



# **Risk Corridors Reconsideration Request**

## **Web Form Guide**

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**November 2017**

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## Resources

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The following Risk Corridors request for reconsideration resources are available for review or download:

- ACA Request for Reconsideration web page to access the Risk Corridors Request for Reconsideration web form:  
<https://acapaymentoperations.secure.force.com/ACAReconsideration/>
- Download and review Risk Corridors webinar training materials from the REGTAP library [<https://www.regtap.info>] in the “ACA Financial Appeals” Program Area

## 1 Introduction

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Pursuant to 45 CFR § 156.1220(a)(vi), an issuer may 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 only with respect to the amount of a risk corridors payment or charge for a benefit year.

The Centers for Medicare and Medicaid Services (CMS) developed an ACA Request for Reconsideration web page for the Risk Corridors reconsideration reporting process. Please note that the ACA Request for Reconsideration web page, in addition to having a link for the Risk Corridors reconsideration request web form, has links to access the Risk Adjustment (including risk adjustment default charge and risk adjustment user fee) and Reinsurance, and Cost-sharing Reduction (CSR) Reconciliation reconsideration web forms.

An issuer must complete the Risk Corridors reconsideration request web form within 30 calendar days of the date of the “Risk Corridors Payment and Charge Amounts for Benefit Year 2016” report setting forth the final calculated risk corridors payment or charge amounts for the 2016 benefit year.

The window for submitting the Risk Corridors reconsideration request web form for the 2016 benefit year is Monday, November 13, 2017 through Tuesday, December 12, 2017.

This document is a step-by-step guide to log in, complete, and submit the Risk Corridors reconsideration request web form.



The Risk Corridors Reconsideration request web form **will not** allow submitters to save and return to a previous session. Submitters will be able to submit for a subset of HIOS IDs in one session and submit for additional HIOS IDs in a different session. If submitters want to edit previously submitted reconsideration data for a HIOS ID, the data must be re-entered.

Submission of a Risk Corridors reconsideration request with the same HIOS ID as a previously submitted reconsideration request will overwrite the previously submitted reconsideration request.

## 2 ACA Request for Reconsideration Web Page

Upon selecting the web page link, you are directed to the ACA Request for Reconsideration web page. The ACA Request for Reconsideration web page includes links to access the Risk Corridors, Risk Adjustment (including risk adjustment default charge and risk adjustment user fee) and Reinsurance, and CSR Reconciliation reconsideration request web forms. Select the Risk Corridors reconsideration request web form link as shown in Figure 1. The web forms for each of the various programs will only be available during the regulatory mandated timeframes.

Figure 1: ACA Request for Reconsideration Web 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.*

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

*Access is available from September 15, 2017 through October 31, 2017 at 11:59pm ET.*

[Risk Corridors Reconsideration Request Web Form](#)

*Access is available from November 3, 2017 through December 4, 2017 at 11:59pm ET.*

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

- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:
  - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
  - Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

### 3 Before You Begin

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Gather the following information before launching the Risk Corridors reconsideration request web form.

- Contact information for the Submitter, Alternate Contact, CEO Contact, and Attester.
  - Name
  - Email Address
  - Job Title
  - Phone Number
- Company Mailing Address
- HIOS ID
- Company Legal Business Name (LBN)
- Explanation of Request for Reconsideration
- Amount Issuer Claiming to Owe or Receive
- Published Risk Corridors Payment or Charge Amount
- Up to ten (10) Files in Support of Reconsideration Request (optional, no more than 5MB in size per file)

## 4 Welcome Page

Upon selecting the Risk Corridors reconsideration request web form link, you are directed to the Welcome page of the web form, as shown in Figure 2.

The Welcome page provides general information regarding what is needed to log into the web form. Collect all necessary information before initiating the process for the 2016 benefit year.

Figure 2: Welcome Page



[Guidance](#)

### Welcome to the Risk Corridors Reconsideration Request Web Form

#### Instructions

Welcome to the ACA Risk Corridors Reconsideration Request web form. Pursuant to 45 CFR § 156.1220(a)(vi), an issuer may 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 only with respect to the amount of a risk corridors payment or charge for a benefit year.

For the 2016 benefit year, an issuer must file a request for reconsideration within 30 calendar days of the November 3 2017 "Risk Corridors Payment and Charge Amounts for Benefit Year 2016" report setting forth the final calculated risk corridors payment or charge amounts for the 2016 benefit year. As such, an issuer must file a request for reconsideration of a risk corridors payment or charge for the 2016 benefit year **no later than Monday, December 4, 2017**.

