



Centers for Medicare & Medicaid Services

ACA Financial Appeals
Risk Adjustment (including Risk Adjustment
Default Charge and Risk Adjustment User Fee)
and Reinsurance Reconsideration Request
Web Form Guide

2016 Benefit Year

Table of Contents

Resources.....	1
1 Introduction	1
2 ACA Request for Reconsideration Web Page	2
3 Welcome Page.....	3
4 Contact Information Page.....	5
5 Reconsideration Request Options Page.....	6
6 Request Reconsideration for Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance.....	8
6.1 Risk Adjustment/Reinsurance Category Options Page	8
6.2 Reconsideration Request Details Page	9
6.3 Reconsideration Request Amount Details Page	11
7 Request Reconsideration for Risk Adjustment User Fee	13
7.1 Reconsideration Request Details Page	14
7.2 Plan ID and Enrollees Information Page	16
8 Summary Page	17
8.1 Upload Attachments	20
8.2 Edit Attachments	22
9 Submitting an Attestation	23
9.1 Attestation Page	23
9.2 Confirmation Page.....	25
10 Uploading Documentation After the Deadline	26

Table of Figures

Figure 1: ACA Request for Reconsideration Page	2
Figure 2: Risk Adjustment & Reinsurance Reconsideration Web Form Welcome Page	3
Figure 3: Login with Access Code	4
Figure 4: Contact Information Page.....	6
Figure 5: Reconsideration Request Options Page.....	7
Figure 6: Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Selection.....	8
Figure 7: Risk Adjustment/Reinsurance Category Options Page.....	9
Figure 8: Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Request Details (Steps 1-3)	10

Figure 9: Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Request Details (Steps 4-6)	11
Figure 10: Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Request Amount Details.....	12
Figure 11: Risk Adjustment User Fee Selection	13
Figure 12: Risk Adjustment User Fee.....	15
Figure 13: Plan ID and Enrollees Information Page.....	16
Figure 14: Summary Page (Steps 1-2)	18
Figure 15: Summary Page (Steps 3-5).....	19
Figure 16: Upload Attachments Page.....	21
Figure 17: Edit Attachments Page.....	22
Figure 18: Attestation Page.....	24
Figure 19: Confirmation Page	25

Resources

The following 2016 benefit year request for risk adjustment and reinsurance reconsideration resources are available for review or download:

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

1 Introduction

All issuers of risk adjustment covered plans and reinsurance-eligible plans are permitted to file a request for reconsideration for the 2016 benefit year. An issuer may only file a request for reconsideration to contest:

- A processing error by HHS;
- HHS's incorrect application of the relevant methodology; or
- HHS's mathematical error with respect to the amount of a reinsurance payment or risk adjustment payment or charge.

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 and Risk Adjustment User Fee) and Reinsurance 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. For the 2016 benefit year, issuers will file their request(s) for reconsideration at a company level and will have the ability to select multiple HIOS IDs for a single reconsideration request. Each organization's CEO Designate and Alternate CEO Designate will receive a notification email containing information about the Risk Adjustment and Reinsurance Reconsideration reporting process on Friday, June 30, 2017. This email will contain a link to the 2016 benefit year Risk Adjustment (including Risk Adjustment Default Charge and Risk Adjustment User Fee) and Reinsurance Reconsideration Request Web Form. The web form will only be available from June 30, 2017-July 31, 2017.



For the 2016 benefit year risk adjustment and reinsurance programs, you must file a request for reconsideration no later than 11:59 p.m. ET on Monday, July 31, 2017.



 The web form provides the option to save and exit from specific pages. You do not need to complete the entire reporting process in a single session. However, **you must complete any and all requests for reconsideration for the 2016 benefit year by 11:59 p.m. ET on Monday, July 31, 2017.**

2 ACA Request for Reconsideration Web Page

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

Figure 1: ACA Request for Reconsideration Page



ACA Request for Reconsideration Page

Instructions

Select an appropriate link below to request reconsideration for the risk adjustment (including risk adjustment default charge and risk adjustment user fee), reinsurance, cost-sharing reduction reconciliation, or risk corridors programs.

Please note that pursuant to CMS regulations, the program specific web forms are only accessible during the reconsideration submission window. Review the guidance below the link to determine if the web form is currently available.

[Risk Adjustment \(including Risk Adjustment Default Charge and Risk Adjustment User Fee\) and Reinsurance Reconsideration Request Web Form](#)

Access is available from June 30, 2017 through July 31, 2017 at 11:59 pm ET.

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

Access is currently unavailable.

[Risk Corridors Reconsideration Request Web Form](#)

Access is currently not available for any benefit year.

