal confirmation of the reconsideration submission. The PDF will not be attached to your confirmation email.

Submission End Time: 6/29/2016 11:38 AM

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

- test123@gmail.com
- test@gmail.com
- pallavi.gurijala@csra.com
- test1@gmail.com

Print/Save

Select the **PDF** button to generate a PDF confirmation that contains the HIOS ID number(s) for which you requested reconsiderations. It is recommended that you print and save this document for your records. The PDF will not be attached to your confirmation email.

7 Uploading Documentation After the Deadline

Upon review of a Reconsideration Request, CMS may request that additional documentation be uploaded to the web form in support of the Reconsideration Request. You should only upload additional documentation at the request of CMS. To upload the requested documentation, follow the steps below.

Table 18: Uploading Documentation after the Deadline

| Step | Action |
|------|---|
| 1 | Access the web form using the original link. |
| 2 | Enter the CEO Designate email address in the Login ID field. |
| 3 | Enter the access code for your company created during a prior session in the Access Code field. <i>Note: If you have forgotten your access code, please see Section 3.2.1 to reset the access code.</i> |
| 4 | Select the Login button. |
| 5 | On the Contact Information page, complete all required fields in the Submitter Contact Information section. |
| 6 | Select the Continue button. |
| 7 | On the Summary page, locate the Attachments Summary section. <i>Note: Previously uploaded attachments will not be available to edit or delete after the August 1, 2016 deadline.</i> |
| 8 | Select the Upload Attachment button. |
| 9 | On the Upload Attachments page, select one or more Reconsideration Nickname(s) to link to the attachment(s) you will be uploading. |
| 10 | Select the Browse button. |
| 11 | Select the file for upload (the file name will appear in the Upload a File field). |
| 12 | Select the Upload Attachments button. All uploaded files for this Reconsideration Request will appear in a table at the bottom of the page. Select the Action link (View , Edit , or Delete) next to the file name you would like to view, edit, or delete. |
| 13 | Repeat Steps 9-12 for each Reconsideration Nickname for which you want to upload additional attachment(s). |
| 14 | Select the Return to Summary button to save your updates and return to the Summary page. |



| Step | Action |
|------|--|
| 15 | Select the Submit button. |
| 16 | Select the PDF button to print/save the confirmation for your records. |
| 17 | Once the confirmation has been printed and/or saved, select the Exit button to exit the web form. |