If you have questions about the reconsideration request process, please send an e-mail to CMS at [ACAfinancialappeals@cms.hhs.gov](mailto:ACAfinancialappeals@cms.hhs.gov).

**NOTE:** Data entered in this web form cannot be saved and updated at a later time. The web form must be completed in one session. We suggest you collect all necessary information before initiating the process.

[Back](#)

[Continue](#)



The web form allows for the submission of a reconsideration request and for the attachment of up to ten (10) files in support of the reconsideration request. Please collect all necessary information before initiating the reconsideration reporting process.

## 5 Contact Information Page

The Contact Information page collects Submitter, Alternate Contact, and CEO Contact information, as well as the Company Mailing Address (see Figure 3). The Submitter Contact and Alternate Contact **must** be different.

Table 1: Contact Information Page (Steps 1-5)

Step	Action
1	Enter the Submitter Contact information: <ul style="list-style-type: none"><li>• First Name</li><li>• Last Name</li><li>• Email Address</li><li>• Job Title</li><li>• Phone Number</li><li>• Phone Extension (optional)</li></ul>
2	Enter the Alternate Contact information (must be different from the Submitter Contact): <ul style="list-style-type: none"><li>• First Name</li><li>• Last Name</li><li>• Email Address</li><li>• Job Title</li><li>• Phone Number</li><li>• Phone Extension (optional)</li></ul>
3	Enter the CEO Contact information: <ul style="list-style-type: none"><li>• First Name</li><li>• Last Name</li><li>• Email Address</li><li>• Phone Number</li><li>• Phone Extension (optional)</li></ul>

Step	Action
4	<p>Enter the Company Mailing Address information:</p> <ul style="list-style-type: none"><li>• Address Line 1</li><li>• Address Line 2 (optional)</li><li>• City</li><li>• State (select from list)</li><li>• Zip Code</li></ul>
5	<p>Select the <b>Continue</b> button.</p> <p>The web form proceeds to the Risk Corridors Reconsideration Request page.</p>

Figure 3: Contact Information Page



[Guidance](#)

## Contact Information

### Instructions

The Submitter and Alternate Contact must be different.

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

### Submitter Contact Information

* First Name:	<input type="text"/>	* Last Name:	<input type="text"/>
* Email Address:	<input type="text"/>	* Job Title:	<input type="text"/>
* Phone Number:	<input type="text"/>	Phone Extension:	<input type="text"/>

### Alternate Contact Information

* First Name:	<input type="text"/>	* Last Name:	<input type="text"/>
* Email Address:	<input type="text"/>	* Job Title:	<input type="text"/>
* Phone Number:	<input type="text"/>	Phone Extension:	<input type="text"/>

### CEO Contact Information

* First Name:	<input type="text"/>	* Last Name:	<input type="text"/>
* Email Address:	<input type="text"/>		
* Phone Number:	<input type="text"/>	Phone Extension:	<input type="text"/>

### Company Mailing Address

* Address Line 1:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
* City:	<input type="text"/>	* State:	<input type="text" value="--None--"/>
		* Zip Code:	<input type="text"/>

Exit

Continue

## 6 Risk Corridors Reconsideration Request Page


Reconsideration requests are entered by HIOS ID in the Risk Corridors Reconsideration Request page. The option to attach up to ten (10) files in support of the reconsideration request is included on this page.

Follow the steps below to enter a reconsideration request, as shown in Figure 4: Risk Corridors Reconciliation Reconsideration Page



The option to submit reconsideration requests for different HIOS IDs is available from the web form Summary page.

Table 2: Risk Corridors Reconsideration Request Page (Steps 1-8)

Step	Action
1	Enter the HIOS ID associated with the reconsideration request.
2	Enter the company Legal Business Name.
3	Enter an explanation for the reconsideration request in the Reconsideration Explanation field. <div data-bbox="469 1134 550 1211" data-label="Image">  </div> <p>The explanation provided should be brief. Any in-depth explanation or evidence over 5,000 characters should be included as a separate attachment.</p>
4	Enter the amount the issuer has determined it owes or should receive in the Amount Issuer Claiming to Owe or Receive field.
5	Enter the Published Risk Corridors Payment or Charge Amount from the "Risk Corridors Payment and Charge Amounts for Benefit Year 2016" report.
6	Select the <b>Calculate</b> Button to display the Reconsideration Amount.


