2014 Risk Corridors Data Validation: Completing the Checklist, IBNR, Claims, and Premium Submissions

September 2 and September 3, 2015

Health Insurance Marketplace Program Training Series

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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Agenda

- Purpose
- Process Overview
- Prepare to Complete the Validation Process
- Completing the Checklist
- Uploading IBNR submission
- Completing Claims data submission
- Completing Premium data submission

Session Guidelines

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

Intended Audience

- Issuers identified by CMS that need to complete:
  - o Medical Loss Ratio (MLR) and Risk Corridors Submission Checklist
  - o Upload IBNR submission, as applicable
  - o Complete Claims data submission, as applicable
  - o Complete Premium data submission, as applicable
- Issuers will complete some or all of these activities depending on the information received in the August 27, 2015 letter from CMS

Purpose

- To support issuers completing the MLR and Risk Corridors Submission Checklist, uploading IBNR submissions, completing claims data submissions, or completing premium data submissions
- To show the web-based form and how it should be completed by respondents

Background

- The purpose of the checklist is to protect the integrity of the MLR and Risk Corridors programs
  - o The checklist identifies critical components of the MLR and risk corridors submissions
  - o Depending on responses to the checklist, it is possible that a company may need to resubmit its MLR and risk corridors form for the 2014 Benefit Year

Background (continued)

- If CMS identified a company's estimate of Incurred but not Reported (IBNR) claims accounts for a high proportion of its overall claims liability, the company must upload documentation to explain its method for determining IBNR
- A company with issuers that CMS identified as having a material difference in claims (not including IBNR) or premiums is directed to complete a claims or premium report to quantify the difference for each issuer
  - If possible, a company must upload documentation explaining the method by which it determined the difference

Process Overview

In order to complete the process, companies will:

- Receive an email containing a unique link to the web-based form by Federal Employer Identification Number (FEIN)
- Receive an email containing a session token needed to access the web form
- Gather data related to the 2014 MLR and risk corridors submissions, IBNR calculation, claims, and premium data (if necessary)
- Respond to the checklist questions

Process Overview (continued)

In order to complete the process, companies will:

- Upload IBNR documentation, if necessary
- Complete claims data, if necessary
- Complete premium data, if necessary
- Attest to the data submitted

For additional information on the process, review: https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/2014-Risk-Corridors-Validation-Instructions.pdf

Process Overview (continued)

- **NOTE:** Responses to the checklist and other validation items **cannot be saved** and **must be completed in one session for all applicable HIOS IDs**
- We strongly encourage you to gather all necessary documentation prior to beginning the process

Prepare to Complete the Web Form

- Gather information for the submitter contact and EDGE contact (name, title, email, phone number)
- Determine who will attest to the validation submission
- Gather data necessary for checklist completion:
  - o 2014 Benefit Year MLR submission
  - o June 30, 2015 report issued by CMS
  - o Risk Corridors Plan-Level Data Form
  - o HIOS IDs for which discrepancies were submitted

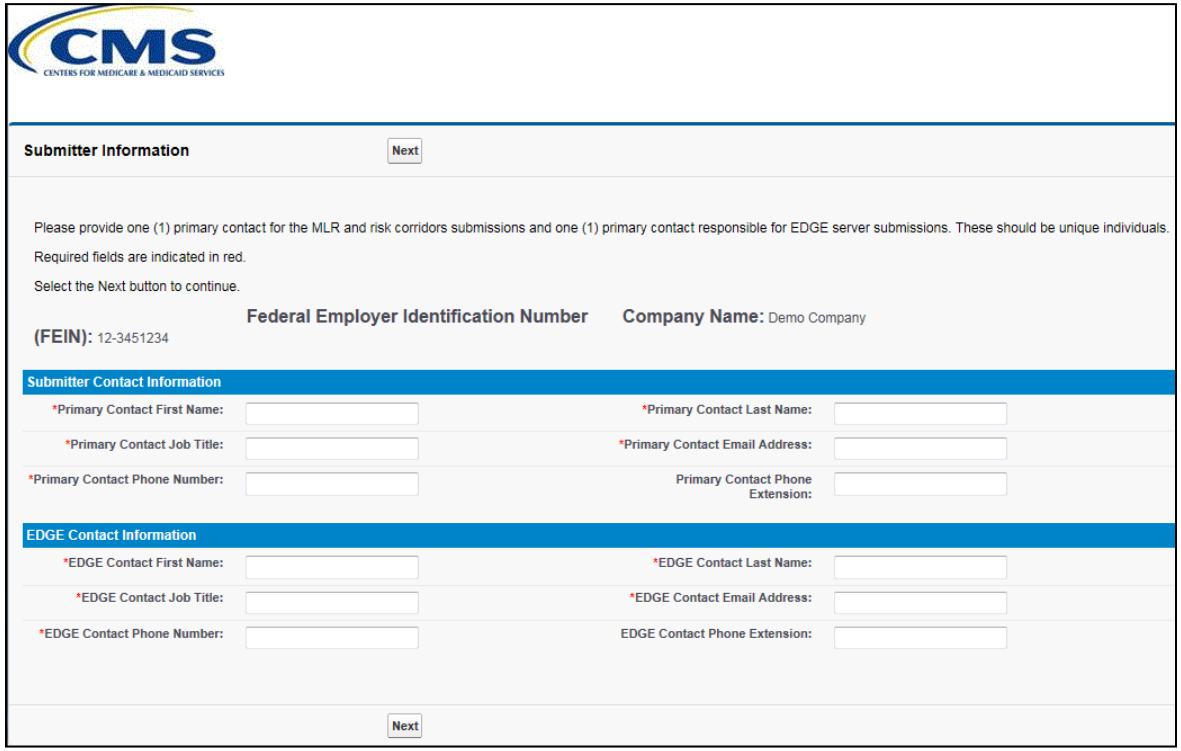
Prepare to Complete the Validation Process (continued)

- If necessary, gather:
  - Supporting documentation to explain IBNR calculation
  - Data related to claims submissions
  - Data related to premium submissions
  - EDGE Reinsurance and Risk Adjustment Calculation Reports (RISR and RATEE)

Note: Personally identifiable information (PII) and protected health information (PHI) must be excluded, removed, or redacted from any written explanation that is submitted

Enter Contact Information

- After entering the web form session token, enter the necessary contact information



Complete the Checklist

- The checklist should be completed using data from the 2014 MLR Submission Form and the Risk Corridors Plan-Level Data Form
  - Pt 3 MLR and Rebate Calculation
    - Data related to Individual Market and Small Group Market (Risk Corridors Columns ONLY)

Complete the Checklist (continued)

- Each item on the checklist requires a response:
  - o Yes
  - o No
  - o Resubmit
    - Only selected if a company intends to resubmit corrected data
- If ‘No’ is selected, additional information will be required to explain the selection
- If ‘Resubmit’ is selected, companies must email a request for resubmission to mlrquestions@cms.hhs.gov

Checklist – Item 1

- Review Part 2 Premium and Claims, Lines 1.9 and 1.10 related to Health Insurance Individual (Column 2) and Health Insurance Individual [Risk Corridors] (Column 2A) and compare it to Part 3 MLR and Rebate Calculation, Lines 1.5 and 1.6 related to Health Insurance Coverage Individual Total (Column 4) and Health Insurance Coverage Individual RC (Column 4A)
  - Do these totals match the Reinsurance and Risk Adjustment amounts as reported by HHS in the June 30, 2015 report (or any other updated reports, if applicable)?

Checklist – Item 1 (continued)

- Review Part 2 Premium and Claims, Lines 1.9 and 1.10 related to Health Insurance Small Group (Column 7) and Health Insurance Small Group [Risk Corridors] (Column 7A) and compare it to Part 3 MLR and Rebate Calculation, Lines 1.5 and 1.6 related to Health Insurance Coverage Small Group CY (Column 7), Health Insurance Coverage Small Group Total (Column 8), and Health Insurance Coverage Small Group RC (Column 8A)
  - Do these totals match the Reinsurance and Risk Adjustment amounts as reported by HHRS in the June 30, 2015 report (or any other updated reports as applicable)?

Checklist – Item 1 (continued)

- Based on the outcome of the review, make the appropriate selection from the drop down list

Checklist

Federal Employer Identification Number (FEIN): 12-3451234 **Company Name:** Demo Company

2014 MLR/Risk Corridors Submission Checklist (Items refer to columns 4A (Individual Market) and 8A (Small Group Market) of Part 3 of the 2014 MLR Reporting Form unless otherwise noted.)	Applicable Regulation or Guidance	Select "Yes"; "Resubmit" if company intends to resubmit to correct data errors; or "No"
Reinsurance and Risk Adjustment amounts in Part 2, Lines 1.9 and 1.10 (Columns 2/2A/7/7A) and Part 3 Lines 1.5 and 1.6 (Columns 4-4A/7-8A) match Reinsurance and Risk Adjustment amounts reported by HHS on June 30, 2015 (subject to any later instructions as to these amounts from CMS). These amounts are applied as adjustments to MLR numerator / Risk Corridors allowable costs.	45 CFR 153.530; 45 CFR 158.130; MLR Reporting Form Instructions, pp. 28 (Part 2, Lines 1.9 and 1.10), 37 (Part 3, Lines 1.5 and 1.6)	--None-- (--None--, Yes, Resubmit, No)

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Checklist – Item 2

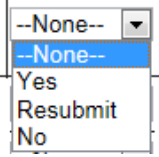
- Review Part 3 MLR and Rebate Calculation, Line 2.1 related to premium Earned including Federal and State high risk programs and adjusted for net premium stabilization program payments/(charges) and confirm that the premium has **NOT** been adjusted for Reinsurance payments, Risk Adjustment payments or charges, or Risk Corridors payments or charges.

Premium earned in Part 3, Line 2.1 does not include any actual or estimated Reinsurance, Risk Adjustment, or Risk Corridors amounts.	45 CFR 153.530(a); 45 CFR 158.130(a); MLR Reporting Form Instructions, p. 40 (Part 3, Line 2.1)	--None-- --None-- Yes Resubmit No

Checklist – Item 3

- Review Part 3 MLR and Rebate Calculation, Line 2.1 related to premium earned including Federal and State high risk programs and adjusted for net premium stabilization program payments/(charges) and confirm that Health Insurance Coverage Individual RC (Column 4A) and Health Insurance Coverage Small Group RC (Column 8A) include premium earned for **ALL** ACA-compliant plans (QHP and non-QHP) in the individual and small group markets, and **EXCLUDES** premium earned for grandfathered and non-grandfathered coverage that does not comply with the 2014 ACA market reforms.

Premium earned in Part 3, Line 2.1, Columns 4A and 8A includes premium earned for all ACA-compliant plans (QHP and non-QHP)in the individual and small group markets, and excludes premium earned for grandfathered and non-grandfathered coverage that does not comply with the 2014 ACA market reforms.	45 CFR 153.500; 45 CFR 158.130; MLR Reporting Form Instructions pp. 8 (Individual and Small Group Health Insurance), 40 (Part 3, Line 2.1)	--None--



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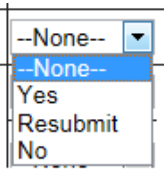
Checklist – Item 4

- Review Part 3 MLR and Rebate Calculation, Line 2.1 related to Premium earned including Federal and State high risk programs and adjusted for net premium stabilization program payments/(charges) and confirm that this data includes both the premium tax credit portion of the advance payment amounts (APTC), as well as the enrollee portion.

Premium earned in Part 3, Line 2.1 includes both the premium tax credit portion of the advance payment amounts (APTC), as well as the enrollee portion.	45 CFR 153.500; 45 CFR 158.130	--None--



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Checklist – Item 5

- Review Part 3 MLR and Rebate Calculation, Line 2.1 related to Premium earned including Federal and State high risk programs and adjusted for net premium stabilization program payments/(charges) and confirm that this data includes 2014 new business experience that was deferred for MLR reporting purposes.

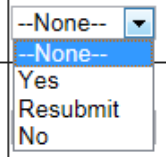
Premium earned in Part 3, Line 2.1 includes 2014 new business experience that was deferred for MLR reporting purposes.	45 CFR 153.500; 45 CFR 158.130	--None--

--None--
Yes
Resubmit
No

Checklist – Item 6

- Review Part 3 MLR and Rebate Calculation, Line 2.1 related to Premium earned including Federal and State high risk programs and adjusted for net premium stabilization program payments/(charges) and confirm that this data matches the Total Premium Earned in Table 1 of the Risk Corridors Plan-level Data Form, for both the individual and small group markets.

Premium earned in Part 3, Line 2.1 of the MLR Form matches Total Premium Earned in Table 1 of the Risk Corridors Plan-level Data Form , for both the Individual and Small Group markets.	45 CFR 153.500; REGTAP FAQ 11034	--None--



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Checklist – Item 7

- Review Part 3 MLR and Rebate Calculation, Line 1.2 related to Adjusted incurred claims as of 3/31 of the year following the MLR reporting year to confirm that this data includes the cost-sharing reduction (CSR) portion of the advanced premium amounts of a certified estimate of the amount of CSR included in 2014.

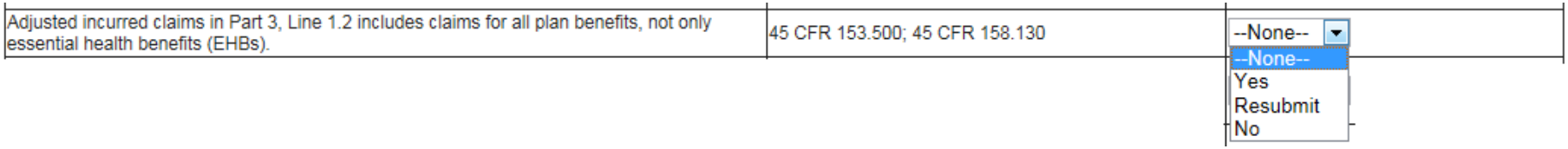
Checklist – Item 7 (continued)

- Please note: The advance payment of CSRs provided by HHS to the issuer are later subtracted from incurred claims in calculating the MLR numerator/Risk Corridors allowable costs and are reported on the MLR in Part 2, Line 2.18 and Part 3, Line 1.4.

Adjusted incurred claims in Part 3, Line 1.2 includes either the cost-sharing reduction (CSR) portion of the advanced premium amounts of a certified estimate of the amount of CSR included in 2014. CSRs are separately reported on Part 2, Line 2.18 and Part 3, Line 1.4; and are subtracted from incurred claims in calculating the MLR numerator / Risk Corridors allowable costs.	45 CFR 158.140; MLR Reporting Form Instructions, pp. 34 (Part 2, Line 2.18), 36 (Part 3, Line 1.2), 37 (Part 3, Line 1.4)	--None-- --None-- Yes Resubmit No

Checklist – Item 8

- Review Part 3 MLR and Rebate Calculation, Line 1.2 related to Adjusted incurred claims as of 3/31 of the year following the MLR reporting year to confirm that this data includes claims for all plan benefits, not only essential health benefits (EHBs).



