

# Module 3: 2015 Reinsurance Contributions Program Form Completion, Submission and Payment

**September 23, 28 and 30, 2015**



Payment Policy & Financial Management Group,  
Division of Reinsurance Operations Training Series

# Session Guidelines

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

# Objectives

- How to register on Pay.gov
- How to locate and complete the “2015 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form” (Form)
- How to determine if Supporting Documentation is required for a submission
- How to schedule a reinsurance contribution payment

# Agenda

- Overview of the Transitional Reinsurance Program
- Reinsurance Contributions Submission Process
- Notable Updates for the 2015 Benefit Year
- Data needed to complete the Form for the 2015 Benefit Year
- Registering on Pay.gov
- 2015 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form
- Key Deadlines for the 2015 Benefit Year
- Next Steps

# Intended Audience

- Health insurance issuers
- Self-insured group health plans
- Third Party Administrators (TPAs)
- Administrative Services-Only (ASO) Contractors

# Transitional Reinsurance Program Overview

The Transitional Reinsurance Program is:

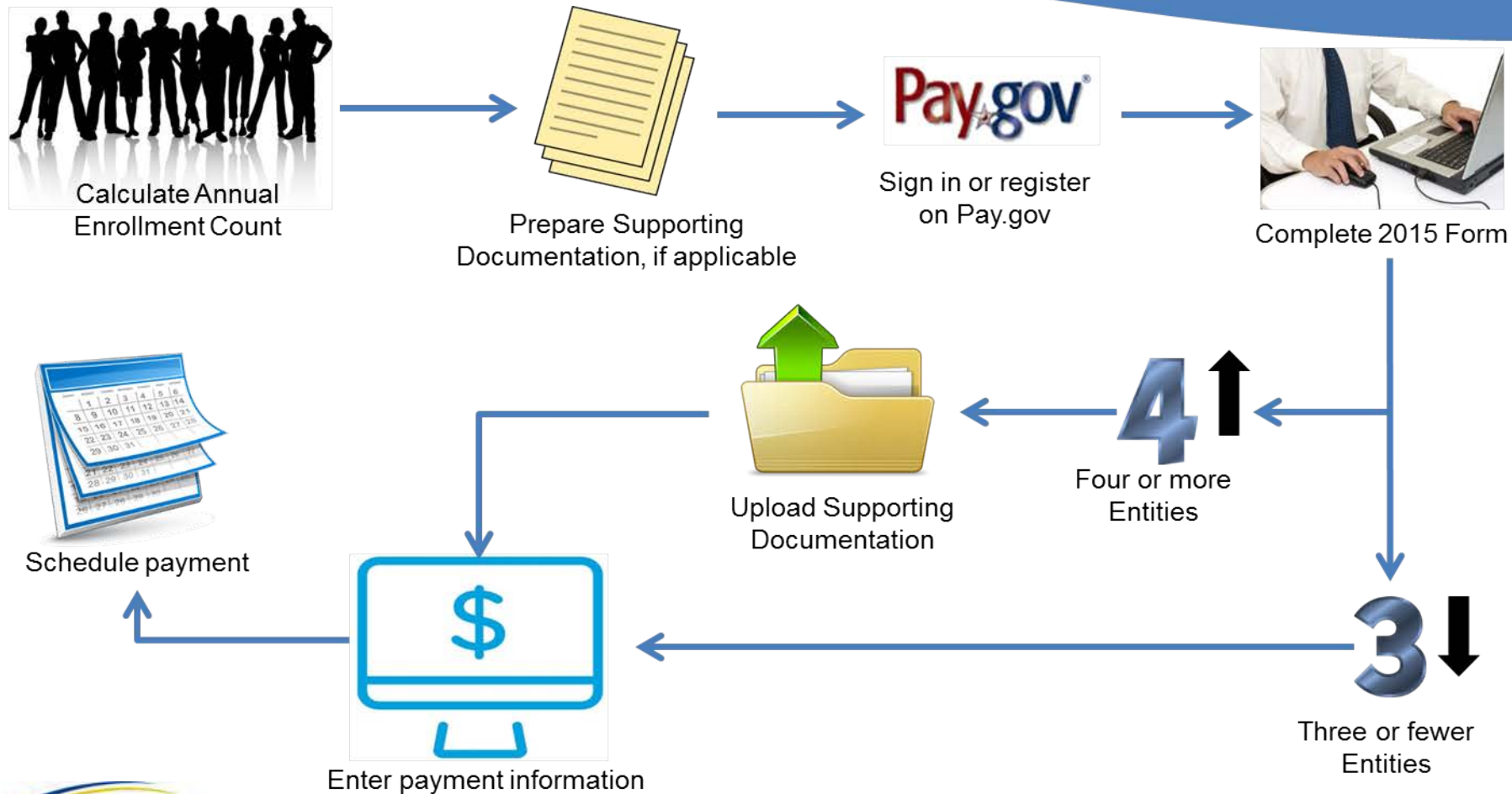
- A temporary program established by Section 1341 of the Affordable Care Act (ACA) to help stabilize premiums in the individual market
- Contributions are required for the 2014, 2015, and 2016 benefit years
- Contributions are used for reinsurance payments to issuers of non-grandfathered reinsurance-eligible individual market plans, the administrative costs of operating the reinsurance program, and the General Fund of the U.S. Treasury

# Reinsurance Contribution Submission Process

The Department of Health and Human Services (HHS) implemented a streamlined approach, through Pay.gov, to complete the reinsurance contribution submission process which offers:

- A simplified method for Contributing (or Reporting) Entities to register and submit their annual enrollment count, be notified of the contribution amount owed, and remit contributions
- A secure, web-based application owned by the Federal Government
- A platform for external parties to submit forms online and make online payments to government agencies

# Contributions Submission Process





# 2015 Benefit Year Updates

Updates	
<b>Definition of Contributing Entity</b>	<p><b>Self-insured, self-administered group health plans that do <i>not</i> use a TPA in connection with claims processing or claims adjudication or plan enrollment are NOT required to make contributions.*</b></p> <p><b>*Exceptions permit the use of TPAs for: (a) pharmacy benefits and/or excepted benefits; (b) de minimis administrative services for medical benefits; and/or (c) leasing of provider networks and related services</b></p>
<b>2015 Uniform Contribution Amount</b>	<p>The uniform contribution amount for the 2015 benefit year is \$44.00 per reinsurance covered life.</p>
<b>Supporting Documentation</b>	<p>Only required for Form submissions with four or more Contributing Entities.</p>

# Information Needed Before Completing the Form

## The Form Requires:

Reporting Entity Legal Business Name (LBN)

Reporting Entity Federal Tax Identification Number (TIN)

Reporting Entity Billing Contact Name, Title, Email Address, and Phone Number

Reporting Entity Billing Address

Reporting Entity Contact for Submission Name, Title, Email Address, and Phone Number

Contributing Entity 2015 Annual Enrollment Count

Authorizing Official Name, Title, Email Address, and Phone Number

# Information Needed Before Completing the Form (Continued)

## Payment Scheduling Requires:

Account Holder Name

Account Type (checking or savings)

Bank Routing Number

Bank Account Number



**NOTE**

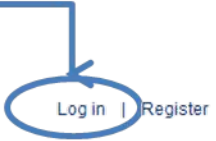
Payment of contributions may only be made on Pay.gov using an Automated Clearing House (ACH) debit. You may need to contact your bank to add the ALC+2 value for the ACH debit transaction.

# Registering on Pay.gov

# Pay.gov Home Page – Log In

## Log In to Pay.gov

If you previously registered in Pay.gov and have not logged in since 2014, you will be required to update your password.



Find Forms, Agencies...   [MAKE A PAYMENT](#) [FIND AN AGENCY](#) [ONLINE HELP](#)

### Welcome to Pay.gov

Pay.gov is the convenient and fast way to make secure electronic payments to Federal Government Agencies. Many common forms of payment are accepted, including credit cards, debit cards, and direct debit.

Click on a link below or use the search box above to get started.

[Make a Payment](#)



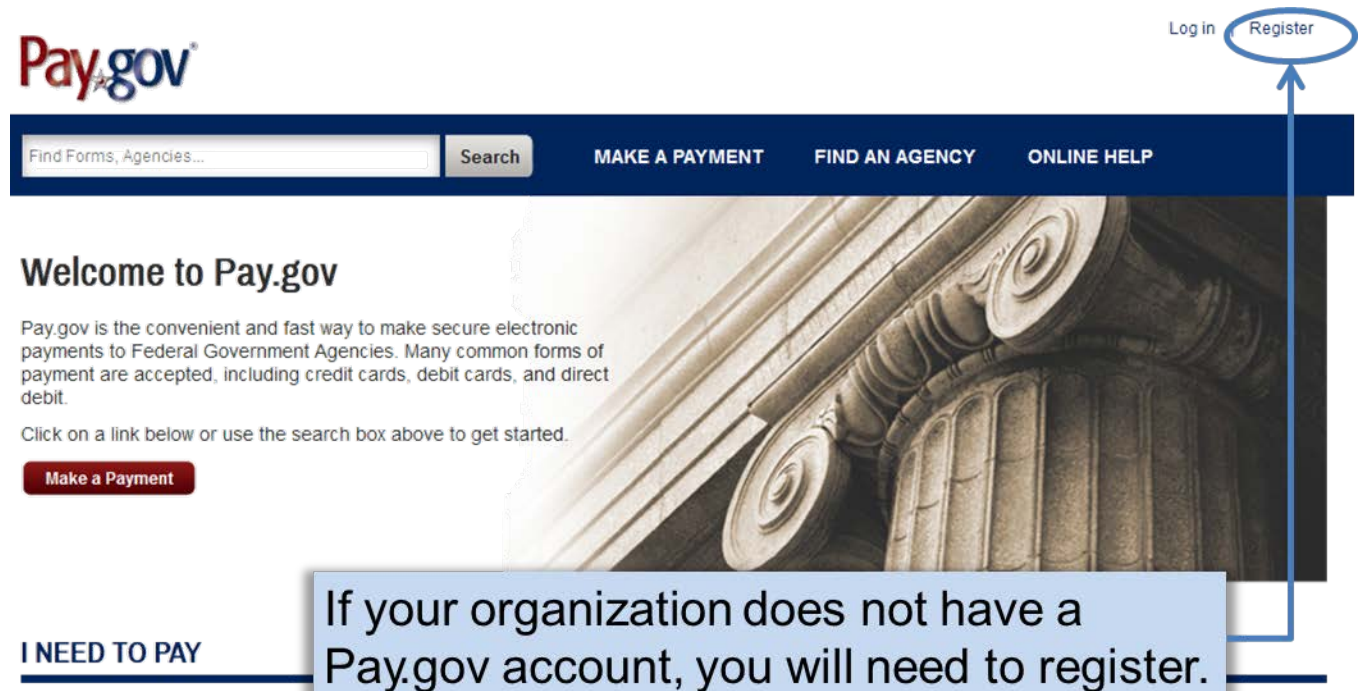
[I NEED TO PAY](#)

[COMMON PAYMENTS](#)



# Pay.gov Home Page - Register

## Create a Pay.gov Account:



The screenshot shows the Pay.gov home page. At the top right, there are links for "Log in" and "Register". The "Register" link is circled in blue, and a blue arrow points from a text box below to it. The main navigation bar includes a search box with the text "Find Forms, Agencies..." and a "Search" button, followed by links for "MAKE A PAYMENT", "FIND AN AGENCY", and "ONLINE HELP". Below the navigation bar, there is a "Welcome to Pay.gov" section with a description of the service and a "Make a Payment" button. At the bottom left, there is a link for "I NEED TO PAY".

Pay.gov

Log in Register

Find Forms, Agencies... Search MAKE A PAYMENT FIND AN AGENCY ONLINE HELP

**Welcome to Pay.gov**

Pay.gov is the convenient and fast way to make secure electronic payments to Federal Government Agencies. Many common forms of payment are accepted, including credit cards, debit cards, and direct debit.

Click on a link below or use the search box above to get started.

[Make a Payment](#)

[I NEED TO PAY](#)

If your organization does not have a Pay.gov account, you will need to register.

# Pay.gov Registration Page

## Register for a Pay.gov Account:



Find Forms, Agencies...  Search [MAKE A PAYMENT](#) [FIND AN AGENCY](#) [ONLINE HELP](#)

### Register for a Pay.gov Account

Please enter the following information to create your account. After you have provided all the necessary data, please click the Register Account button. You will then be redirected to the Log in page where you will log in to gain access to Pay.gov. Required fields are marked with an \* .

<b>* First Name</b> <input type="text"/>	<b>* Address</b> <input type="text"/>
<b>* Last Name</b> <input type="text"/>	<b>Address 2</b> <input type="text"/>
<b>* Username</b> <input type="text"/>	<b>* City</b> <input type="text"/>
<b>* Email Address</b> <input type="text"/>	<b>* Country</b> <input type="text"/>
<b>* Confirm Email Address</b> <input type="text"/>	<b>State/Province</b> <input type="text"/>
<b>* Password</b> <input type="text"/>	<b>ZIP/Postal Code</b> <input type="text"/>
<b>* Confirm Password</b> <input type="text"/>	<b>* Phone Number</b> <input type="text"/>

### Need Help?

Customer Service



Contact: Pay.gov Customer Service

Email: [Click to email](#)

Phone: 800-624-1373 or 216-579-2112





# Pay.gov Registration Page (Continued)

The screenshot displays the registration form with the following fields and values:

- First Name:** Linda
- Last Name:** Jenkins
- Username:** Ljenkins
- Email Address:** Ljenkins@gfinsurance.com
- Confirm Email Address:** Ljenkins@gfinsurance.com
- Password:** \*\*\*\*\*
- Confirm Password:** \*\*\*\*\*
- Address:** 8270 Corporate Road
- Address 2:** Ste. 200
- City:** Valspar
- Country:** United States
- State/Province:** Virginia
- ZIP/Postal Code:** 23841
- Phone Number:** 703-284-8517
- Company Name:** Great Farms Insurance
- Company Address:** 8270 Corporate Road
- Company Address 2:** Ste. 200
- Company City:** Valspar
- Company Country:** United States
- Company State/Province:** Virginia

Additional form elements include a secret question (What is your favorite sports team?) and a shared challenge question (What was the model of your first car?).

- Once the required fields of the registration page are complete, the company name and company address information can be entered.
- This information will pre-populate in the Form if completed during registration.



# Pay.gov: Important Notes

## Pay.gov Notes:

Only create one (1) Pay.gov account for your organization to complete the Contributions Submission process.

- For example, the TPA or ASO contractor creates **ONLY** one (1) Pay.gov account to submit the Annual Enrollment Count and contribution on behalf of one (1) or more Contributing Entities.
- Multiple Pay.gov accounts per Legal Business Name (LBN) or Tax Identification Number (TIN) should **NOT** be created.

Pay.gov does not limit the number of Forms filed or bank accounts used under one (1) Pay.gov account.

- However, each Form submission is limited to one (1) bank account per Contribution payment

Submit inquiries to [reinsurancecontributions@cms.hhs.gov](mailto:reinsurancecontributions@cms.hhs.gov).



If your inquiry is specific to your Pay.gov user account, contact Pay.gov directly.

# The Form: Tips and Help Options

## Form Tips and Help Options



Select any of the blue question mark icons throughout the Form to open a description of a field and its options, if applicable.

### Roll-over Tool Tips

Example:

Use your mouse to point to a field within the Form to reveal roll-over tool tips that provide brief explanations of the field requirements.

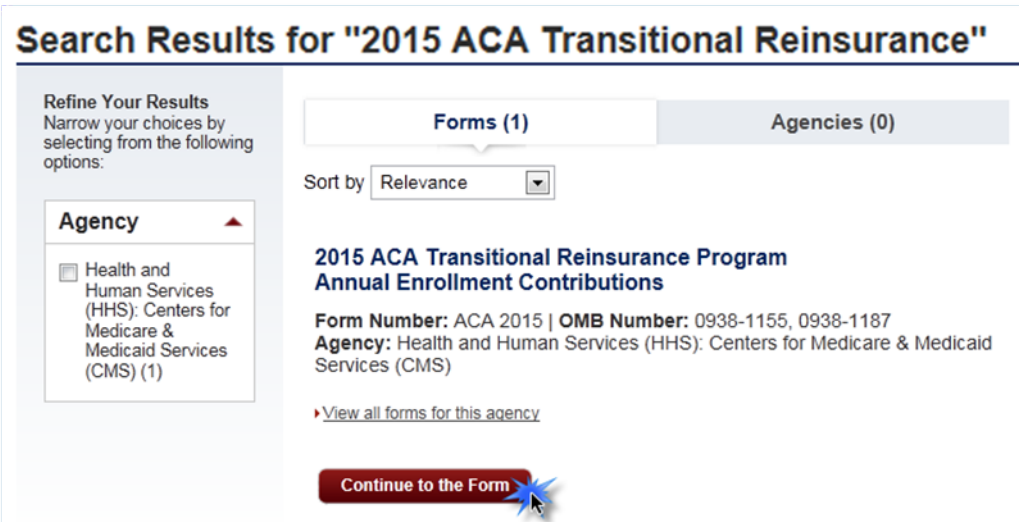
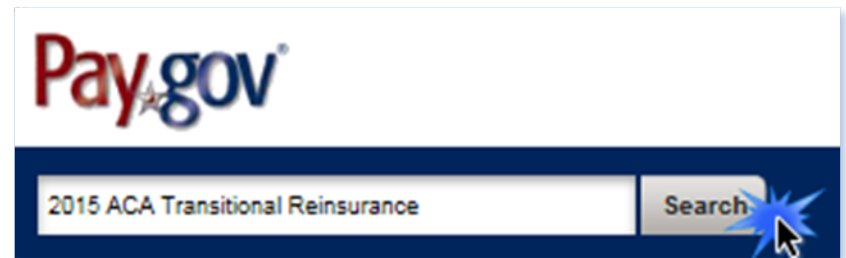
Selecting “Need Help?” opens a document with links to the Transitional Reinsurance Program Resources and FAQs for the Form.

# **2015 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form**

# How to Locate the Form

## Find the 2015 Form:

Once logged into Pay.gov, use the search terms “**2015 ACA Transitional Reinsurance**” to access the Form to file the Annual Enrollment Count and schedule the contribution payment(s).



# The Form: Initial Page

If the Company Information was completed within the Pay.gov profile, the 'Legal Business Name (LBN),' 'Billing Address' and 'Contact for Submission' will pre-populate the Form.

If not, complete the Form with the respective Reporting Entity information.

## 2015 ACA Transitional Reinsurance Program Annual Enrollment Contributions

Before You Begin 1 Complete Agency Form 2 Enter Payment Info 3 Review & Submit 4 Confirmation

### ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

[Need Help?](#)



\* Required Fields

Current Date: 07/23/2015

\* Legal Business Name (LBN): Raven Health

\* Federal Tax ID Number:

#### Billing Contact

\* First Name: \* Last Name: \* Job Title:

\* Email Address: \* Telephone: Ext:

#### Billing Address

\* Line 1: 5221 Champion Dr. Line 2: Suite 100

\* City: Baltimore \* State: Maryland \* Zip Code: 21244

#### Contact for Submission

\* First Name: Janice \* Last Name: Abbott \* Job Title:

\* Email Address: jabbott@ravenhealth.com \* Telephone: (410) 555-5555 Ext:

\* Are you reporting for more than three (3) Contributing Entities? ?  Yes  No

\* Are you both the Reporting Entity and Contributing Entity? ?  Yes  No



# 2015 Form Questions

## 2015 Form Questions:

On the 2015 Form, the following new questions will appear to help determine if Supporting Documentation is required for a submission.

- \* Are you reporting for more than three (3) Contributing Entities? ?  Yes  No
- \* Are you both the Reporting Entity and Contributing Entity? ?  Yes  No

If you are reporting for:

**3** ↓

Three or fewer Entities

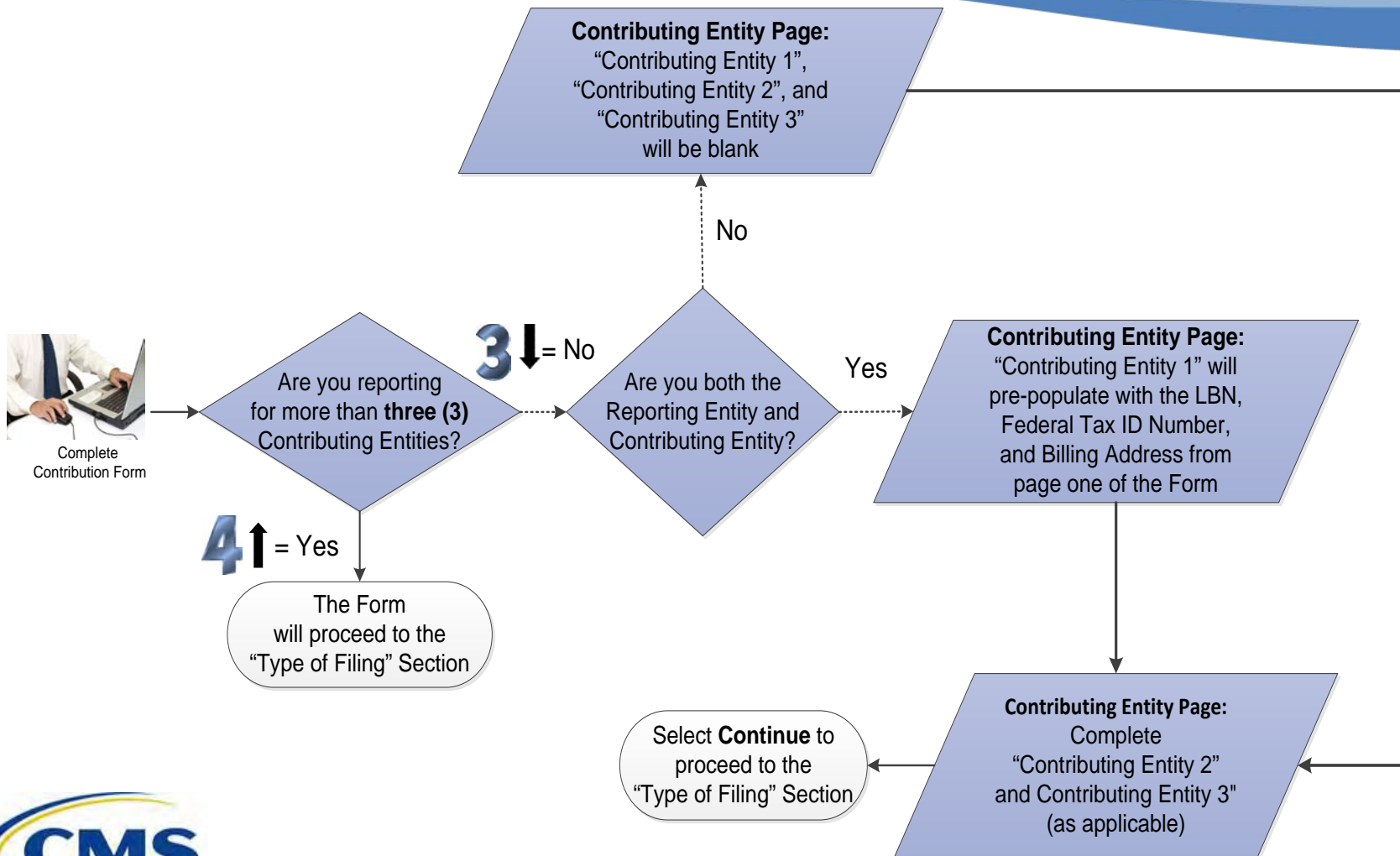
The Supporting Documentation (.CSV) file is **NOT** required.

**4** ↑

Four or more Entities

The Supporting Documentation (.CSV) file **IS** required.

# 2015 Form Questions Flowchart



# 2015 Form Questions Response Options

If you are reporting for four or more Contributing Entities, select **Yes** for the first question.

\* Are you reporting for more than three (3) Contributing Entities? ?  Yes  No  
Are you both the Reporting Entity and Contributing Entity? ?  Yes  No

- The second question does not apply if you are reporting for four or more Contributing Entities.
- Select **Continue** to advance to the “Type of Filing” section of the Form.



# 2015 Form Questions Response Options

(Continued)

If you are reporting for three or fewer Contributing Entities, select **No** for the first question.

\* Are you reporting for more than three (3) Contributing Entities? ?  Yes  No

\* Are you both the Reporting Entity and Contributing Entity? ?  Yes  No

If you are the Reporting Entity and the Contributing Entity, select **Yes** for the second question.

- Select **Continue** to advance the Form to the “Contributing Entity” page.
  - On the “Contributing Entity” page “Contributing Entity 1” will pre-populate with the Legal Business Name (LBN), Federal Tax ID Number, and Billing Address from the Pay.gov profile – this field is editable.
  - “Contributing Entity 2” and “Contributing Entity 3” will be blank.

# The Form: Pre-populated Contributing Entity Page

Contributing Entity 1 is pre-populated.

Contributing Entity 2 and Contributing Entity 3 are available for completion.

Contributing Entity 1:

- Legal Business Name (LBN): Raven Health  
\* Federal Tax ID Number: 12-3456789 \* Organization Type:

Billing Address  
\* Line 1: 493 Desert Broom Court Line 2:   
\* City: Jersey City \* State: New Jersey \* Zip Code: 73060  
\* Domiciliary State:   
\* Benefit Year: 2015 - Annual Enrollment Count for the applicable benefit year:   
\* Indicate Type of Contributing Entity:  ?  
\* Other Type:

Contributing Entity 2:

Legal Business Name (LBN):   
Federal Tax ID Number:  Organization Type:

Billing Address  
Line 1:  Line 2:   
City:  State:  Zip Code:   
Domiciliary State:   
Benefit Year: 2015 Annual Enrollment Count for the applicable benefit year:   
Indicate Type of Contributing Entity:  ?  
\* Other Type:

Contributing Entity 3:

Legal Business Name (LBN):   
Federal Tax ID Number:  Organization Type:

Billing Address  
Line 1:  Line 2:   
City:  State:  Zip Code:   
Domiciliary State:   
Benefit Year: 2015 Annual Enrollment Count for the applicable benefit year:   
Indicate Type of Contributing Entity:  ?  
\* Other Type:

Back Continue

Save PDF Preview

# 2015 Form Questions Response Options

(Continued)

If you are reporting for three or fewer Contributing Entities, select **No** for the first question.

- \* Are you reporting for more than three (3) Contributing Entities? ?  Yes  No
- \* Are you both the Reporting Entity and Contributing Entity? ?  Yes  No

If you are not the Reporting Entity and the Contributing Entity, select **No** for the second question.

- Select **Continue** to advance the Form to the “Contributing Entity” page.
- Contributing Entity 1, Contributing Entity 2, and Contributing Entity 3 will be blank for completion.

# The Form: Blank Contributing Entity Page

Contributing Entity 1,  
Contributing Entity 2,  
and  
Contributing Entity 3  
are available for  
completion.

Contributing Entity 1:

\* Legal Business Name (LBN): \_\_\_\_\_

\* Federal Tax ID Number: \_\_\_\_\_ \* Organization Type: \_\_\_\_\_

Billing Address

\* Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Domiciliary State: \_\_\_\_\_

\* Benefit Year: 2015 \* Annual Enrollment Count for the applicable benefit year: \_\_\_\_\_

\* Indicate Type of Contributing Entity: \_\_\_\_\_ ?

Other Type: \_\_\_\_\_

Contributing Entity 2:

Legal Business Name (LBN): \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Organization Type: \_\_\_\_\_

Billing Address

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Domiciliary State: \_\_\_\_\_

Benefit Year: 2015 Annual Enrollment Count for the applicable benefit year: \_\_\_\_\_

Indicate Type of Contributing Entity: \_\_\_\_\_ ?

Other Type: \_\_\_\_\_

Contributing Entity 3:

Legal Business Name (LBN): \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Organization Type: \_\_\_\_\_

Billing Address

Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Domiciliary State: \_\_\_\_\_

Benefit Year: 2015 Annual Enrollment Count for the applicable benefit year: \_\_\_\_\_

Indicate Type of Contributing Entity: \_\_\_\_\_ ?

Other Type: \_\_\_\_\_

Back Continue

Save PDF Preview

# The Form Contributing Entity Page (Continued)

## The Contributing Entity Page Requires:

Contributing Entity Legal Business Name (LBN)

Contributing Entity Tax Identification Number (TIN)

Organization Type (For-Profit or Non-Profit)

Contributing Entity Billing Address

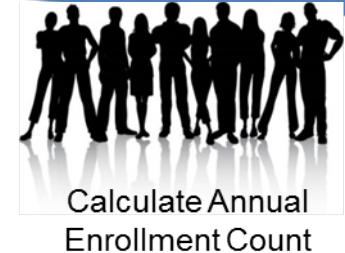
Contributing Entity Domiciliary State

Benefit Year (this field pre-populates with '2015')

Annual Enrollment Count

Contributing Entity Type

# The Form: Contributing Entity Page (Continued)



## Annual Enrollment Count:

- Calculate the Annual Enrollment Count using one (1) of the permissible counting methods set forth in 45 CFR 153.405.
  - The Annual Enrollment Count includes all non-exempted reinsurance covered lives subject to reinsurance contributions for the 2015 Benefit Year.
- Enter the Annual Enrollment Count for each Contributing Entity.

2015 contribution amount = (2015 Annual Enrollment Count) x (\$44.00)

# The Form: Contributing Entity Page (Continued)

Contributing Entity 1:

\* Legal Business Name (LBN): Raven Health  
\* Federal Tax ID Number: 12-3456789 \* Organization Type: For Profit

Billing Address  
\* Line 1: 5221 Champion Dr. Line 2: Suite 100  
\* City: Baltimore \* State: Maryland \* Zip Code: 21244  
\* Domiciliary State: Maryland  
\* Benefit Year: 2015 \* Annual Enrollment Count for the applicable benefit year: 525.25  
\* Indicate Type of Contributing Entity: Health Insurance Issuer

Annual Enrollment Counts are entered for each Contributing Entity.

\* Organization Type: \_\_\_\_\_

Billing Address  
\* Line 1: 4500 West Highway Line 2: Suite 210  
\* City: Philadelphia \* State: Pennsylvania \* Zip Code: 23456  
\* Domiciliary State: Pennsylvania  
\* Benefit Year: 2015 \* Annual Enrollment Count for the applicable benefit year: 650.50  
\* Indicate Type of Contributing Entity: \_\_\_\_\_ ?  
Other Type: \_\_\_\_\_

Contributing Entity 3:

Legal Business Name (LBN): \_\_\_\_\_  
Federal Tax ID Number: \_\_\_\_\_ Organization Type: \_\_\_\_\_

Billing Address  
Line 1: \_\_\_\_\_ Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Domiciliary State: \_\_\_\_\_  
Benefit Year: 2015 \* Annual Enrollment Count for the applicable benefit year: \_\_\_\_\_  
Indicate Type of Contributing Entity: \_\_\_\_\_ ?  
Other Type: \_\_\_\_\_

The Benefit Year pre-populates to "2015" and cannot be changed.





# The Form: Type of Filing Page

Type of Filing ?

New   
  Re-Filing   
  Resubmission   
  Invoice

Type of Payment ? (All payment types must be filed and scheduled by November 15th of the Benefit Year)

First Collection - Contribution for Program Payments and Program Administration Funds (Regulatory Payment Due Date - January 15, 2015)  
 Second Collection - Contribution for General Fund of the US Treasury (Regulatory Payment Due Date - November 15, 2015)  
 Combined Collection - First Collection + Second Collection (as described above) (Regulatory Payment Due Date - January 15, 2015)

Benefit Year for Reporting Gross Annual Enrollment Count ..... 2015

Total Applicable Benefit Year Contribution Rate ..... [input] ?

Annual Enrollment Count ..... [input] ?

Verify Annual Enrollment Count ..... [input] ?

Contribution Rate for Program Payments and Program Administration Funds ..... [input] ?

Contribution Amount Due for Program Payments and Program Administration Funds ..... [input] ?

Contribution Rate for General Fund of the US Treasury ..... [input] ?

Contribution Amount Due for General Fund of the US Treasury ..... [input] ?

Total Contributions Due for the Applicable Benefit Year ..... [input] ?

Previous Pay.gov Tracking ID ..... [input] ?

Invoice Number ..... [input] ?

Verify Invoice Number ..... [input] ?

Invoice Payment Amount ..... [input] ?

Annual Enrollment Count ..... [input] ?

Verify Annual Enrollment Count ..... [input] ?

The Annual enrollment count entered in this Form is accurate and matches the aggregate enrollment count by entity in the Supporting Documentation, if applicable.

Acknowledgment: My acknowledgment is on behalf of my organization and the contributing entity or entities for which the data and accompanying payment(s) are being submitted. My acknowledgment legally and financially binds my organization and each contributing entity to the applicable laws, regulations and program instructions of the Affordable Care Act (ACA). By my submission, I certify that the data are true, correct and complete. If my organization or any contributing entity becomes aware that data are untrue, incorrect or incomplete, CMS shall be promptly informed. If CMS identifies a discrepancy or has questions about the data being submitted, I agree to be the contact for responding to such questions. 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, but is not limited to, the transitional reinsurance program established under Section 1341 of the Affordable Care Act.

Authorizing Official for Reporting Entity's Acknowledgment

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_ \* Job Title: \_\_\_\_\_

\* Email Address: \_\_\_\_\_ \* Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

This page of the Form opens:

**After...**

Completing the Contributing Entity Page and selecting **Continue.**

**or**

Choosing to report for more than **three (3)** Contributing Entities and selecting **Continue.**





# The Form: Type of Filing Section

Select **New** for a new **2015** filing.

\* Type of Filing ?

New

Re-Filing

Resubmission

Invoice



NOTE

Even if you filed a Form in 2014, you will need to select **New** for the 2015 Form.

# The Form: Type of Payment Section

## Payment Options:

- **Two-Part Contribution**
  - First Collection – Contribution for Program Payments and Administration Funds (\$33.00)
  - Second Collection – Contribution for General Fund of the US Treasury (requires a second Form filing) (\$11.00)
- **Combined Collection** – First Collection + Second Collection = Combined Collection (full contribution in one payment) (\$44.00)

### Type of Payment ?

- |          |   |  |
|----------|---|--|
| Option 1 | → | <input type="checkbox"/> First Collection - Contribution for Program Payments and Program Administration Funds (Regulatory Due Date - January 15, 2016)<br><input type="checkbox"/> Second Collection - Contribution for General Fund of the US Treasury (Regulatory Due Date - November 15, 2016) |
| Option 2 | → | <input type="checkbox"/> Combined Collection - First Collection + Second Collection (as described above) (Regulatory Due Date - January 15, 2016)  |

# The Form: Type of Payment

## Payment Option 1: Two-part Contribution

A two-part contribution:

- Duplication of the Form used for the First Collection on Pay.gov allows for ease of filing the second Form submission as the Second Collection.
- Both the First Collection and Second Collection **must be filed** no later than the November 16, 2015.



The First Collection payment is due by January 15, 2016 and the Second Collection payment is due by November 15, 2016.

# The Form: Type of Payment (Continued)

## **Payment Option 2: Combined Collection**

Select Combined Collection to file for the full contribution no later than the November 16, 2015, with payment due by January 15, 2016 reflecting \$44.00 per covered life.

**Combined Collection = First Collection + Second Collection**

# The Form: Annual Enrollment Count

## Annual Enrollment Count:

- If reporting for **three (3) or fewer** Contributing Entities, this field is pre-populated with the sum of the Annual Enrollment Counts entered on the Contributing Entity Page.
- If reporting for **four (4) or more** Contributing Entities, this field will be blank.
  - Enter the sum of the Annual Enrollment Counts for all Contributing Entities included in the Supporting Documentation .
  - For example, if the Supporting Documentation includes information for 12 Contributing Entities that totals 650 covered lives – 650 should be entered as the Annual Enrollment Count.

* Annual Enrollment Count	.....		?
* Verify Annual Enrollment Count	.....	_____	?

# The Form: Annual Enrollment Count

## Verify Annual Enrollment Count:

- Enter the annual enrollment count for all Contributing Entities generated from using one (1) of the permitted counting methods.
- Ensure that this number matches the annual enrollment count in the field above.
- After this number is entered, the Contribution fields will auto-calculate.

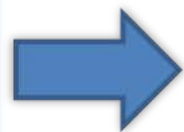
* Annual Enrollment Count	.....	_____	?
* Verify Annual Enrollment Count	.....	_____	?

# The Form: Contribution Fields

## Contributions Amount Fields:

After completing the Verify Annual Enrollment Count field, the Contribution Amount fields will pre-populate.

* Benefit Year for Reporting Gross Annual Enrollment Count	2015
Total Applicable Benefit Year Contribution Rate	44.00
* Annual Enrollment Count	100.00
* Verify Annual Enrollment Count	
Contribution Rate for Program Payments and Program Administration Funds	33.00
Contribution Amount Due for Program Payments and Program Administration Funds	
Contribution Rate for General Fund of the US Treasury	11.00
Contribution Amount Due for General Fund of the US Treasury	
Total Contributions Due for the Applicable Benefit Year	



2015
44.00
100.00
100.00
33.00
3,300.00
11.00
1,100.00
4,400.00

# The Form: Shaded Fields

## Shaded Form Fields:

Previous Pay.gov Tracking ID	.....	?
Invoice Number	.....	?
Verify Invoice Number	.....	?
Invoice Payment Amount	.....	?
Annual Enrollment	.....	?
Verify Annual Enrollment	.....	?

Shaded fields indicate that no content is required in this part of the Form.



# The Form: Checkboxes

After you enter the Annual Enrollment Count, you are required to read the statement and check the box next to the statement: “The Annual enrollment count entered in this Form is accurate and matches the aggregate enrollment count by entity in the Supporting Documentation, if applicable.”

The Annual enrollment count entered in this Form is accurate and matches the aggregate enrollment count by entity in the Supporting Documentation, if applicable. ?

Acknowledgment: My acknowledgment is on behalf of my organization and the contributing entity or entities for which the data and accompanying payment(s) are being submitted. My acknowledgment legally and financially binds my organization and each contributing entity to the applicable laws, regulations and program instructions of the Affordable Care Act (ACA). By my submission, I certify that the data are true, correct and complete. If my organization or any contributing entity becomes aware that data are untrue, incorrect or incomplete, CMS shall be promptly informed. If CMS identifies a discrepancy or has questions about the data being submitted, I agree to be the contact for responding to such questions. 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, but is not limited to, the transitional reinsurance program established under Section 1341 of the Affordable Care Act.

You must also read the Acknowledgment and check the box next to the Acknowledgement statement.

# The Form: Authorizing Official

## Authorizing Official for Reporting Entity's Acknowledgment:

- The Authorizing Official identifies the individual with the authority to authorize the contribution transaction and certify that the data is true and correct.
- The Authorizing Official is whom CMS will contact if CMS identifies a discrepancy or has questions about the data being submitted.

Authorizing Official for Reporting Entity's Acknowledgment

\* First Name: Charles \* Last Name: Brown \* Job Title: CFO  
\* Email Address: cbrown@ravenhealth.com \* Telephone: (410) 555-5555 Ext: 555

Back

Save

PDF Preview

Continue

# The Form: Payment Date Reminder

## Payment Date Reminder:

On the next screen, the payment date will defer to the next business day. Please update this field to defer payment to a different date.

OK

- After selecting **Continue** on at the bottom of the Type of Filing page, a message window opens to remind you that the payment date will default to the next business day unless another date is selected .



Schedule payment

# The Form: Supporting Documentation Page

## Upload Supporting Documentation

- The Supporting Documentation upload page opens only when reporting for **four (4) or more** Contributing Entities and after selecting **Continue** on Type of Filing page of the Form.
- Supporting Documentation will be used by CMS to verify the Annual Enrollment Count inputted on the Form.
- Supporting Documentation must be a .CSV file format and must not exceed 2MB.
  - Details on creating the Supporting Documentation will be provided in Special Topic: Completing the 2015 Reinsurance Contribution Supporting Documentation (.CSV File) training.
  - You may register for this training via REGTAP.



Upload  
Supporting  
Documentation

# The Form: Supporting Documentation (Continued)

## Supporting Documentation Upload Page:


**Add Attachment**

This form is configured to allow one file attachment. Please browse and attach a file. The file must have a file extension of CSV and cannot exceed a size of 15MB.

Attach File:  No file selected.

[Cancel](#)

**4** ↑  
Four or more  
Entities

 **NOTE** This page opens only when reporting for **four or more** Contributing Entities.

# The Form: Payment Info Page

On the Payment Information Page you will:

- Select the Payment Date
- Enter the Account Holder Name
- Select Checking or Savings Account Type
- Enter Bank Routing Number
- Enter Bank Account Number



Enter payment information



If you previously made a payment through Pay.gov, the banking information you previously entered may pre-populate, and you will have the option to change it.

# The Form: Payment Info Page (Continued)

Pay.gov  
Payment  
Info Page

Please provide the payment information below. Required fields are marked with an \*.

\* Payment Amount:  
\$440.00

\* Payment Date (mm/dd/yyyy)  
08/04/2015

\* Account Holder Name  
[Empty text box]

\* Please select a payment account:  
 I want to enter a new account  
 I would like to save this payment account to my profile

\* Select Account Type  
Select Account Type [Dropdown menu]



\* Routing Number  
Routing Number [Text box]

\* Account Number  
Account Number [Text box]

\* Confirm Account Number  
Confirm Account Number [Text box]

[Previous](#) [Return to Form](#) [Cancel](#) [Review and Submit Payment](#)





# The Form: Payment Date

## Schedule Payment :

- On the Payment Page, the Payment Date pre-populates with the next business day .
- **If you do not wish to pay on the next business day, update to another day prior to the remittance deadline.**
  - The First Collection or Combined Collection payment due date is January 15, 2016.
  - The Second Collection payment due date is November 15, 2016.



Schedule payment



If you select **Back** from this page, all data will be lost – including a change to selected payment date.



# The Form: Schedule Contribution Payments

## