

# Reconciliation of the Cost-sharing Reduction Portion of Advance Payments for the 2014 and 2015 Benefit Years (Cost-Sharing Reduction Reconciliation) Request for Reconsideration Guide

## Resources

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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 CSR Reconciliation Request for Reconsideration 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

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Issuers of qualified health plans (QHPs) are permitted to file a request for reconsideration related to CSR Reconciliation for the 2014 and 2015 benefit years to contest a processing error by HHS, a mathematical error by HHS, or HHS’s incorrect application of the relevant methodology. Issuers may make multiple requests for reconsideration related to different CSR Reconciliation Reconsideration Error Types for the same or different HIOS IDs in the same session.

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

The CSR Reconciliation reconsideration web form uses the Technical Point of Contact (POC) email address to determine the HIOS ID(s) for which each organization can submit a request for reconsideration. The Technical POC email address is indicated on the issuer’s final 2014 or 2015 CSR reconciliation data file submission. CMS uses the Technical 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 Technical POC. However, the individual completing the web form must use the Technical POC email address to access the web form.

The Technical 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 CSR Reconciliation reconsideration web form. This email will be sent on Friday, July 15, 2016.



If your company's Technical POC changes after July 14, 2016, contact [csrreconquestions@cms.hhs.gov](mailto:csrreconquestions@cms.hhs.gov) to advise CMS of this update. The CSR Reconciliation reconsideration process cannot be completed until the update to the Technical POC is made.

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



**The CSR Reconciliation reconsideration web form must be completed in a single session for all requests within a benefit year.** If requesting reconsideration(s) for multiple benefit years, complete a separate form for each benefit year. **The CSR Reconciliation request for reconsideration process for the 2014 and 2015 benefit years must be completed by 11:59 p.m. ET Monday, August 29, 2016.**

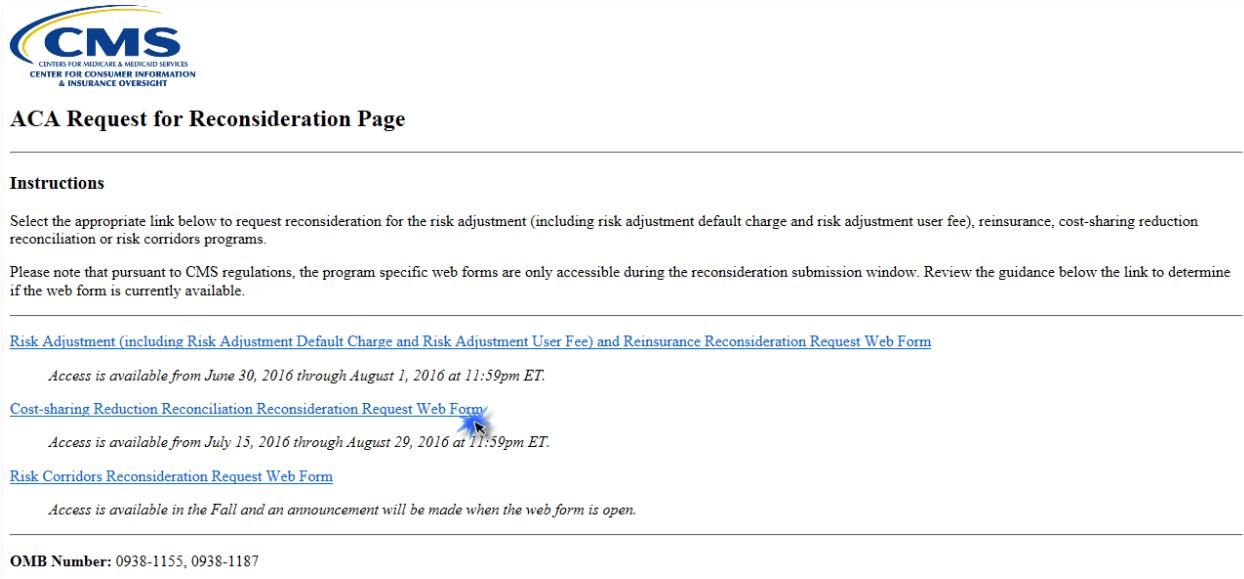


Submission of a reconsideration request with the same HIOS ID, benefit year, and error type as a previously submitted reconsideration request will overwrite the previously submitted reconsideration request.