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Checklist – Item 9

- Review and validate that risk corridors allowable costs and target amounts were correctly copied over from MLR Form Part 3 MLR and Rebate Calculation to the Risk Corridors Plan-Level Data Form Part 3 RC Payment or Charge Calc, specifically:
  - Line 3.1 related to Allowable costs copied to Line 2 Risk corridors allowable costs
  - Line 3.7 related to Risk corridors adjusted target amount copied to Line 3 Risk corridors adjusted target amount
  - Line 3.9 related to Risk corridors unadjusted target amount copied to Line 7 Risk corridors unadjusted target amount

Risk corridors allowable costs and target amounts were correctly copied over from MLR Form, Part 3, Lines 3.1, 3.7, and 3.9 to Risk Corridors Plan-Level Data Form, Part 3, Lines 2, 3, and 7, respectively.	Risk Corridors Plan-Level Data Form Instructions, p. 15	--None-- (--None--, Yes, Resubmit, No)

Checklist – Item 10

- Review and validate that the amount in Part 3 RC Payment or Charge Calc, Line 10 risk corridors payment or charge amount used for MLR calculation of the Risk Corridors Plan-Level Data Form was correctly copied to Part 3 MLR and Rebate Calculation, Line 3.12 risk corridors total payment or change amount used for MLR calculation in the MLR Form.

Checklist – Item 10 (continued)

- Review and validate that the same amount was also correctly copied to MLR Form Part 2 Premium and Claims, Line 1.11 related to Federal Risk Corridors Program net payments /(charges), specifically:
  - Health Insurance Individual total as of 3/31/15 (Column 2)
  - Health Insurance Small Group Total as of 3/31/15 (Column 7)

Checklist – Item 10 (continued)

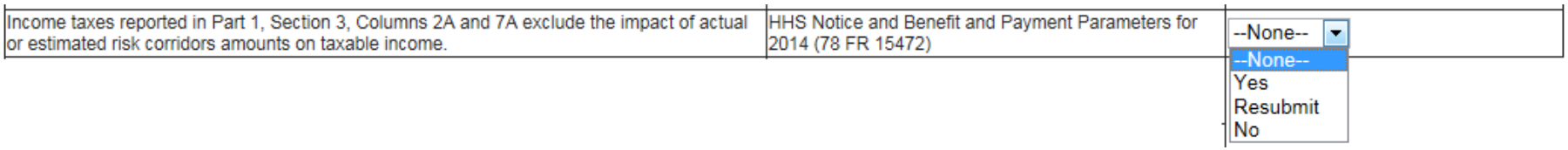
- Review and validate that the same amount was also copied to MLR Form Part 3 MLR and Rebate Calculation, Line 1.7 related to Federal Risk Corridors Program net payments/(charges), specifically:
  - Health Insurance Coverage Individual CY (Column 3)
  - Health Insurance Coverage Individual Total (Column 4)
  - Health Insurance Coverage Small Group CY (Column 7)
  - Health Insurance Coverage Small Group Total (Column 8)

Confirm that the appropriate data was used in MLR and rebate calculations.

Risk corridors amount in Part 3, Line 10 of the Risk Corridors Plan-Level Data Form was correctly copied to MLR Form, Part 3, Line 3.12. This amount was also correctly copied to MLR Form Part 2, Line 1.11, Columns 2/7 and Part 3, Line 1.7, Columns 3-4/7-8; and was used in MLR and rebate calculations.	MLR Reporting Form Instructions pp. 28 (Part 2, Line 1.11), 38 (Part 3, Line 1.7), 43 (Part 3, Line 3.12)	--None-- (--None--, Yes, Resubmit, No)

Checklist – Item 11

- Review and validate that income taxes reported in Part 1 Summary of Data, Section 3 Federal taxes and assessments incurred by the reporting issuer during the MLR reporting year, as related to Health Insurance Individual [Risk Corridors] Total as of 3/31/15 (Column 2A) and Health Insurance Small Group [Risk Corridors] Total as of 3/31/15 (Column 7A) excludes the impact of actual or estimated risk corridors amounts on taxable income.



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Additional Checklist Information

- List any HIOS ID for which your organization has submitted a discrepancy report pursuant to 45 CFR 153.710(e)(1)
- If you have not submitted any discrepancy report(s), complete ‘N/A’ in the blank

Please list any HIOS ID for which your organization has submitted a discrepancy report pursuant to 45 CFR 153.710(e)(1) (if you have submitted no discrepancy report(s), please indicate N/A):	

Additional Checklist Information (continued)

- If a company selected ‘Resubmit’ in response to any of the checklist items, enter the date you expect to resubmit data
- If a company selected ‘No’ in response to any of the checklist items, provide an explanation for the response in the blank

If the company answered “Resubmit” please indicate the date of the resubmission or expected resubmission:	[8/31/2015]
If the company answered “No” to any of the criteria above, please describe the reason (limit 2000 characters).	

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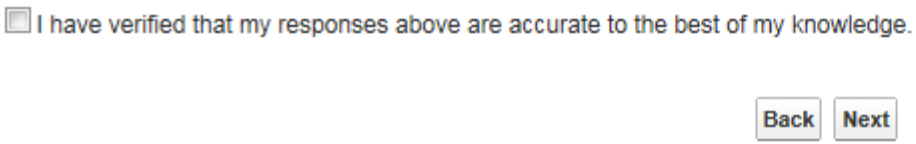
Completing the Checklist

- After completing all items on the checklist, review the responses and select the checkbox that reads ‘I have verified that my responses above are accurate to the best of my knowledge.’



- Select the ‘Next’ button to move forward to the next section of the validation process

Next Steps

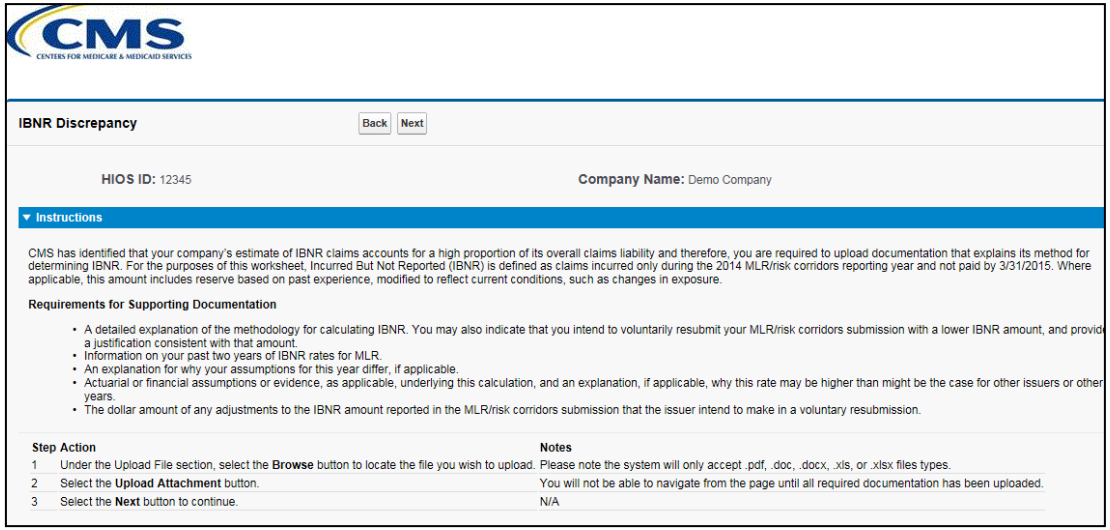
- After completing the Checklist, companies will provide additional information based on the request from CMS
- Companies will be directed to the IBNR upload page, claims discrepancy, and premium discrepancy pages based on HIOS ID
  - Each of these sections will be entered by HIOS ID from lowest to highest
  - After completing each item for one HIOS ID, the system will re-start at the IBNR upload page, if applicable, until all information is completed

Next Steps (continued)

- Note: Data submitted in the upload pages should not contain PII or PHI – this data must be excluded, removed, or redacted from any written explanation or any data uploaded
- Users should use the ‘Back’ button on the page to go back to any sections rather than the ‘Back’ button within the browser

Upload IBNR Data

- If CMS identifies that your company's estimate of IBNR claims accounts for a high proportion of its overall claims liability, please upload documentation that explains your methodology for determining IBNR



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IBNR Discrepancy Back Next

HIOS ID: 12345 **Company Name:** Demo Company

Instructions

CMS has identified that your company's estimate of IBNR claims accounts for a high proportion of its overall claims liability and therefore, you are required to upload documentation that explains its method for determining IBNR. For the purposes of this worksheet, Incurred But Not Reported (IBNR) is defined as claims incurred only during the 2014 MLR/risk corridors reporting year and not paid by 3/31/2015. Where applicable, this amount includes reserve based on past experience, modified to reflect current conditions, such as changes in exposure.

Requirements for Supporting Documentation

- A detailed explanation of the methodology for calculating IBNR. You may also indicate that you intend to voluntarily resubmit your MLR/risk corridors submission with a lower IBNR amount, and provid a justification consistent with that amount.
- Information on your past two years of IBNR rates for MLR.
- An explanation for why your assumptions for this year differ, if applicable.
- Actuarial or financial assumptions or evidence, as applicable, underlying this calculation, and an explanation, if applicable, why this rate may be higher than might be the case for other issuers or other years.
- The dollar amount of any adjustments to the IBNR amount reported in the MLR/risk corridors submission that the issuer intend to make in a voluntary resubmission.

Step	Action	Notes
1	Under the Upload File section, select the **Browse** button to locate the file you wish to upload.	Please note the system will only accept .pdf, .doc, .docx, .xls, or .xlsx files types.
2	Select the **Upload Attachment** button.	You will not be able to navigate from the page until all required documentation has been uploaded.
3	Select the **Next** button to continue.	N/A

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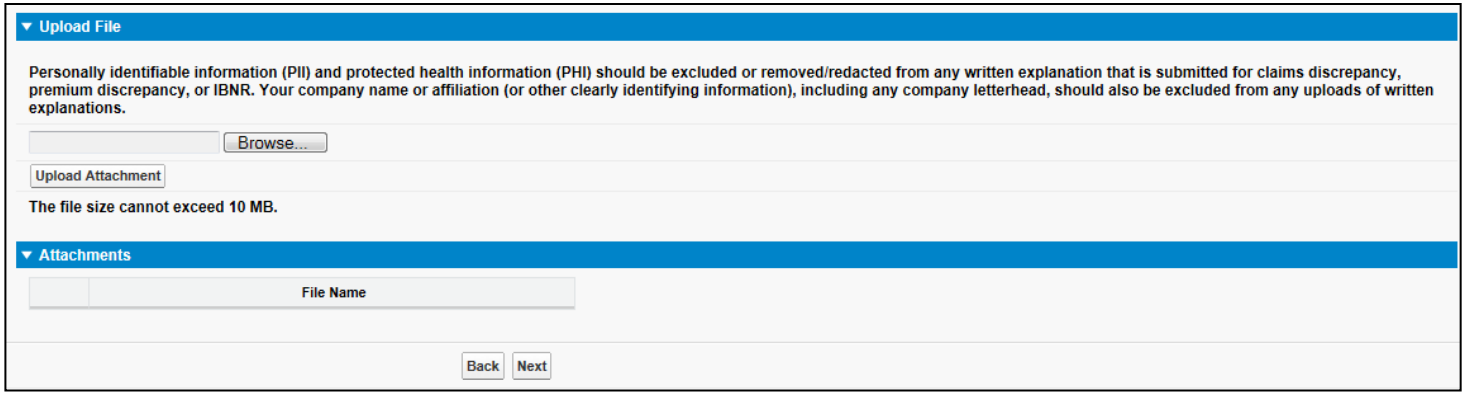
Upload IBNR Data (continued)

- Acceptable document formats are: .pdf, .doc, .docx, .xls, or .xlsx



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Claims Discrepancy

- The summary of your Claims Discrepancy is located in a table on the page
  - The table contains the Total Paid Claims submitted on your 2014 MLR Reporting Form, the Total Paid Claims on the June 30th EDGE RISR Report published by CMS, and the difference between the two values

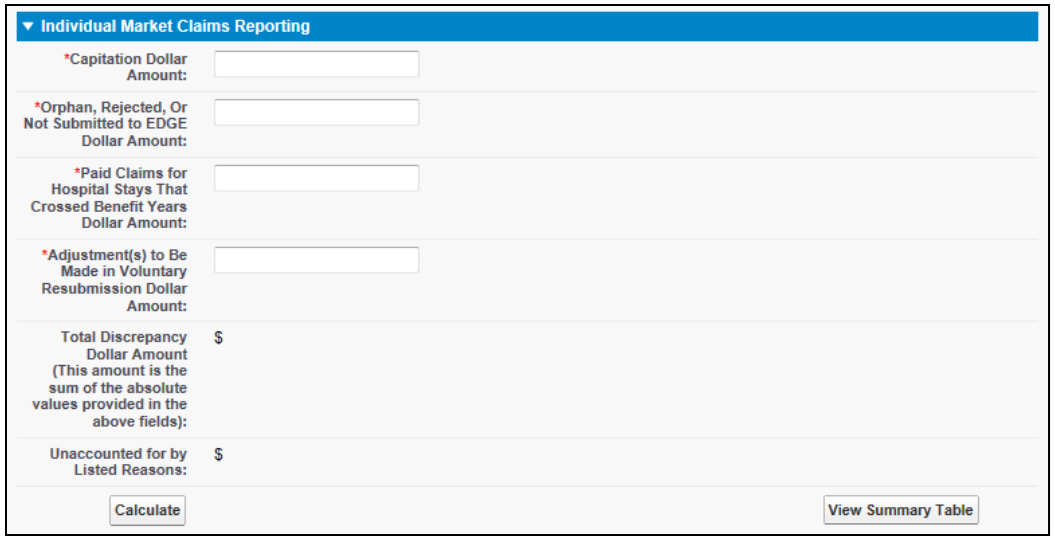
Summary of Individual Market Claims Reported to CMS

2.1b Claims Incurred During 2014, paid through of 3/31/2015 (Individual RC, Column 2A)	Paid Claims Amount from EDGE RISR Report (Individual)	Difference($)	Percent of Total Individual Market Claims Loaded to the EDGE Server Excluding Orphan Claims (as of 5/15)
$ 15,500	$ 5,000	$ 10,500	6.1%

Claims Discrepancy (continued)

- To complete your Claims Discrepancy Report, this difference must be quantified and allocated in dollars among the categories listed
  - Capitation Dollar Amount
  - Orphan, Rejected, or Not Submitted to EDGE Dollar Amount
  - Paid Claims for Hospital Stays That Crossed Benefit Years Dollar Amount
  - Adjustment(s) to be Made in Voluntary Resubmission Dollar Amount
- The sum of these values will be reflected as the 'Total Discrepancy Dollar Amount'

Claims Discrepancy (continued)



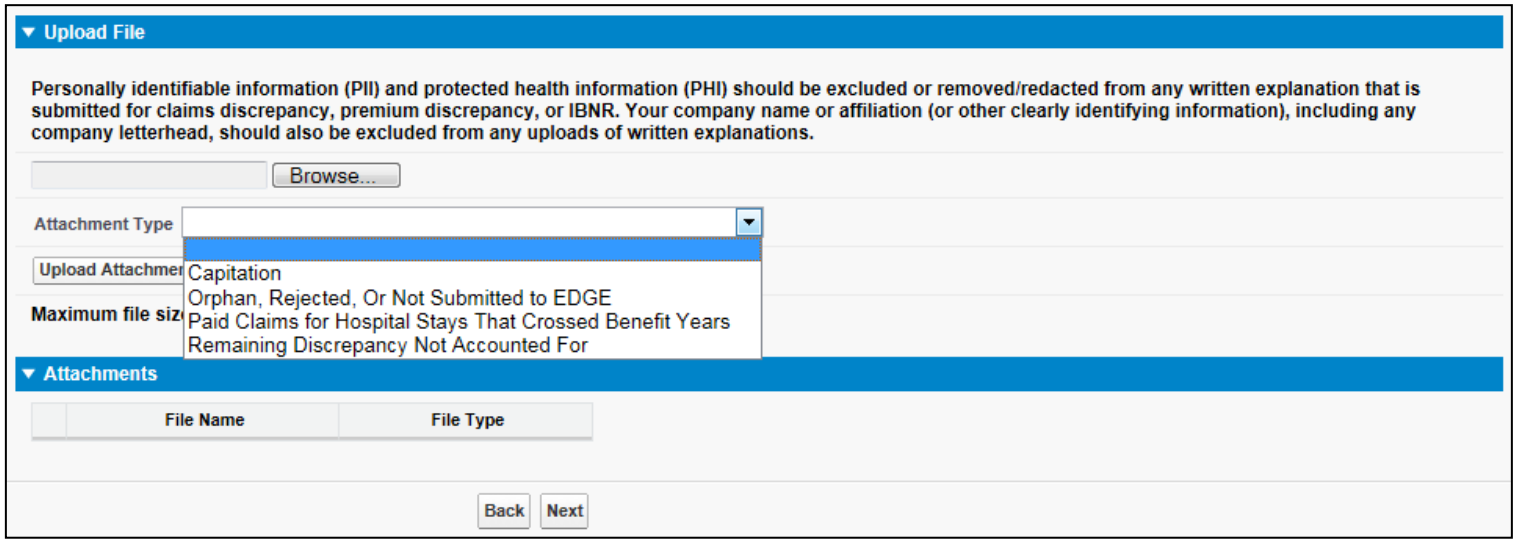
- After entering data to the fields, select the 'Calculate' button
- You can view your entry if you select the 'View Summary Table' button

Claims Discrepancy (continued)

- For each discrepancy category amount entered, you must provide a written explanation of the method by which you determined the amount of the difference
- A description of the documentation requirements for each discrepancy category can be found at: https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/2014-Risk-Corridors-Validation-Instructions.pdf

Claims Discrepancy (continued)

- When uploading a file, you will have to select the Attachment Type from the drop down list to identify the category of the attachment



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Claims Discrepancy (continued)

- After all data is entered and additional information is uploaded, select ‘Next’ to move to the next section

Premium Individual Discrepancy

- The Summary of Individual Market Premiums Reported to CMS are included in a table on the page
  - The table contains the Total Premium Earned submitted on your 2014 MLR Reporting Form, the Premium on the June 30th EDGE RATEE Report published by CMS, and the difference between the two (2) values

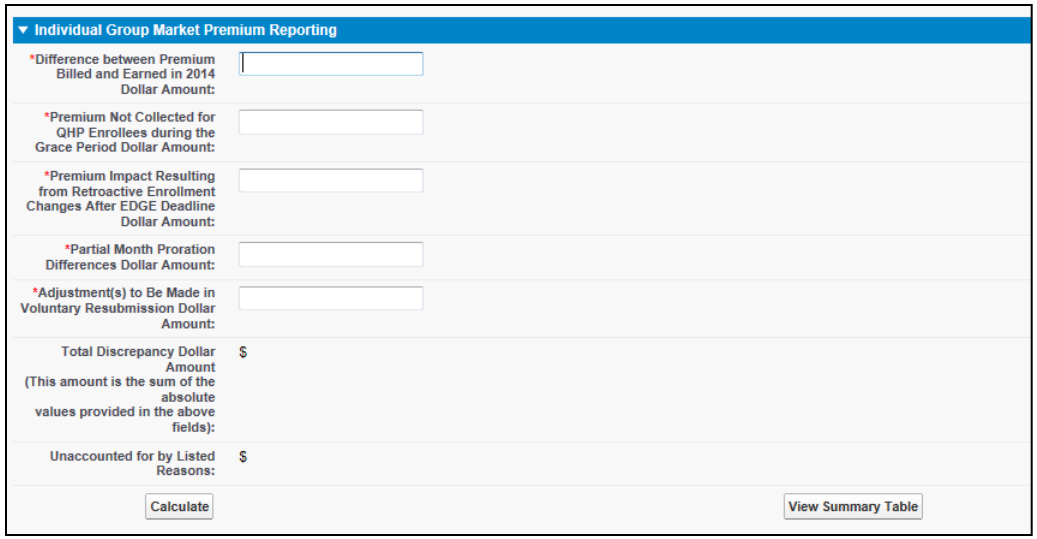
Summary of Individual Market Premiums Reported to CMS

2.1 Premium Earned including Federal and State High Risk Pool Programs (Individual RC, Column 4A)	Individual Plan Average Premium Amount * Billable Member Months	Difference($)
$ 19,825	$ 7,025	$ 12,800

Premium Individual Discrepancy (continued)

- To complete your Premium Individual Discrepancy Report, this difference must be quantified and allocated in dollars among the categories listed
  - Difference between Premium Billed and Earned in 2014 Dollar Amount
  - Premium Not Collected for QHP Enrollees during the Grace Period Dollar Amount
  - Premium Impact Resulting from Retroactive Enrollment Changes After EDGE Deadline Dollar Amount
  - Partial Month Proration Differences Dollar amount
  - Adjustment(s) to Be Made in Voluntary Resubmission Dollar Amount
- The sum of these values will be reflected as the 'Total Discrepancy Dollar Amount'

Premium Individual Discrepancy (continued)



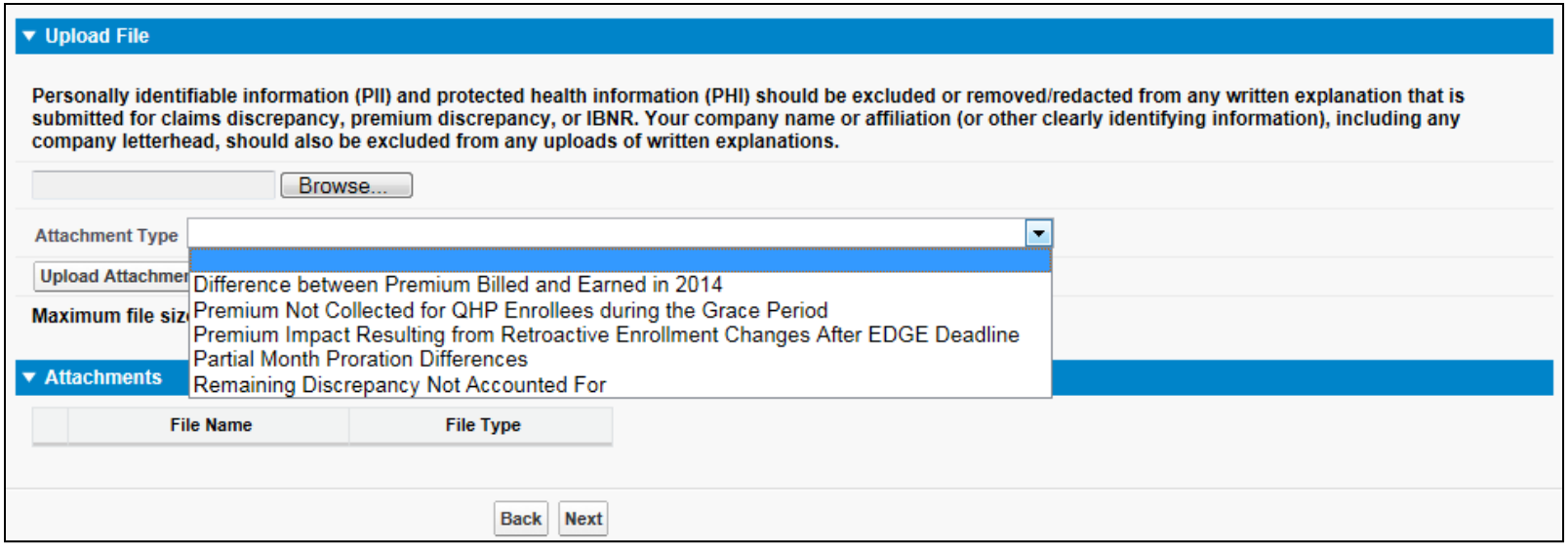
- After entering data to the fields, select the 'Calculate' button
- You can view your entry if you select the 'View Summary Table' button

Premium Individual Discrepancy (continued)

- For each discrepancy category amount entered, you must provide a written explanation of the method by which you determined the amount of the difference
- A description of the documentation requirements for each discrepancy category can be found at: https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/2014-Risk-Corridors-Validation-Instructions.pdf

Premium Individual Discrepancy (continued)

- When uploading a file, you will have to select the Attachment Type from the drop down list to identify the category of the attachment



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Premium Individual Discrepancy (continued)

- After all data is entered and additional information is uploaded, select ‘Next’ to move to the next section

Premium Small Group Discrepancy

- The Summary of Small Group Market Premiums Reported to CMS are included in a table on the page
  - The table contains the Total Premium Earned submitted on your 2014 MLR Reporting Form, the Premium on the June 30th EDGE RATEE Report published by CMS, and the difference between the two (2) values

Summary of Small Group Market Premiums Reported to CMS

2.1 Premium Earned including Federal and State High Risk Pool Programs (Individual RC, Column 4A)	Individual Plan Average Premium Amount * Billable Member Months	Difference($)
$ 14,000	$ 10,000	$ 4,000

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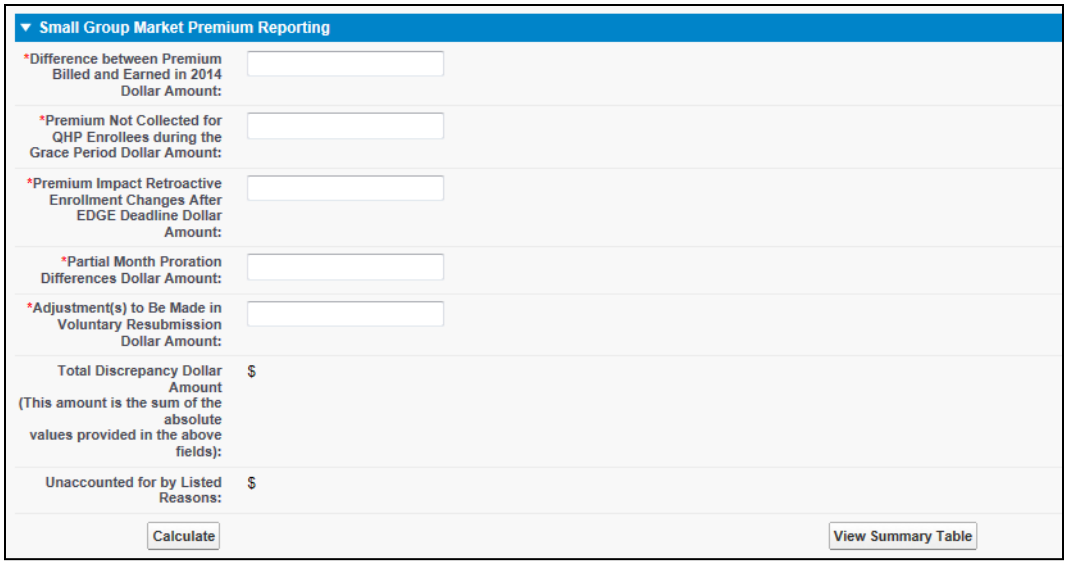
Premium Small Group Discrepancy (continued)

- To complete your Premium Small Group Discrepancy Report, this difference must be quantified and allocated in dollars among the categories listed
  - Difference between Premium Billed and Earned in 2014 Dollar Amount
  - Premium Not Collected for QHP Enrollees during the Grace Period Dollar Amount
  - Premium Impact Retroactive Enrollment Changes After EDGE Deadline Dollar Amount
  - Partial Month Proration Differences dollar amount
  - Adjustment(s) to Be Made in Voluntary Resubmission Dollar Amount
- The sum of these values will be reflected as the 'Total Discrepancy Dollar Amount'

Premium Small Group Discrepancy (continued)



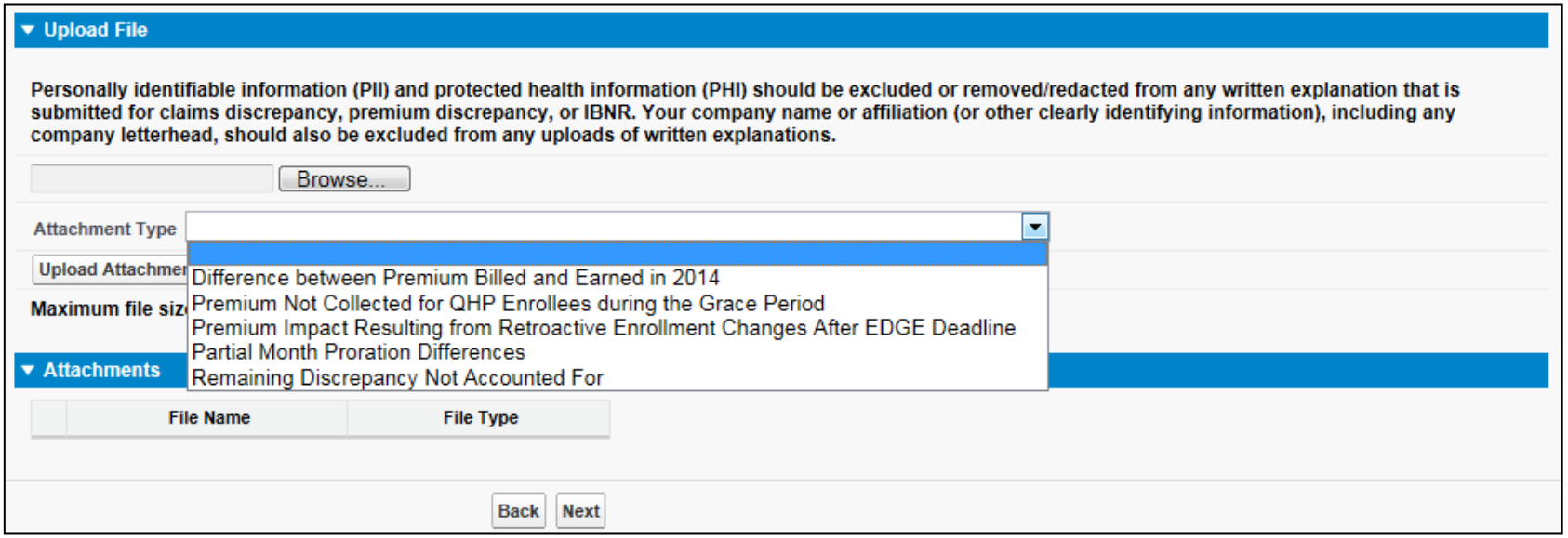
- After entering data to the fields, select the ‘Calculate’ button
- You can view your entry if you select the ‘View Summary Table’ button

Premium Small Group Discrepancy (continued)

- For each discrepancy category amount entered, you must provide a written explanation of the method by which you determined the amount of the difference
- A description of the documentation requirements for each discrepancy category can be found at: https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/2014-Risk-Corridors-Validation-Instructions.pdf

Premium Small Group Discrepancy (continued)

- When uploading a file, you will have to select the Attachment Type from the drop down list to identify the category of the attachment



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Premium Small Group Discrepancy (continued)

- After all data is entered and additional information is uploaded, select ‘Next’ to move to the next section

