

Risk Adjustment Webinar Series

Formal Discrepancy Reporting Process

March 18, 2015

**Health Insurance Marketplace Program
Training Series**

Agenda

- Session Guidelines
- Session Purpose
- Formal Discrepancy Reporting Process
- Formal Discrepancy Response Template Review
- Key Deadlines
- Questions
- Closing Remarks

Session Guidelines

- This is a ninety-minute webinar session
- Frequently Asked Questions (FAQs) will be posted in the coming weeks
- For questions regarding content, please submit inquiries at <https://www.regtap.info/>
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520

Intended Audience

- Issuers of Marketplace and Non-Marketplace plans, in states where HHS operates the Risk Adjustment and Reinsurance Programs
- Third Party Administrators (TPAs) and Support Vendors
- Amazon and On-Premise External Data Gathering Environment (EDGE) server Issuers (Marketplace and Non-Marketplace)

Purpose

- Provide background information and technical guidance specific to the formal discrepancy reporting process for EDGE-generated reports
- Provide information on the formal discrepancy response templates and reporting process steps

Formal Discrepancy Reporting Process

Informal vs. Formal Discrepancy Reporting

- **Informal:** CMS initiated an informal discrepancy reporting process to enable early feedback, address any errors in the reports, and prepare for the formal discrepancy process.
 - This process was outlined in the January 28, 2015 Risk Adjustment webinar.
- **Formal:** All issuers are required to email their confirmation of the outbound reports, or submit a Formal Discrepancy Report.

Formal Discrepancy Reporting Details

- The following outbound reports are subject to the formal discrepancy reporting guidance:
 - RI Enrollee Detail
 - RI Summary
 - RA Claim Selection Detail
 - RA Claim Selection Summary
 - RA Risk Score Detail
 - RA Risk Score Summary
 - RA Transfer Elements Extract

Confirming Outbound Reports

- If an issuer does not wish to present any discrepancies, regulations require that issuers confirm to CMS that the information in the outbound reports accurately reflects the data which the issuer provided through the EDGE Server
- Confirmation must be sent by the individual identified as an actuarial or financial representative for the issuer

Confirming Outbound Reports

(continued)

- Confirmation must be sent to RARipaymentoperations@cms.hhs.gov
- When submitting a formal confirmation of a report, include the phrase “Confirmation,” the Issuer ID, and date of the run
 - For example, “Confirmation of Outbound Reports for Issuer ID 01234 on 3/12/2015”

Reasons for Submitting a Formal Discrepancy

- Issuers must submit a formal discrepancy if:
 - Claims, supplemental records, and enrollment data were incorrectly rejected during file ingest and file processing;
 - Claims, supplemental records, and enrollment data are missing from the report; or
 - Calculations are incorrect; reports will show inputs to the calculations.

Formal Discrepancy Reporting Template

- Formal discrepancy report templates are available on REGTAP that give issuers a forum for reporting discrepancies related to:
 - File Processing
 - Reinsurance Calculations
 - Risk Adjustment Calculations

Additional Formal Discrepancy Reporting Details

- Within the template, issuers must:
 - Provide information about the expected and observed result,
 - Cite the appropriate CMS rule that has been violated,
 - Demonstrate that the outbound report is in violation of that rule, and
 - Provide any related Remedy Ticket numbers.
- Issuers must provide comparative and supporting data illustrating the discrepancy.

Formal Discrepancy Response Template Review

Response Template – Instructions & Summary Tabs Overview

- Each discrepancy response template contains a Template Instructions Tab, which outlines the information that should be provided in each Summary Tab field and within the Response Template Tabs
- Each discrepancy response template also contains a Summary Tab
 - The Summary Tabs require issuers to provide different pieces of information that vary slightly depending on the template

File Processing Template – Summary Tab

- The Summary Tab of the File Processing Template will include the following fields:
 - Discrepancy Description
 - Type of File – Select from drop down
 - Error Code
 - What section of the Business Rules applies to this discrepancy?
 - Describe Applicable Business Rule
 - What section of the ICD applies to this discrepancy? (Optional)
 - Other Reference (Optional)
 - Number of Plans Affected
 - Number of Records Affected
 - Related Remedy Tickets

Sample: File Processing Summary Tab

File Processing Formal Discrepancy Summary

Directions: Complete the Issuer Identification information. For each reported discrepancy, complete all required columns listed in the template. Enter the Discrepancy Description and select the Type of File from the drop down list. Enter Error Codes associated with the discrepancy and the section of the Business Rules that apply to the discrepancy. If related, include information on the section of the ICD that applies to the discrepancy. Be sure to provide details on the Number of Plans Affected, the Number of Records Affected, and provide Related Remedy Ticket information. For each Discrepancy Identified, Issuer should either attach an XML with your response submission, or provide a screenshot of the XML (or both) in an associated data tab to illustrate the discrepancy. Use the Discrepancy Identifier to link the appropriate tab in the Workbook with the listed Discrepancy, for example, "Discrepancy Identifier 1.1" should correspond to the "1.1. Data" tab.