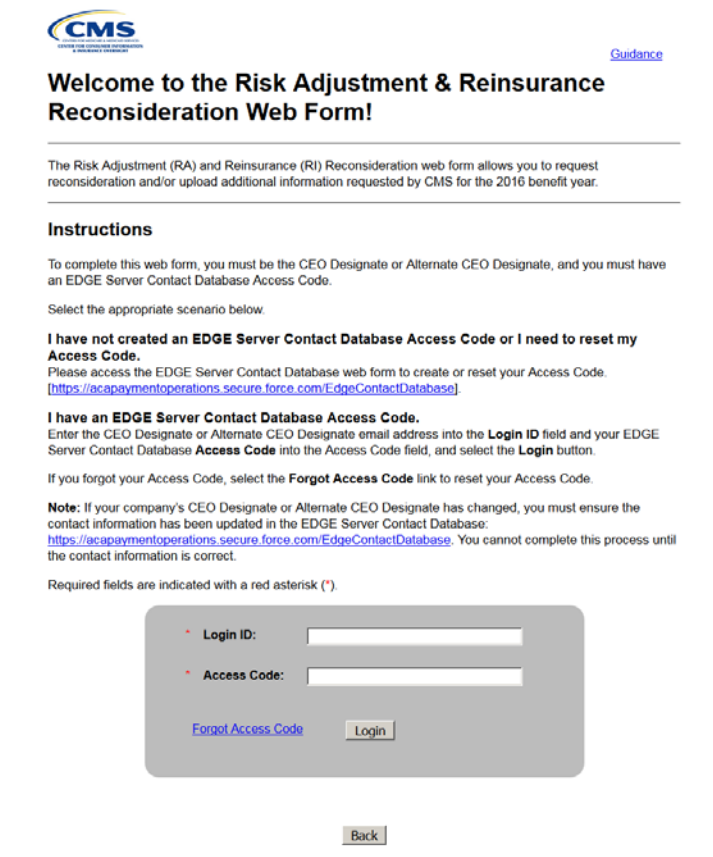
3 Welcome Page

Upon selecting the Risk Adjustment (including Risk Adjustment Default Charge and Risk Adjustment User Fee) and Reinsurance Reconsideration web form link in the ACA Request for Reconsideration web page, you are directed to the Welcome page of the web form, as shown in Figure 2. Refer to Table 1 to determine how to proceed in the web form.

Table 1: Login Selection

If	Then
You have an EDGE Server Contact Database Access Code,	Proceed to Table 2 to log in with 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.

Figure 2: Risk Adjustment & Reinsurance Reconsideration Web Form Welcome Page



Welcome to the Risk Adjustment & Reinsurance Reconsideration Web Form!

The Risk Adjustment (RA) and Reinsurance (RI) Reconsideration web form allows you to request reconsideration and/or upload additional information requested by CMS for the 2016 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.

Select the appropriate scenario below.

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>

I have an EDGE Server Contact Database Access Code.
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 select the **Login** button.

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

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

Required fields are indicated with a red asterisk (*)

* Login ID:

* Access Code:

[Forgot Access Code](#)

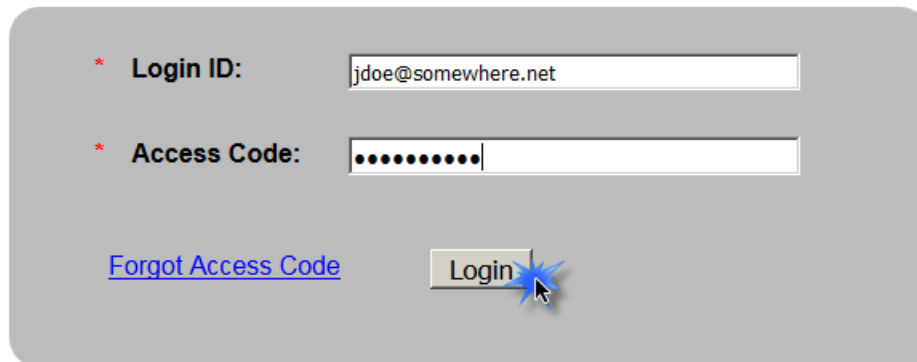


If your company's CEO Designate or Alternate CEO Designate has changed, you must ensure the contact information has been updated in the EDGE Server Contact Database. You cannot complete this process until the contact information is correct.

Table 2: Login with Access Code

Step	Action
1	Enter the CEO Designate or Alternate CEO Designate email address in the Login ID field.
2	Enter the EDGE Server Contact Database Access Code for your company in the Access Code field.
3	Select the Login button, as shown in Figure 3. You will be directed to the Contact Information page of the web form.