## 2 ACA Request for Reconsideration Web Page

Upon selecting the web page link in the notification email from [ACAfincialappeals@cms.hhs.gov](mailto:ACAfincialappeals@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) and Reinsurance, and Risk Corridors reconsideration request web forms. Select the CSR Reconciliation reconsideration 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



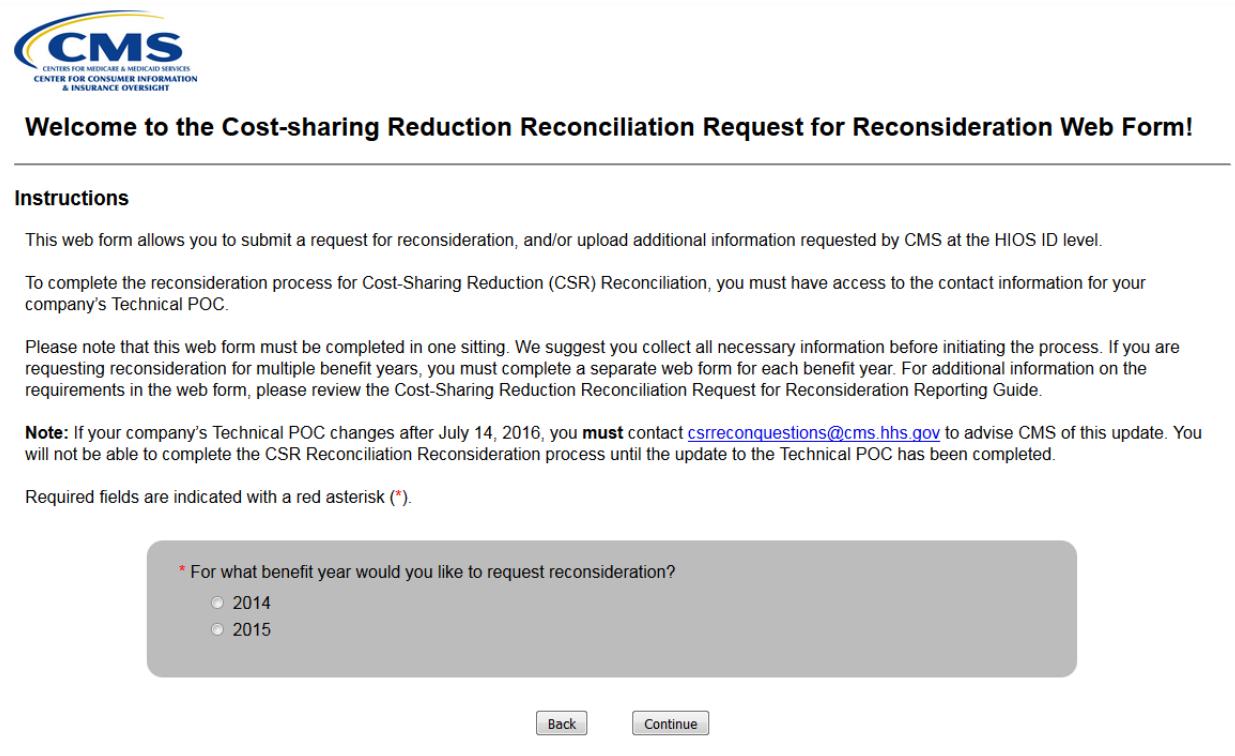
The screenshot shows the CMS website with the CMS logo at the top. Below the logo, the page title is "ACA Request for Reconsideration Page". Under the title, there is a section titled "Instructions" with the following text: "Select the appropriate link below to request reconsideration for the risk adjustment (including risk adjustment default charge and risk adjustment user fee), reinsurance, cost-sharing reduction reconciliation or risk corridors programs." Below this, a note states: "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." There are three links listed: "Risk Adjustment (including Risk Adjustment Default Charge and Risk Adjustment User Fee) and Reinsurance Reconsideration Request Web Form", "Cost-sharing Reduction Reconciliation Reconsideration Request Web Form", and "Risk Corridors Reconsideration Request Web Form". Each link has a corresponding note: "Access is available from June 30, 2016 through August 1, 2016 at 11:59pm ET." for the first, "Access is available from July 15, 2016 through August 29, 2016 at 11:59pm ET." for the second, and "Access is available in the Fall and an announcement will be made when the web form is open." for the third. At the bottom of the page, the OMB Number is listed as "0938-1155, 0938-1187".

## 3 Web Form Welcome Page

Upon selecting the web form link for CSR Reconciliation Reconsideration, you are directed to the Welcome page of the web form, as shown in Figure 2.

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.

Figure 2: CSR Recon Reconsideration Web Form Welcome Page



**Welcome to the Cost-sharing Reduction Reconciliation Request for Reconsideration Web Form!**

**Instructions**

This web form allows you to submit a request for reconsideration, and/or upload additional information requested by CMS at the HIOS ID level.

To complete the reconsideration process for Cost-Sharing Reduction (CSR) Reconciliation, you must have access to the contact information for your company's Technical POC.