Step	Action
7	<p>To attach a file in support of the reconsideration request, select the <b>Browse</b> button to locate the file, and then select the <b>Upload Attachment</b> button. Repeat this step to attach up to ten (10) files.</p> <p>This step is optional. Each uploaded file cannot exceed 5 MB in size.</p> <div data-bbox="467 548 552 625">  </div> <p>Use the <b>View</b> or <b>Delete Action</b> link to review an attached file or remove an attached file from the reconsideration request.</p>
8	<p>Select the <b>Continue</b> button.</p> <p>The web form proceeds to the Summary page.</p>

Figure 4: Risk Corridors Reconciliation Reconsideration Page

## Risk Corridors Reconsideration Request

### Instructions

Risk Corridors reconsideration requests are entered by HIOS ID. There will be an opportunity to request reconsideration for another HIOS ID within your organization prior to submitting the attestation.

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

**Benefit Year:** 2016

\* **HIOS ID:**

\* **Legal Business Name:**

\* **Reconsideration Explanation:** 0 of 5000 characters.

Maximum of 5000 characters.

**Note:** You have the option to upload up to ten (10) files in support of this reconsideration request in the attachment section below.

\* **Amount Issuer Claiming to Owe or Receive:**  \$

\* **Published Risk Corridors Payment or Charge Amount:**  \$

**Reconsideration Amount:**

**Attach up to ten (10) files in support of the reconsideration request (optional)**


No file selected.

(File cannot exceed 5 MB)

## 7 Summary Page

The Summary page reflects the information entered in the web form. Review and confirm this information. Use the **Risk Corridors Reconsideration Request Summary** table to view, edit, or delete a reconsideration request(s), as shown in Figure 5: Summary Page .

Table 3: Summary Page

Step	Action						
1	<p>Review the <b>Risk Corridors Reconsideration Request Summary</b> table to confirm:</p> <ul style="list-style-type: none"> <li>Accurate reconsideration request information was entered</li> <li>HIOS ID(s) entered correctly</li> </ul> <p>For each HIOS ID, select the <b>View</b>, <b>Edit</b>, or <b>Delete</b> Action link to view, edit, or delete a reconsideration request.</p>						
2	<p>Select <b>Yes</b> or <b>No</b> to the question, “Do you have an additional Risk Corridors reconsideration request to enter for another HIOS ID?”</p> <div data-bbox="428 972 1347 1127">  <p>Use this step to submit a reconsideration request for another HIOS ID.</p> </div> <table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>Yes</td><td>The web form will proceed to the Risk Corridors Reconsideration Request page after the selection of the <b>Continue</b> button.</td></tr> <tr> <td>No</td><td>The web form will proceed to the Attestation page after the selection of the <b>Continue</b> button.</td></tr> </tbody> </table>	If	Then	Yes	The web form will proceed to the Risk Corridors Reconsideration Request page after the selection of the <b>Continue</b> button.	No	The web form will proceed to the Attestation page after the selection of the <b>Continue</b> button.
If	Then						
Yes	The web form will proceed to the Risk Corridors Reconsideration Request page after the selection of the <b>Continue</b> button.						
No	The web form will proceed to the Attestation page after the selection of the <b>Continue</b> button.						
3	<p>Review the Contact Information for accuracy.</p> <p>To edit Contact Information, select the <b>Edit Contact Information</b> button. Select the <b>Submit</b> button to confirm the Contact Information update and return to the Summary page.</p>						
4	Select the <b>Continue</b> button.						



Selecting the **Exit** button on the Summary page displays a popup, which notes that all session data will be lost. Select **Cancel** to return to the Summary page if you do not intend to exit.

Figure 5: Summary Page



[Guidance](#)

## Summary

### Risk Corridors Reconsideration Request Summary

Benefit Year: 2016

Select the **Action** link next to the HIOS ID to View, Edit, or Delete the selected HIOS ID.

Action	HIOS ID	Legal Business Name	Amount Issuer Claiming to Owe or Receive	Published Risk Corridors Payment or Charge Amount	Reconsideration Amount	File(s) Attached
<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>	62184	Scottish Isle Company	\$ 585,000.00	\$ 165,000.00	\$ 420,000.00	File in Support of Risk Corridor Reconsideration.docx

\* Do you have an additional Risk Corridors Reconsideration Request to enter for another HIOS ID?