Figure 3: Login with Access Code



* **Login ID:**

* **Access Code:**

[Forgot Access Code](#)

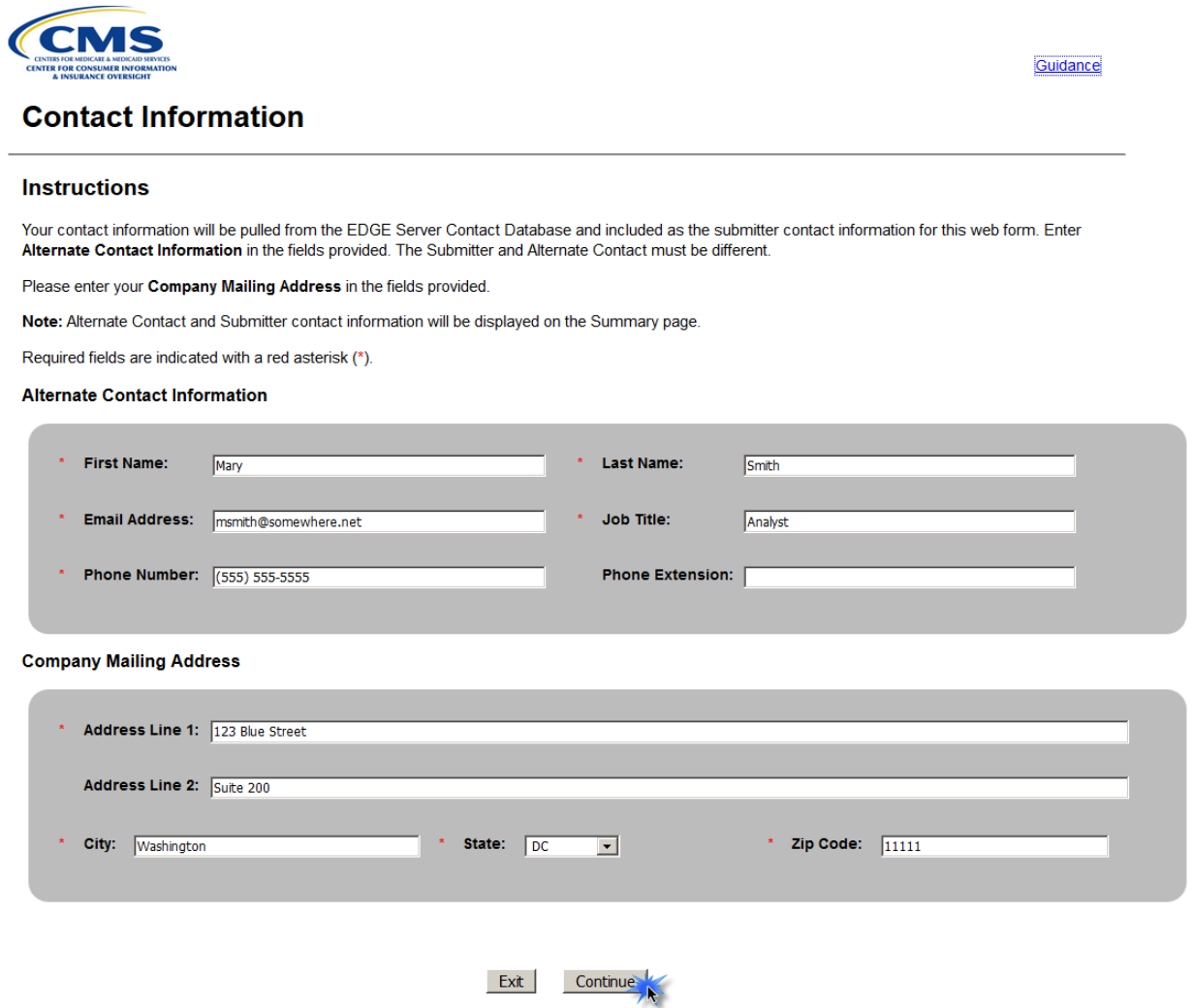
4 Contact Information Page

Your contact information will be pulled from the EDGE Server Contact Database and included as the submitter contact information for this web form. Follow the steps in Table 3 to complete this page.

Table 3: Contact Information Steps

Step	Action
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. You will be directed to the Reconsideration Request Options page of the web form.

Figure 4: Contact Information Page



The screenshot shows the 'Contact Information' page of the CMS web form. At the top left is the CMS logo. At the top right is a 'Guidance' link. The page title is 'Contact Information'. Below the title is a section for 'Instructions' which explains that contact information will be pulled from the EDGE Server Contact Database and that alternate contact information must be entered. It also notes that alternate and submitter contact information will be displayed on the Summary page and that required fields are marked with a red asterisk (*). The 'Alternate Contact Information' section contains six input fields: First Name (Mary), Last Name (Smith), Email Address (msmith@somewhere.net), Job Title (Analyst), Phone Number ((555) 555-5555), and Phone Extension. Below this is the 'Company Mailing Address' section with four input fields: Address Line 1 (123 Blue Street), Address Line 2 (Suite 200), City (Washington), and State (DC). There is also a Zip Code field (11111). At the bottom are 'Exit' and 'Continue' buttons, with a mouse cursor clicking on the 'Continue' button.

5 Reconsideration Request Options Page

The Reconsideration Request Options page allows you to select the program for which you wish to request reconsideration. Refer to Table 4 to determine how to proceed in the web form.