Please note that this web form must be completed in one sitting. We suggest you collect all necessary information before initiating the process. If you are requesting reconsideration for multiple benefit years, you must complete a separate web form for each benefit year. For additional information on the requirements in the web form, please review the Cost-Sharing Reduction Reconciliation Request for Reconsideration Reporting Guide.

**Note:** If your company's Technical POC changes after July 14, 2016, you **must** contact [csrreconquestions@cms.hhs.gov](mailto:csrreconquestions@cms.hhs.gov) to advise CMS of this update. You will not be able to complete the CSR Reconciliation Reconsideration process until the update to the Technical POC has been completed.

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

\* For what benefit year would you like to request reconsideration?

2014  
 2015

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The web form allows for the submission of a reconsideration request and for the attachment of files in support of the reconsideration request. Please collect all necessary information before initiating the reconsideration reporting process.

### 3.1 Benefit Year Selection

The web form allows for reconsideration requests related to the 2014 or 2015 benefit years. Select the benefit year associated with the reconsideration request, as shown in Figure 3.

Table 1: Reconsideration Request Benefit Year Selection

Step	Action
1	Select the radio button next to the applicable benefit year.
2	Select the <b>Continue</b> button. The web form proceeds to the Contact Information page.

Figure 3: Reconsideration Request Benefit Year Selection

\* For what benefit year would you like to request reconsideration?

- 2014
- 2015

### 3.2 Contact Information Page

After selecting a benefit year, the web form proceeds to the Contact Information page. The Technical POC contact information must be entered as either 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.

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

Table 2: Contact Information Page

Step	Action
<b>1</b>	<p>Enter the Submitter Contact information:</p> <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Email Address</li> <li>• Job Title</li> <li>• Phone Number</li> <li>• Phone Extension (optional)</li> </ul>
<b>2</b>	<p>Enter the Alternate Contact information (must be different from the Submitter Contact):</p> <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Email Address</li> <li>• Job Title</li> <li>• Phone Number</li> <li>• Phone Extension (optional)</li> </ul>
<b>3</b>	<p>Enter the CEO Contact information:</p> <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Email Address</li> <li>• Phone Number</li> <li>• Phone Extension (optional)</li> </ul>
<b>4</b>	<p>Enter the Company Mailing Address information:</p> <ul style="list-style-type: none"> <li>• Address Line 1</li> <li>• Address Line 2 (optional)</li> <li>• City</li> <li>• State (select from list)</li> <li>• Zip Code</li> </ul>
<b>5</b>	<p>Select the <b>Continue</b> button.</p> <p>The web form proceeds to the CSR Reconciliation Reconsideration Error Type page.</p>

Figure 4: Contact Information Page

**Submitter Contact Information**

* 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"/>

**Alternate Contact Information**

* 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"/>

**CEO Contact Information**

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

**Company Mailing Address**

* Address Line 1: <input type="text"/>		
Address Line 2: <input type="text"/>		
* City: <input type="text"/>	* State: <input type="text" value="--None--"/>	* Zip Code: <input type="text"/>

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## 4 Reconsideration Request HIOS ID and Error Type

The Reconsideration Error Type page requires entry of the HIOS ID associated with the reconsideration request and the selection of one or more reconsideration error types. In other words, enter the HIOS ID for which you have error(s), and then select which error(s) relate to that specific HIOS ID. There are three reconsideration error types: QHP ID Error, Exchange Subscriber ID Error, and Other – Error (other than QHP ID or Subscriber ID Errors), as shown in Figure 5.



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 CSR Reconciliation Reconsideration Error Type Page

Table 3: CSR Reconciliation Reconsideration Error Type

Step	Action
1	Enter the HIOS ID associated with the reconsideration request.
2	Select the check box for one or more of the Reconsideration Error Types. Reconsideration Error Types (select all that apply): <ul style="list-style-type: none"><li>• QHP ID Error</li><li>• Exchange Subscriber ID Error</li><li>• Other – Error (other than QHP ID or Subscriber ID Errors)</li></ul>
3	Select the <b>Continue</b> button. The web form proceeds to the selected error type page. If more than one error type is selected, the web form proceeds to the first error type selection.



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: CSR Reconciliation Reconsideration Error Type page

## CSR Reconciliation Reconsideration Error Type

### Instructions

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

Reconsideration Request Start Date: XXXXXXXXXXXXXXXX (Auto-populated)  
 Benefit Year: XXXX (Auto-populated)

\* Enter the HIOS ID associated to this Reconsideration Request:

\* Select one or more of the following Reconsideration Error Types for the HIOS ID entered:

- QHP ID Error
- Exchange Subscriber ID Error
- Other – Error other than QHP ID or Subscriber ID Errors

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## 4.2 QHP ID Error Information Page

If QHP ID Error is selected as a CSR Reconciliation Reconsideration Error Type, the QHP ID Error Information page opens (see Figure 6 and Figure 7).