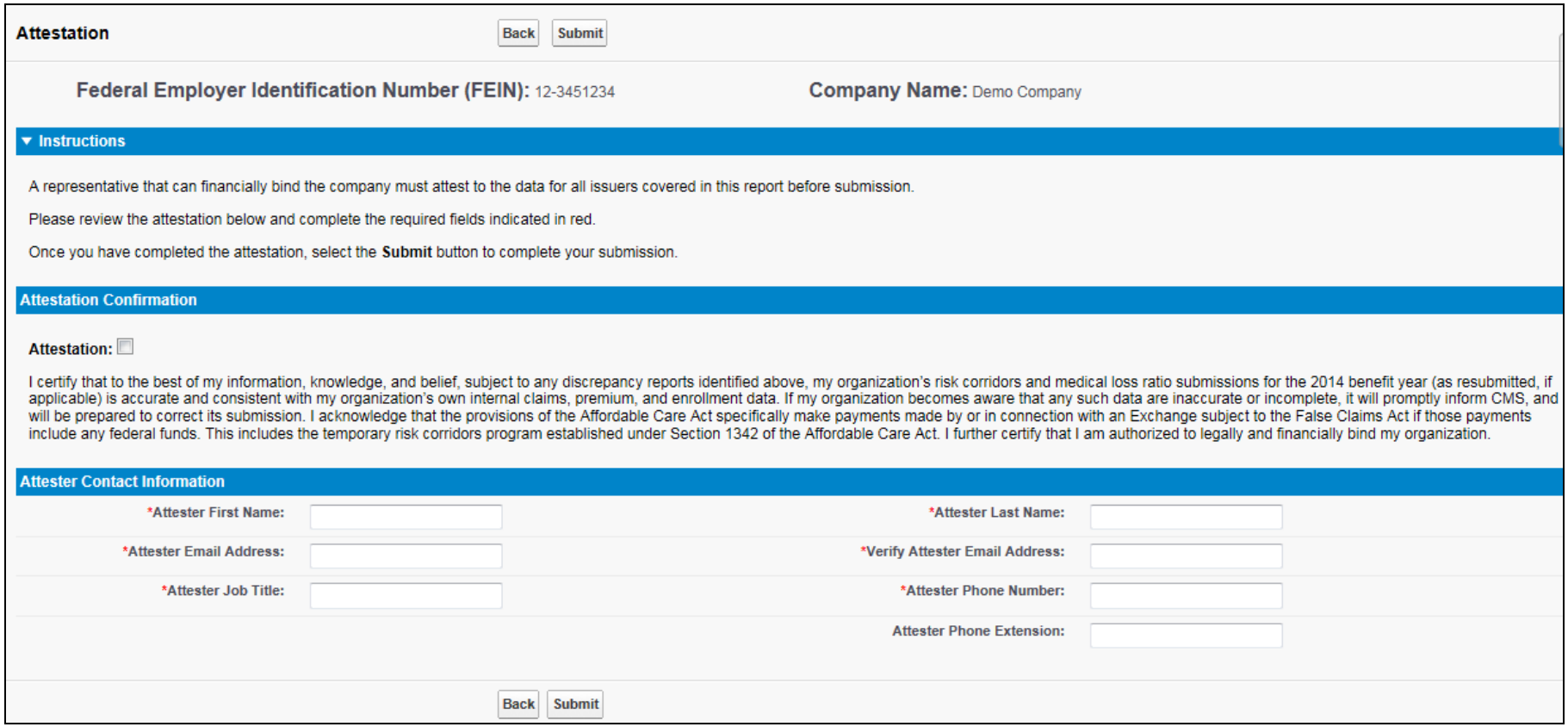
Next Steps

- After all activities related to IBNR upload, claims data, and premium data are completed, the user will see a confirmation page where it is possible to review all previously entered information
- Users will be able to edit previously entered information from this screen

Attestation

- After reviewing and confirming all information, the user will go to the attestation page
- A representative that can financially bind the company must attest to the data for all issuers covered in the report before submission
- Review the attestation statement and select the checkbox – then complete the fields for the attester information

Attestation (continued)



Attestation Back Submit

Federal Employer Identification Number (FEIN): 12-3451234 **Company Name:** Demo Company

▼ **Instructions**

A representative that can financially bind the company must attest to the data for all issuers covered in this report before submission.

Please review the attestation below and complete the required fields indicated in red.

Once you have completed the attestation, select the **Submit** button to complete your submission.

Attestation Confirmation

Attestation: ☐

I certify that to the best of my information, knowledge, and belief, subject to any discrepancy reports identified above, my organization's risk corridors and medical loss ratio submissions for the 2014 benefit year (as resubmitted, if applicable) is accurate and consistent with my organization's own internal claims, premium, and enrollment data. If my organization becomes aware that any such data are inaccurate or incomplete, it will promptly inform CMS, and will be prepared to correct its submission. I acknowledge that the provisions of the Affordable Care Act specifically make payments made by or in connection with an Exchange subject to the False Claims Act if those payments include any federal funds. This includes the temporary risk corridors program established under Section 1342 of the Affordable Care Act. I further certify that I am authorized to legally and financially bind my organization.

Attester Contact Information

*Attester First Name:		*Attester Last Name:	
*Attester Email Address:		*Verify Attester Email Address:	
*Attester Job Title:		*Attester Phone Number:	
		Attester Phone Extension:	

Back Submit

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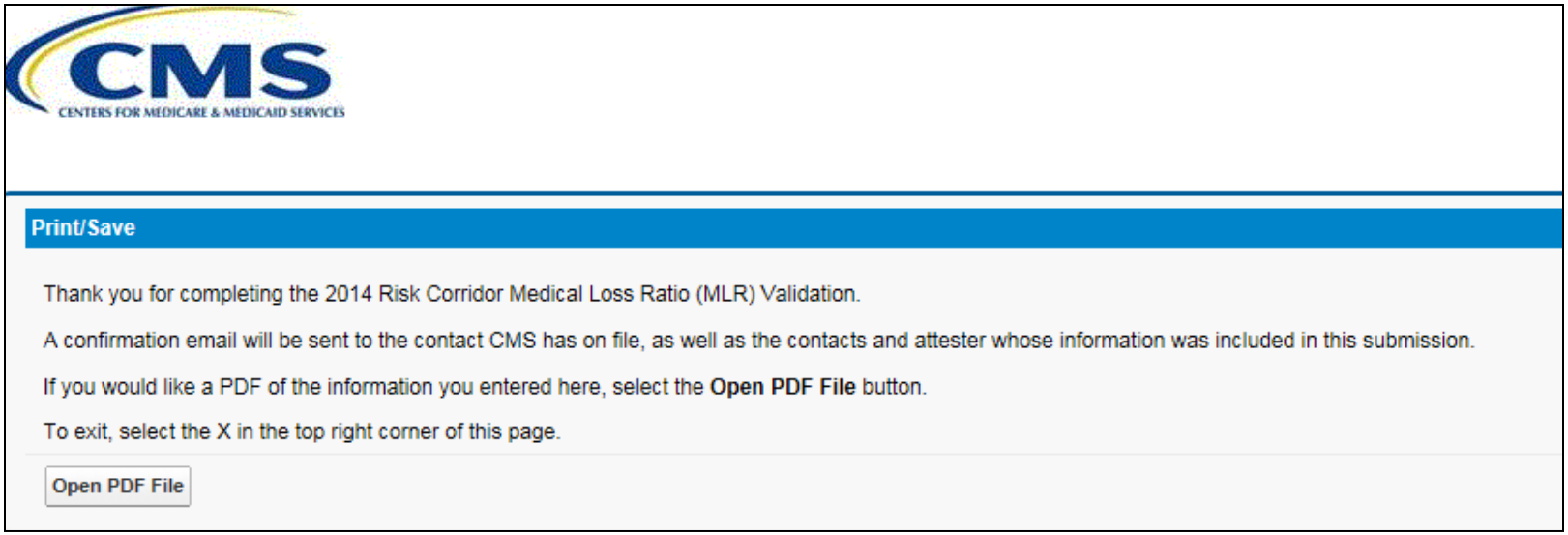
Completing the Submission

- Users will be taken to a page where they can print or save a PDF of the information contained in the submission
- After selecting the ‘Submit’ button, the data validation will be complete and the submitter, EDGE contact, and attester will receive a confirmation email
- After completing the submission, the unique link from the initial email will expire

Completing the Submission (continued)



- We encourage you to save or print the PDF from this page for your records

Follow up on Submission

- If a company needs to provide updated information after completing the Validation Process or has questions, contact us at ACARiskCorridors@cms.hhs.gov
- If a company only has to complete the checklist, it is due by September 8, 2015
- If a company has to complete the checklist and other submission items, the deadline for completing this process is September 14, 2015

Questions?