Table 4: Reconsideration Request Options Selection

If	Then
You want to request reconsideration for Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance,	- Select the Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance radio button - Select the Continue button - Proceed to Section 6

If	Then
You want to request reconsideration for Risk Adjustment User Fee,	- Select the Risk Adjustment User Fee radio button - Select the Continue button - Proceed to Section 7

Figure 5: Reconsideration Request Options Page

Reconsideration Request Options

Instructions

Select the program for which you are requesting reconsideration.

Note: There are different requirements for submitting a request for reconsideration for each program. Please review the *Request for Risk Adjustment & Reinsurance Reconsideration Web Form Guide* by selecting the **Guidance** link at the top of the page.

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

Reconsideration Options

* **For which program would you like to request reconsideration?**

- ☐ Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance
- ☐ Risk Adjustment User Fee

Back

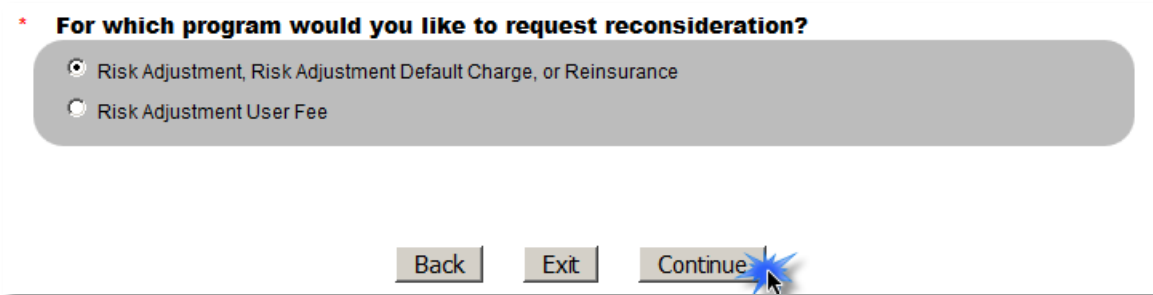
Exit

Continue

6 Request Reconsideration for Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance

Upon selecting the **Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance** radio button and selecting the **Continue** button on the Reconsideration Request Options page, you will be directed to a workflow to capture the details of your reconsideration request.

Figure 6: Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Selection



*** For which program would you like to request reconsideration?**

☒ Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance

☐ Risk Adjustment User Fee

[Back](#) [Exit](#) [Continue](#)

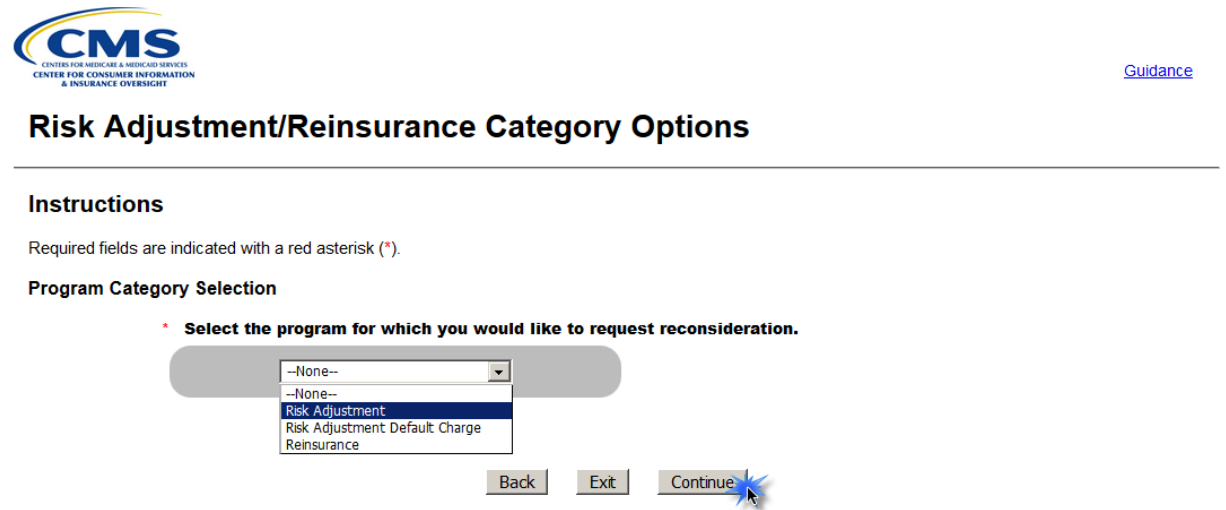
6.1 Risk Adjustment/Reinsurance Category Options Page

Follow the steps in Table 5 to complete this page.

Table 5: Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Category Selection

Step	Action
1	Select the program for which you would like to request reconsideration from the drop-down menu: • Risk Adjustment • Risk Adjustment Default Charge • Reinsurance
2	Select the Continue button. You will be directed to the Reconsideration Request Details page of the web form.

Figure 7: Risk Adjustment/Reinsurance Category Options Page



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION
& INSURANCE OVERSIGHT

[Guidance](#)

Risk Adjustment/Reinsurance Category Options

Instructions

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

Program Category Selection

* Select the program for which you would like to request reconsideration.

