2016 Benefit Year Administrative Appeals Process for Risk Adjustment Transfers and Reinsurance Payments

June 29, 2017 & July 11, 2017

Health Insurance Marketplace Program Training Series

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Agenda

- Stages of the Appeals Process
- Request for Reconsideration
- Informal Hearing Before the Centers for Medicare & Medicaid Services (CMS) Hearing Officer
- CMS Administrator Review

Session Guidelines

- This is a 90-minute webinar session
- For questions regarding content, please submit inquiries to: ACAfinancialappeals@cms.hhs.gov
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520

Intended Audience

- Issuers of Risk Adjustment (RA) covered plans and Reinsurance (RI)-eligible plans
- Third Party Administrators (TPAs) or Vendors who assist Issuers of RA Covered Plans and RI-eligible plans

Purpose

- To describe the administrative appeals procedures set forth in 45 CFR 156.1220 related to the RA and RI programs for the 2016 Benefit Year
- To set forth the process for requesting a reconsideration related to the RA and RI programs

Stages of the Appeals Process

There is a three-level administrative appeals process for the RA and RI programs:

1. Request for Reconsideration
2. Informal Hearing before the CMS Hearing Officer
3. Review by the CMS Administrator (or delegate), at the discretion of the CMS Administrator

Request for Reconsideration

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Basis for Request for Reconsideration

An issuer may only file a request for reconsideration to contest:

- A processing error by the Department of Health and Human Services (HHS)
- A mathematical error by HHS; or
- HHS's incorrect application of the relevant RA or RI methodology.

Previously Filed Discrepancy

A reconsideration may be requested only if, to the extent the issue could have been previously identified by the issuer to HHS through the formal discrepancy reporting process (§153.710(d)(2)), it was so identified, and remains unresolved.

Materiality Threshold

An issuer may file a request for reconsideration only if the amount in dispute is equal to or exceeds one (1) percent of the applicable payment or charge payable to or due from the issuer for the benefit year, or $10,000, whichever is less.

Timeliness of Reconsideration Requests

- The request for reconsideration must be filed:
  - For RI, an RA payment or charge, including an assessment of RA user fees, within **30 calendar days** of the date of the June 30th notification.
  - For an RA default charge, within **30 calendar days** of the date of the notification of the RA default charge.
  - **For Benefit Year 2016, the deadline will be July 31, 2017 at 11:59 pm EDT**

Review of Requests for Reconsideration

CMS will only review a Request for Reconsideration if:

- It is made on a proper basis;
- It is submitted in a timely manner;
- It is related to a previously filed discrepancy report that remains unresolved (unless it is a discrepancy that could not have been previously identified); and
- It meets the materiality threshold.

Accessing the ACA Request for Reconsideration Web Page

- CMS created the Patient Protection and Affordable Care Act (PPACA) Request for Reconsideration web page with multiple links for issuers to access various reconsideration request web forms, including the RA and RI Reconsideration Web Form.
  - The RA and RI Reconsideration Web Form is also used if appealing the amount of an RA default charge or RA user fee.
- The web page link will be emailed to the CEO Designate and Alternate CEO Designate, and posted to the CCIIO website.
  - If you have any questions regarding the location of the web form, please email ACAfinancialappeals@cms.hhs.gov.

Request for Reconsideration Web Form

- Issuers who wish to request reconsideration for the 2016 Benefit Year must complete the Request for Risk Adjustment and Reinsurance Reconsideration Web Form.
  - The web form will be available from **Friday, June 30, 2017** to **Monday, July 31, 2017 at 11:59 p.m. ET.**
- All request(s) for reconsideration **must** be submitted through the web form.



Note that any requests for reconsideration **cannot** include any Personally Identifiable Information (PII) or Protected Health Information (PHI).

Request for Reconsideration Web Form (Continued)

- The Request for Risk Adjustment and Reinsurance Reconsideration Web Form Guide can be downloaded from Registration for Technical Assistance Portal (REGTAP), the Center for Consumer Information and Insurance Oversight (CCIIO) website, and the web form.
- The web form must be completed at a company level.
- Companies will log in with the CEO Designate or Alternate CEO Designate Login ID and EDGE Server Contact Database Access Code.

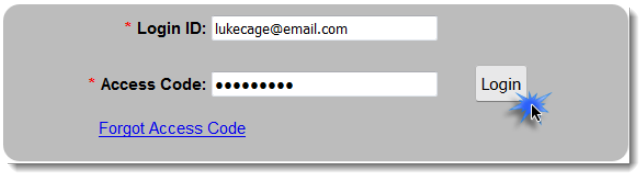
Request for Reconsideration Web Form (Continued)

- If there are multiple Health Insurance Oversight System (HIOS) IDs with the same issue, the company can describe the request for reconsideration and select the HIOS IDs to which it relates.
- The form will populate the list of HIOS ID(s) using the CEO Designate information (similar to the 2016 Benefit Year attestation and discrepancy reporting process).

Web Form: Welcome Page

You have an EDGE Server Contact Database Access Code.

Log in with Access Code.



You have not previously accessed the EDGE Server Contact Database to create an Access Code.

Select the "EDGE Server Contact Database web form to create your Access Code.

I have not created an EDGE Server Contact Database Access Code or I need to reset my Access Code.
Please access the EDGE Server Contact Database web form to create or reset your Access Code. [https://acapaymentoperations.secure.force.com/EdgeContactDatabase].

You have forgotten your EDGE Server Contact Database Access Code.

Select the 'Forgot Access Code' link to reset it.



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Web Form: Access Code Pages

Create Access Code:

- Create an Access Code using the EDGE Server Contact Database form and complete security questions. After completing the creation of the access code, return to the web form and log in. Required fields are indication with a red asterisk (*).

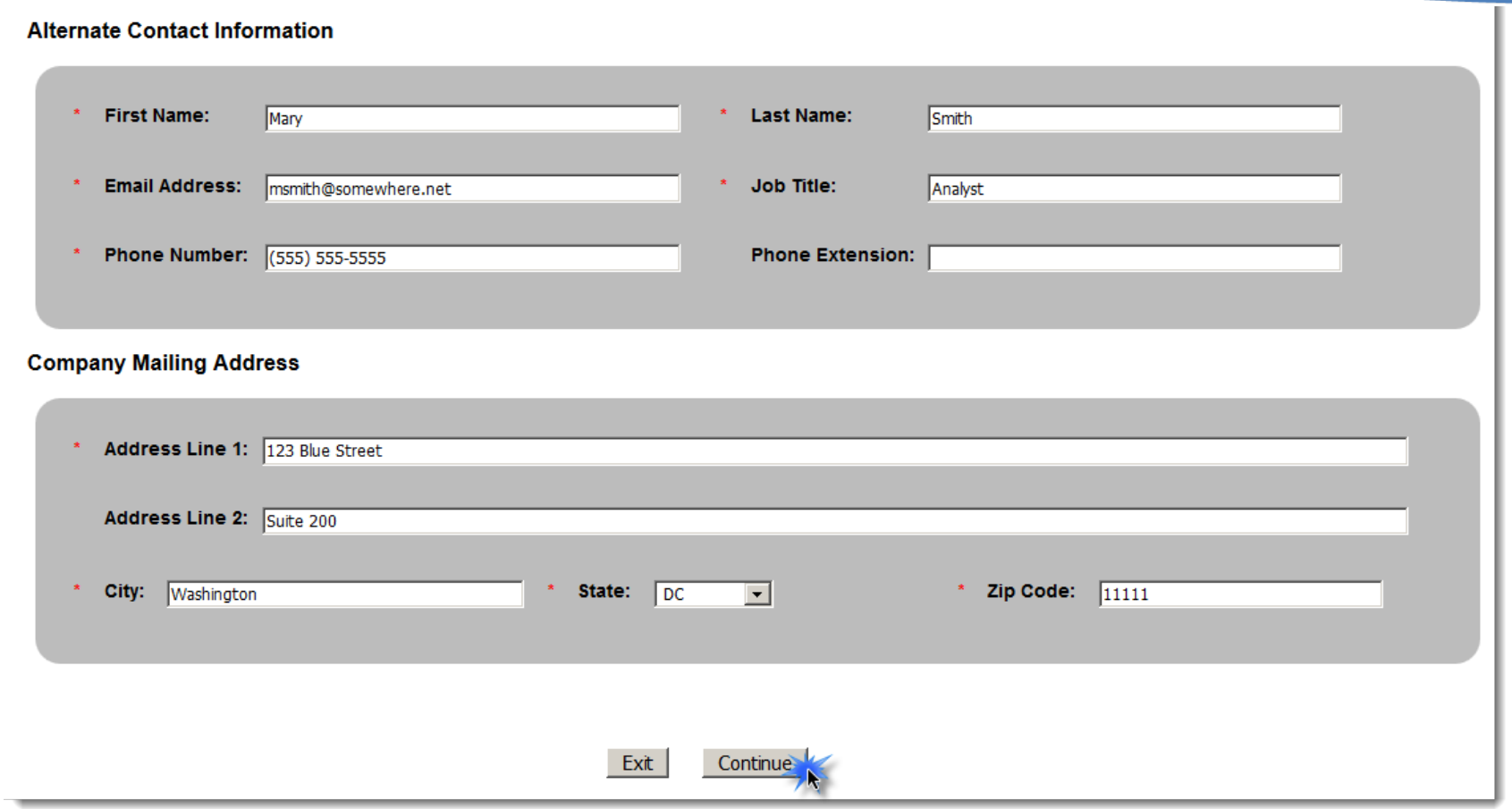
Forgot Access Code Page:

- Enter the CEO Designate or Alternate CEO Designate email address.
- Select the **Send PIN** button to have the PIN sent to the CEO Designate and Alternate Contact email addresses on file.
- Enter the six-digit PIN in the **PIN** field and select the **Continue** button.

Web Form: Contact Information Page

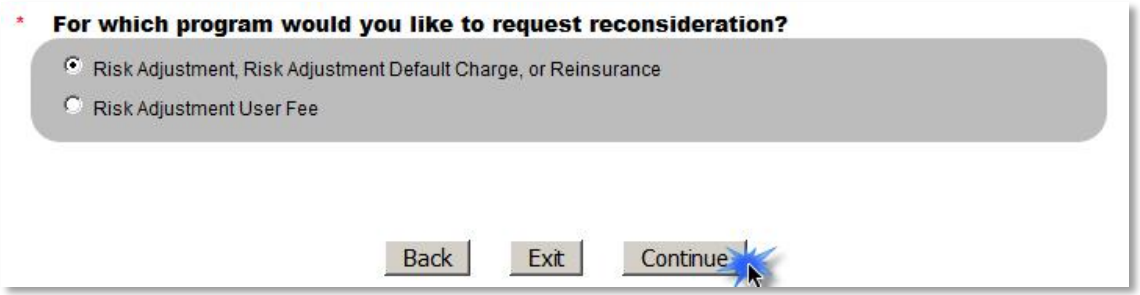
- You will be directed to the Contact Information page once the Login ID (CEO Designate email address) and Access Code fields are validated to match what is on record.
- The Submitter and Alternate Contact information must not be the same individual.
- Select the **Continue** button.

Web Form: Contact Information Page (Continued)



Web Form: Requesting Reconsideration Options Page

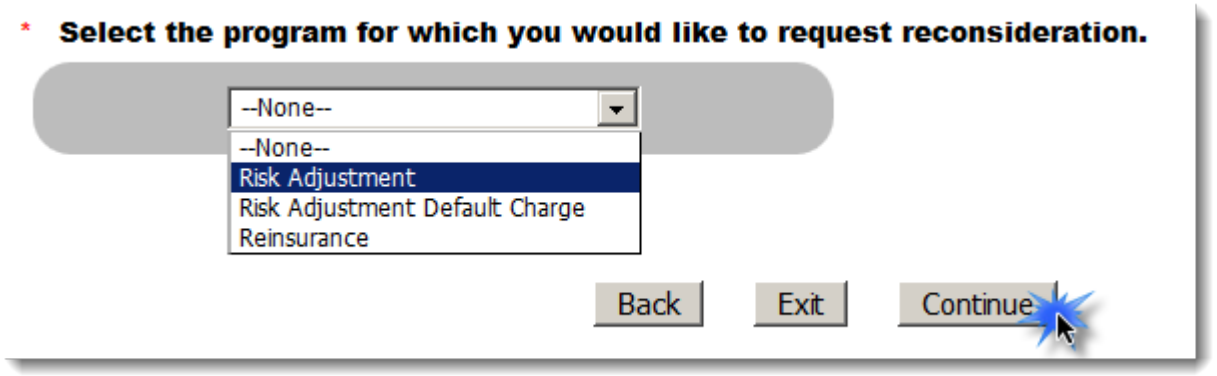
Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Reconsideration Request:



- Answer the question, “For which program would you like to request reconsideration?”
- If you select the **Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance** radio button:
  - Select the **Continue** button.
  - The form navigates to the **Risk Adjustment/Reinsurance Category Options** page.

Web Form: Risk Adjustment/ Reinsurance Category Options Page

Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Reconsideration Request:



- Select the program for which you would like to request reconsideration.
  - Select the **Continue** button
  - The form navigates to the **Reconsideration Request Details** page

Web Form: Reconsideration Request Details Page

Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Reconsideration Request:

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



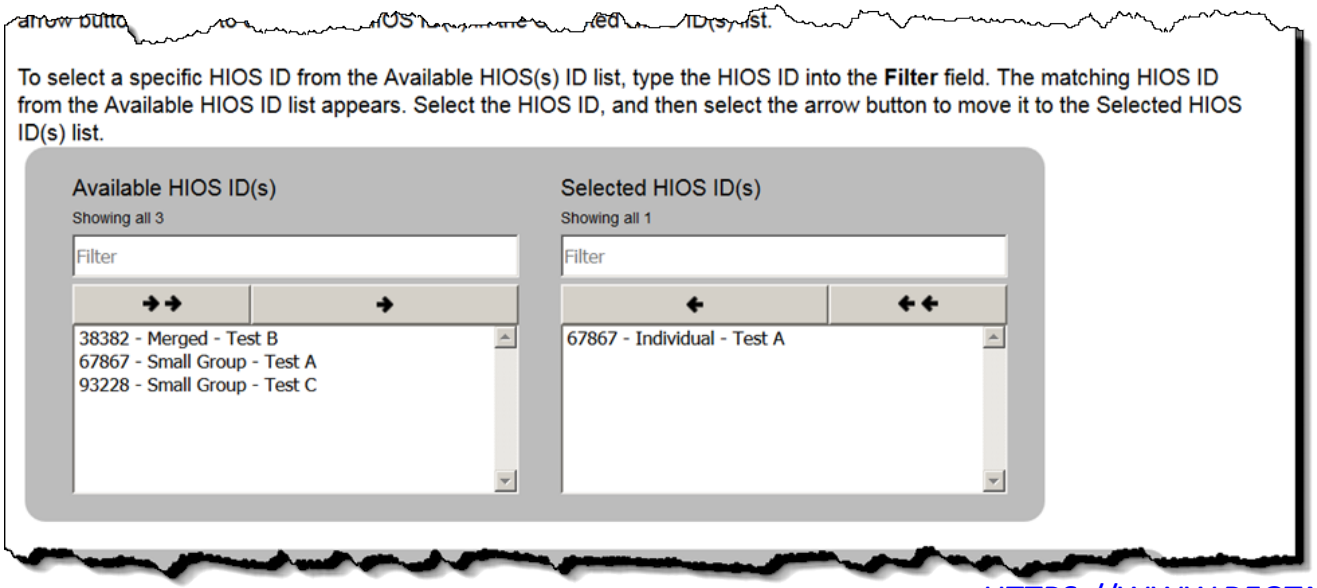
NOTE

There will be an opportunity to report additional reconsideration requests prior to submitting your attestation.

