

2018 BENEFIT YEAR ADMINISTRATIVE APPEALS PROCESS FOR RISK ADJUSTMENT TRANSFERS

June 27, 2019

EDGE Server Webinar Series VIII

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense. The information provided in this presentation is only intended to be a general informal summary of technical legal standards. It is not intended to take the place of the regulations that it is based on. We encourage audience members to refer to the applicable regulations for complete and current information about the requirements that apply to them.

[HTTPS://WWW.REGTAP.INFO/](https://www.regtap.info/)



Session Agenda

- Session Guidelines
- Intended Audience
- Purpose
- External Data Gathering Environment (EDGE) Server Timeline
- EDGE Server Announcements
- Stages of the 2018 Benefit Year Administrative Appeals Process
- Request for Reconsideration
- Informal Hearing Before the Centers for Medicare & Medicaid Services (CMS) Hearing Officer
- CMS Administrator Review
- Question and Answer (Q&A)
- Resources
- Closing Remarks

Session Guidelines

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

Intended Audience

- Issuers of RA-Covered Plans
- Third Party Administrators (TPAs) or Vendors who assist issuers of RA-Covered Plans

Purpose

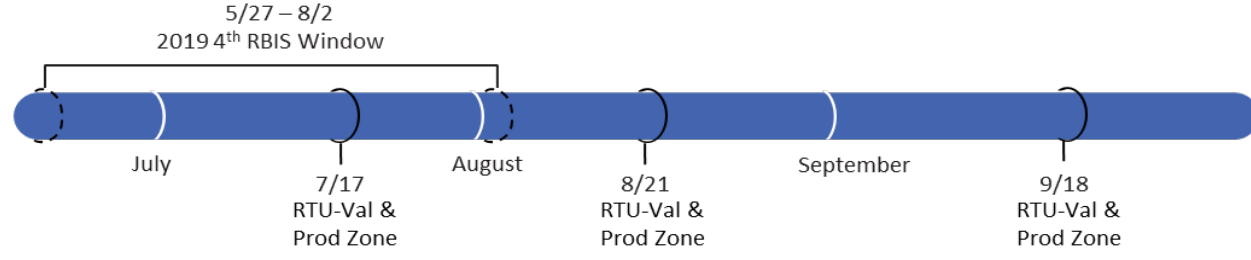
- To describe the administrative appeals procedures set forth in 45 CFR 156.1220 related to the RA program for the 2018 Benefit Year (BY)
 - This webinar focuses on the appeals process for RA transfers, RA default charges (RADC) under 45 CFR 153.740(b), RA user fees, and the high cost risk pool (HCRP) transfers.
- To set forth the process for requesting a reconsideration related to the RA program

EDGE Server Timeline

Plan Data & Reference Table Updates

Plan data updates are only updated when received by the deadline and if the changes pass verifications.

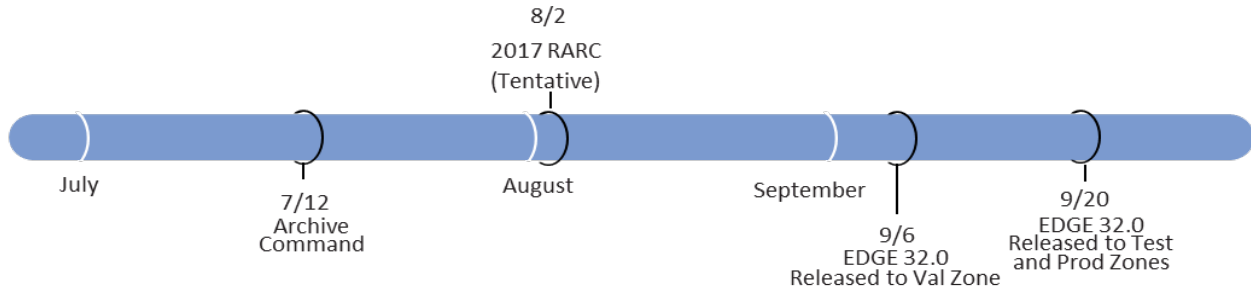
IPDT = Issuer Plan Data Templates
RTU = Reference Table Updates



Command Deployments

Maintenance Release Deployment
5:00 p.m. – 8:59 p.m. ET
Scheduled Time: 12:01 a.m. ET
E = ECS R = RA
F = Frequency HCRP = High Cost Risk Pool
RV = RADV RARC = RA Recalibration

E, F, R, and HCRP commands are deployed on each date indicated through the data submission deadline, except where noted.



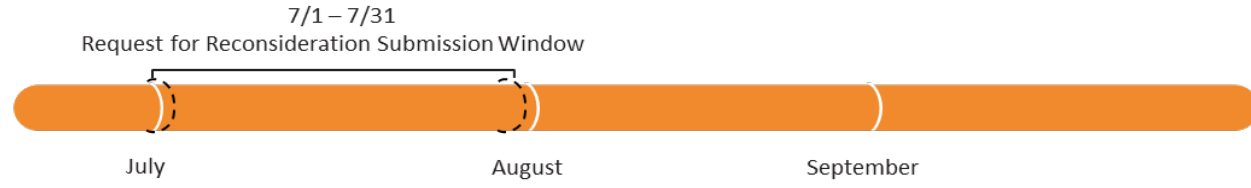
Baseline & Data Submission



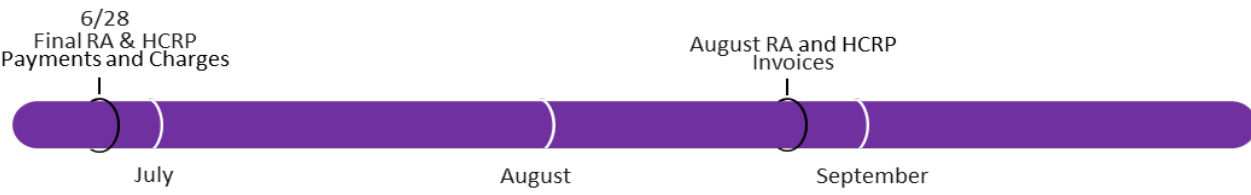
Quantity & Quality Outlier Analysis and Review



Discrepancies and Appeals



RA/HCRP Payments & Charges



EDGE Server Announcements



[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

Announcement

- As we discussed, to prepare for tomorrow's reports, CMS updated the 2018 Benefit Year Risk Adjustment Issuer Transfer Report Job Aid.

2018 Benefit Year Risk Adjustment Issuer Transfer Report Job Aid Updates

- Results from the 2017 Benefit Year Risk Adjustment Data Validation (RADV) will be used to adjust 2018 Benefit Year plan liability risk scores (PLRS) used in RA transfer calculations.
- This Report has been updated to include data elements associated with the RADV adjustment(s) to the RA transfers.
 - As noted in the 2020 Payment Notice, the RADV adjustments to the 2018 Benefit Year RA PLRS and following RA transfers will be reported on the August 1, 2019 re-issued Issuer RA Transfer Reports, rather than on the June 28, 2019 Issuer RA Transfer Reports.

2018 Benefit Year Risk Adjustment Issuer Transfer Report Job Aid Updates (continued)

- Issuers will receive an Issuer RA Transfer Report on June 28, 2019 that contains only RADV error rates of “0”, meaning that the June 28th results will only reflect the 2018 Benefit Year RA transfer amounts.
- In the June 28, 2019 *Issuer RA Transfer Report*, the “Transfer Amount before RADV Adjustment” will equal the “Transfer Amount” for all issuers.
- A second, re-issued *Issuer RA Transfer Report* will be circulated on August 1, 2019 reflecting the RADV error rates applied to 2018 Benefit Year RA PLRS and the resulting transfer amounts.

2018 Benefit Year Risk Adjustment Issuer Transfer Report Job Aid Updates (continued)

- The 2018 Benefit Year Risk Adjustment Issuer Transfer Report Job Aid updates are:

Data Item	Description
Summary of BY2018 Updates	HHS-RADV error rates adjustment, re-issued Issuer Transfer report after error rates, Summary Report on Permanent RA transfers and HCRP Payments, state average premium formula update.
Report Header Fields	New fields added for BY2018 HHS-RADV error rates adjustment
Report Data Element Fields	New fields added for BY2018 HHS-RADV error rates adjustment

- These new Report Header and Report Data Element Fields related to 2017 HHS-RADV will not be populated until August 1, 2019 and we will provide more information on these fields at the July 23, 2019 DDC webinar.
- REMINDER: CMS will collect the charges set forth in the June 28, 2019 reports in August 2019 and begin making payments in September 2019.

2018 Benefit Year Risk Adjustment Administrative Appeals Process

Stages of the Appeals Process

- There is a three-level administrative appeals process for the RA program:
 1. Request for Reconsideration
 2. Informal Hearing before the CMS Hearing Officer
 3. Review by the CMS Administrator (or delegate), at the discretion of the CMS Administrator

Request for Reconsideration

Basis for Request for Reconsideration

- An issuer may only file a request for reconsideration to contest:
 - A processing error by the Department of Health & Human Services (HHS);
 - A mathematical error by HHS; or
 - HHS's incorrect application of the relevant RA methodology.

