

PPACA Financial Appeals

Risk Adjustment (including Risk Adjustment Default Charge, Risk Adjustment User Fee, and High-Cost Risk Pool) Reconsideration Request

Web Form User Guide

2018 Benefit Year



Table of Contents

Res	source	es1
1	Intro	duction1
2	PPAC	CA Request for Reconsideration Web Page2
3	Weld	come Page
	3.1	Log in with Access Code 4
4	Cont	act Information Page5
5	Reco	nsideration Request Options Page6
6 Ris	Reco k Poo	nsideration Request for Risk Adjustment, Risk Adjustment Default Charge, or High-Cost
	6.1	Reconsideration Request Details Page8
	6.2	Reconsideration Request Amount Details Page10
		6.2.1 Risk Adjustment or Risk Adjustment Default Charge Reconsideration Requests 11
		6.2.2 High-Cost Risk Pool Reconsideration Requests
7	Reco	nsideration Request for Risk Adjustment User Fee15
	7.1	Reconsideration Request Details Page15
	7.2	Plan ID and Enrollees Information Page
8	Sum	mary Page
	8.1	View Reconsideration Details Page
	8.2	Upload Attachments Page24
	8.3	Edit Attachments Page
9	Atte	station Page
10	Conf	irmation Page
11	Uplo	ad Documentation after the Deadline



Resources

The following current benefit year Risk Adjustment (including Risk Adjustment Default Charges, Risk Adjustment User Fees, and High-Cost Risk Pool transfers) Request for Reconsideration resources are available for review or download:

- PPACA Request for Reconsideration web page to access the Risk Adjustment (including Risk Adjustment Default Charge, Risk Adjustment User Fee, and High-Cost Risk Pool) Web Form: <u>https://acapaymentoperations.secure.force.com/ACAReconsideration/</u>
- Request for Reconsideration webinar training materials: <u>https://www.regtap.info</u>, REGTAP library, "ACA Financial Appeals" Program Area
- CCIIO Website, The Affordable Care Act Financial Administrative Appeals Process for Issuers: <u>https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/Financial-Administrative-Appeals-Process-for-Issuers/Information-and-Insurance-Oversight.html
 </u>

1 Introduction

All issuers of risk adjustment covered plans are generally permitted¹ to file a request for reconsideration for the 2018 benefit year related to Risk Adjustment Transfers (payments and charges), Risk Adjustment Default Charges, Risk Adjustment User Fees, and High-Cost Risk Pool Transfers.² An issuer may file a request for reconsideration only to contest:

- A processing error by HHS;
- HHS's incorrect application of the relevant methodology; or
- HHS's mathematical error.³

This document is a step-by-step guide to log in, complete, and submit a request for reconsideration within the Risk Adjustment (including Risk Adjustment Default Charge, Risk

¹ Reconsideration may be requested only if, to the extent the issue could have been previously identified, the issuer notified HHS of the dispute through the applicable discrepancy reporting process, it was so identified and remains unresolved. See 45 C.F.R. § 156.1220(a)(4)(ii). There also is a materiality threshold. See 45 C.F.R. § 156.1220(a)(2).

² Requests for reconsideration related to HHS risk adjustment data validation (HHS-RADV) are not addressed in this document.

³ 45 C.F.R. § 156.1220(a)(1)(ii) and (iv).



Adjustment User Fee, and High-Cost Risk Pool) Reconsideration Request Web Form for a company's HIOS ID(s).

The web form requires the CEO Designate or Alternate CEO Designate to log in with the EDGE Server Contact Database Access Code to determine the HIOS ID(s) for which each organization can make a request for reconsideration. 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 Request. Each organization's CEO Designate and Alternate CEO Designate will receive an email containing information about the Risk Adjustment reconsideration reporting process, as well as a link to the 2018 benefit year Risk Adjustment (including Risk Adjustment Default Charge, Risk Adjustment User Fee, and High-Cost Risk Pool) Reconsideration Request Web Form.

Warning: For the 2018 benefit year Risk Adjustment program, the web form will be available to file a request for reconsideration only from Monday, July 1, 2019 through 11:59 p.m. Eastern Time (ET) on Wednesday, July 31, 2019.

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 2018 benefit year Risk Adjustment⁴ by 11:59 p.m. ET on Wednesday, July 31, 2019.

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

2 PPACA Request for Reconsideration Web Page

Upon selecting the web page link in the invitation email from

<u>ACAfinancialappeals@cms.hhs.gov</u>, you are directed to the PPACA Request for Reconsideration web page, which contains a link for the Risk Adjustment (including Risk Adjustment Default Charge, Risk Adjustment User Fee, and High-Cost Risk Pool) Reconsideration Web Form. The web page also contains a link to access the Cost-Sharing Reduction Reconciliation Request web form, which is currently not accessible. Please make sure to select the **Risk Adjustment** (including Risk Adjustment Default Charge, Risk Adjustment User Fee, and High-Cost Risk Pool) Reconsideration Web Form Default Charge, Risk Adjustment User Fee, and High-Cost Risk Pool) Reconsideration Web Form Default Charge, Risk Adjustment User Fee, and High-Cost Risk Pool) Reconsideration Web Form link, as shown in Figure 1.

⁴ There is a different timeframe and separate instructions for request for reconsideration related to HHS-RADV.



Risk Adjustment Reconsideration Request Web Form User Guide

Figure 1: PPACA Request for Reconsideration Page



PPACA Request for Reconsideration Page

Instructions

Select the appropriate link below to request reconsideration for the risk adjustment (including risk adjustment default charge, risk adjustment user fee, and the high-cost risk pool), or cost-sharing reduction data submission programs.

Please note that pursuant to CMS regulations, the program-specific web forms are only accessible during the applicable 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, Risk Adjustment User Fee and High-Cost Risk Pool) Reconsideration Request Web Form

Access is available from July 1, 2019 through July 31, 2019 at 11:59 pm ET.

Cost-Sharing Reduction Data Submission Reconsideration Request Web Form

Access is available from August 1, 2019 through September 30, 2019 at 11:59pm ET.

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

 This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this U.S. Government information system, which includes (1) this computer (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network.
 This system is provided for Government-authorized use only.

- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties
- · Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:

The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have
no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may
monitor, intercept, and search and seize any communication or data transiting or stored on this system.
 Any communication or data transiting or stored on this system.

3 Welcome Page

Upon selecting the web form link contained in the invitation email, the *Welcome* page displays as shown in <u>Figure 2</u>. Refer to <u>Table 1</u> to determine how to proceed in the web form.

Table 1: Login Navigation

If	Then
You have an EDGE Server Contact Database Access Code,	Refer to <u>Section 3.1</u> to log in with the Access Code.
You have not created an EDGE Server Contact Database Access Code OR you need to reset your Access Code,	Select the EDGE Server Contact Database web form link to create or reset your Access Code.
You have forgotten your EDGE Server Contact Database Access Code,	Select the Forgot Access Code link to reset your Access Code.



Risk Adjustment Reconsideration Request Web Form User Guide

Guidance

Figure 2: Risk Adjustment Reconsideration Web Form Welcome Page



Welcome

The Risk Adjustment (RA) Reconsideration web form allows you to request reconsideration and/or upload additional information requested by CMS for the 2018 benefit year.

Instructions

To complete this web form, you must be the CEO Designate or Alternate CEO Designate, and you must have an EDGE Server Contact Database Access Code.

If you have not previously accessed the EDGE Server Contact Database, or if you forgot your Access Code, please select the following link for the EDGE Server Contact Database to either create or reset your access code.

https://acapaymentoperations.secure.force.com/EdgeContactDatabase

Enter the CEO Designate or Alternate CEO Designate email address into the Login ID field and your EDGE Server Contact Database Access Code into the Access Code field, and then select the Login button.

Note: If your company's CEO Designate or Alternate CEO Designate changed, you must update the contact information in the EDGE Server Contact Database web form: https://acapaymentoperations.secure.force.com/EdgeContactDatabase. You will not be able to complete this process until updates are completed.

The red asterisk (*) indicates required fields.

* Login ID:		
* Access Code:		Log In
Forgot Access C	ode	
	Back	

Warning: To complete this web form, you must be the CEO Designate or Alternate CEO Designate, and you must have an EDGE Server Contact database Access Code. If your company's CEO Designate or Alternate CEO Designate has changed, you must ensure the contact information has been updated in the EDGE Server Contact Database at

<u>https://acapaymentoperations.secure.force.com/EdgeContactDatabase</u>. You cannot complete this process until the contact information is correct.

3.1 Log in with Access Code

Follow these steps to log into the web form using your EDGE Server Contact Database Access Code, as shown in Figure 3:

- 1. Enter your CEO Designate or Alternate CEO Designate email address in the Login ID field.
- 2. Enter your EDGE Server Contact Database Access Code in the Access Code field.



3. Select the **Log In** button to navigate to the *Contact Information* page of the web form.

Figure 3: Log in with Access Code

* Login ID: brietestceo1@gmail.com	
* Access Code: ••••••	Log In
Forgot Access Code	18

4 Contact Information Page

Your contact information will be pulled from the EDGE Server Contact Database and is included as the submitter contact information for this web form. Follow these steps to complete this page (refer to Figure 4).

- 1. Enter the Alternate Contact information (must be different from the Submitter Contact):
 - First Name
 - Last Name
 - Email Address
 - Job Title
 - Phone Number
 - Phone Extension (optional)
- 2. Enter the Company Mailing Address information:
 - Address Line 1
 - Address Line 2 (optional)
 - City
 - State
 - ZIP Code



3. Select the **Continue** button. The *Reconsideration Request Options* page displays.

Figure 4: Contact Information Page

	Guidanc
Contact Information	
Instructions	
Your contact information will be pulled from the EDGE Server Contact Database and included as the submitter contact information for this web form. Ente information in the fields provided. The Submitter and Alternate Contact must be different.	r Alternate Contact
Please enter your Company Mailing Address in the fields provided.	
Note: Alternate Contact and Submitter contact information will be displayed on the Summary page.	
The red asterisk (*) indicates required fields.	
First Name: Last Name: Email Address: Job Title: Phone Number: Phone Extension:	
Company Mailing Address Address Line 1:	
Address Line 2:	
Exit Continue	

5 Reconsideration Request Options Page

The Reconsideration Request Options page (refer to Figure 5) allows you to select the program area for which you wish to request reconsideration. Refer to Table 2 to determine how to proceed in the web form.

Table 2.	Reconsideration	Request C	ntions.	Selection
	Reconsideration	Request C	puons	Jelection

If you want to	Then	Refer to
Request reconsideration for Risk Adjustment, Risk Adjustment Default Charge, or High-Cost Risk Pool	Select the Risk Adjustment , Risk Adjustment Default Charge , or High-Cost Risk Pool radio button, then select the Continue button.	Section 6



Guidance

If you want to	Then	Refer to
Request reconsideration for a Risk Adjustment User Fee	Select the Risk Adjustment User Fee radio button, then select the Continue button.	Section 7

Figure 5: Reconsideration Request Options Page



Reconsideration Request Options

Instructions

Select the program area for which you are requesting reconsideration.

Note: There are different requirements for submitting a request for reconsideration for each program area. Please review the web form guide by selecting the Guidance link at the top of the page.

The red asterisk (*) indicates required fields.

Reconsideration Options

For	which program area would you like to request reconsideration?
	Risk Adjustment Risk Adjustment Default Charge Risk Adjustment User Fee High-Cost Risk Pool
	Back Exit Continue



6 Reconsideration Request for Risk Adjustment, Risk Adjustment Default Charge, or High-Cost Risk Pool

After selecting the desired radio button and the **Continue** button (refer to <u>Figure 6</u>), the web form navigates to the Reconsideration Request Details page to capture the details of your Reconsideration Request.

consideration Option	5
	* For which program area would you like to request reconsideration?
	Risk Adjustment
	O Risk Adjustment Default Charge
	O Risk Adjustment User Fee
	O High-Cost Risk Pool

6.1 Reconsideration Request Details Page

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

Follow these steps to complete this page:

1. Enter a unique nickname in the *Create a nickname for this Reconsideration Request* field.



2. Select the HIOS ID(s) and market(s) associated with this Reconsideration Request by using the arrows located above the Available HIOS ID(s) list to move the applicable HIOS ID(s) to the Selected HIOS ID(s) list.



Risk Adjustment Reconsideration Request Web Form User Guide

Figure 8: Associated HIOS ID(s) and Market Selection

Available HIOS ID(s) Showing all 1		Selected HIOS ID(s) Showing all 1		
Filter		Filter		
++	+	+	++	
22123 - Small Group - Test 1	^	22123 - Individual - Test 1	^	

- 3. Select the **Yes** or **No** radio button to answer the question, *Did you report a discrepancy related to this Reconsideration Request?*
 - If you select Yes, enter the EDGE Discrepancy ID (the number generated from the EDGE Attestation and Discrepancy Reporting web form, which can be found in the confirmation PDF from the EDGE Attestation and Discrepancy Reporting submission). The Discrepancy Submission Date is auto-populated based on the Discrepancy ID.
 - If you select **No**, proceed to the next step.



* Did you report a discrepancy related to this Reconsideration Request?	
● Yes ○ No	
* EDGE Discrepancy ID (2) 123456	
Discrepancy Submission Date:	
and a second	



4. Provide a brief explanation of your Reconsideration Request in the Reconsideration Request Explanation field.

Figure 10: Reconsideration Request Explanation Field

	_	

Note: You may upload documents in support of this Reconsideration Request on the *Summary* page of the web form.

5. Select the **Continue** button. The *Reconsideration Request Amount Details* page displays.



6.2 Reconsideration Request Amount Details Page

The *Reconsideration Request Amount Details* page displays the Reconsideration Request Amount Details table.

- For Risk Adjustment or Risk Adjustment Default Charge Reconsideration Requests, proceed to <u>Section 6.2.1</u>.
- For High-Cost Risk Pool Reconsideration Requests, proceed to <u>Section 6.2.2</u>.

Note: The Individual market includes Catastrophic.



6.2.1 Risk Adjustment or Risk Adjustment Default Charge Reconsideration Requests

Follow these steps to enter the Risk Adjustment Transfer or Risk Adjustment Default Charge amounts for which you are requesting reconsideration for each HIOS ID and market (refer to Figure 12):

 Enter the amount the issuer believes they should owe or be paid in the Amount Issuer Claiming to Owe or Receive column. For examples of payment or charge amounts, refer to <u>Table 3</u>.

Mote: A charge amount must be entered as a negative number.

 Enter the amount listed in the Issuer RA Transfer Report (TPIR), HCRP Issuer Payment Report (HRPIPR), HCRP Issuer Charge Report (HRPICR), RAUF Report, Issuer RADC Report, or Issuer RADC Allocation Report for the 2018 Benefit Year in the CMS Payment or Charge Amount column. For examples of CMS payment or charge amounts, refer to <u>Table 3</u>.

Mote: A charge amount must be entered as a negative number.

- 3. Select the **Calculate** button to populate cells in the following columns:
 - Reconsideration Request Amount difference between the Amount Issuer Claiming to Owe or Receive and CMS Payment or Charge Amount.
 - Totals sum of all amount fields for HIOS ID(s) and Market(s).
- 4. Select the **Delete** link located next to any HIOS ID(s) you want to delete.
- 5. Select the **Continue** button. The *Summary* page displays. Refer to <u>Section 8</u>.

Figure 12: Reconsideration Request Amount Details Table – Risk Adjustment and Risk Adjustment Default Charge

Action HIOS ID Market		Amount Issuer Claiming to Owe or Receive	CMS Payment or Charge Amount ?	Reconsideration Request Amount			
<u>Delete</u>	22123	Individual	\$	\$ 200.00	\$ -700.00		
	Totals:		\$ -500.00	\$ 200.00	\$ -700.00		
Calculate							
Back Exit Continue							

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



Table 3: Examples of Payment or Charge Amounts

Example	Action
You are requesting a reconsideration because your charge amount is	 Enter the charge amount as a negative number you are claiming to owe in the Amount Issuer Claiming to Owe or Receive column.
greater than expected.	2. Enter the charge amount as a negative number as listed on the TPIR, HRPIPR, HRPICR, RAUF Report, Issuer RADC Report, or Issuer RADC Allocation Report for the Benefit Year that you believe is incorrect in the CMS Payment or Charge Amount column.
You are requesting a reconsideration because you	 Enter the payment you believe you should receive in the Amount Issuer Claiming to Owe or Receive column.
are being charged, but believe you should receive payment.	2. Enter the charge amount as a negative number as listed on the TPIR, HRPIPR, HRPICR, RAUF Report, Issuer RADC Report, or Issuer RADC Allocation Report for the Benefit Year that you believe is incorrect in the CMS Payment or Charge Amount column.
You are requesting a reconsideration because	 Enter the payment you believe you should receive in the Amount Issuer Claiming to Owe or Receive column.
your payment is lower than expected.	2. Enter the payment amount as listed on the TPIR, HRPIPR, HRPICR, RAUF Report, Issuer RADC Report, or Issuer RADC Allocation Report for the Benefit Year that you believe is incorrect in the CMS Payment or Charge Amount column.

6.2.2 High-Cost Risk Pool Reconsideration Requests

Follow these steps to enter the high-cost risk pool transfer amounts for which you are requesting reconsideration for each HIOS ID and market (refer to Figure 13):

- 1. Enter data into the following Dispute CMS Payment Amount columns:
 - Amount Issuer Claiming to Receive: Amount for which the issuer believes they should be paid.
 - CMS Payment Amount: Amounts listed in the HCRP Issuer Payment Report (HRPIPR) or HCRP Issuer Charge Report (HRPICR) for the 2018 Benefit Year.
 - If you only need to enter data into the Dispute CMS Charge Amount columns, the Dispute CMS Payment Amount columns can be left blank or populated with zeros.



Mote: A charge amount must be entered as a negative number.

- 2. Enter data into the following Dispute CMS Charge Amount columns:
 - Amount Issuer Claiming to Owe: Amount for which the issuer believes they should owe.
 - CMS Charge Amount: Amounts listed in the HRPIPR or HRPICR for the 2018 Benefit Year.
 - If you only need to enter data into the Dispute CMS Payment Amount columns, the Dispute CMS Charge Amount columns can be left blank or populated with zeros.

Mote: A charge amount must be entered as a negative number.

- 3. Select the **Calculate** button to populate cells in the following columns:
 - Reconsideration Request Amount (under Dispute CMS Payment Amount) difference between the Amount Issuer Claiming to Receive and CMS Payment Amount.
 - Reconsideration Request Amount (under Dispute CMS Charge Amount) difference between the Amount Issuer Claiming to Owe and CMS Charge Amount.
 - Totals sum of all amount fields for HIOS ID(s) and Market(s).
- 4. Select the **Delete** link located next to any HIOS ID(s) you want to delete.
- 5. Select the **Continue** button. The *Summary* page displays. Refer to <u>Section 8</u>.

Figure 13: Reconsideration Request Amount Details Table – High-Cost Risk Pool

En	Enter the Amounts in the table for each HIOS ID and Market:								
	Dispute CMS Payment Amount			nt	Dispute CMS Charge Amount				
	Action	HIOS ID	Market	Amount Issuer Claiming to Receive	CMS Payment Amount	Reconsideration Request Amount	Amount Issuer Claiming to Owe ?	CMS Charge Amount	Reconsideration Request Amount
	<u>Delete</u>	22123	Individual	\$ 500.00	\$ 200.00	\$ 300.00	\$ 200.00	\$ 500.00	\$ -300.00
		Totals:		\$ 500.00	\$ 200.00	\$ 300.00	\$ 200.00	\$ 500.00	\$ -300.00
	Totals: \$ 500.00 \$ 200.00 \$ 300.00 \$ 200.00 \$ 500.00 \$ -300.00 Calculate Back Exit Continue Continue<								



Risk Adjustment Reconsideration Request Web Form User Guide

Table 4: Examples of Payment or Charge Amounts

Example	Action
You are requesting a reconsideration because you	1. Enter the payment amount you are claiming to receive in the Amount Issuer Claiming to Receive column.
dispute the CMS payment amount.	2. Enter the payment amount as listed on the TPIR, HRPIPR, HRPICR, RAUF Report, Issuer RADC Report, or Issuer RADC Allocation Report for the Benefit Year that you believe is incorrect in the CMS Payment Amount column.
You are requesting a reconsideration because you dispute the CMS charge	 Enter the charge amount as a negative number you believe you should owe in the Amount Issuer Claiming to Owe column.
amount.	 Enter the charge as a negative number amount listed on the TPIR, HRPIPR, HRPICR, RAUF Report, Issuer RADC Report, or Issuer RADC Allocation Report for the Benefit Year that you believe is incorrect in the CMS Charge Amount column.



7 Reconsideration Request for Risk Adjustment User Fee

After selecting the **Risk Adjustment User Fee** radio button and the **Continue** button (refer to <u>Figure 14</u>), the web form navigates to the Reconsideration Request Details page to capture the details of your Reconsideration Request for the Risk Adjustment User Fee.



	<u>Guidance</u>
Reconsideration Request Options	
Instructions	
Select the program area for which you are requesting reconsideration. Note: There are different requirements for submitting a request for reconsideration for each program area. Please review the web form guide by selecting the Guidance link at the top of f	he page.
The red asterisk (*) indicates required fields. Reconsideration Options	
 For which program area would you like to request reconsideration? Risk Adjustment Risk Adjustment Default Charge Risk Adjustment User Fee High-Cost Risk Pool 	
Back Exit Continue	

7.1 Reconsideration Request Details Page

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



Follow these steps to complete this page:

1. Enter a unique nickname in the *Create a nickname for this Reconsideration Request* field.

Figure 15: Reconsideration Nickname

CINER FOR MICRO BRIES ENTER FOR MICRO BRIES ENTER FOR MICRO BRIES A BRIERACE OVERHIGH	Guidance
Reconsideration Request Details	
Instructions	
Reconsideration requests must be reported one issue at a time. Select all HIOS IDs that have the same issue for which you are requesting reconsideration. Ther additional reconsideration requests prior to submitting your attestation. Please remember that pursuant to 45 C.F.R. 156.1220(a)(1), an issuer may only file a req processing error by HHS, HHS's incorrect application of the relevant methodology, or HHS's mathematical error.	re will be an opportunity to report uest for reconsideration to contest a
The red asterisk (*) indicates required fields.	
Reconsideration Details – Risk Adjustment User Fee	
Reconsideration Request Start Date: 6/13/2019 2:12 PM Benefit Year: 2018	
* Create a nickname for the issue in this Reconsideration Request	

2. Select the HIOS ID(s) and market(s) associated with this Reconsideration Request by using the arrows located above the Available HIOS ID(s) list to move the applicable HIOS ID(s) to the Selected HIOS ID(s) list.



ne arrows above the Selected HIOS ID(s)	list.			
vailable HIOS ID(s)		Selected HIOS ID(s)		
howing all 1		Showing all 1 Filter		
**	+	+	++	
2123 - Small Group - Test 1	^	22123 - Individual - Test 1	^	



3. Provide a brief explanation of your Reconsideration Request in the Reconsideration Request Explanation field.



This is a test.				
Maximum of 1000 characters.				
and and a second first and the second se		and a strength of the second		
1000000				
🛛 🗾 Note: You m	ay upload docu	ments in suppor	t of this Recons	ideration
Request on the S	ummary page o	f the web form.		

4. Select the **Continue** button. The *Plan ID and Enrollees Information* page of the web form displays.

Figure 18: Continue Button





7.2 Plan ID and Enrollees Information Page

Follow these steps to enter the number of plan IDs and number of enrollees affected for each HIOS ID and market for which you are requesting reconsideration (refer to Figure 19):

1. Enter the number of Plan ID(s) affected for each HIOS ID and market 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.



3. Select the **Continue** button. The *Summary* page displays.

Figure 19: Plan ID and Enrollees Information Page





8 Summary Page

The *Summary* page (refer to Figure 20) allows you to review Reconsideration Requests, upload attachments, review contact information, and submit additional requests for reconsideration.

- 1. Review the Reconsideration Request(s) Summary section to confirm accurate entry of the following:
 - Reconsideration Nickname(s)
 - Reconsideration Program Area(s)
 - HIOS ID(s)/Market(s)
 - Reconsideration Request Amount(s)

Note: For the High-Cost Risk Pool, the Reconsideration Request Amount will be the total of the two Reconsideration Amounts for disputing payments and charges (if applicable).

- 2. Select the desired Action link located next to the Reconsideration Nickname, as needed:
 - To view the Reconsideration Request information you have entered, select the **View** link. The *View Reconsideration Details* page displays. Refer to <u>Section 8.1</u>.
 - To edit the Reconsideration Request information you have entered, select the Edit link. The Reconsideration Request Details page displays. Refer to Section 6.1 (for Risk Adjustment, Risk Adjustment Default Charge, or High-Cost Risk Pool) or Section 7.1 (for Risk Adjustment User Fee), respectively.
 - To delete the specific Reconsideration Request information you have entered, select the **Delete** link.

Figure 20: Reconsideration Request Summary Section





- 3. To upload an attachment, refer to <u>Section 8.2</u>. To edit an uploaded attachment's association with a Reconsideration Request, refer to <u>Section 8.3</u>.
- 4. Review the Contact Information section on the *Summary* page for accuracy.

Note: To edit Contact Information, select the Edit Contact Information button. If the submitter contact information is incorrect, you must update the contact information in the EDGE Server Contact Database.

Figure 21: Contact	Information Section
--------------------	---------------------

Contact Info	rmation	and the second of the second second second and a second second and a second s						
Select the Edit Cor	Select the Edit Contact Information button to update/edit contact information.							
The red asterisk (*) indicates required fields.							
Submitter Con	tact Information							
First Nam	e: Brie	Last Name: testceo1						
Email Add	ress: brietestceo1@gmail.com	Job Title:						
Phone Nu	mber: 1231231233	Phone Extension:						
Alternate Cont	act Information							
* First Nam	e: John	* Last Name: Doe						
* Email Add	ress: testceo1@test.com	* Job Title: CEO						
* Phone Nu	mber: (555) 555-5555	Phone Extension:						
Company Maili	ng Address							
* Address I	ine 1: 10 Main Street							
Address I	.ine 2:							
* City: Nev	vtown * State	* MD V * Zip Code: 11111						
		Edit Contact Information						

5. Select the **Save** button to save the information you have entered.

Figure 22: Save Button





6. Navigate through the web form as indicated in <u>Table 5</u>.

Table 5: Additional Requests for Reconsideration Options

If you answered	Then the web form navigates to the	Refer to
Yes to the question Do you have additional requests for reconsideration? and select the Continue button,	<i>Reconsideration</i> <i>Request Options</i> page	Section 5
No to the question Do you have additional requests for reconsideration? and at least one Reconsideration Request is being submitted, then select the Continue button,	Attestation page	Section 9
No to the question Do you have additional requests for reconsideration? and all Reconsideration Requests previously saved or submitted were deleted, then select the Continue button,	Confirmation page	Section 9.2

Figure 23: Additional Requests for Reconsideration Options

and the set of the set of the set of the			the service of a	and the second s	 -
* Do you have additional requests for reconsideration?					۱
○ Yes ○ No					I
					1
	Exit	ave	Continue		I
					ł



8.1 View Reconsideration Details Page

This page allows you to review (but not modify) the Reconsideration Request-related information that you have entered.

- 1. Review the applicable page containing Reconsideration details.
 - The View Reconsideration Details page (for Risk Adjustment, Risk Adjustment Default Charge, or High-Cost Risk Pool) displays Reconsideration Details, Market Details, and Reconsideration Request Amount Details.

Figure 24: View Reconsideration Details Page (Risk Adjustment, Risk Adjustment Default Charge, High-Cost Risk Pool)

CEMSS CENTRE FOR MEDICATE AND REPORTS ENTER FOR CONSUMER INFORMATION A INDEAMACE OVERSECHT					Guidanc
/iew <mark>R</mark> econsi	deration Det	tails			
noroughly review the Recor	sideration Details, Marl	ket Details, and Reconsidera	tion Request Amount Details	s you have entered.	
Reconsideration Request Reconsideration Request	Nickname: Test1 Start Date: 6/13/2019 4	1:48 PM			
econsideration D	etails				
econsideration Program A	rea: Risk Adjustment D	efault Charge			
Renefit Year: 2018					
Did you report a discrepa	ncy related to this Reco	onsideration Request? No			
econsideration Request Ex	xplanation:				
This is a test.					
Leconsideration R econsideration Request Ar HIOS ID	equest Amount mounts for each HIOS I Market ?	Details D/Market: Amount Issuer Claiming to Owe or Receive	CMS Payment or Charge Amount	Reconsideration Request Amount	
22123	Individual	\$ -500.00	\$ 200.00	\$ -700.00	
Tot	als:	\$ -500.00	\$ 200.00	\$ -700.00	
		Return to S	Summary		



• The *View Reconsideration Details* page (for Risk Adjustment User Fee) displays Reconsideration Details and Reconsideration Request Enrollment Details.

Figure 25: View Reconsideration Details Page (Risk Adjustment User Fee)

w Reconsider	ation Details			
ughly review the Reconsidera	ation Details and Reconsidera	tion Request Enrollment Details you	have entered.	
onsideration Request Nickn	ame: Test1			
onsideration Request Start	Date: 6/13/2019 5:15 PM			
onsideration Detail	s			
nsideration Program Area: R	lisk Adjustment User Fee			
it Year: 2018				
anideration Dequaat Explana	tion:			
isideration Request Explana				
is a test.				
is a test. onsideration Reque D and Enrollees Affected for HIOS ID	est Enrollment Deta each HIOS ID/Market: Market	Total Number of Plan IDs	Total Number of Enrollees	
is a test. Onsideration Reque D and Enrollees Affected for HIOS ID 22123	est Enrollment Deta each HIOS ID/Market: Market ? Individual	IIS Total Number of Plan IDs affected 10	Total Number of Enrollees	

2. Select the Return to Summary button to return to the Summary page.

Figure 26: Return to Summary Button





8.2 Upload Attachments Page

You may upload documents in support of Reconsideration Request(s) or to provide further information. You can select at least one Reconsideration Nickname to link to your uploaded document(s).

Warning: 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 be considered 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 <u>ACAfinancialappeals@cms.hhs.gov</u> to request assistance in uploading or sending additional materials.

Follow these steps to upload an attachment:

1. On the *Summary* page, select the **Upload Attachment** button. The *Upload Attachments* page displays.

Figure 27: Upload Attachment Button (from Summary Page)



2. On the *Upload Attachments* page, select at least one Reconsideration Nickname for which you want to upload one or more attachments.

Figure 28: Upload Attachments Page

ct	Reconsideration Nickname	HIOS ID(s)/Market(s)	File(s) Uploaded
4	Test1	22123-IND	
2			



3. Select the **Browse** button in the Upload a File section.

 Upload a File

 Browse
 No file selected.

 Wax Size: 10 MB

 Limit: 10 files per reconsideration

- 4. Select the file for upload. The file name displays in the Upload a File field.
- 5. Select the Upload Attachment button.

Figure 30: Upload Attachment Button (from Upload Attachments Page)

Upload a File	
Browse Test.pdf	Upload Attachment Max Size: 10 MB
	Limit: 10 files per reconsideration
المحمور والمحمول والمحمول والمحمول والمحمد والمحمد والمحمول والمحمول والمحمول والمحمول والمحمول والمحمول والمح	A

 All uploaded files for this Reconsideration Nickname display in the Attachments Summary table. Select the desired Action link (View, Edit, or Delete) located next to the file name to view the file, edit the association between a file and a Reconsideration Request (refer to Section 8.3), or delete the file, respectively.

Figure 31: Action Links on Upload Attachments Page

Upload a File	and the states a state of the states and a state of the states of the st		و و المراجع المراجع الم المراجع الم المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم	
Browse	No file selected.		Upload Attachment	
			Max Size: 10 MB Limit: 10 files per reconsideration	
You have upl uploaded, se	oaded the following file(s). Select the link next to the lect the Save & Return button to save your updates	e attachment to v and return to th	iew, edit, or delete the selected attachment. Once all a e Summary page.	ttachments have been
Action	File Name	File Size	Associated Reconsideration Request(s)	
<u>View</u> Edit Delete	Test.pdf	0.0312 MB	Test1	
	and the second		and the second sec	· · · · · · · · · · · · · · · · · · ·

7. Repeat Steps 2–6 for each file you want to upload.



8. Select the **Save & Return** button to save your updates and return to the *Summary* page.



8.3 Edit Attachments Page

Follow these steps to edit an attachment:

1. On the *Summary* or the *Upload Attachments* page, select the **Edit** link located next to the file name to edit. The *Edit Attachments* page displays.

		Figure 33:	Edit Link	
and the former of				and the second s
You have uploaded uploaded, select th	the following file(s). Select the link ne save & Return button to save your	ext to the attachment to vie updates and return to the	w, edit, or delete the selected attachment. Once all Summary page.	attachments have been
Action	File Name	File Size	Associated Reconsideration Request(s)	
View Edit Del	Test.pdf	0.0312 MB	Test1	
14		and the second sec		Kanan Marana

- 2. On the *Edit Attachments* page (refer to Figure 34), select or de-select the check box located next to the specific associated Reconsideration Request(s) to edit the association with the listed file.
- 3. Select the **Save & Return** button to save your changes and return to the previous page.