Web Form: Reconsideration Request Details Page (Continued)

Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Reconsideration Request:

- Select the HIOS ID(s) and associated market for which you are requesting reconsideration for the same issue from the **Available HIOS ID(s)** list.



Web Form: Reconsideration Request Details Page (Continued)

Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Reconsideration Request:

- Select **Yes** or **No** to the question, "Did you report a discrepancy related to this Reconsideration Request?"

Yes

- Enter the Discrepancy ID (the number generated from the RA/RI Attestation Discrepancy Reporting web form)
- The Discrepancy Submission Date is auto-populated based on the Discrepancy ID

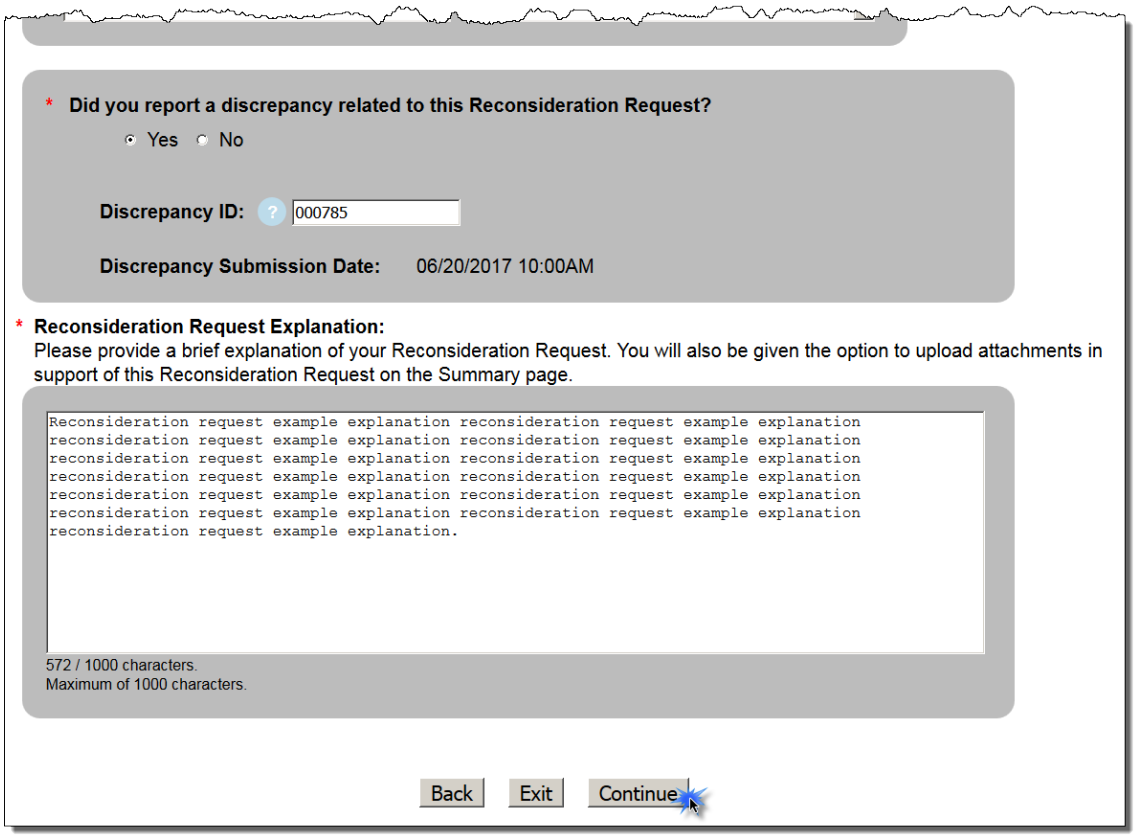
No

- Continue to the next part of the Reconsideration Request Details page

- Provide a brief explanation of your Reconsideration Request in the **Reconsideration Request Explanation** field.
  - Select the **Continue** button.
  - Form navigates to the Reconsideration Request Amount Details Page.

Web Form: Reconsideration Request Details Page (Continued)

Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Reconsideration Request:



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Web Form: Reconsideration Request Amount Details Page

Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Reconsideration Request:

Enter the amount for which you are requesting reconsideration

Enter the amount listed in the June 30, 2017 *Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2016 Benefit Year*

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

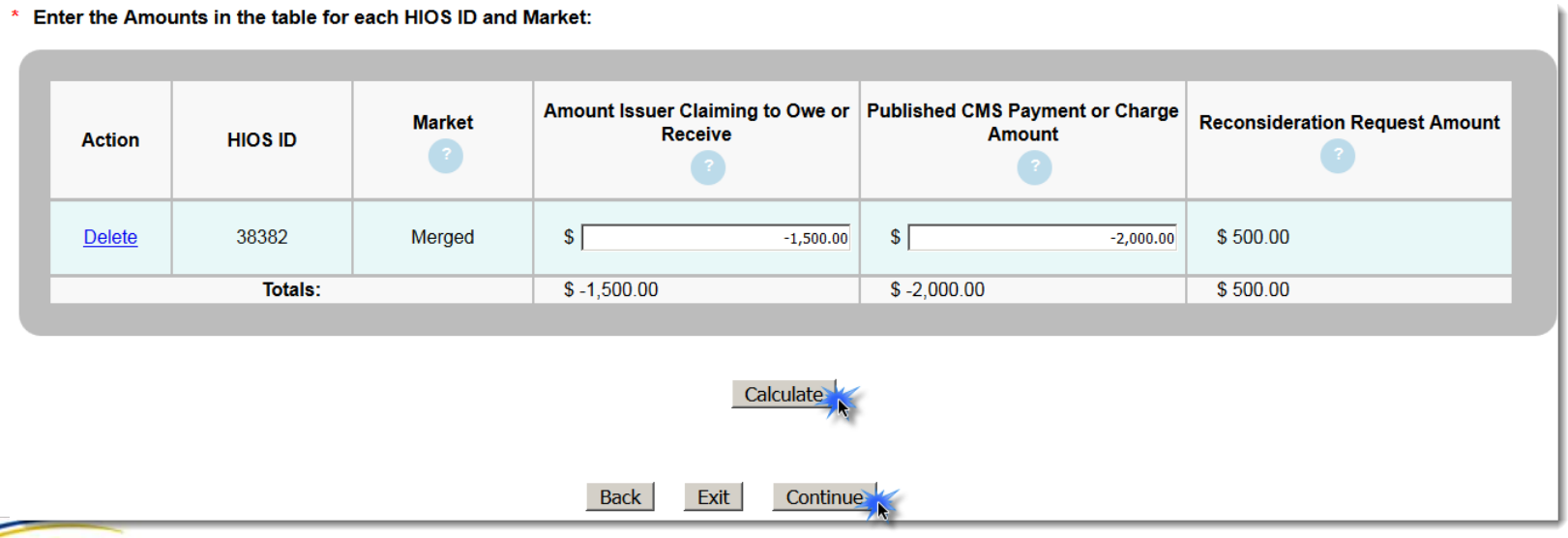
Action	HIOS ID	Market	Amount Issuer Claiming to Owe or Receive	Published CMS Payment or Charge Amount	Reconsideration Request Amount
Delete	38382	Merged	$ -1,500.00	$ -2000.00	$
Totals:			$	$	$

NOTE **A charge amount must be entered as a negative number.**

Web Form: Reconsideration Request Amount Details Page (Continued)

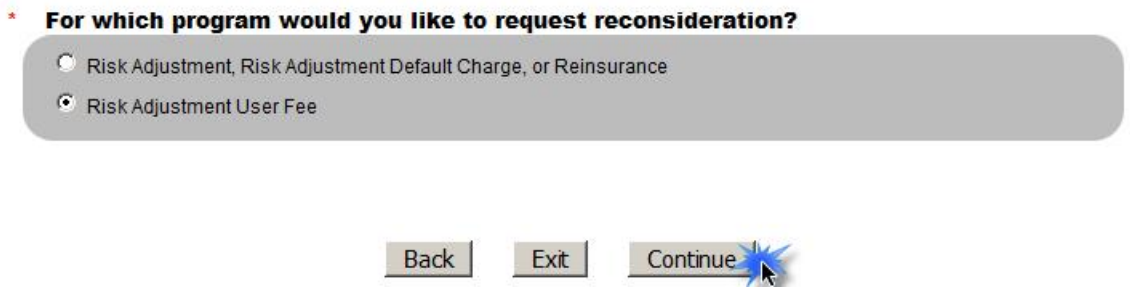
Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Reconsideration Request:

- Select the **Calculate** button to populate the **Reconsideration Request Amount** column and **Totals** row.
- Select the **Continue** button.