--None--
--None--
Risk Adjustment
Risk Adjustment Default Charge
Reinsurance

Back Exit Continue

6.2 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. There will be an opportunity to report additional reconsideration requests prior to submitting your attestation. Follow the steps in Table 6 to complete this page.

Table 6: Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance – Request Details

Step	Action
1	Enter a unique Reconsideration Request nickname in the Create a nickname for this Reconsideration Request field.
2	Select the HIOS ID(s) and market(s) for which you are requesting reconsideration for the same issue from the Available HIOS ID(s) list. Select HIOS ID(s) and from the Available HIOS ID(s) list and then select the right facing arrow button → to move it to the Selected HIOS ID(s) list. Select the double right facing arrow button →→ to select all HIOS IDs in the list. To deselect a HIOS ID, select the left facing arrow button ← to move the HIOS ID from the Selected HIOS ID(s) list to the Available HIOS ID(s) list. Select the left facing double arrow button ←← to deselect all HIOS ID(s) in the Selected HIOS ID(s) list. To select a specific HIOS ID from the Available HIOS(s) ID list, type the HIOS ID into the Filter field. The matching HIOS ID from the Available HIOS ID(s) list appears. Select the HIOS ID, and then select the arrow button → to move it to the Selected HIOS ID(s) list.

Step	Action						
3	Select the Yes or No radio button for the question, "Did you report a discrepancy related to this Reconsideration Request?" <table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>Yes</td><td> a. Enter the Discrepancy ID. This is the number generated from the RA/RI Attestation and Discrepancy Reporting web form. It can be found in the confirmation PDF from the RA/RI Attestation and Discrepancy Reporting submission. b. The Discrepancy Submission Date is auto-populated based on the Discrepancy ID. </td></tr> <tr> <td>No</td><td>Continue to Step 4.</td></tr> </tbody> </table>	If	Then	Yes	a. Enter the Discrepancy ID. This is the number generated from the RA/RI Attestation and Discrepancy Reporting web form. It can be found in the confirmation PDF from the RA/RI Attestation and Discrepancy Reporting submission. b. The Discrepancy Submission Date is auto-populated based on the Discrepancy ID.	No	Continue to Step 4.
If	Then						
Yes	a. Enter the Discrepancy ID. This is the number generated from the RA/RI Attestation and Discrepancy Reporting web form. It can be found in the confirmation PDF from the RA/RI Attestation and Discrepancy Reporting submission. b. The Discrepancy Submission Date is auto-populated based on the Discrepancy ID.						
No	Continue to Step 4.						
4	Provide a brief explanation of your Reconsideration Request in the Reconsideration Request Explanation field. You will be given the option to upload documents in support of this Reconsideration Request on the Summary page of the web form.						
5	Select the Continue button. You will be directed to the Reconsideration Amount Details page of the web form.						

Figure 8: Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Request Details (Steps 1-3)

Reconsideration Request Start Date: 6/21/2017 2:17 PM
Benefit Year: 2016

* Create a nickname for this Reconsideration Request:

* Select the HIOS ID(s) and market(s) associated with this Reconsideration Request: Select HIOS ID(s) from the **Available HIOS ID(s)** list and then select the right facing arrow button → to move it to the **Selected HIOS ID(s)** list. Select the double right facing arrow button →→ to select all HIOS IDs in the list. To de-select a HIOS ID, select the left facing arrow button ← to move the HIOS ID from the **Selected HIOS ID(s)** list to the **Available HIOS ID(s)** list. Select the left facing double arrow button ←← to deselect all HIOS ID(s) in the Selected HIOS ID(s) list.

To select a specific HIOS ID from the Available HIOS(s) ID list, type the HIOS ID into the **Filter** field. The matching HIOS ID from the Available HIOS ID list appears. Select the HIOS ID, and then select the arrow button to move it to the Selected HIOS ID(s) list.

Available HIOS ID(s) Showing all 3	Selected HIOS ID(s) Showing all 1
Filter →→ → 38382 - Merged - Test B 67867 - Small Group - Test A 93228 - Small Group - Test C	Filter ← ←← 67867 - Individual - Test A

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

☐ Yes

☒ No

Discrepancy ID:

?000785

Discrepancy Submission Date:06/20/2017 10:00AM

*

Reconsideration Request Explanation:

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

Reconsideration request example explanation reconsideration request example explanation
reconsideration request example explanation reconsideration request example explanation
reconsideration request example explanation reconsideration request example explanation
reconsideration request example explanation reconsideration request example explanation
reconsideration request example explanation reconsideration request example explanation
reconsideration request example explanation reconsideration request example explanation
reconsideration request example explanation reconsideration request example explanation
reconsideration request example explanation reconsideration request example explanation.

572 / 1000 characters.
Maximum of 1000 characters.

Back

Exit

Continue

Follow the steps in Table 7 to enter the amounts for which you are requesting reconsideration for each HIOS ID and market.