To submit questions by phone:

- Dial ‘14’ on your phone’s keypad
- Dial ‘13’ to withdraw your question

Resources

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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/cciio
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info

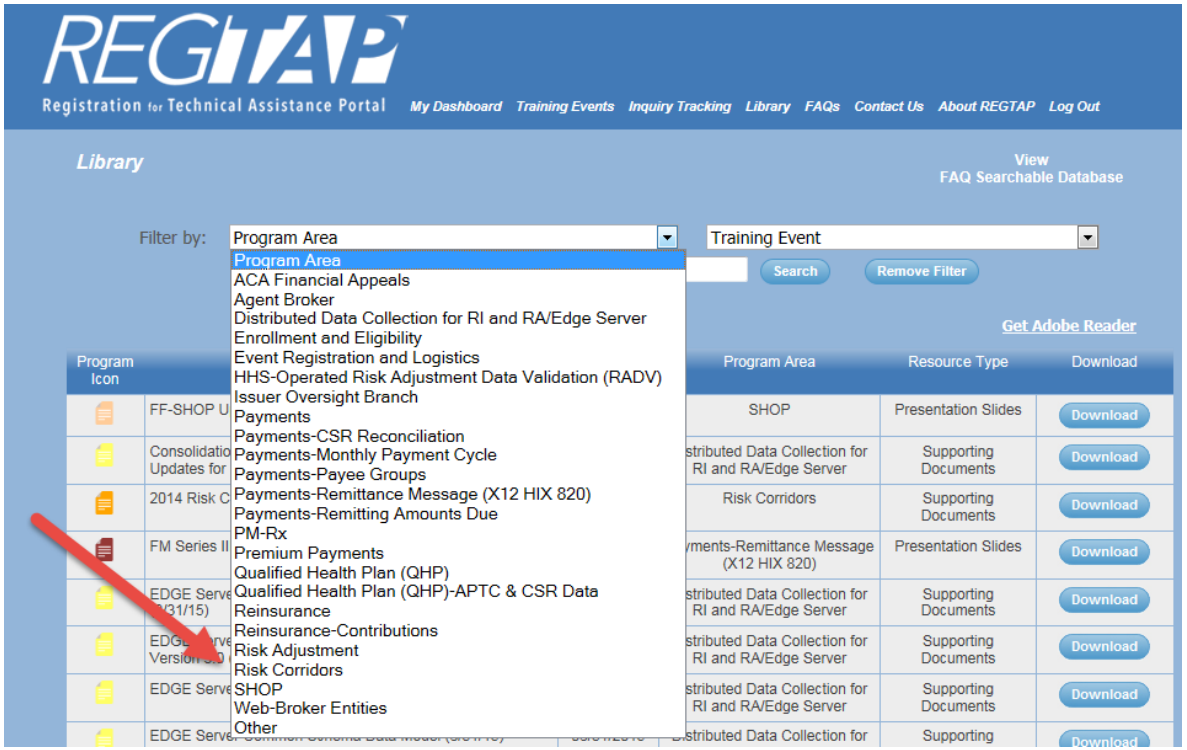
Resources (continued)

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

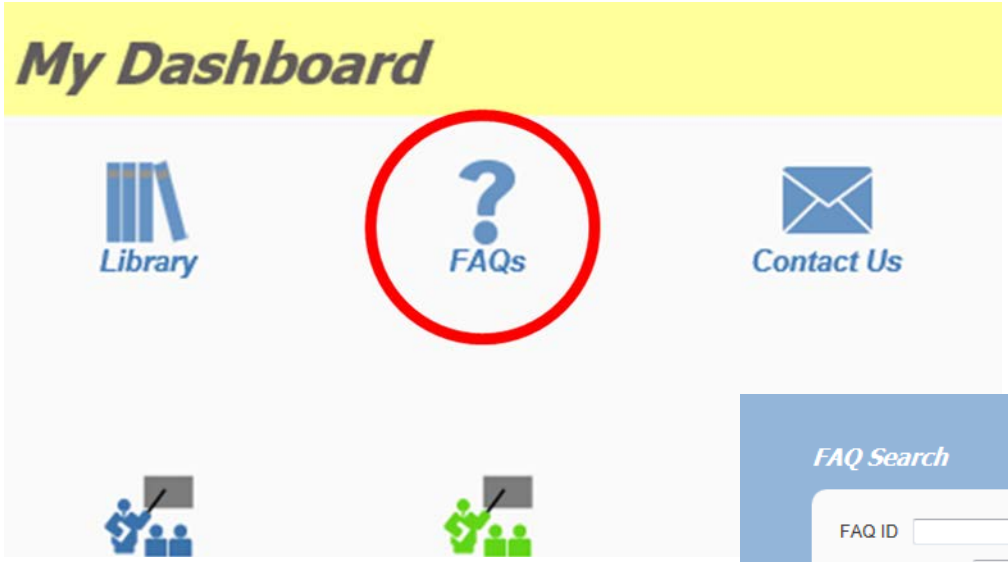
Locating Documents in REGTAP

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

Under Program Area, select 'Risk Corridors'

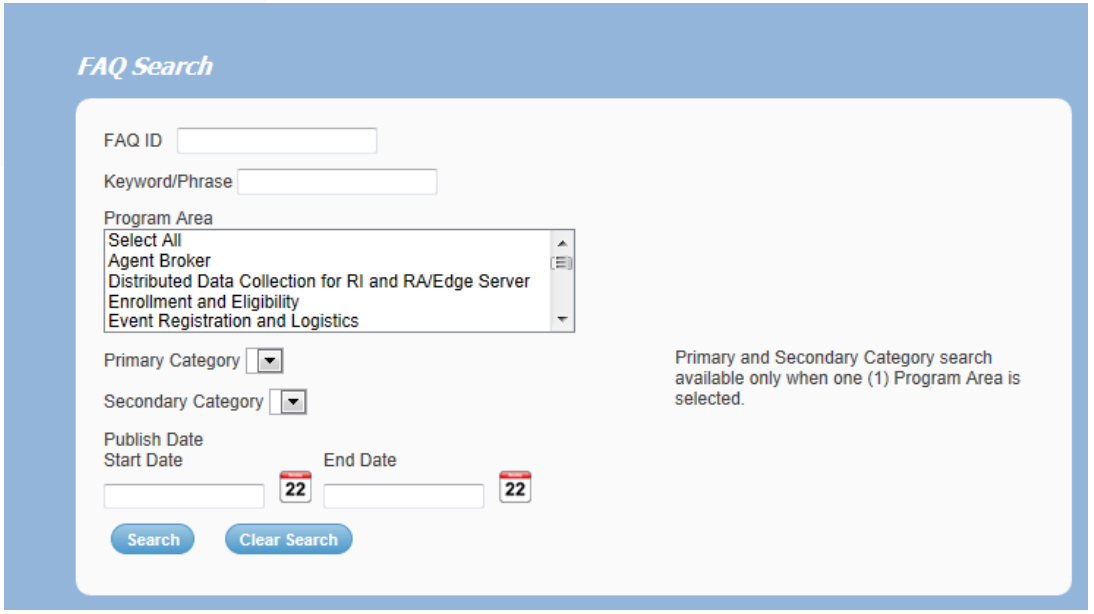


FAQ Database on REGTAP



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

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