Web Form: Requesting Reconsideration Options Page

Risk Adjustment User Fee Reconsideration Request:

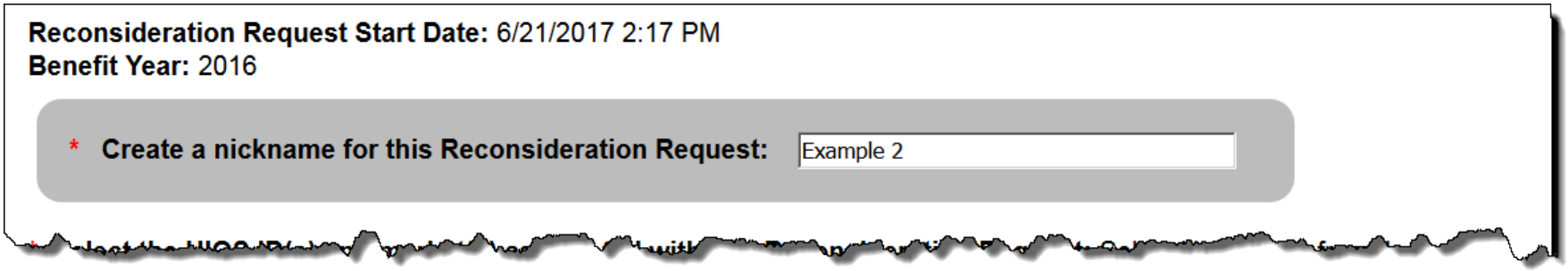


- Answer the question, “For which program would you like to request reconsideration?”
- If you select the **Risk Adjustment User Fee** button:
  - Select the Continue button.
  - The form navigates to the **Reconsideration Request Details** page.

Web Form: Reconsideration Request Details Page

Risk Adjustment User Fee Reconsideration Request:

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



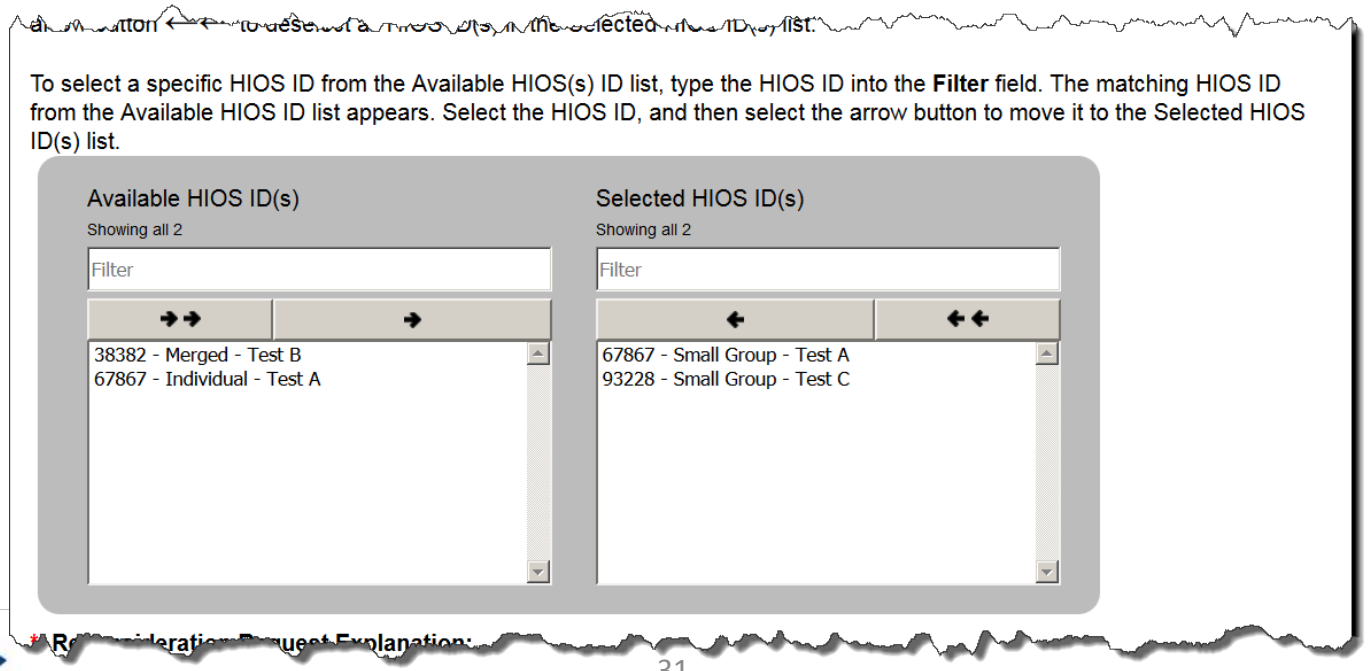
NOTE

There will be an opportunity to report additional reconsideration requests prior to submitting your attestation.

Web Form: Reconsideration Request Details Page (Continued)

Risk Adjustment User Fee Reconsideration Request:

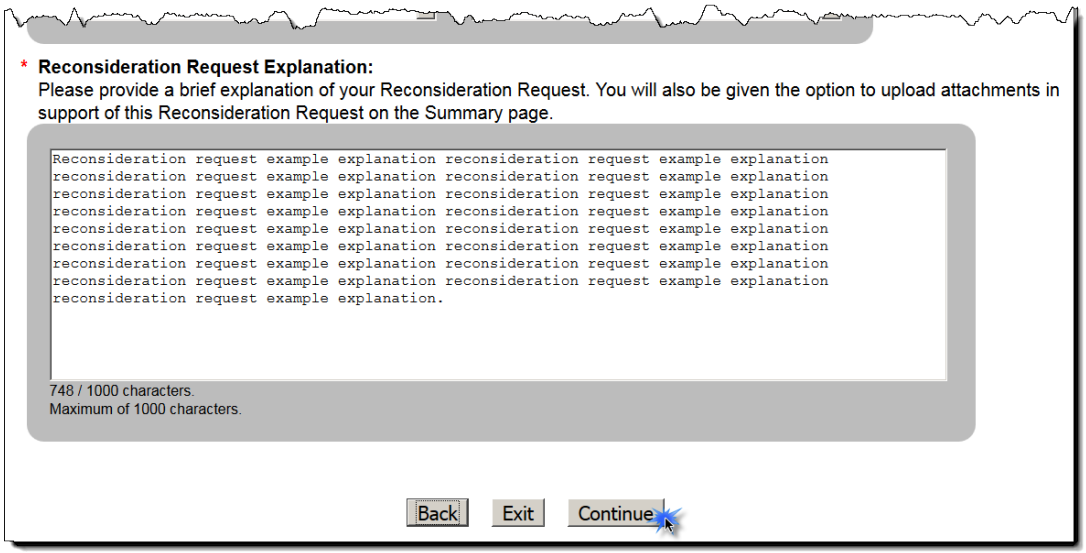
- Select the HIOS ID(s) and associated market for which you are requesting reconsideration for the same issue from the **Available HIOS ID(s)** list.