- ☐ Yes  
☐ No

### Contact Information

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

#### Submitter Contact Information

* First Name:	<input type="text" value="Submitter"/>	* Last Name:	<input type="text" value="Contact"/>
* Email Address:	<input type="text" value="submittercontact@test.com"/>	* Job Title:	<input type="text" value="Test"/>
* Phone Number:	<input type="text" value="(555) 555-5555"/>	* Phone Extension:	<input type="text"/>

#### Alternate Contact Information

* First Name:	<input type="text" value="Alternate"/>	* Last Name:	<input type="text" value="Contact"/>
* Email Address:	<input type="text" value="alternatecontact@test.com"/>	* Job Title:	<input type="text" value="test"/>
* Phone Number:	<input type="text" value="(444) 444-4444"/>	* Phone Extension:	<input type="text"/>

#### CEO Contact Information

* First Name:	<input type="text" value="CEO"/>	* Last Name:	<input type="text" value="Contact"/>
* Email Address:	<input type="text" value="ceocontact@test.com"/>	* Phone Extension:	<input type="text"/>
* Phone Number:	<input type="text" value="(777) 777-7777"/>		

#### Company Mailing Address

* Address Line 1:	<input type="text" value="123 Main St"/>		
Address Line 2:	<input type="text"/>		
* City:	<input type="text" value="New York"/>	* State:	<input type="text" value="NY"/>
* Zip Code:	<input type="text" value="00101"/>		

[Edit Contact Information](#)

[Exit](#)

[Continue](#)

## 8 Attestation and Confirmation

This section reviews the completion of the Attestation page and details how to review and print confirmation of the reconsideration request web form submission.

### 8.1 Attestation Page

Follow the steps below to complete the Attestation page of the web form, as shown in Figure 6.



The individual providing the attestation must be someone with the authority to legally and financially bind the company. This individual does not have to personally complete these steps, but must be aware of the Risk Corridors Request for Reconsideration submission because this individual will be contacted if CMS identifies an issue or has questions. The Attester is not required to be, but can be, the Submitter, Alternate Contact, or CEO Contact.

Table 4: Attestation Page (Steps 1-4)

Step	Action
1	Thoroughly review the <b>Attestation</b> statement in its entirety.
2	Select the check box next to the Attestation statement to indicate agreement.


Step	Action
3	<p>Complete the <b>Attester Details</b> section with the following information:</p> <ul style="list-style-type: none"> <li>• First Name</li> <li>• Last Name</li> <li>• Email Address</li> <li>• Job Title</li> <li>• Phone Number</li> <li>• Phone Extension (optional)</li> </ul> <div>  <p>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, but must be aware of the Risk Corridors Request for Reconsideration submission because this individual will be contacted if CMS identifies an issue or has questions. The Attester is not required to be, but can be, the Submitter, Alternate Contact, or CEO Contact.</p> </div>
4	Select the <b>Submit</b> button.

Figure 6: 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 that individual will be contacted if CMS identifies an issue or has questions.

Select the **Submit** button to complete the Risk Corridors reconsideration request process.  
Required fields are indicated with a red asterisk (\*).

### Attestation

☐ I am making this attestation on behalf of my organization, for which I am submitting this Request for Reconsideration. I attest that I am an individual who can legally and financially bind the company identified in this Request for Reconsideration. I certify that the information I am providing is true, correct, and complete. If my organization becomes aware that any of the information contained in this Request for Reconsideration form or submitted in support of this Request for Reconsideration is untrue, incorrect or incomplete, my organization will promptly inform CMS. If CMS identifies a discrepancy or has questions about the information being submitted, I agree to be a contact for responding to such questions.

### Attester Details

* First Name: <input type="text"/>	* Last Name: <input type="text"/>
* Email Address: <input type="text"/>	* Job Title: <input type="text"/>
* Phone Number: <input type="text"/>	Phone Extension: <input type="text"/>

By selecting the Submit button, your Risk Corridors reconsideration request data will be saved and your attestation submitted.

[Back](#) [Exit](#) [Submit](#)

## 8.2 Confirmation Page

An acknowledgement email will be sent from [ACAfinancialappeals@cms.hhs.gov](mailto:ACAfinancialappeals@cms.hhs.gov) to the email addresses listed on the Confirmation page, as shown in Figure 7. Please save and print the PDF of the Confirmation for your records. The PDF is the formal confirmation of your reconsideration request submission.

Table 5: Confirmation Page (Steps 1-2)

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

Figure 7: Confirmation Page



### Confirmation

**Warning:** Please print the PDF for your records before selecting the Exit button.

Thank you for your submission.

An acknowledgement email has been sent to the email addresses provided. It is recommended that you save and print the PDF for your records; the PDF is the formal confirmation of the reconsideration submission.

**Submission End Time:** 10/24/2017 10:32 AM

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

submittercontact@test.com  
alternatecontact@test.com  
ceocontact@test.com  
attestercontact@testcompany.com

#### Print/Save

Select the **PDF** button to generate a PDF confirmation that contains the HIOS ID number(s) for which you submitted a Risk Corridors reconsideration request. It is recommended that you print and save this document for your records.

PDF

Exit