Table 4: QHP ID Error Information Page

Step	Action						
1	<p>Select the check box for one or more of the Basis for Reconsideration Request options (select all that apply):</p> <ul style="list-style-type: none"> <li>• Contest a processing error by HHS</li> <li>• HHS mathematical error for amount</li> <li>• HHS incorrect application of methodology</li> </ul>						
2	<p>Select <b>Yes</b> or <b>No</b> to the question, “Did you report a discrepancy related to this Reconsideration Request?</p> <table border="1"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td> <p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the <b>Discrepancy ID</b> field.</p> <ul style="list-style-type: none"> <li>– The Discrepancy ID is automatically assigned and can be located in the issuer's outbound EFT folder</li> </ul> <p>Continue to Step 3.</p> </td></tr> <tr> <td>No</td> <td>Continue to Step 3.</td></tr> </tbody> </table>	If	Then	Yes	<p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the <b>Discrepancy ID</b> field.</p> <ul style="list-style-type: none"> <li>– The Discrepancy ID is automatically assigned and can be located in the issuer's outbound EFT folder</li> </ul> <p>Continue to Step 3.</p>	No	Continue to Step 3.
If	Then						
Yes	<p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the <b>Discrepancy ID</b> field.</p> <ul style="list-style-type: none"> <li>– The Discrepancy ID is automatically assigned and can be located in the issuer's outbound EFT folder</li> </ul> <p>Continue to Step 3.</p>						
No	Continue to Step 3.						

Step	Action				
3	<p>Select the check box for each Application Dispute Code that applies to the HIOS ID. Applicable Dispute Code options:</p> <ul style="list-style-type: none"> <li>• R01 - Subscriber ID rejected by CMS</li> <li>• R02 - QHP ID rejected by CMS</li> <li>• R03 - HHS processing error</li> <li>• R04 - HHS mathematical error for amount</li> <li>• R05 - HHS incorrect application of the relevant methodology</li> <li>• R06 - Issuer processing error</li> <li>• R07 - Issuer mathematical error amount</li> <li>• R08 - Issuer incorrect application of the relevant methodology</li> <li>• R09 - Claims data or policies submitted in the wrong benefit year</li> <li>• R10 - Other</li> </ul> <table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>Other</td><td>Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.</td></tr> </tbody> </table>	If	Then	Other	Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.
If	Then				
Other	Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.				
4	<p>If a Discrepancy ID was entered in the <b>Discrepancy ID</b> field, select <b>Yes</b> or <b>No</b> to the question, “Are you requesting reconsideration for all of the errors reported in the discrepancy identified above?”</p> <p>If a Discrepancy ID was <u>not</u> entered, continue to Step 5.</p>				
5	<p>Provide a brief explanation of the reconsideration request in the <b>Reconsideration Request Explanation</b> field.</p>				
6	<p>Enter the QHP ID(s) in the <b>Enter the QHP ID(s) for which you are requesting reconsideration</b> field.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  Required only if <b>No</b> is selected for either of the two (2) QHP ID Error Information page questions     </div> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  The QHP IDs must be separated by a semicolon (;).     </div>				

Step	Action
7	<p>The following <b>Reconsideration Request Amount Details</b> fields are auto-populated:</p> <ul style="list-style-type: none"><li>• File associated with the Reconsideration Request</li><li>• Valid CSR Amount</li><li>• Invalid CSR Amount</li></ul>
8	<p>Enter the CSR amount in dispute in the <b>CSR Amount in Dispute</b> field.</p> <p>Review the CSR Amount in Dispute guidelines in <a href="#">Section 5</a>.</p>
9	<p>Select the <b>Continue</b> button.</p> <p>The web form proceeds to the next selected error type page if more than one error type was selected, or the web form proceeds to the Reconsideration Request Summary page (see <a href="#">Section 6</a>).</p>

Figure 6: QHP ID Error Information Page

## **QHP ID Error Information page**

### **Instructions**

Required fields are indicated with a red asterisk (\*). You can enter multiple QHP ID(s) in the text box. The QHP ID(s) must be separated by a semicolon (;

**HIOS ID:** 22333  
**Error Type:** QHP ID Error

\* Basis for Reconsideration Request (select all that apply):

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

\* Did you report a discrepancy related to this Reconsideration Request?

- Yes
- No

Discrepancy ID :

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

- R01 - 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 in the wrong benefit year
- R10 - Other

Other Application Dispute Explanation:

Maximum of 1000 characters.

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

- Yes
- No

Figure 7: QHP ID Error Information Page (continued)

\* Reconsideration Request Explanation:  
You are given the option to upload a file with further detail in support of this reconsideration (or multiple reconsiderations) on the Summary page.

Maximum of 1000 characters.

Enter the QHP ID(s) for which you are requesting reconsideration:

Maximum of 6000 characters.  
QHP IDs must be separated by a semicolon (;)

## Reconsideration Request Amount Details

File associated with the Reconsideration Request:	XXXXXX (Auto-populated)
Valid CSR Amount:	\$ XXX.XX (Auto-populated)
Invalid CSR Amount:	\$ XXXX.XX (Auto-populated)
CSR Amount in Dispute:	\$ <input type="text"/>

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## 4.3 Exchange Subscriber ID Error Information Page

If Exchange Subscriber ID Error is selected as a CSR Reconciliation Reconsideration Error Type, the Exchange Subscriber ID Error Information page opens, as shown in Figure 8 and Figure 9.

Table 5: Exchange Subscriber ID Error Information Page

Step	Action						
1	<p>Select the check box for one or more of the Basis for Reconsideration Request options (select all that apply):</p> <ul style="list-style-type: none"> <li>Contest a processing error by HHS</li> <li>HHS mathematical error for amount</li> <li>HHS incorrect application of methodology</li> </ul>						
2	<p>Select <b>Yes</b> or <b>No</b> to the question, “Did you report a discrepancy related to this Reconsideration Request?”</p> <table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>Yes</td><td> <p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the <b>Discrepancy ID</b> field.</p> <ul style="list-style-type: none"> <li>The Discrepancy ID is automatically assigned and can be located in the issuer’s outbound EFT folder</li> </ul> <p>Continue to Step 3.</p> </td></tr> <tr> <td>No</td><td>Continue to Step 3.</td></tr> </tbody> </table>	If	Then	Yes	<p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the <b>Discrepancy ID</b> field.</p> <ul style="list-style-type: none"> <li>The Discrepancy ID is automatically assigned and can be located in the issuer’s outbound EFT folder</li> </ul> <p>Continue to Step 3.</p>	No	Continue to Step 3.
If	Then						
Yes	<p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the <b>Discrepancy ID</b> field.</p> <ul style="list-style-type: none"> <li>The Discrepancy ID is automatically assigned and can be located in the issuer’s outbound EFT folder</li> </ul> <p>Continue to Step 3.</p>						
No	Continue to Step 3.						

Step	Action				
<b>3</b>	<p>Select the check box for each Application Dispute Code that applies to the HIOS ID. Applicable Dispute Code options:</p> <ul style="list-style-type: none"> <li>• R01 - Subscriber ID rejected by CMS</li> <li>• R02 - QHP ID rejected by CMS</li> <li>• R03 - HHS processing error</li> <li>• R04 - HHS mathematical error for amount</li> <li>• R05 - HHS incorrect application of the relevant methodology</li> <li>• R06 - Issuer processing error</li> <li>• R07 - Issuer mathematical error amount</li> <li>• R08 - Issuer incorrect application of the relevant methodology</li> <li>• R09 - Claims data or policies submitted in the wrong benefit year</li> <li>• R10 - Other</li> </ul> <table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>Other</td><td>Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.</td></tr> </tbody> </table>	If	Then	Other	Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.
If	Then				
Other	Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.				
<b>4</b>	<p>If a Discrepancy ID was entered in the <b>Discrepancy ID</b> field, select <b>Yes</b> or <b>No</b> to the question, “Are you requesting reconsideration for all of the errors reported in the discrepancy identified above?”</p> <p>If a Discrepancy ID was <u>not</u> entered, continue to Step 5.</p>				
<b>5</b>	<p>Provide a brief explanation of the reconsideration request in the <b>Reconsideration Request Explanation</b> field.</p>				
<b>6</b>	<p>Enter the QHP ID(s) in the <b>Enter the QHP ID(s) for which you are requesting reconsideration</b> field.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  Required only if <b>No</b> is selected for <u>either</u> of the two (2) Exchange Subscriber ID Error Information page questions.     </div> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  The Exchange Subscriber IDs must be separated by a semicolon (;).     </div>				

Step	Action
<b>7</b>	The following <b>Reconsideration Request Amount Details</b> fields are auto-populated: <ul style="list-style-type: none"> <li>File associated with the Reconsideration Request</li> <li>Valid CSR Amount</li> <li>Invalid CSR Amount</li> </ul>
<b>8</b>	Enter the CSR amount in dispute in the <b>CSR Amount in Dispute</b> field. Review the CSR Amount in Dispute guidelines in <a href="#">Section 5</a> .
<b>9</b>	Select the <b>Continue</b> button. The web form proceeds to the Other Error Information page if “Other – Error (other than QHP ID or Subscriber ID Errors)” was selected, or the web form proceeds to the Reconsideration Request Summary page (see <a href="#">Section 6</a> ).

Figure 8: Exchange Subscriber ID Error Information Page

**Exchange Subscriber ID Error Information page**

**Instructions**

Required fields are indicated with a red asterisk (\*). You can enter multiple Exchange Subscriber ID(s) in the text box. The Exchange Subscriber ID(s) must be separated by a semicolon (;).

HIOS ID: 22333  
Error Type: Exchange Subscriber ID Error

\* Basis for Reconsideration Request (select all that apply):  
 Contest a processing error by HHS  
 HHS mathematical error for amount  
 HHS incorrect application of methodology

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

Discrepancy ID :

\* Application Dispute Codes (select all that apply):  
 R01 - 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 in the wrong benefit year  
 R10 - Other

Other Application Dispute Explanation:  
  
 Maximum of 1000 characters.

Are you requesting reconsideration for all of the errors reported in the discrepancy identified above?  
 Yes  
 No

Figure 9: Exchange Subscriber ID Error Information Page (continued)

\* Reconsideration Request Explanation:  
You are given the option to upload a file with further detail in support of this reconsideration (or multiple reconsiderations) on the Summary page.

Maximum of 1000 characters.

Enter the Exchange Subscriber ID(s) for which you are requesting reconsideration:

Maximum of 10000 characters.  
Exchange Subscriber IDs must be separated by a semicolon (;)

## Reconsideration Request Amount Details

File associated with the Reconsideration Request:	XXXXXX (Auto-populated)
Valid CSR Amount:	\$ XXX.XX (Auto-populated)
Invalid CSR Amount:	\$ XXXX.XX (Auto-populated)
CSR Amount in Dispute:	<input type="text"/>

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## 4.4 Other Error Information Page

If Other Error is selected as a CSR Reconciliation Reconsideration Error Type, the Other Error Information page opens (see Figure 10 and Figure 11 ).

Table 6: Other Error Information Page

Step	Action						
1	<p>Select the check box for one or more of the Basis for Reconsideration Request options (select all that apply):</p> <ul style="list-style-type: none"> <li>• Contest a processing error by HHS</li> <li>• HHS mathematical error for amount</li> <li>• HHS incorrect application of methodology</li> </ul>						
2	<p>Select <b>Yes</b> or <b>No</b> to the question, “Did you report a discrepancy related to this Reconsideration Request?”</p> <table border="1"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td> <p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the <b>Discrepancy ID</b> field.</p> <ul style="list-style-type: none"> <li>– The Discrepancy ID is automatically assigned and can be located in the issuer’s outbound EFT folder</li> </ul> <p>Continue to Step 3.</p> </td></tr> <tr> <td>No</td> <td>Continue to Step 3.</td></tr> </tbody> </table>	If	Then	Yes	<p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the <b>Discrepancy ID</b> field.</p> <ul style="list-style-type: none"> <li>– The Discrepancy ID is automatically assigned and can be located in the issuer’s outbound EFT folder</li> </ul> <p>Continue to Step 3.</p>	No	Continue to Step 3.
If	Then						
Yes	<p>Enter the 15-digit Discrepancy ID associated with the reported discrepancy in the <b>Discrepancy ID</b> field.</p> <ul style="list-style-type: none"> <li>– The Discrepancy ID is automatically assigned and can be located in the issuer’s outbound EFT folder</li> </ul> <p>Continue to Step 3.</p>						
No	Continue to Step 3.						
3	<p>Select the check box for each Application Dispute Code that applies to the HIOS ID. Applicable Dispute Codes:</p> <ul style="list-style-type: none"> <li>• R01 - Subscriber ID rejected by CMS</li> <li>• R02 - QHP ID rejected by CMS</li> <li>• R03 - HHS processing error</li> <li>• R04 - HHS mathematical error for amount</li> <li>• R05 - HHS incorrect application of the relevant methodology</li> <li>• R06 - Issuer processing error</li> <li>• R07 - Issuer mathematical error amount</li> <li>• R08 - Issuer incorrect application of the relevant methodology</li> <li>• R09 - Claims data or policies submitted in the wrong benefit year</li> <li>• R10 – Other</li> </ul> <table border="1"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>Other</td> <td>Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.</td></tr> </tbody> </table>	If	Then	Other	Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.		
If	Then						
Other	Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.						