Previously Filed Discrepancy

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

Materiality Threshold

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

Timeliness of Reconsideration Requests

- For Benefit Year 2018, the window to submit requests for reconsideration related to RA is from **Monday, July 1, 2019, to Wednesday, July 31, 2019 at 11:59 p.m. Eastern Time (ET)**.
 - This includes appeals related to RA transfers, RADCs, RA user fees, and the HCRP transfers.

Review of Requests for Reconsideration

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

Accessing the PPACA Request for Reconsideration Web Page

- The Patient Protection and Affordable Care Act (PPACA) Request for Reconsideration web page contains multiple links for issuers to access various Reconsideration Request web forms, including the RA Reconsideration Web Form.
 - The RA Reconsideration Web Form is used if appealing the amount of RA transfers, RADC, RA user fee, and/or HCRP transfers.

Accessing the PPACA Request for Reconsideration Web Page (continued)

- The web page link will be emailed to the Chief Executive Officer (CEO) Designate and Alternate CEO Designate, and posted to the Center for Consumer Information and Insurance Oversight (CCIIO) website on July 1, 2019.
 - If you have any questions regarding the location of the web form, please email ACAfinancialappeals@cms.hhs.gov.

Request for Reconsideration Web Form

- Issuers who wish to request reconsideration for the 2018 Benefit Year must complete the Request for Risk Adjustment Reconsideration Web Form.
 - The web form will be available from **Monday July 1, 2019, to Wednesday, July 31, 2019 at 11:59 p.m. Eastern Time (ET).**
- All requests for reconsideration **must** be submitted through the web form.



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

Request for Reconsideration Web Form (continued)

- The Request for Risk Adjustment Reconsideration Web Form user guide can be downloaded from Registration for Technical Assistance Portal (REGTAP), the CCIIO-website, and the Request for Reconsideration Web Form.
- The Request for Reconsideration Web Form must be completed at a company level.
- Companies will login with the CEO Designate or Alternate CEO Designate Login ID and the EDGE Server Contact Database Access Code.

Request for Reconsideration Web Form (continued)

- If there are multiple Health Insurance Oversight System (HIOS) IDs with the same issue, the company can describe the request for reconsideration and select the HIOS IDs to which it relates.
- The form will populate the list of HIOS IDs using the CEO Designate information (similar to the 2018 Benefit Year Attestation and Discrepancy reporting process).

Web Form: Welcome Page

You have an EDGE Server Contact Database Access Code.



Log in with Access Code.

* Login ID:

* Access Code:

[Forgot Access Code](#)

Log In

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



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

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

You have forgotten your EDGE Server Contact Database Access Code.



Select the ‘Forgot Access Code’ link to reset it.

* Login ID:

* Access Code:

[Forgot Access Code](#)

Log In

Web Form: Access Code Pages

- **Create Access Code**

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

- **Forgot Access Code Page**

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

Web Form: Contact Information Page


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


Web Form: Contact Information Page (continued)

Alternate Contact Information

* First Name:	<input type="text" value="John"/>	* Last Name:	<input type="text" value="Doe"/>
* Email Address:	<input type="text" value="testceo1@test.com"/>	* Job Title:	<input type="text" value="CEO"/>
* Phone Number:	<input type="text" value="(555) 555-5555"/>	Phone Extension:	<input type="text"/>

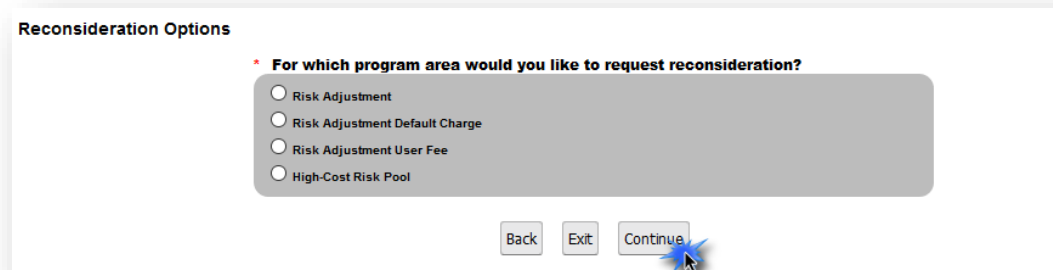
Company Mailing Address

* Address Line 1:	<input type="text" value="10 Main Street"/>				
Address Line 2:	<input type="text"/>				
* City:	<input type="text" value="Newtown"/>	* State:	<input type="text" value="MD"/> 	* Zip Code:	<input type="text" value="11111"/>