Web Form: Reconsideration Request Details Page (Continued)

Risk Adjustment User Fee Reconsideration Request:

- Provide a brief explanation of your Reconsideration Request in the **Reconsideration Request Explanation** field.
  - Select the Continue button.
  - The form navigates to the **Plan ID and Enrollees Information** page.

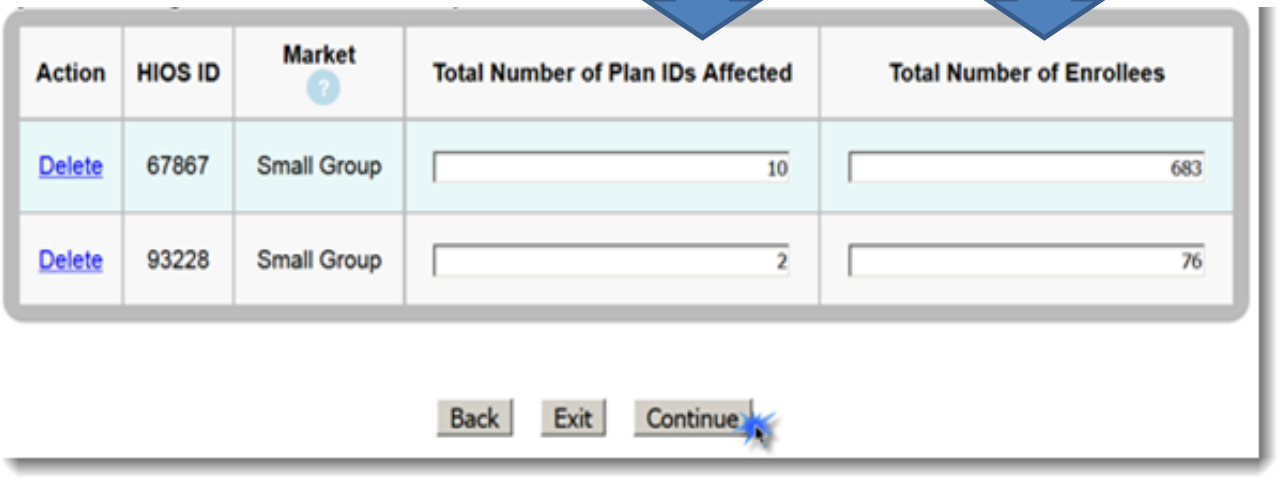


Web Form: Plan ID and Enrollees Information Page

Risk Adjustment User Fee Reconsideration Request:

Enter the Total Number of Plan IDs affected for each HIOS ID

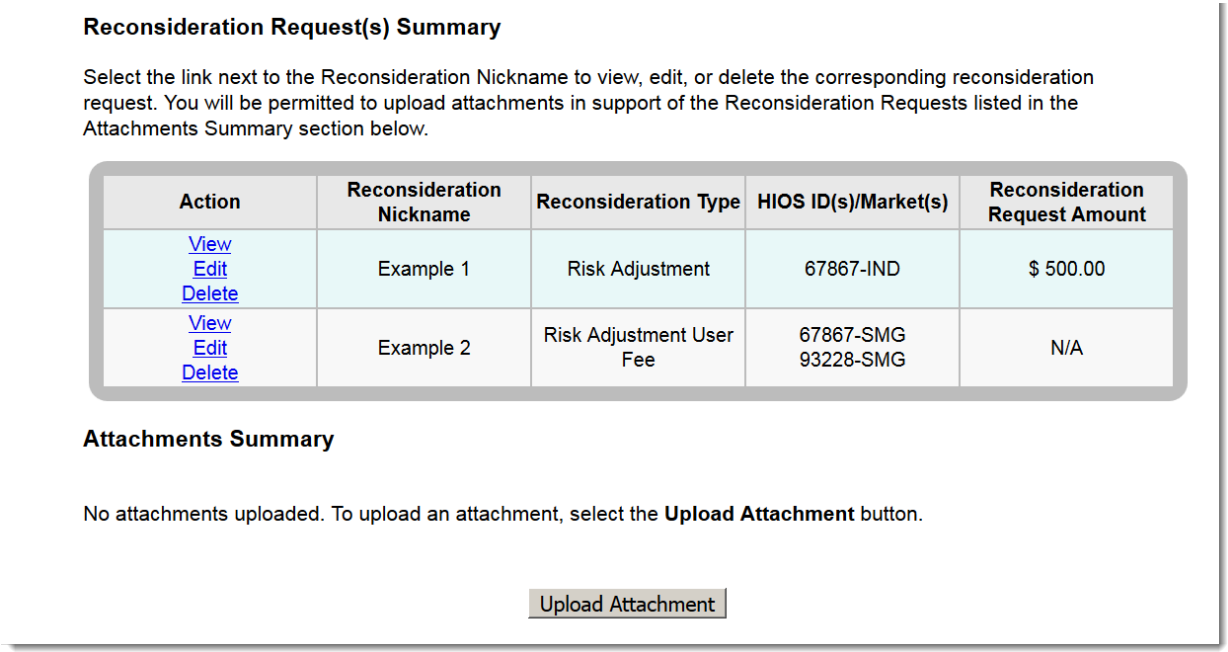
Enter the Total Number of Enrollees affected for each HIOS ID



- Select the **Continue** button.
  - The form navigates to the **Summary** page.

Web Form: Summary Page

- Review the **Reconsideration Request(s) Summary** section.
  - Confirm the accurate reconsideration request information was entered.
  - Confirm the correct HIOS ID(s) was entered.



Reconsideration Request(s) Summary

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

Action	Reconsideration Nickname	Reconsideration Type	HIOS ID(s)/Market(s)	Reconsideration Request Amount
View Edit Delete	Example 1	Risk Adjustment	67867-IND	$ 500.00
View Edit Delete	Example 2	Risk Adjustment User Fee	67867-SMG 93228-SMG	N/A

Attachments Summary

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

Upload Attachment

Web Form: Summary Page (Continued)

- Select the **Upload Attachments** button to upload supporting documentation for the reported reconsideration request.

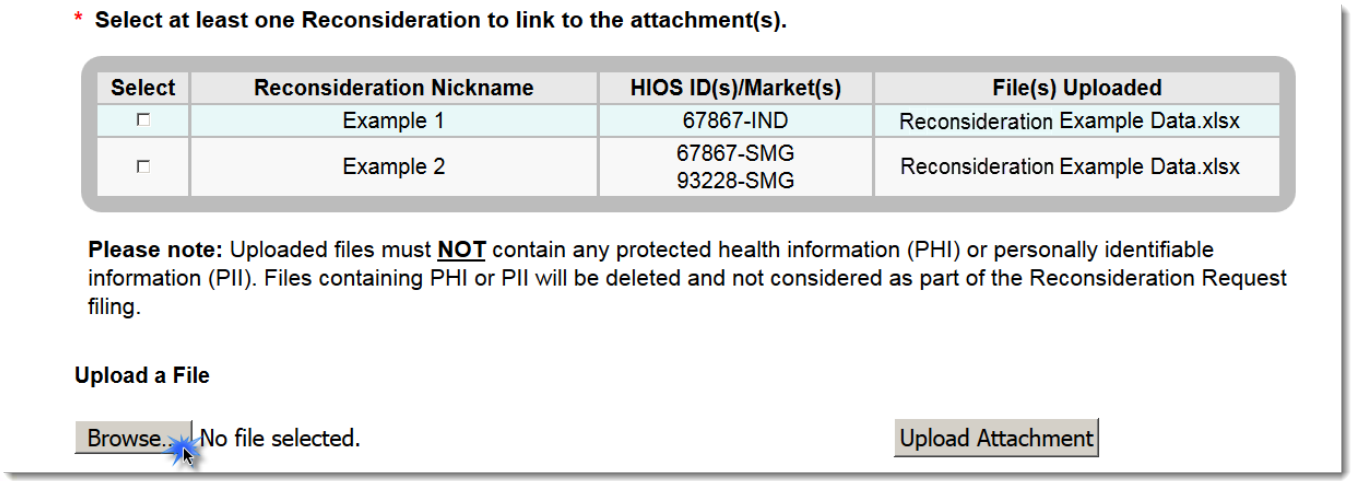


- Review the **Attachments Summary** section, if applicable

Action	File Name	File Size	Associated Reconsideration Request(s)
View Edit Delete	Reconsideration Example Data.xlsx	0.0080 MB	Example 1 Example 2

Web Form: Upload Attachments Page

- Select the **Upload Attachments** button from the **Summary** page.
- Select at least one Reconsideration Nickname to link to the attachment(s).
- Select the **Browse** button in the Upload a File section.
- Select the document for upload (the document name will appear in the **Upload a File** field.



Web Form: Upload Attachments Page (Continued)

Browse...

Upload Attachment

Max Size: 10 MB
Limit: 10 files per reconsideration

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

Action	File Name	File Size	Associated Reconsideration Request(s)
View Edit Delete	Reconsideration Example Data.xlsx	0.0080 MB	Example 1 Example 2

Save & Return

Web Form: Upload Attachments Page (Continued)

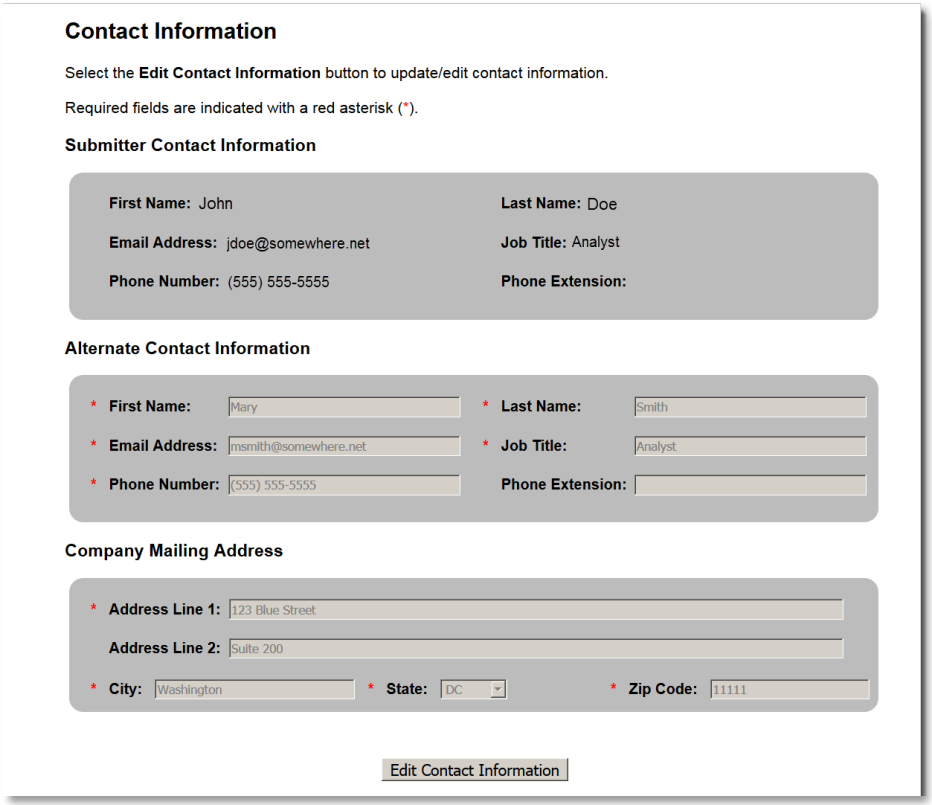
- Select the **Upload Attachments** button.
  - All uploaded documents for this Reconsideration Nickname will appear in a table at the bottom of the page.
  - Select the **Action** link (**View**, **Edit**, or **Delete**) next to the document name you would like to view, edit, or delete.
- Repeat process for each document you want to upload.
- Select the **Save & Return** button to save your updates and return to the **Summary** page.



Uploaded documents must **NOT** contain any protected health information (PHI) or personally identifiable information (PII). Documents containing PHI or PII will be deleted and not considered as part of the Reconsideration Request.

Web Form: Summary Page

- Review that the Contact Information listed is correct.
  - Select the **Edit Contact Information** button to make corrections.



Contact Information

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

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

Submitter Contact Information

First Name: John **Last Name:** Doe

Email Address: jdoe@somewhere.net **Job Title:** Analyst

Phone Number: (555) 555-5555 **Phone Extension:**

Alternate Contact Information

* **First Name:** Mary * **Last Name:** Smith

* **Email Address:** msmith@somewhere.net * **Job Title:** Analyst

* **Phone Number:** (555) 555-5555 **Phone Extension:**

Company Mailing Address

* **Address Line 1:** 123 Blue Street

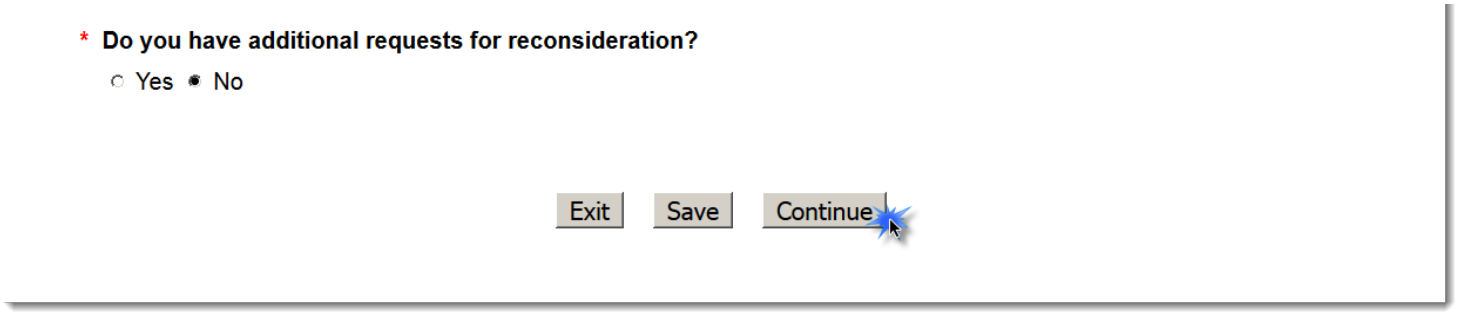
Address Line 2: Suite 200

* **City:** Washington * **State:** DC * **Zip Code:** 11111

Edit Contact Information

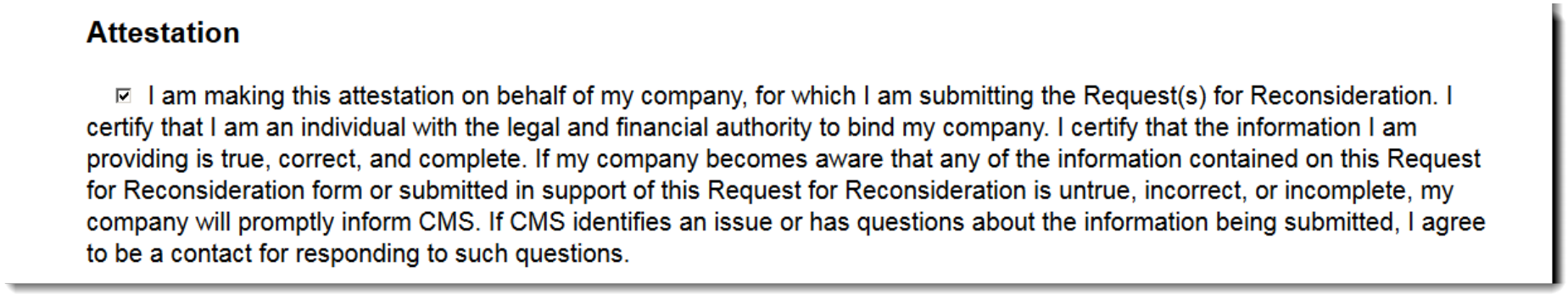
Web Form: Summary Page (Continued)

- Select **Yes** or **No** in response to the question, “Do you have additional requests for reconsideration?”
  - If **Yes** is selected, the form navigates to the **Requesting Reconsideration Options** page.
  - If **No** is selected, the form navigates to the **Attester Details** page.



Web Form: Attester Details Page

- Thoroughly review the Attestation statement in its entirety
- Select the check box next to the attestation statement to indicate agreement.

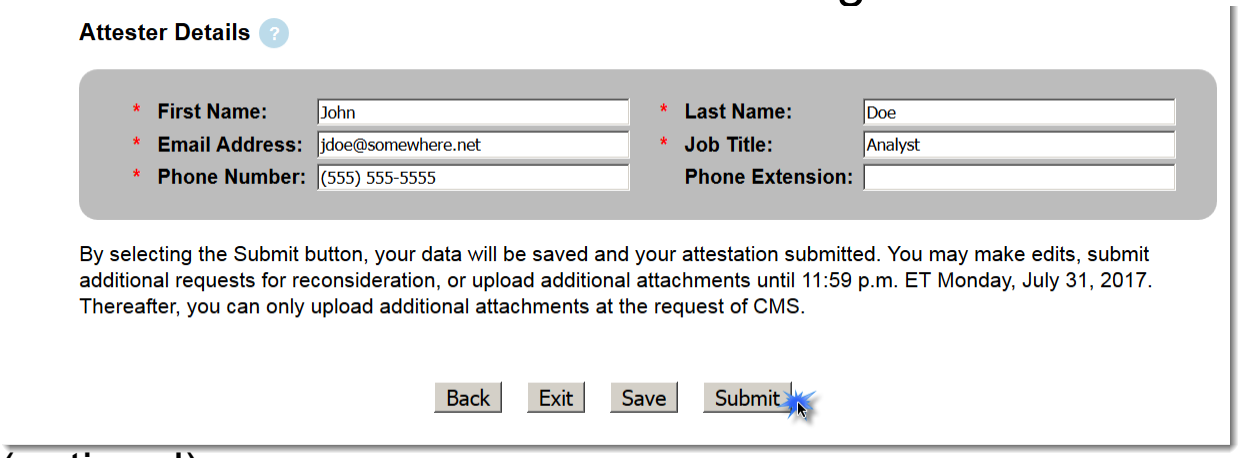


Attestation

☑ 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.

Web Form: Attester Details Page
(Continued)

- Complete the **Attester Details** section with the following information:
  - First Name
  - Last Name
  - Email Address
  - Job Title
  - Phone Number
  - Phone Extension (optional)



- Select the **Submit** button to save your data and submit your data and attestation for Request(s) for Reconsideration.

NOTE

The individual providing the attestation must be someone with the authority to legally and financially bind the company.

Web Form: Confirmation Page

- An acknowledgement email is sent from ACAfinancialappeals@cms.hhs.gov to the email addresses in the **Contact Information** and **Attester Details** sections of the web form.
- Select the **PDF** button to print/save the submission for your records.
  - The PDF is the formal confirmation of attestation and submitted Reconsideration Request(s).
  - Include the Reconsideration ID that is assigned and included in the PDF confirmation in any questions sent to ACAfinancialappeals@cms.hhs.gov.
- Select the **Exit** button to exit the web form.



It is recommended that you print and save a copy of the Confirmation information for your records.

Determination of the Request for Reconsideration

In reviewing the reconsideration request, CMS will review:

- Any prior discrepancy reports;
- The payment or charge determination;
- The evidence and findings upon which the payment or charge determination was based;
- Any additional documentary evidence submitted by the issuer; and
- Other evidence that is relevant to deciding the reconsideration (the issuer will be provided an opportunity to review and rebut such evidence).

Request for Reconsideration: Burden of Proof

An issuer must prove its case by a preponderance of the evidence with respect to issues of fact.

Issuing a Reconsideration Decision

Once a decision has been made, CMS will send the company a “Reconsideration Decision” letter.

- The letter will set forth the decision and explain whether any payment or charge adjustment is required.
- The letter will also provide information on how the issuer can request an informal hearing before a CMS Hearing Office if dissatisfied with the Reconsideration Decision.

Interest

If an issuer requests reconsideration of a RA charge amount, the issuer should pay the full amount of the charge despite the dispute.

If	Then
An issuer appeals a RA charge amount and fails to pay the charge in the 30-day timeframe required under 45 CFR 153.610(e),	• Interest will accrue on the debt. • The issuer will owe the entire charge amount plus interest on the debt **if** the issuer is unsuccessful in the appeal.
An issuer appeals a RA charge and pays the RA charge within the 30-day timeframe,	• No interest will accrue. • CMS will refund amounts in accordance with the decision **if** the issuer is successful in the appeal.

Informal Hearing Before CMS Hearing Officer

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Informal Hearing Before a CMS Hearing Officer

- Upon receipt of a Reconsideration Decision, issuers have the right to request an informal hearing before a CMS Hearing Officer within 30 calendar days.
- The process for requesting an informal hearing before a CMS Hearing Officer will be set forth in the Reconsideration Decision.
- The CMS Hearing Officer will only review the documentary evidence provided by the parties and the record that was before CMS when the Reconsideration Decision was made.

Informal Hearing Before a CMS Hearing Officer (continued)

- Both parties may submit a statement of support for their respective position.
- Testimony and evidence that was not presented with the reconsideration request will not be accepted.
- An issuer may be represented by counsel and must prove its case by clear and convincing evidence with respect to issues of fact.

Informal Hearing Decision

- After an informal hearing (if requested), the CMS Hearing Officer will render a decision.
- The decision is final and binding, subject to the results of the discretionary CMS Administrator Review process (if applicable).

CMS Administrator Review (at the discretion of the CMS Administrator)

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CMS Administrator Review

- After the CMS Hearing Officer renders a decision:
  - Issuers may appeal an unfavorable decision to the CMS Administrator within 15 calendar days; or
  - CMS may appeal an unfavorable decision to the CMS Administrator within 15 calendar days.
- The CMS Administrator (or his/her delegate) may either accept the appeal for review, or decline to review the appeal.
- The appeal request must specify the findings or issues that are being challenged.

CMS Administrator Review (continued)

- Both parties may submit a statement of support for their respective position.
- The party requesting the appeal must prove its case by clear and convincing evidence with respect to issues of fact.
- If accepted, the CMS Administrator (or his/her delegate) will review the statements of the issuer and CMS and any other information included in the record of the CMS Hearing Officer's decision.
- The CMS Administrator's determination is final and binding.

Questions?

To submit questions by phone:

- ❑ Dial '* #' on your phone's keypad
- ❑ Dial '* #' to exit the phone queue

To submit questions by webinar:

- ❑ Type your question in the text box under the 'Q&A' tab

Resources

HTTPS://WWW.REGTAP.INFO/

Locating Documents in REGTAP

Stakeholders can access additional documents at https://www.REGTAP.info in the REGTAP Library.

Under Program Area, select 'ACA Financial Appeals'



HTTPS://WWW.REGTAP.INFO/

Resources

Resource	Resource Link
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://www.cms.gov/cciio
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info

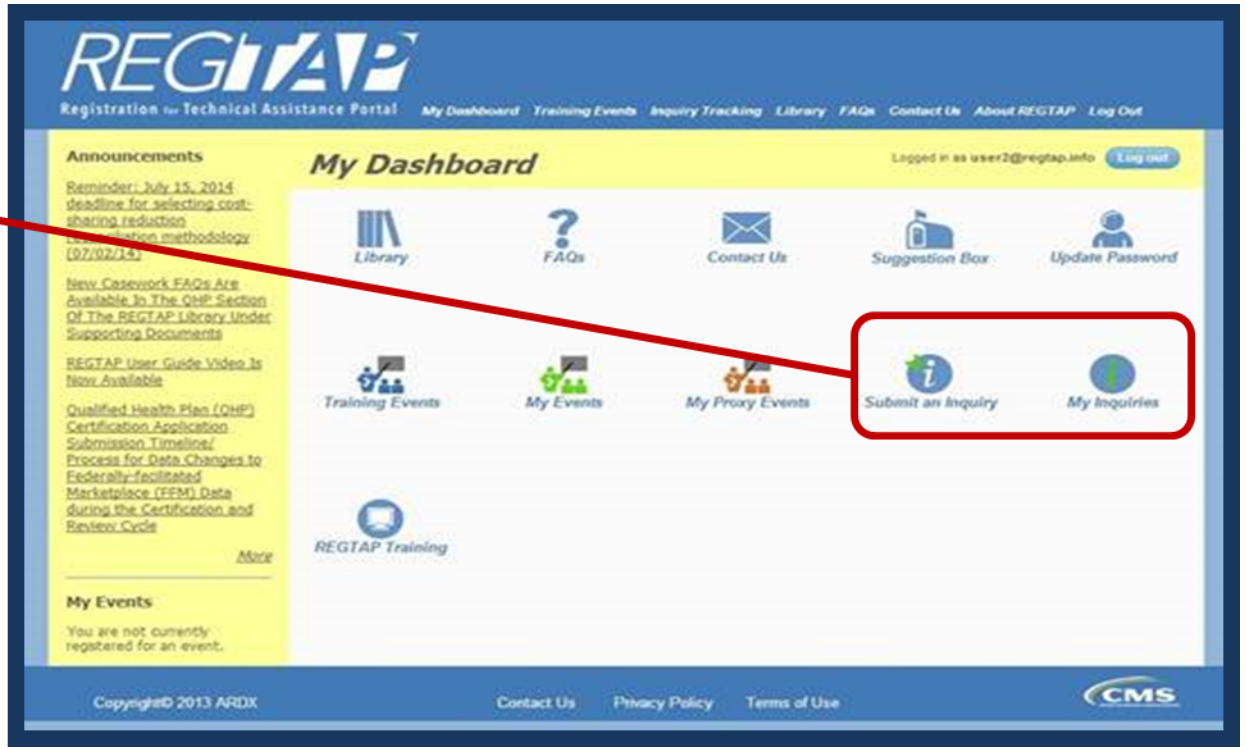
Resources (continued)

Resource	Resource Link
Patient Protection and Affordable Care Act (ACA)	http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html
Standards Related to Reinsurance, Risk Corridors, and Risk Adjustment under the Affordable Care Act	http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf
HHS Notice of Benefit and Payment Parameters for 2014 and Amendments to the HHS Notice of Benefit and Payment Parameters for 2014	http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf
HHS Notice of Benefit and Payment Parameters for 2015	http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf
HHS Notice of Benefit and Payment Parameters for 2016	http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf
HHS Notice of Benefit and Payment Parameters for 2017	https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf
HHS Notice of Benefit and Payment Parameters for 2018	https://www.gpo.gov/fdsys/pkg/FR-2016-12-22/pdf/2016-30433.pdf

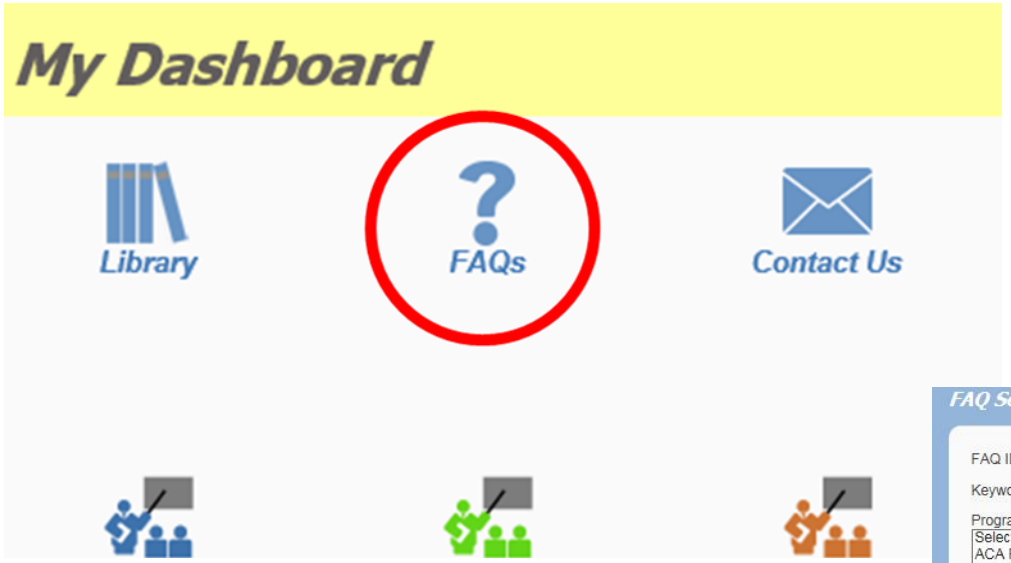
Inquiry Tracking and Management System (ITMS)

Stakeholders can submit inquiries to ITMS at https://www.REGTAP.info

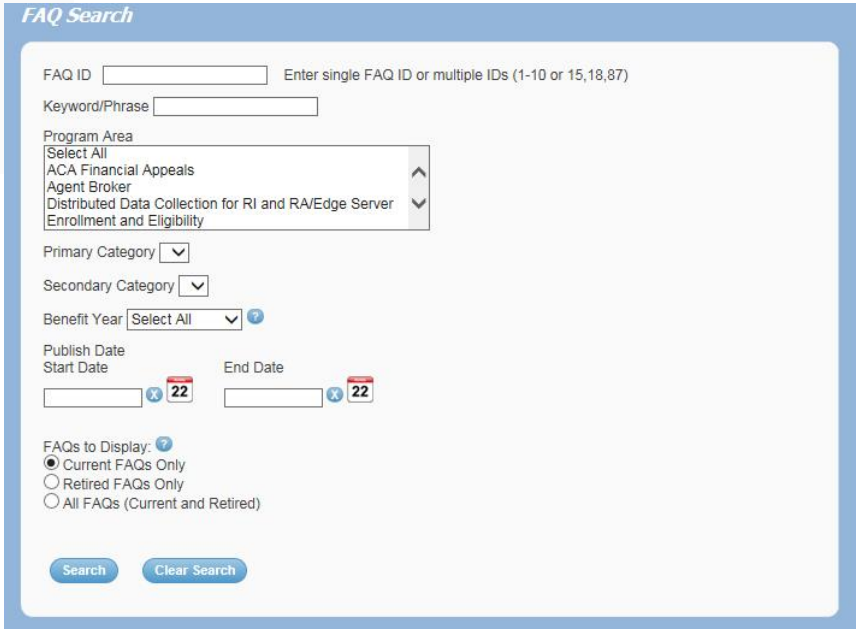
Select 'Submit an Inquiry' from My Dashboard



FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary Categories, Benefit Year, Retired and Current FAQs and Publish Date.



FAQ Database is available at https://www.regtap.info/

Closing Remarks

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