Step	Action				
	<table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>Other</td><td>Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.</td></tr> </tbody> </table>	If	Then	Other	Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.
If	Then				
Other	Provide a brief explanation of the application dispute in the <b>Other Application Dispute Explanation</b> field.				
<b>4</b>	Provide a brief explanation of the reconsideration request in the <b>Reconsideration Request Explanation</b> field.				
<b>5</b>	<p>The following <b>Reconsideration Request Amount Details</b> fields are auto-populated:</p> <ul style="list-style-type: none"> <li>File associated with the Reconsideration Request</li> <li>Valid CSR Amount</li> <li>Invalid CSR Amount</li> </ul>				
<b>6</b>	<p>Enter the CSR amount in dispute in the <b>CSR Amount in Dispute</b> field.</p> <p>Review the CSR Amount in Dispute guidelines in <a href="#">Section 5</a>.</p>				
<b>7</b>	<p>Select the <b>Continue</b> button.</p> <p>The web form proceeds to the Reconsideration Request Summary page (see <a href="#">Section 6</a>).</p>				

Figure 10: Other Error Information Page

## Other Error Information page

### Instructions

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

**HIOS ID:** 22333  
**Error Type:** Other - Error other than QHP ID or Subscriber ID Errors

\* Basis for Reconsideration Request (select all that apply):

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

\* Did you report a discrepancy related to this Reconsideration Request?

- Yes
- No

Discrepancy ID :

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

- R01 - 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 in the wrong benefit year
- R10 - Other

Other Application Dispute Explanation:

Maximum of 1000 characters.

Figure 11: Other Error Information Page

\* Reconsideration Request Explanation:  
You are given the option to upload a file with further detail in support of this reconsideration (or multiple reconsiderations) on the Summary page.

Maximum of 1000 characters.

---

**Reconsideration Request Amount Details**

File associated with the Reconsideration Request:	XXXXXX (Auto-populated)
Valid CSR Amount:	\$ XXXX.XX (Auto-populated)
Invalid CSR Amount:	\$ XXXX.XX (Auto-populated)
CSR Amount in Dispute:	<input style="width: 100px;" type="text"/>

## 5 Reconsideration Request CSR Amount in Dispute Guidelines

Table 7: Reconsideration Request CSR Amount in Dispute 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 <b>CSR Amount in Dispute</b> 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 <b>CSR Amount in Dispute</b> field.

## 6 Reconsideration Request Summary

Review the Reconsideration Request Summary page for the specified benefit year. Use the **Reconsideration Request Summary** table to confirm or edit reconsideration request(s), as shown in Figure 12 and Figure 13.

Table 8: Reconsideration Request Summary Page

Step	Action
1	<p>Review the <b>Reconsideration Request Summary</b> table to confirm:</p> <ul style="list-style-type: none"> <li>Accurate reconsideration request information was entered</li> <li>HIOS ID(s) entered correctly</li> </ul> <p>For each Reconsideration ID, select <b>View</b>, <b>Edit</b>, or <b>Delete</b> from the Action column to view, edit, or delete a reconsideration request.</p>
2	<p>To upload an attachment(s), follow the instructions in <a href="#">Section 6.1</a>.</p> <p>Review the Attachments Summary section to ensure the following:</p> <ul style="list-style-type: none"> <li>Appropriately named file(s) were uploaded</li> <li>Uploaded file(s) listed is linked to the appropriate Reconsideration ID</li> </ul> <p>Select the <b>Action</b> link (<b>View</b>, <b>Edit</b>, or <b>Delete</b>) next to the file name you would like to view, edit, or delete. To edit attachments, follow the instructions in <a href="#">Section 6.1.1</a>.</p>
3	<p>Review the Contact Information section on the Reconsideration Request Summary page for accuracy.</p> <p>To edit Contact Information, select the <b>Edit Contact Information</b> button.</p>
4	<p>Select <b>Yes</b> or <b>No</b> to the question, “Do you have additional requests for reconsideration for this benefit year?”</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  This is the step where you can submit a reconsideration request for another HIOS ID for the same benefit year.     </div>
5	Select the <b>Continue</b> button.

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

Figure 12: Reconsideration Request Summary Page

### Reconsideration Request Summary

**Benefit Year:** XXXX (Auto-populated)

Select the Action link next to the Reconsideration ID to view, edit, or delete the selected reconsideration.

Action	Reconsideration ID	HIOs ID	Error Type	Valid CSR Amount	Invalid CSR Amount	CSR Amount in Dispute
<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>	0241	22333	QHP ID	\$ 233.00	\$ 7,642.00	\$ 100.00
<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>	0242	22333	Exchange Subscriber ID	\$ 233.00	\$ 7,642.00	\$ 100.00
<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>	0243	22333	Other	\$ 233.00	\$ 7,642.00	\$ 100.00

### Attachments Summary

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

Figure 13: Reconsideration Request Summary Page (continued)

#### Contact Information

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

#### Submitter Contact Information

* First Name: Karen	* Last Name: Warren
* Email Address: karenwarren@xyz.com	* Job Title: Technical POC
* Phone Number: (814) 123-1000	Phone Extension:

#### Alternate Contact Information

* First Name: Henry	* Last Name: Hobarth
* Email Address: henryhobarth@xyz.com	* Job Title: Manager
* Phone Number: (814) 123-1000	Phone Extension:

#### CEO Contact Information

* First Name: Sharon	* Last Name: Harris
* Email Address: sharonharris@xyz.com	
* Phone Number: (814) 123-1000	Phone Extension:

#### Company Mailing Address

* Address Line 1: XYZ Company		
Address Line 2: 1000 W College Avenue		
* City: State College	* State: PA	* Zip Code: 16801

[Edit Contact Information](#)

\* Do you have additional requests for reconsideration for this benefit year?