Step	Action
1	Enter the amount for which 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, see Table 8. Note: A charge amount must be entered as a negative number.
2	Enter the amount listed on the June 30, 2017 <i>Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2016 Benefit Year</i> in the Published CMS Payment or Charge Amount. For examples of published CMS payment or charge amounts, see Table 8. Note: A charge amount must be entered as a negative number.

Step	Action						
3	Select the Calculate button. This will populate the following column/row: <table border="1"> <thead> <tr> <th>Column/Row</th> <th>Calculation</th> </tr> </thead> <tbody> <tr> <td>Reconsideration Request Amount</td> <td>Difference between the Amount Issuer Claiming to Owe or Receive and Published CMS Payment or Charge Amount</td> </tr> <tr> <td>Totals</td> <td>Sum of all amount fields for HIOS ID(s) and Market(s)</td> </tr> </tbody> </table> Select the Delete link next to any HIOS ID(s) you would like to delete.	Column/Row	Calculation	Reconsideration Request Amount	Difference between the Amount Issuer Claiming to Owe or Receive and Published CMS Payment or Charge Amount	Totals	Sum of all amount fields for HIOS ID(s) and Market(s)
Column/Row	Calculation						
Reconsideration Request Amount	Difference between the Amount Issuer Claiming to Owe or Receive and Published CMS Payment or Charge Amount						
Totals	Sum of all amount fields for HIOS ID(s) and Market(s)						
4	Select the Continue button. You will be directed to the Summary page of the web form. Proceed to Section 8.						

Figure 10: Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance Request Amount Details

* 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	67867	Individual	\$ -1,500.00	\$ -2,000.00	\$ 500.00
Totals:			\$ -1,500.00	\$ -2,000.00	\$ 500.00

Calculate

Table 8: Examples of Payment or Charge Amounts

Example	Actions
You are requesting a reconsideration because your charge amount is greater than expected.	1. Enter the charge amount you are claiming to owe in the Amount Issuer Claiming to Owe or Receive column. 2. Enter the charge amount listed on the June 30, 2017 <i>Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2016 Benefit Year</i> that you believe is incorrect in the Published CMS Payment or Charge Amount column. <i>Note: All charge amount(s) must be entered as a negative number.</i>

Example	Actions
You are requesting a reconsideration because you are being charged, but believe you should receive payment.	1. Enter the payment you believe you should receive in the Amount Issuer Claiming to Owe or Receive column. 2. Enter the charge amount listed on the June 30, 2017 <i>Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2016 Benefit Year</i> that you believe is incorrect in the Published CMS Payment or Charge Amount column. <i>Note: All charge amount(s) must be entered as a negative number.</i>
You are requesting a reconsideration because your payment is lower than expected.	1. Enter the payment you believe you should receive in the Amount Issuer Claiming to Owe or Receive column. 2. Enter the payment amount listed on the June 30, 2017 <i>Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2016 Benefit Year</i> that you believe is incorrect in the Published CMS Payment or Charge Amount column.

7 Request Reconsideration for Risk Adjustment User Fee

Upon selecting the **Risk Adjustment User Fee** radio button and selecting the **Continue** button on the Reconsideration Request Options page, you will be directed to a workflow to capture the details of your reconsideration request.

Figure 11: Risk Adjustment User Fee Selection

* **For which program would you like to request reconsideration?**

☐ Risk Adjustment, Risk Adjustment Default Charge, or Reinsurance
☒ Risk Adjustment User Fee

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. There will be an opportunity to report additional reconsideration requests prior to submitting your attestation. Follow the steps in Table 9 to complete this page.

Table 9: Reconsideration Request Details Steps

Step	Action
1	Enter a unique Reconsideration Request nickname in the Create a nickname for this Reconsideration Request field.
2	Select the HIOS ID(s) and market(s) for which you are requesting reconsideration for the same issue from the Available HIOS ID(s) list. Select HIOS ID(s) and from the Available HIOS ID(s) list and then select the right facing arrow button → to move it to the Selected HIOS ID(s) list. Select the double right facing arrow button →→ to select all HIOS IDs in the list. To deselect a HIOS ID, select the left facing arrow button ← to move the HIOS ID from the Selected HIOS ID(s) list to the Available HIOS ID(s) list. Select the left facing double arrow button ←← to deselect all HIOS ID(s) in the Selected HIOS ID(s) list. To select a specific HIOS ID from the Available HIOS(s) ID list, type the HIOS ID into the Filter field. The matching HIOS ID from the Available HIOS ID(s) list appears. Select the HIOS ID, and then select the arrow button → to move it to the Selected HIOS ID(s) list.
3	Provide a brief explanation of your Reconsideration Request in the Reconsideration Request Explanation field. You will be given the option to upload documents in support of this Reconsideration Request on the Summary page of the web form.
4	Select the Continue button. You will be directed to the Plan ID and Enrollees Information page of the web form.