ISSUER IDENTIFICATION

Issuer ID	12345
Issuer Name	Health Plan
Contact Name	Name
Contact Email	Name@healthplan.com
Contact Phone	123-456-7890
Contact Alternate Phone	978-654-3210

Most Recent Report Date		2/20/2015								
Discrepancy Identifier	Discrepancy Description	Type of File	Error Code	What section of the Business Rules applies to this discrepancy? (Required)	Describe Applicable Business Rule	What section of the ICD applies to this discrepancy? (Optional)	Other Reference (Optional)	Number of Plans Affected	Number of Records Affected	Related Remedy Tickets
1.1	We have a discrepancy with the number of records being accepted in our medical claim file. We anticipated seeing 0% rejected and we have one record that was not accepted.	Medical Claim	4.5.36	Medical Claims File Processing - Section 7.1	Table 42, Rule #2	Table 25: ESMCS File Header Category Field Element Characteristics 6.1.9.2		1	20	N/A

Reinsurance Template – Summary Tab

- The Summary Tab of the RI Discrepancy Response Template includes the following fields:
 - Discrepancy Type – Calculation Reference; select from drop down list
 - Quick Reference Guide Section Number
 - EDGE Server Outbound Report Names – Select from the list
 - What was the expected result?
 - What is the observed result?
 - Related Remedy Tickets

Sample: Reinsurance Summary Tab

RI Formal Discrepancy Summary

Directions: Complete the Issuer Identification information. For each reported discrepancy, complete all columns listed in the template. Select the applicable "Discrepancy Type - Calculation Reference" from the drop down list and provide a reference to the RI Quick Reference Guide Section Number for the Calculation Reference. Use the check boxes to select the related EDGE Server Outbound Report Name. Be sure to provide a detailed narrative in the expected result and observed result sections, and include details on the underlying data that impacts the summary level conclusions. Also, provide the Related Remedy Ticket information, if applicable. For each Discrepancy Identifier, Issuers must provide an example from an outbound detail report excerpt and claim or enrollment file excerpt in a separate data tab. Use the Discrepancy Identifier to link the appropriate tab in the Workbook with the listed Discrepancy, for example, "Discrepancy Identifier 1" should correspond to the "Data 1" tab.

ISSUER IDENTIFICATION

Issuer ID	
Issuer Name	
Contact Name	
Contact Email	
Contact Phone	
Contact Alternate Phone	

Report Date	
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Discrepancy Identifier	Discrepancy Type - Calculation Reference	Quick Reference Guide Section Number	EDGE Server Outbound Report Names	What was the expected result?	What is the observed result?	Related Remedy Tickets
			<input type="checkbox"/> RI Enrollee Detail <input type="checkbox"/> RI Summary			
			<input type="checkbox"/> RI Enrollee Detail <input type="checkbox"/> RI Summary			

Risk Adjustment Template – Summary Tab

- The Summary Tab of the RA Discrepancy Response Template includes the following fields:
 - Discrepancy Type – select from drop down list
 - EDGE Server Outbound Report Names – select from the list
 - Associated Plan IDs
 - Latest Report with Observed Issue
 - Issuer Data – Expected Result
 - EDGE Data – Observed Result
 - Calculation Reference – Select from drop down list
 - Calculation Reference Slide Number
 - Related Remedy Tickets

Sample: Risk Adjustment Summary Tab

Risk Adjustment Formal Discrepancy Summary

Directions: Complete the Issuer Identification information. For each reported discrepancy, complete all cells listed in the template. Select the applicable "Discrepancy Type" from the drop down list and use the check boxes to select the related EDGE Server Outbound Report. Be sure to provide a detailed narrative in the expected result and observed result sections, and include details on the underlying data that impacts the summary level conclusions. Be sure to provide a reference to a calculation document from the drop down list and enter the appropriate Calculation Reference Slide number. Also, provide the Related Remedy Ticket information, if applicable. For each Discrepancy Identifier, Issuers must provide an example from an outbound detail report excerpt in a separate data tab. Use the Discrepancy Identifier to link the appropriate tab in the Workbook with the listed Discrepancy, for example, "Discrepancy Identifier 1" should correspond to the "Data 1" tab.