Web Form: Reconsideration Request Options Page

- **Risk Adjustment, Risk Adjustment Default Charge, Risk Adjustment User Fee, or High Cost Risk Pool Reconsideration Request:**



The screenshot shows a web form titled "Reconsideration Options". The form contains a question: "For which program area would you like to request reconsideration?". Below the question are four radio button options: "Risk Adjustment", "Risk Adjustment Default Charge", "Risk Adjustment User Fee", and "High-Cost Risk Pool". At the bottom of the form are three buttons: "Back", "Exit", and "Continue". A mouse cursor is pointing at the "Continue" button.

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

Web Form: Reconsideration Request Details Page

- **Risk Adjustment, Risk Adjustment Default Charge, Risk Adjustment User Fee, or High Cost Risk Pool Reconsideration Request:**
 - Enter a Reconsideration Request nickname in the **Create a nickname for this Reconsideration Request** field.

Reconsideration Details – Risk Adjustment

Reconsideration Request Start Date: 6/13/2019 2:12 PM
Benefit Year: 2018

* Create a nickname for the issue in this Reconsideration Request:



NOTE

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

Web Form: Reconsideration Request Details Page (continued)

- **Risk Adjustment, Risk Adjustment Default Charge, Risk Adjustment User Fee, or High Cost Risk Pool Reconsideration Request:**
 - Select the HIOS ID(s) and associated market for which you are requesting reconsideration for the same issue from the **Available HIOS ID(s)** list.

* Select the HIOS ID(s) and market(s) associated with this Reconsideration Request ?

Select HIOS ID(s) by using the arrows above the **Available HIOS ID(s)** list to move the applicable HIOS ID(s) to the **Selected HIOS ID(s)** list. Remove selected HIOS ID(s) by using the arrows above the **Selected HIOS ID(s)** list.

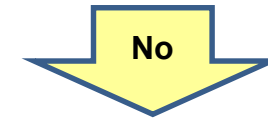
Available HIOS ID(s)	Selected HIOS ID(s)
Showing all 1	Showing all 1
Filter	Filter
→ →	← ←
22123 - Small Group - Test 1	22123 - Individual - Test 1

Web Form: Reconsideration Request Details Page (continued)

- **Risk Adjustment, Risk Adjustment Default Charge, or High-Cost Risk Pool Reconsideration Request:**
 - Select **Yes** or **No** to the question, “Did you report a discrepancy related to this Reconsideration Request?”



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



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



If Risk Adjustment User Fee is selected on the *Reconsideration Request Options* page, this question will not appear on the *Reconsideration Request Details* page.

Web Form: Reconsideration Request Details Page (continued)

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

* Did you report a discrepancy related to this Reconsideration Request?
 Yes No

* EDGE Discrepancy ID

Discrepancy Submission Date:

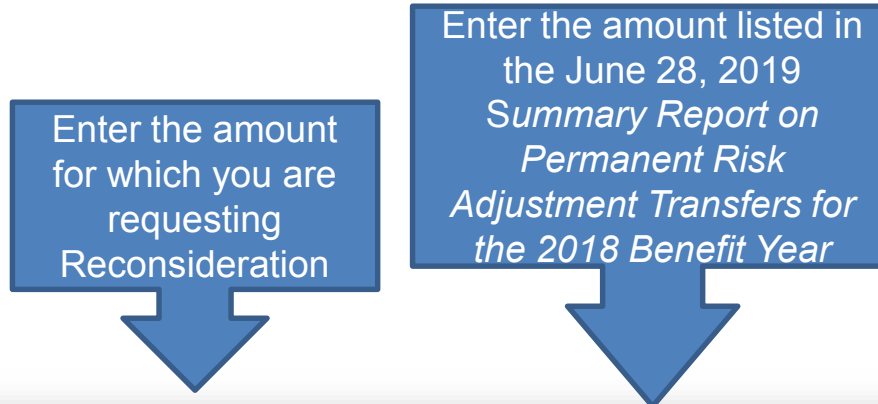
* **Reconsideration Request Explanation:**
Please provide a brief explanation of your Reconsideration Request. You will also be given the option to upload attachments in support of this Reconsideration Request on the Summary page.

This is a test.

15 / 1000 characters.
Maximum of 1000 characters.

