Date: April 28, 2017

RE: Transitional Reinsurance Program – CMS to Begin Operating on behalf of the State of Connecticut (effective April 7, 2017)

At the request of the State of Connecticut, effective Friday, April 7, 2017, the Department of Health and Human Services (HHS) began operating the transitional reinsurance program on behalf of Connecticut for the remainder of the 2015 benefit year and for the entire 2016 benefit year. Section 1341 of the Affordable Care Act requires the establishment of a transitional reinsurance program in each State. Connecticut was the only State that operated a transitional reinsurance program and it had been operating the program since the 2014 benefit year.

Connecticut issuers of reinsurance-eligible plans will continue to use the same distributed data collection environment (i.e., the External Data Gathering Environment (EDGE) servers) to submit data and review reports. However, effective as of April 7, 2017, HHS is responsible for making reinsurance payments directly to issuers in Connecticut in accordance with 45 C.F.R. § 156.1215(b). HHS will also require issuers in Connecticut to submit administrative appeals related to the transitional reinsurance program for the 2016 benefit year to CMS in accordance with the HHS administrative appeal process set forth in 45 C.F.R. § 156.1220. Connecticut issuers are encouraged to attend all future webinars regarding the HHS-operated reinsurance program, including those related to payments and administrative appeals. Information on upcoming webinars can be found at https://www.regtap.info/.

If you have any questions about this transition, the data collection process, or reinsurance payments, please contact HHS at RARIPaymentOperations@cms.hhs.gov. If you have any questions about the HHS administrative appeals process, please contact HHS at ACAfinancialappeals@cms.hhs.gov.