ISSUER IDENTIFICATION

Issuer ID	12345
Issuer Name	Health Plan
Contact Name	Name
Contact Email	Name@healthplan.com
Contact Phone	123-456-7890
Contact Alternate Phone	978-654-3210

Latest Report with Observed Issue: 2/20/2015

Discrepancy Identifier	Discrepancy Type	EDGE Server Outbound Report Names	Associated Plan IDs	Issuer Data - Expected Result	EDGE Data - Observed Result	Calculation Reference	Calculation Reference Slide #	Related Remedy Tickets
Sample	Select field and Select item from dropdown list	Select as many reports as are affected	Limit of 40	Issuer Calculated/Submitted Data	EDGE-generated Data	Select from dropdown list	Enter Slide Number	If applicable
1	Total Member Months for the Enrollee	<input type="checkbox"/> RA Claim Selection Detail <input type="checkbox"/> RA Claim Selection Summary <input type="checkbox"/> RA Risk Score Detail <input type="checkbox"/> RA Risk Score Summary <input checked="" type="checkbox"/> RA Transfer Elements Extract	11111ST004999901, 11111ST004999900, 11111ST004999801	The EDGE server software would divide the days in an enrollment period by 30 to get subscriber, enrollee, and billable months.	It appears that the days in the enrollment period were divided by 40	Risk Adjustment (RA) Risk Score Calculation and Reports (presented 11/19/14)	22	N/A
2	Application of Hierarchical Condition Categories (HCCs)	<input type="checkbox"/> RA Claim Selection Detail <input type="checkbox"/> RA Claim Selection Summary <input type="checkbox"/> RA Risk Score Detail <input type="checkbox"/> RA Risk Score Summary <input checked="" type="checkbox"/> RA Transfer Elements Extract	11111ST004999901, 11111ST004999900, 11111ST004999801	Diagnosis code 49382 should be mapped to CC 161 but it was not	Diagnoses were not correctly mapped to HCCs	Risk Adjustment (RA) Risk Score Calculation and Reports (presented 11/19/14)	44	N/A

RA & RI Templates: Comparison Data Tab

- RA and RI Discrepancy Response Templates also include Comparison Data Tabs
 - Allows issuers to show comparisons between CMS estimated calculations, as stated in the issuer's most recent outbound reports, and issuer estimated calculations
 - RI **REQUIRES** the completion of this table
 - RA **DOES NOT REQUIRE** the completion of this table

Sample: RI Data Comparison Tab

Reinsurance Comparison Data

Directions: This tab allows Issuers to show comparisons between CMS estimated RI Calculations, as stated in the Issuer's most recent outbound reports, and Issuer estimated RI calculations at an aggregate level.

Reinsurance Eligible Enrollees	CMS Estimates	Issuer Calculated Estimates	Difference
Total Allowed Amount for Reinsurance Eligible Enrollees			
Paid Amount for Reinsurance Eligible Enrollees			
CSR MOOP Adjustment for Reinsurance Eligible Enrollees			
RI Eligible Enrollees with Payments			
Total Allowed Amount for Reinsurance Eligible Enrollees with Payments			
Paid Amount for Reinsurance Eligible Enrollee with Payments			
MOOP Adjusted Paid Claims for RI Enrollees with Payments			
CSR MOOP Adjustment for Reinsurance Enrollees with Payments			
Reinsurance Eligible Payments			
Coinurance Adjusted Reinsurance Payment			

Sample: RA Data Comparison Tab

Risk Adjustment Comparison Data

Directions: This tab provides Issuers the option to include specific calculation estimates in comparison to the CMS Estimates provided in the outbound reports. This table should be completed to illustrate the difference between the expected and observed results and the way they impact the data. Completing this tab is optional.