4. Repeat Steps 1–3 to edit the association between additional file attachments and Reconsideration Requests.



9 Attestation Page

Once you have reviewed and submitted all requests for reconsideration, complete the *Attestation* page. This section describes the steps needed to complete the *Attestation* page.

Note: The individual providing the attestation must be someone with the authority to legally and financially bind the company. This person is not required to be the Submitter, Alternate Contact, or CEO. This individual does not have to personally complete these steps, but the Attester must be aware of the Reconsideration Request to serve as the point of contact for CMS.

Follow these steps to advance through the Attestation page:

1. Review the attestation statement presented in the Attestation section, and select the check box located next to it.

Figure 35: Attestation Statement for Selection

Attestation
• We kan making this attestation on behalf of my company, for which I am submitting the Request(s) for Reconsideration. I certify that I am an index and 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(s) 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.
أحمر المحاف المحافظ ومستري بعني المتحافظ والمحافظ ومحمج بالمحاضي والمحاص والمحافظ والمحافظ المحري المحافظ والم

- 2. Enter the applicable information about the Attester into the fields provided in the Attester Details section:
 - First Name
 - Last Name
 - Job Title
 - Email Address
 - Phone Number
 - Phone Extension (optional)



Risk Adjustment Reconsideration Request Web Form User Guide

Figure 36: Attester Details Section

First Name:	john	*	Last Name:	doe
Email Address:	testceo1@test.com	*	Job Title:	CEO
Phone Number:	(555) 555-5555		Phone Extension:	
	(000) 000 0000			

3. Select the **Submit** button to confirm that the submitter has the authorization to submit the above information on behalf of their company and submit the form to CMS.



Note: 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. You will not be able to edit your Reconsideration Request(s) after 11:59 p.m. ET on Wednesday, July 31, 2019.

10 Confirmation Page

An acknowledgement email will be sent from <u>ACAfinancialappeals@cms.hhs.gov</u> to the Submitter, Alternate Contact, and Attester for this form.

The .pdf file generated on the *Confirmation* page is the formal confirmation of the attestation and will not be attached to the acknowledgment email. You may use this opportunity to print or save a copy for your records.

Note: If you have any questions about your submitted Reconsideration Request, please email <u>ACAfinancialappeals@cms.hhs.gov</u> and reference "RARI Reconsideration"; include the reconsideration ID assigned from the PDF confirmation and at least one HIOS ID in the subject line.



Follow these steps to print or save the confirmation:

1. Select the **PDF** button to print/save the confirmation for your records.

Figure 38: PDF Button



2. Once your confirmation is printed and/or saved, select the **Exit** button to exit the form.

Figure 39: Exit Button	
PDF Exit	

11 Upload 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 upload additional documentation only at the request of CMS.

Follow these steps to upload the requested documentation:

- 1. Access the web form using the original link.
- 2. Enter the CEO Designate or Alternate CEO Designate email address in the Login ID field.
- 3. Enter the EDGE Server Contact Database Access Code for your company in the Access Code field.
- 4. Select the Login button.



Figure 40: Login Window



5. On the *Summary* page, locate the Attachments Summary section (refer to Figure 41).

Note: Previously uploaded attachments will not be available to edit or delete after the July 31, 2019 submission deadline.

6. Select the **Upload Attachment** button.

Figure 41: Upload Attachment Button

Attachments Summary	
No attachments uploaded. To upload an attachment, select the Upload Attachment button.	
Upload Attachment	

7. On the *Upload Attachments* page, select at least one Reconsideration Nickname to link to the attachment(s) you will be uploading.

Figure 42: Reconsideration Nickname

Nact Poconsideration Nicknamo HIOS ID(s)/Market(s) File(s) Uplos	
ries) opio	Uploaded
Test1 22123-IND	
se note: Uploaded files must NOT contain any protected health information (PHI) or personally identifiable info	le informa

8. Select the Browse button.

Figure 43: Browse Button

and the second of the second o	and the second s
Upload a File	
Browse No file selected.	Upload Attachment Max Size: 10 MB
	Limit: 10 files per reconsideration
when with the state state the state of the definition of the state of	and the second se

- 9. Select the file for upload. The selected file name displays in the Upload a File field.
- 10. Select the **Upload Attachment** button.



Note: The names of all uploaded files for this Reconsideration Request display in a table at the bottom of the page. Select the appropriate Action link (View, Edit, or Delete) located next to the name of the file in order to view, edit, or delete it.

Figure 44: Upload Attachment Button

Upload a File	and the second
Browse Test.pdf	Upload Attachment
	Limit: 10 files per reconsideration

- 11. Repeat Steps 7–10 for each Reconsideration Nickname for which you want to upload additional attachment(s).
- 12. Select the Save & Return button to save your updates and return to the Summary page.

Figure 45: Save & Return Button



13. Select the **Submit** button.



14. Select the **PDF** button to print/save the confirmation for your records.

Figure 47: PDF Button





15. Once the confirmation has been printed and/or saved, select the **Exit** button to exit the web form.

Figure 48: Exit Button

