

**Whitefield, Christina A. (CMS/CCIIO)**

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**From:** Michelle A. Coulson <redacted>  
**Sent:** Thursday, May 4, 2017 12:46 PM  
**To:** HHS MLR Questions (HHS)  
**Subject:** MLR Instructions Released

Hello-

Recently received the released guidelines and noted that Part 3 Line 1.8 MLR Numerator for PY2 did not look correct.

Could you please confirm that you do not want PY2 column for numerator to do the following.

PY2 - Line 1.2 + 1.3 - 1.4-1.5-1.6-1.7.

Part 3 Line 1.4 -1.7 appear to be missing when we had values for this year and it was the first year to have values.

The denominator has the reference correct with all year columns where it is removing values...Ex: Line 1.1+1.2+1.3 - (1.5+1.6+1.6) for both PY2, PY1 & CY.

Thanks.

*Michelle Ann Coulson*

[redacted]

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## Whitefield, Christina A. (CMS/CCIIO)

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**From:** Michelle A. Coulson <redacted>  
**Sent:** Monday, April 24, 2017 2:31 PM  
**To:** HHS MLR Questions (HHS) <MLRQuestions@cms.hhs.gov>  
**Subject:** MLR HHS for July: MLR Part 4 and What is Prior Years?  
**Importance:** High

Hello –

We are trying to get some clarification on 2015 instructions, I don't believe this will change. But last year the 2015 MLR instructions dated on page 53 are not clear on what years to include, while the prior letters indicate previous MLR reporting year (a–f), letters g through I indicate years, implying more than 1. Would this be for all years that had rebate or just 3 year (2013–2016) or 1 year (ie 2015) or some combination? Let me know.

Line 4.g – Amount of unclaimed rebates from the prior MLR reporting years

Report rebate checks issued but not presented for payment. Report the amount of rebates owed based on the previous MLR reporting years which remain unpaid because the issuer was unable, after making a good faith effort, to locate a former policyholder or subscriber, and which have not yet been escheated or otherwise disbursed.

Line 4.h – Describe the methods used to locate policyholders/subscribers to distribute the prior MLR reporting years' unclaimed rebates

Line 4.i – Disbursement method of the prior MLR reporting years' unclaimed rebates

Describe the method used to disburse the prior MLR reporting years' unclaimed rebates.

Thanks.

*Michelle Ann Coulson*

[redacted]

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**Whitefield, Christina A. (CMS/CCIIO)**

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**From:** Warriner, Krissy <redacted>  
**Sent:** Wednesday, May 24, 2017 3:48 PM  
**To:** HHS MLR Questions (HHS); CMS ACA Risk Corridors  
**Cc:** Kondroik, Laura  
**Subject:** 2016 MLR and RC instruction/ form questions  
**Attachments:** CMS-10418 - 2016 MLR Form Instructions 2017-x.pdf

We have a couple of questions on the draft 2016 MLR / RC forms and instructions that were released on May 3, 2017, and were instructed to send our questions to these mailboxes.

- 1) Will the final MLR and RC instructions / forms and the Final MLR Calculator tool be released before the comment period ends on July 3, 2017, or not until after the comment period closes?
- 2) For the MLR instructions (attached), on PDF page 42/63 – Part 3, Line 1.4 - Reconciled Payments of Cost-Sharing Reductions - the new wording for PY2 and PY1 indicates to include the amounts “as reconciled in 2016” for both years. However, CSR for 2014 and/or 2015 can be re-submitted in 2017. We believe the wording should be updated to allow the use of the new cost-sharing reductions amounts for 2014 and 2015, as reconciled in 2016, or 2017, if re-submitted.
- 3) For the MLR instructions (attached), on PDF page 43/63 – Part 3, Line 1.5 - Federal Transitional Reinsurance Program payments – the new wording for the RC column indicates to calculate the amount to enter into the form in the RC column as the 2016 amount (as reported to the issuer by CMS on June 30, 2017), minus the difference between the reinsurance amount for the 2015 benefit year reported on the 2015 MLR form, and the amount that was actually paid to the issuer for the 2015 benefit year. However, we believe the wording should be updated to also allow an adjustment for the difference between the reinsurance amount for the 2014 benefit year reported on the 2015 MLR form (since last year we already made updates to the amount that was originally used in the 2014 MLR filing), and the amount that was actually paid to the issuer for the 2014 benefit year
- 4) For the MLR instructions (attached), on PDF page 43/63 – Part 3, Line 1.6 – Net Federal Risk Adjustment Program payments or charges – the new wording for the RC column indicates to calculate the amount to enter into the form as the 2016 amount (as reported to the issuer by CMS on June 30, 2017), minus the difference between the risk adjustment amount for the 2015 benefit year reported on the 2015 MLR form, and the amount that was actually paid to the issuer for the 2015 benefit year. However, we believe the wording should be updated to also allow an adjustment for the difference between the risk adjustment amount for the 2014 benefit year reported on the 2015 MLR form (since last year we already made updates to the amount that was originally used in the 2014 MLR filing), and the amount that was actually paid to the issuer for the 2014 benefit year

Thank-you, we appreciate your assistance with resolving these questions.