Web Form: Reconsideration Request Amount Details Page

- Risk Adjustment or Risk Adjustment Default Charge Reconsideration Request:



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

Action	HIOS ID	Market	Amount Issuer Claiming to Owe or Receive	CMS Payment or Charge Amount	Reconsideration Request Amount
Delete	22123	Individual	\$ <input type="text" value="-500"/>	\$ <input type="text" value="200"/>	\$ <input type="text"/>
Totals:			\$	\$	\$



A charge amount must be entered as a negative number.

Web Form: Reconsideration Request Amount Details Page (continued)

- **Risk Adjustment or Risk Adjustment Default Charge Reconsideration Request:**
 - Select the **Calculate** button to populate the **Reconsideration Request Amount** column and **Totals** row.
 - Select the **Continue** button.

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

Action	HIOS ID	Market	Amount Issuer Claiming to Owe or Receive	CMS Payment or Charge Amount	Reconsideration Request Amount
Delete	22123	Individual	\$ <input type="text" value="-500.00"/>	\$ <input type="text" value="200.00"/>	\$ -700.00
Totals:			\$ -500.00	\$ 200.00	\$ -700.00

Calculate

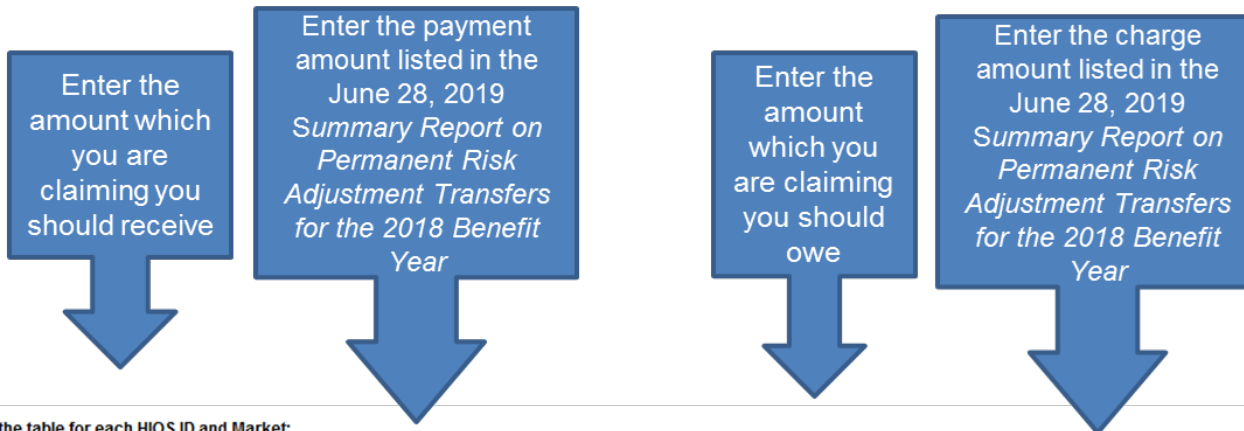
Back

Exit

Continue

Web Form: Reconsideration Request Amount Details Page (continued)

- High Cost Risk Pool Reconsideration Request:



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

Action	HIOS ID	Market	Dispute CMS Payment Amount			Dispute CMS Charge Amount		
			Amount Issuer Claiming to Receive	CMS Payment Amount	Reconsideration Request Amount	Amount Issuer Claiming to Owe	CMS Charge Amount	Reconsideration Request Amount
Delete	22123	Individual	\$ 500.00	\$ 200.00	\$ 300.00	\$ 200	\$ 500	\$
Totals:			\$ 500.00	\$ 200.00	\$ 300.00	\$ 0.00	\$ 0.00	\$ 0.00



A charge amount must be entered as a negative number.

Web Form: Reconsideration Request Amount Details Page (continued)

- **High Cost Risk Pool Reconsideration Request:**
 - Select the **Calculate** button to populate the **Reconsideration Request Amount** column and **Totals** row.
 - Select the **Continue** button.

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

Action	HIOS ID	Market	Dispute CMS Payment Amount			Dispute CMS Charge Amount		
			Amount Issuer Claiming to Receive	CMS Payment Amount	Reconsideration Request Amount	Amount Issuer Claiming to Owe	CMS Charge Amount	Reconsideration Request Amount
Delete	22123	Individual	\$ <input type="text" value="500.00"/>	\$ <input type="text" value="200.00"/>	\$ 300.00	\$ <input type="text" value="200.00"/>	\$ <input type="text" value="500.00"/>	\$ -300.00
Totals:			\$ 500.00	\$ 200.00	\$ 300.00	\$ 200.00	\$ 500.00	\$ -300.00

Web Form: Reconsideration Request Plan ID and Enrollees Information Page

- **Risk Adjustment User Fee Reconsideration Request:**
 - Enter the **Total Number of Plan IDs Affected** and **Total Number of Enrollees**.
 - Select the **Continue** button.

* Enter the Total Number of Plan IDs Affected and Total Number of Enrollees 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	22123	Individual	<input type="text" value="10"/>	<input type="text" value="100"/>

Back Exit Continue

Web Form: Summary Page

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

Reconsideration Request(s) Summary

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

Action	Reconsideration Nickname	Reconsideration Program Area	HIOS ID(s)/Market(s)	Reconsideration Request Amount
View Edit Delete	Test1	Risk Adjustment User Fee	22123-IND	N/A

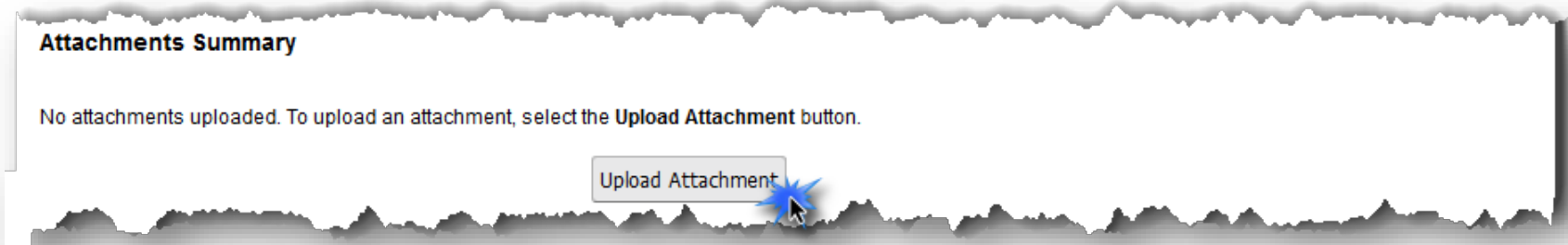
Attachments Summary

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

Upload Attachment

Web Form: Summary Page (continued)

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



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

Action	File Name	File Size	Associated Reconsideration Request(s)
View Edit Delete	Test.pdf	0.0312 MB	Test1

Web Form: Upload Attachments Page

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

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

Select	Reconsideration Nickname	HIOS ID(s)/Market(s)	File(s) Uploaded
<input type="checkbox"/>	Test1	22123-IND	

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

No file selected.

Web Form: Upload Attachments

Page (continued)

Upload a File

No file selected.

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	Test.pdf	0.0312 MB	Test1

Web Form: Upload Attachments

Page (continued)

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



Uploaded documents must **NOT** contain any PHI or PII. Documents containing PHI or PII will be deleted and not considered as part of the Reconsideration Request.

Web Form: Summary Page

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

Contact Information

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

The red asterisk (*) indicates required fields.

Submitter Contact Information

First Name:	Brie	Last Name:	testceo1
Email Address:	brietestceo1@gmail.com	Job Title:	
Phone Number:	1231231233	Phone Extension:	

Alternate Contact Information

* First Name:	John	* Last Name:	Doe
* Email Address:	testceo1@test.com	* Job Title:	CEO
* Phone Number:	(555) 555-5555	Phone Extension:	

Company Mailing Address

* Address Line 1:	10 Main Street		
Address Line 2:			
* City:	Newtown	* State:	MD
* Zip Code:	11111		

[Edit Contact Information](#)

Web Form: Summary Page (continued)

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



* Do you have additional requests for reconsideration?

Yes No

Exit Save Continue

The screenshot shows a white rectangular form with a torn top edge. It contains a question with a red asterisk, two radio buttons, and three buttons at the bottom. A mouse cursor is pointing at the 'Continue' button.

Web Form: Attester Details Page

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

Attestation

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

Web Form: Attester Details Page

(continued)

- Complete the **Attester Details** section with the following information:

- First Name
- Last Name
- Email Address
- Job Title
- Phone Number
- Phone Extension (optional)

Attester Details ?

* First Name: john * Last Name: doe
* Email Address: testceo1@test.com * Job Title: CEO
* 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 *Wednesday July 31, 2019*. Thereafter, you can only upload additional attachments at the request of CMS.

Back Exit Save Submit

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



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

Web Form: Confirmation Page

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



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

Determination of the Request for Reconsideration

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

Request for Reconsideration: Burden of Proof

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

Issuing a Reconsideration Decision

- Once a decision has been made, CMS will send the company a “Reconsideration Decision” letter.
 - The letter will set forth the decision and explain whether any payment or charge adjustment is required.
 - The letter will also provide information on how the issuer can request an informal hearing before a CMS Hearing Officer if dissatisfied with the Reconsideration Decision.

Interest

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

If	Then
An issuer appeals a RA charge amount and fails to pay the charge in the 30-day timeframe required under 45 CFR 153.610(e),	<ul style="list-style-type: none">• Interest will accrue on the debt.• The issuer will owe the entire charge amount plus interest on the debt if the issuer is unsuccessful in the appeal.
An issuer appeals a RA charge and pays the RA charge within the 30-day timeframe,	<ul style="list-style-type: none">• No interest will accrue.• CMS will refund amounts in accordance with the decision if the issuer is successful in the appeal.

Informal Hearing Before CMS Hearing Officer

Informal Hearing Before a CMS Hearing Officer

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

Informal Hearing Before a CMS Hearing Officer (continued)

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

Informal Hearing Decision

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

CMS Administrator Review

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

CMS Administrator Review

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

CMS Administrator Review (continued)

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

Questions?

To submit or withdraw questions by phone:

- Dial “**star(*)**, **pound (#)**” on your phone’s keypad to ask a question.
 - Dial “**star(*)**, **pound (#)**” on your phone’s keypad to withdraw your question.
- If you did not receive a response to your question during this webinar session, please submit your question to ACAfinancialappeals@cms.hhs.gov.



Upcoming Webinar

Webinar	Scheduled Event Date
EDGE Server Annual Archive Process	July 9, 2019

Resources

Locating Documents in REGTAP

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

Under Program Area, select 'ACA Financial Appeals'

The screenshot shows the REGTAP website interface. At the top, the logo 'REGTAP' is displayed in large white letters on a blue background, with the tagline 'Registration for Technical Assistance Portal' below it. Navigation links include 'My Dashboard', 'Training Events', 'Inquiry Tracking', 'Library', and 'FAQs'. The main content area is titled 'Library'. A 'Filter by:' dropdown menu is open, showing a list of program areas. The 'ACA Financial Appeals' option is highlighted in blue. A red arrow points from the text on the left to this option. Other options in the dropdown include 'Agent Broker', 'Distributed Data Collection for RI and RA/Edge Server Enrollment and Eligibility', 'Event Registration and Logistics', 'HHS-Operated Risk Adjustment Data Validation (RADV) Payments', 'Payments-CSR Reconciliation', 'Payments-Monthly Payment Cycle', 'Payments-Payee Groups', 'Payments-Remittance Message (X12 HIX 820)', 'Payments-Remitting Amounts Due', and 'PM-Rx'. To the right of the dropdown, there is a 'Training Event' section with a search box and a 'Search' button. Below that, a 'Program Area' section is visible, listing 'Qualified Health Plan (QHP)' and 'Enrollment and Eligibility'.

Resources

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

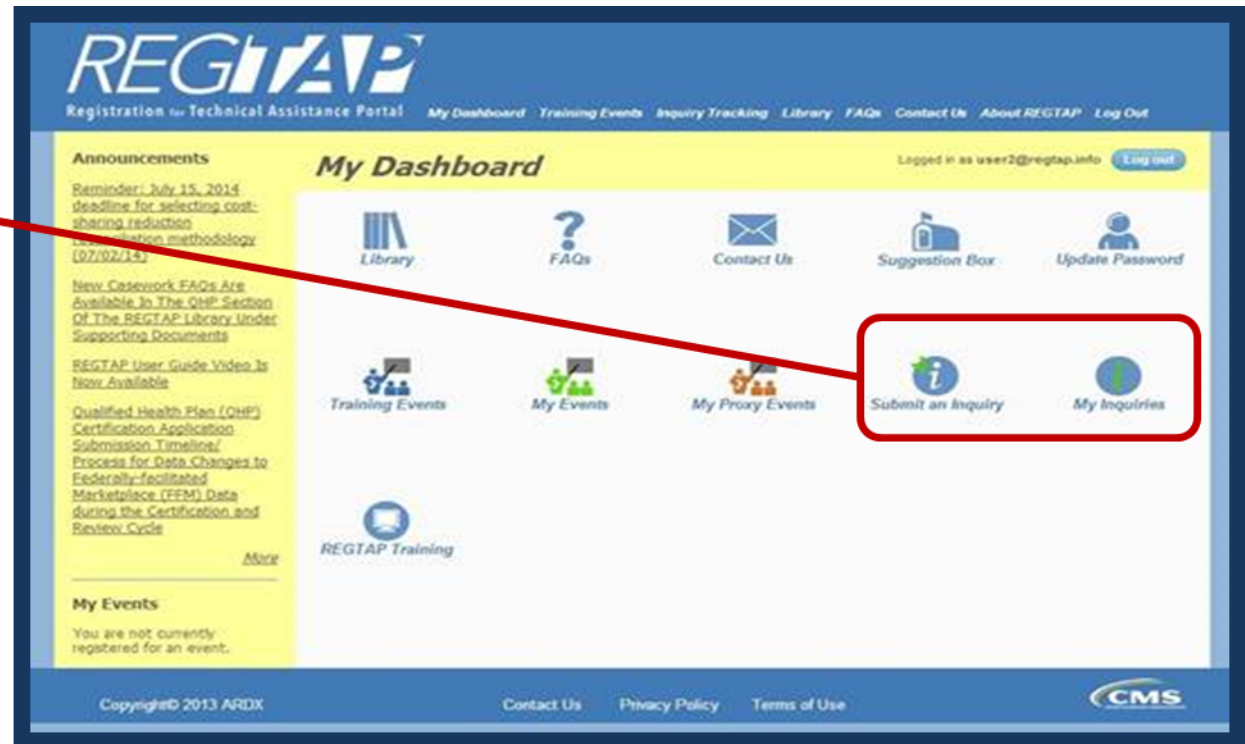
Resources (continued)