Selection of Claims and Enrolls for RA	Outbound Report	Issuer Calculation	Difference
Total Enrollees Selected			
Number of claims included			
Risk Score Development			
Total Diagnoses accepted			
Total Payment HCCs			
Members by CSR Factor Count			
Model Assignment (Male/Adult)			
Model Assignment (Male/Child)			
Model Assignment (Male/Infant)			
Model Assignment (Female/Adult)			
Model Assignment (Female/Child)			
Model Assignment (Female/Infant)			
Payment Transfer EDGE Components			
Plan Liability Risk Score (PLRS)			
Total Member Months for the Enrollee	77.625	103.501	25.876
Enrollee Total Billable Months	77.625	103.501	25.876
Total Billable Months for Subscriber	44.9	59.867	14.967
Allowable Rating Factor			
Plan's Average Premium			
Plan's Age Adjusted Average Premium			

All Templates: Data Tabs

- All response templates require the inclusion of additional data to demonstrate the reported discrepancy
 - Allows issuers to provide an example of each discrepancy identified on the Discrepancy Summary Tab using outbound report excerpts
 - Issuers should demonstrate the expected and observed results
 - All data should be de-identified
 - Each discrepancy listed in the Summary Tab should have a corresponding data tab with at least one example of the discrepancy
 - Issuers may add as many Data Tabs as needed to accommodate the number of discrepancies listed in the Discrepancy Summary Tab

Sample: File Processing Data Tab

EXAMPLE 1 - Email attachment example of inbound and outbound XMLs	
Inbound File Attach an XML to your email or provide a screen shot below of the inbound record as it was submitted Please highlight or otherwise indicate the record ID(s) and data value(s) that caused the discrepancy See attached XMLs	Corresponding Outbound File Result Attach and XML to your email or provide a screen shot below of the associated outbound result Must include the associated Record ID(s) from the inbound file
EXAMPLE 2 - Screenshots of inbound and outbound XMLs	
Inbound File Attach an XML to your email or provide a screen shot below of the inbound record as it was submitted Please highlight or otherwise indicate the record ID(s) and data value(s) that caused the discrepancy <ns1:includedServiceLine> <ns1:recordIdentifier>429</ns1:recordIdentifier> <ns1:serviceLineNumber>1</ns1:serviceLineNumber> <ns1:serviceFromDate>2014-06-17</ns1:serviceFromDate> <ns1:serviceToDate>2014-06-17</ns1:serviceToDate> <ns1:revenueCode> <ns1:serviceTypeCode>03</ns1:serviceTypeCode> <ns1:serviceCode>99211</ns1:serviceCode> <ns1:serviceModifierCode>25</ns1:serviceModifierCode> <ns1:serviceFacilityTypeCode>11</ns1:serviceFacilityTypeCode> <ns1:renderingProviderIDQualifier>XX</ns1:renderingProviderIDQualifier> <ns1:renderingProviderIdentifier>1111000222</ns1:renderingProviderIdentifier> <ns1:allowedAmount>13.06</ns1:allowedAmount> <ns1:policyPaidAmount>13.06</ns1:policyPaidAmount> <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator> <ns1:includedServiceLine> <ns1:includedDetailServiceLine> <ns1:includedMedicalClaimDetail>	Corresponding Outbound File Result Attach an XML to your email or provide a screen shot below of the associated outbound result Must include the associated Record ID(s) from the inbound file <includedClaimServiceLineProcessingResult> <medicalClaimServiceLineRecordIdentifier>429</medicalClaimServiceLineRecordIdentifier> <serviceLineNumber> <classifyingProcessingStatusType> <statusTypeCode>R</statusTypeCode> <classifyingProcessingStatusType> <recordedError> <offendingElementName>No associated data element</offendingElementName> <offendingElementValue>429</offendingElementValue> <offendingElementTypeCode>4.5.36</offendingElementTypeCode> <offendingElementErrorMessage>Claim Service Line level rejected because the claim service line already exists in the database</offendingElementErrorMessage> <offendingElementErrorTypeDetail>
Inbound File (if applicable - for example - new file data is rejected when previously submitted file data was accepted) Attach an XML to your email or provide a screen shot below of the inbound record as it was submitted Please highlight or otherwise indicate the record ID(s) and data value(s) that caused the discrepancy	Corresponding Outbound File Result (if applicable) Attach and XML to your email or provide a screen shot below of the associated outbound result Must include the associated Record ID(s) from the inbound file