Sincerely,

**Krissy Warriner, CPA**  
[redacted]

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**Whitefield, Christina A. (CMS/CCIIO)**

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**From:** Brucker, Kimberly <redacted>  
**Sent:** Tuesday, May 30, 2017 3:29 PM  
**To:** HHS MLR Questions (HHS)  
**Subject:** Aetna MLR Question - Col. 2A/7A

I want to confirm my understanding on the 2016 MLR and Risk Corridor reporting form draft instructions. Based on our understanding, if an issuer ended up receiving more reinsurance or risk adjustment dollars for benefit year 2015 than was reported in the 2015 filing, then column 2A/7A [RC] will end up being greater than column 2. For example, if we have the below reinsurance amounts:

2016: \$3M  
2015 reported: \$1M  
2015 cash received: \$1.5M

Then the 3/31 column is \$3M and the [RC] column is  $\$3M - (\$1M - \$1.5M) = \$3.5M$

Thank you.

*Kim Brucker*  
[redacted]

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**Whitefield, Christina A. (CMS/CCIIO)**

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**From:** Yue, Selene <redacted>  
**Sent:** Tuesday, June 13, 2017 3:15 PM  
**To:** HHS MLR Questions (HHS)  
**Subject:** Question: Part 3 Row 6.6 Calculation

Hi Everyone:

Hope you are well. Regarding the newly introduced Part 3, row 6.6, I have a quick question relating to Student Health Business:

In the 2015 Student Health filing, a numerator adjustment of 1.15 was used in Part 3/Row 1.9/PY2 column, which flowed into the calculation of loss ratios in line 5.1 for PY2 — but row 1.9/total column did not use the 1.15 adjustment per regulations, so instead it is the consolidated value of what's in rows 1.2 and 1.3 for all 3 years.

For the purpose of this rebate allocation, should we recalculate line 5.1 for PY1 using the numerator without the load (i.e., line 1.2 + 1.3)?

Please let me know if you need any clarifications.

Thanks so much!

**Yuan Yue (Selene), FSA, MAAA**

**[redacted]**

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**From:** Cuozzo, Lisa M. (CMS/CCIIO)  
**Sent:** Wednesday, July 5, 2017 7:12 PM  
**To:** Whitefield, Christina A. (CMS/CCIIO)  
**Subject:** RE: FDMS help

## PUBLIC SUBMISSION

**As of:** 7/5/17 7:11 PM  
**Received:** June 27, 2017  
**Status:** Draft  
**Tracking No.** 1k1-8x72-nung  
**Comments Due:** July 03, 2017  
**Submission Type:** Web

**Docket:** CMS-2017-0063

Annual MLR and Rebate Calculation Report and MLR Rebate Notices (CMS-10418)

**Comment On:** CMS-2017-0063-0001

Agency Information Collection Activities; Proposals, Submissions, and Approvals

**Document:** CMS-2017-0063-DRAFT-0001

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### Submitter Information

**Name:** Patricia Bertelsen

**Address:** [redacted]

**Email:** [redacted]

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### General Comment

I have used the ACA since it began. I have found affordability and services to be excellent. I find no reason to cut any regulations. I think a regulation should be added that negotiates drug prices with drug companies. I have talked to many individuals about the ACA and I have never heard a negative comment from those receiving its benefits. I have heard people who were unable to get insurance because of pre-existing conditions be finally secure in their futures. I myself knew that I would not be bankrupted by medical costs because of the ACA. I was able to keep my daughter on my plan which allowed her to follow her dreams. I have talked to people who have saved money on insurance from the private marketplace and on services like vaccines and wellness care which were finally covered by insurance. I have heard of saved lives and less anxiety about the future because of the ACA. Others started a business because they no longer needed to be dependent upon an employers insurance plan.

Medicaid expansion has been a lifesaver for many Americans. The cuts in Medicaid are unconscionable as it is the last resort for the elderly, the disabled, children and the poor. I have known too many old people who spend

every penny they saved and will be on the street without the nursing home or health aide benefits Medicaid provides. Who will take care of these people? I read one disabled person's comments yesterday who said maybe I need a gun. Suicide is not the solution American healthcare policy should necessitate.

Healthcare is one-fifth of the American economy. The cuts envisioned by the ACHA will devastate this segment. How many rural hospitals will stop providing service? How many jobs will be lost?