Resource	Resource Link
Patient Protection and Affordable Care Act (ACA)	http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html
Standards Related to Reinsurance, Risk Corridors, and Risk Adjustment under the Affordable Care Act	http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf
HHS Notice of Benefit and Payment Parameters for 2014 and Amendments to the HHS Notice of Benefit and Payment Parameters for 2014	http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf
HHS Notice of Benefit and Payment Parameters for 2015	http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf
HHS Notice of Benefit and Payment Parameters for 2016	http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf
HHS Notice of Benefit and Payment Parameters for 2017	https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf
HHS Notice of Benefit and Payment Parameters for 2018	https://www.gpo.gov/fdsys/pkg/FR-2016-12-22/pdf/2016-30433.pdf
HHS Notice of Benefit and Payment Parameters for 2019	https://www.gpo.gov/fdsys/pkg/FR-2017-11-02/pdf/2017-23599.pdf
HHS Notice of Benefit and Payment Parameters for 2020	https://www.govinfo.gov/content/pkg/FR-2019-04-25/pdf/2019-08017.pdf

Inquiry Tracking and Management System (ITMS)

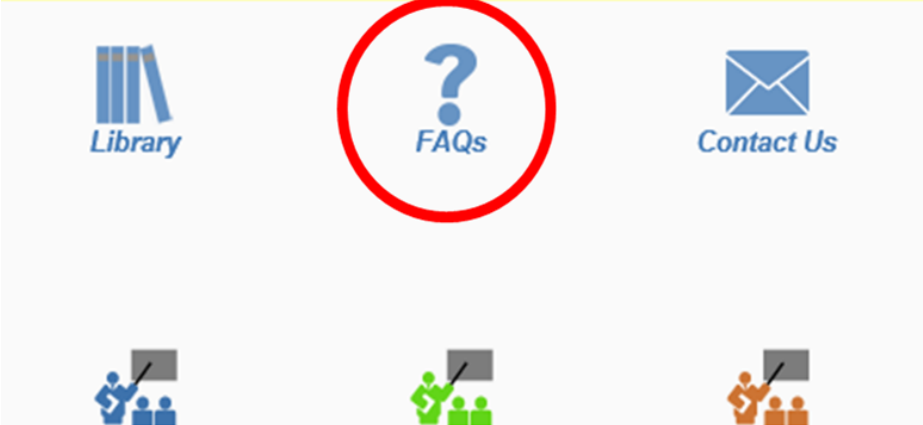
Stakeholders can submit inquiries to ITMS at <https://www.REGTAP.info>

Select 'Submit an Inquiry' from My Dashboard



FAQ Database on REGTAP

My Dashboard



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

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

FAQ ID Enter single FAQ ID or multiple IDs (1-10 or 15,18,87)

Keyword/Phrase

Program Area
Select All
ACA Financial Appeals
Agent Broker
Distributed Data Collection for RI and RA/Edge Server
Enrollment and Eligibility

Primary Category

Secondary Category

Benefit Year

Publish Date
Start Date End Date

FAQs to Display:
 Current FAQs Only
 Retired FAQs Only
 All FAQs (Current and Retired)

Closing Remarks

Closing Remarks

- Immediately following this session you will be directed to complete a survey.
 - Please take a moment to submit any ideas, suggestions, or feedback you may have regarding DDC EDGE Server Series VIII.