Sample: RA Data Tab

Discrepancy ID 1						Outbound Report Data			Issuer Data			
Plan ID	De-identified Enrollee ID	Subscriber Indicator (Y/N)	Subscriber ID	Enrollment Period Coverage		Total # of Days in Enrollment	Subscriber Member Months	Enrollee Member Months	Enrollee Billable Member	Subscriber Member Months	Enrollee Member Months	Enrollee Billable Member Months
				Enrollment Start Date	Enrollment End Date							
11111ST004999901	1	Y		1/1/2014	4/1/2014	91	2.275	2.275	2.275	3.03333333	3.03333333	3.03333333
11111ST004999900	2	Y		5/1/2014	5/31/2014	31	0.775	0.775	0.775	1.03333333	1.03333333	1.03333333
11111ST004999901	3	Y		6/1/2014	12/31/2014	214	5.35	5.35	5.35	7.13333333	7.13333333	7.13333333
11111ST004999901	4	N	4	6/1/2014	12/31/2014	214		5.35	5.35		7.13333333	7.13333333
11111ST004999801	5	Y		1/1/2014	12/31/2014	365	9.125	9.125	9.125	12.16666667	12.16666667	12.16666667
11111ST004999801	6	Y		1/1/2014	12/31/2014	365	9.125	9.125	9.125	12.16666667	12.16666667	12.16666667
11111ST004999801	7	Y		1/1/2014	12/31/2014	365	9.125	9.125	9.125	12.16666667	12.16666667	12.16666667
	8	N	8	1/1/2014	12/31/2014	365		9.125	9.125		12.16666667	12.16666667
11111ST004999901	9	Y		1/1/2014	12/31/2014	365	9.125	9.125	9.125	12.16666667	12.16666667	12.16666667
	10	N	10	1/1/2014	12/31/2014	365		9.125	9.125		12.16666667	12.16666667
	11	N	11	1/1/2014	12/31/2014	365		9.125	9.125		12.16666667	12.16666667

Template File Naming Convention

- Response type as based on the applicable template
- HIOS ID: 5 Characters; ##### format.
- Date the Discrepancy Report is Submitted to CMS: 8 characters; YYYYMMDD format.
- For Example:
 - Reinsurance Formal Discrepancy
Response_Issuer ID 01234_20150401

Removing Personally Identifiable Information

- The issuer must remove Personally Identifiable Information (PII) from any formal discrepancy reports submitted to CMS.
 - It is the issuer's responsibility to de-identify any enrollee-level data sent to CMS.
 - Issuers should not include names or addresses on any information being submitted as source supporting data to identify the discrepancy.
- Issuers should submit the minimum amount of data necessary to demonstrate the discrepancy.

CMS Review

- CMS will validate the formal discrepancy report to ensure it contains the proper information and comes from a valid issuer.
- Any discrepancy report containing PII will be rejected by CMS.

Key Deadlines

- During the March formal discrepancy reporting process, confirmations and discrepancy reports must be received within 30 days
 - The March formal discrepancy reporting period closes April 14, 2015 at 11:59 PM EST
- During the May formal discrepancy reporting process, confirmations and discrepancy reports must be received within 15 calendar days from the date of receipt of the outbound reports

Discrepancy Resolution

- CMS will review all discrepancies identified by issuers and make a determination on whether an error exists, based on the evidence submitted by the issuer along with any other relevant data.
 - As needed, CMS may follow-up to request additional information from Issuers for further clarification to resolve potential discrepancies.

Discrepancy Resolution (continued)

- CMS will provide direct responses to issuers for all identified discrepancies
- Responses will indicate if CMS has reached a determination on the identified potential discrepancies
 - If CMS disagrees with the discrepancy report findings, justification for the determination will be provided
 - If CMS agrees with the discrepancy report findings, information on how confirmed discrepancies will be remediated will be provided

Submission of Responses

- Issuers must submit either confirmation for each of the seven (7) reports listed or a formal discrepancy report
 - Formal discrepancy reports must be submitted using the CMS response template
 - Confirmations must be submitted by individuals identified by the issuer as actuarial or financial contacts
- ALL responses must be submitted to raripaymentoperations@cms.hhs.gov

Submission of Responses (continued)

- If a response is not provided by an issuer within 30 days (March) or 15 days (May) of the delivery of the outbound reports, CMS will assume confirmation of the reports.

Email and File Name Requirements

- When submitting a formal discrepancy report, the file name and email subject should be:
 - Response type based on the applicable template
 - HIOS ID: 5 Characters; ##### format
 - Date the Discrepancy Report is Submitted to CMS: 8 characters; YYYYMMDD format
- This is the same naming convention as the file name described in slide 28
- For example, “Reinsurance Formal Discrepancy Response_Issuer ID 01234_20150401”

Administrative Appeals

- If a discrepancy is identified and remains unresolved, issuers will have the ability to appeal the 2014 payment amounts following the receipt of the June 30, 2015 Risk Adjustment final payments and charges report and Reinsurance final payment report pursuant to the process set forth in 45 CFR 156.1220.