Yes  
 No

[Exit](#)

[Continue](#)

## 6.1 Upload Attachments

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 (see Figure 14). 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.



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

Table 9: Upload Attachments

Step	Action
1	On the Reconsideration Request Summary page, select the <b>Upload Attachments</b> button.
2	On the <b>Upload Attachments</b> 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 <b>Browse</b> button in the Upload a File section.
4	Select the file for upload (the file name will appear in the <b>Upload a File</b> field).
5	Select the <b>Upload Attachment</b> button. The uploaded file appears in the <b>Attachment Summary</b> table at the bottom of the page. Select View, Edit, or Delete from the Action column to view, edit, or delete an attached file.
6	Repeat Steps 2-5 to upload additional files.
7	Select the <b>Return to Summary</b> button to save the changes and return to the Reconsideration Request Summary page.

Figure 14: Upload Attachments Page

### Upload Attachments

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

Select	Reconsideration ID	HIOS ID	Error Type	File(s) Uploaded
<input type="checkbox"/>	0241	22333	QHP ID	
<input type="checkbox"/>	0242	22333	Exchange Subscriber ID	
<input type="checkbox"/>	0243	22333	Other	

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 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 Action link next to the attachment to view, edit, or delete the selected attachment. Once all attachments have been uploaded, select the **Return to Summary** button to save your updates and return to the Summary page.

Action	File Name	File Size	Associated Reconsideration ID(s)
<input type="button" value="Return to Summary"/>			

#### 6.1.1 Edit Attachments

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

Table 10: Edit Attachments Page

Step	Action
1	Select the <b>Edit</b> link from the Action column.
2	On the <b>Edit Attachments</b> page (see Figure 15), select or de-select the check box in the Associated Reconsideration ID column to edit the HIOS ID's association with the file.
3	Select the <b>Save &amp; Return</b> button to save the changes and return to the previous page.
4	Repeat Steps 1-3 to edit additional attachments.
5	Return to the Reconsideration Request Summary page to proceed.

Figure 15: Edit Attachments Page

### Edit Attachments

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 to the Summary page.

File Name	Associated Reconsideration ID(s)	HIOs ID	Error Type
QHP ID Error_22333.docx	<input checked="" type="checkbox"/> 0241	22333	QHP ID
	<input type="checkbox"/> 0242	22333	Exchange Subscriber ID
	<input type="checkbox"/> 0243	22333	Other

[Cancel](#) [Save & Return](#)

## 7 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 16).

### 7.1 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 11: Attester Details Page

Step	Action
1	Thoroughly review the <b>Attestation</b> statement in its entirety.
2	Select the check box next to the Attestation statement to indicate agreement.

Step	Action
<b>3</b>	<p>Complete the <b>Attester Details</b> section with the following information:</p> <ul style="list-style-type: none"> <li>First Name</li> <li>Last Name</li> <li>Email Address</li> <li>Job Title</li> <li>Phone Number</li> <li>Phone Extension (optional)</li> </ul> <p><b>Reminder:</b> <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>
<b>4</b>	Select the <b>Submit</b> button.

Figure 16: Attestation Page

## Attester Details

### Instructions

Prior to completing the Request for Reconsideration process, an individual with the authority to legally and financially obligate 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 the individual contacted by CMS if CMS identifies an issue or has questions.

#### 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 reconsiderations or upload additional attachments until **11:59 p.m. ET Monday, August 29, 2016**. Thereafter, you can only upload additional attachments as requested by CMS.

## 7.2 Confirmation

An acknowledgement email will be sent from [ACAfinaancialappeals@cms.hhs.gov](mailto:ACAfinaancialappeals@cms.hhs.gov) to the email addresses listed on the Confirmation page, as shown in Figure 17. Please save and print the PDF of the Confirmation for your records. The PDF is the formal confirmation of reconsideration request submission.

Table 12: Confirmation Page

Step	Action
1	Select the <b>PDF</b> button to print/save the Confirmation for your records.
2	Once the Confirmation is printed and/or saved, select the <b>Exit</b> button to exit the web form.



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 17: Confirmation Page

**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.

Submission End Time: XXXXXXXXXXXXXXXX (Auto-populated)

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

If you would like to submit a request for reconsideration related to Cost-Sharing Reduction Reconciliation for another benefit year, please complete another web form <https://acapaymentoperations.secure.force.com/ACAReconsideration/CSRReconReconsideration/>.

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