Reconsideration Request Start Date: 6/21/2017 2:17 PM
Benefit Year: 2016

* **Select the HIOS ID(s) and market(s) associated with this Reconsideration Request:** Select HIOS ID(s) from the **Available HIOS ID(s)** list and then select the right facing arrow button → to move it to the **Selected HIOS ID(s)** list. Select the double right facing arrow button →→ to select all HIOS IDs in the list. To de-select a HIOS ID, select the left facing arrow button ← to move the HIOS ID from the **Selected HIOS ID(s)** list to the **Available HIOS ID(s)** list. Select the left facing double arrow button ←← to deselect all HIOS ID(s) in the Selected HIOS ID(s) list.

Available HIOS ID(s)	Selected HIOS ID(s)
Showing all 2 Filter → → → 38382 - Merged - Test B 67867 - Individual - Test A	Showing all 2 Filter ← ← ← 67867 - Small Group - Test A 93228 - Small Group - Test C

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

748 / 1000 characters.
Maximum of 1000 characters.

Continue

7.2 Plan ID and Enrollees Information Page

Follow the steps in Table 10 to enter the number of plan IDs and number of enrollees affected for each HIOS ID and market for which you are requesting reconsideration.

Table 10: Request Reconsideration for Risk Adjustment User Fee – Plan ID and Enrollees Information

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

Figure 13: Plan ID and Enrollees Information Page


[Guidance](#)

Plan ID and Enrollees Information

Instructions

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

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

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

Action	HIOS ID	Market	Total Number of Plan IDs Affected	Total Number of Enrollees
Delete	67867	Small Group	10	683
Delete	93228	Small Group	2	76

8 Summary Page

The Summary Page allows you to review the reconsideration requests, upload attachments, review contact information, and submit additional requests for reconsideration. Follow the steps in Table 11 to complete this page.

Table 11: Summary Page Steps

Step	Action						
1	Review the Reconsideration Request(s) Summary section to confirm the following: - Accurate reconsideration request information was entered - Correct HIOS ID(s) was entered Select the Action link (View, Edit, or Delete) next to the Reconsideration Nickname you would like to view, edit, or delete.						
2	To upload an attachment(s), follow the instructions in Section 8.1. Review the Attachments Summary section to ensure the following: - Appropriate named file(s) have been uploaded - Uploaded file(s) listed linked to the appropriate reconsideration request Select the Action link (View, Edit, or Delete) next to the file name you would like to view, edit, or delete. To edit attachments, follow the instructions in Section 8.2.						
3	Review the Contact Information section on the Summary page for accuracy. 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.						
4	Select Yes or No to the question, “Do you have additional requests for reconsideration?” <table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>Yes</td><td>You will be directed to the Reconsideration Request Options page of the web form (see Section 5).</td></tr> <tr> <td>No</td><td>You will be directed to the Attester Details page of the web form.</td></tr> </tbody> </table>	If	Then	Yes	You will be directed to the Reconsideration Request Options page of the web form (see Section 5).	No	You will be directed to the Attester Details page of the web form.
If	Then						
Yes	You will be directed to the Reconsideration Request Options page of the web form (see Section 5).						
No	You will be directed to the Attester Details page of the web form.						
5	Select the Continue button.						



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

Figure 14: Summary Page (Steps 1-2)



[Guidance](#)

Summary

Reconsideration Request(s) Summary

Select the link next to the Reconsideration Nickname to view, edit, or delete the corresponding reconsideration request. You will be permitted to upload 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

Figure 15: Summary Page (Steps 3-5)

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](#)

* **Do you have additional requests for reconsideration?**

☐ Yes ☒ No

[Exit](#) [Save](#) [Continue](#)

8.1 Upload Attachments

You have the option to upload documents in support of the reconsideration request(s) or to provide further information. You can select one or more Reconsideration Nicknames to link to your uploaded document(s). Follow the steps in Table 12 to complete this page.

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



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

Table 12: Upload Attachments

Step	Action
1	On the Summary page, select the Upload Attachment button.
2	On the Upload Attachments page, select at least one Reconsideration Nickname for which you want to upload attachment(s).
3	Select the Browse button in the Upload a File section.
4	Select the file for upload (the file name will appear in the Upload a File field).
5	Select the Upload Attachment button. All uploaded files for this Reconsideration Nickname will appear in a table at the bottom of the page. Select the Action link (View , Edit , or Delete) next to the file name you would like to view, edit, or delete.
6	Repeat Steps 2-5 for each file you want to upload.
7	Select the Save & Return button to save your updates and return to the Summary page.

Figure 16: Upload Attachments Page



[Guidance](#)

Upload Attachments

Instructions

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

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

Select	Reconsideration Nickname	HIOS ID(s)/Market(s)	File(s) Uploaded
☐	Example 1	67867-IND	Reconsideration Example Data.xlsx
☐	Example 2	67867-SMG 93228-SMG	Reconsideration Example Data.xlsx

Please note: Uploaded files must **NOT** contain any protected health information (PHI) or personally identifiable information (PII). Files containing PHI or PII will be deleted and not considered as part of the Reconsideration Request filing.

Upload a File

[Browse...](#) No file selected.

[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](#)

8.2 Edit Attachments

Follow the steps in Table 13 to complete this page.

Table 13: Edit Attachments

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

Figure 17: Edit Attachments Page



[Guidance](#)

Edit Attachments

Select or de-select the check box next to the Reconsideration Request(s) to indicate which requests are associated with the listed file. Select the **Save & Return** button to save your selection and return to the Summary page.

File Name	Associated Reconsideration Request(s)
Reconsideration Example Data.xlsx	☒ Example 1
	☒ Example 2

Cancel

Save & Return

9 Submitting an Attestation

Once you have submitted all requests for reconsideration, you will complete the Attestation page. This section will review completion of the Attestation page and reviewing and printing Confirmation of the web form submission. Follow the steps in Table 14 to complete this page.

9.1 Attestation Page



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 14: Attestation Steps

Step	Action
1	Thoroughly review the Attestation statement in its entirety.
2	Select the check box next to the Attestation statement to indicate agreement.
3	Complete the Attester Details section with the following information: • First Name • Last Name • Job Title • Email Address • Phone Number • Phone Extension (optional) Reminder: 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.
4	Select the Submit button.



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



By selecting the Submit button on the Attestation page, your data is saved and your attestation and Reconsideration Requests are submitted and deemed complete by CMS. CMS may request that you provide additional information; however, **you will not be able to edit your Reconsideration Request(s) after 11:59 p.m. ET Monday, July 31, 2017.**

Figure 18: Attestation Page

Attestation

Instructions

Prior to completing the request for reconsideration process, an individual with the authority to legally and financially bind the company must attest to the information submitted in this web form. To attest, the submitter must select the check box next to the attestation and complete the Attester Details. Please note that the individual completing the web form does not need to be the attester; however, the attester must be aware of the Request for Reconsideration submission, as they will be an individual whom CMS contacts if CMS identifies an issue or has questions.

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

Attestation

☒ I am making this attestation on behalf of my company, for which I am submitting the Request(s) for Reconsideration. I certify that I am an individual with the legal and financial authority to bind my company. I certify that the information I am providing is true, correct, and complete. If my company becomes aware that any of the information contained on this Request for Reconsideration form or submitted in support of this Request for Reconsideration is untrue, incorrect, or incomplete, my company will promptly inform CMS. If CMS identifies an issue or has questions about the information being submitted, I agree to be a contact for responding to such questions.

Attester Details ?

* First Name:	John	* Last Name:	Doe
* Email Address:	jdoe@somewhere.net	* Job Title:	Analyst
* Phone Number:	(555) 555-5555	Phone Extension:	

By selecting the Submit button, your data will be saved and your attestation submitted. You may make edits, submit additional requests for reconsideration, or upload additional attachments until 11:59 p.m. ET Monday, July 31, 2017. Thereafter, you can only upload additional attachments at the request of CMS.

[Back](#)

[Exit](#)

[Save](#)

[Submit](#)

9.2 Confirmation Page

An acknowledgement email is sent from ACAfinancialappeals@cms.hhs.gov to the Submitter, Alternate Contact, and Attester. Please save and print a PDF of the submission for your records. The PDF is the formal confirmation of attestation and submitted Reconsideration Requests. Follow the steps in Table 15 to print the confirmation page.



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

Table 15: Confirmation Page Steps

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

Figure 19: 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 below. It is recommended that you save and print the PDF for your records; the PDF is the formal confirmation of the reconsideration submission. The PDF will **not** be attached to your confirmation email.

Submission End Time: 6/21/2017 2:17 PM

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

msmith@somewhere.net
jdoe@somewhere.net

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 reconsideration. It is recommended that you print and save this document for your records.



10 Uploading Documentation After the Deadline

Upon review of a Reconsideration Request, CMS may request that additional documentation be uploaded to the web form in support of the Reconsideration Request. You should only upload additional documentation at the request of CMS. To upload the requested documentation, follow the steps in Table 16.

Table 16: Uploading Documentation after the Deadline

Step	Action
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.
5	On the Summary page, locate the Attachments Summary section. Note: Previously uploaded attachments will not be available to edit or delete after the July 31, 2017 deadline.
6	Select the Upload Attachment button.
7	On the Upload Attachments page, select one or more Reconsideration Nickname(s) to link to the attachment(s) you will be uploading.
8	Select the Browse button.
9	Select the file for upload (the file name will appear in the Upload a File field).
10	Select the Upload Attachments button. All uploaded files for this Reconsideration Request will appear in a table at the bottom of the page. Select the Action link (View , Edit , or Delete) next to the file name you would like to view, edit, or delete.
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.
13	Select the Submit button.
14	Select the PDF button to print/save the confirmation for your records.
15	Once the confirmation has been printed and/or saved, select the Exit button to exit the web form.