Appeals (continued)

- Issuers may only file an appeal related to a previously identified and reported formal discrepancy or for a discrepancy that could not be identified prior to the June 30, 2015 reports.

Next Steps

Next Steps: Training Sessions

- CMS will continue to support Stakeholders through the RA/RI payment calculation estimate process by hosting webinar and user group sessions.

Locating Documents in REGTAP

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

Under Program Area, select 'Reinsurance' or 'Risk Adjustment'

The screenshot shows the REGTAP Library interface. The 'Filter by:' dropdown menu is open, displaying a list of program areas. A red arrow points to the 'Reinsurance' and 'Risk Adjustment' options. The main table below shows a list of documents with columns for Program Area and Resource Type.

Program Area	Resource Type
Distributed Data Collection for RI and RA/Edge Server	Job Aid
Distributed Data Collection for RI and RA/Edge Server	Job Aid
Distributed Data Collection for RI and RA/Edge Server	Job Aid
Distributed Data Collection for RI and RA/Edge Server	Supporting Documents
SHOP	Presentation Slides
Reinsurance-Contributions	Presentation Slides
SHOP	Presentation Slides
Distributed Data Collection for RI and RA/Edge Server	Job Aid

Questions?

To submit questions by phone:

- *dial '14' on your phone's keypad*
 - *dial '13' to withdraw your question*

To submit questions by webinar:

- *type your question in the text box under the 'Q&A' tab*

Resources

Resources

Resource	Resource Link
U.S. Department of Health & Human Services	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/ccio
Consumer website on Health Reform	http://www.healthcare.gov/
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info
Do-It-Yourself (DIY) Software	http://www.cms.gov/ccio/Resources/Regulations-and-Guidance/index.html#Premium Stabilization Programs http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/DIY-instructions-5-20-14.pdf

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 ACA	http://www.gpo.gov/fdsys/pkg/FR-2011-07-15/pdf/2011-17609.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 and Amendments to the HHS Notice of Benefit and Payment Parameters for 2015	http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf

Resources (continued)

Resource	Resource Link
Standards Related to Reinsurance, Risk Corridors and Risk Adjustment under the ACA	http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf
Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards; Amendments to the HHS Notice of Benefit and Payment Parameters for 2014	http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf
Health Insurance Market Rules, Rate Review Final Rule	http://www.gpo.gov/fdsys/pkg/FR-2013-02-27/pdf/2013-04335.pdf

Inquiry Tracking and Management System (ITMS)

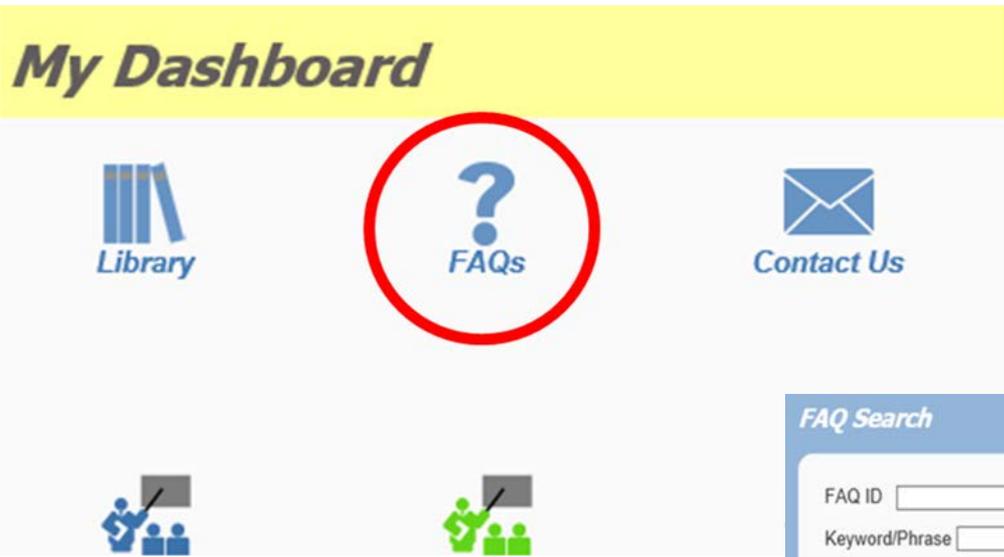
Stakeholders can submit inquiries to ITMS at <https://www.REGTAP.info>

Select 'Submit an Inquiry' from My Dashboard.



Note: Enter only one (1) question per submission.

FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary categories, and Publish Date.

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

Closing Remarks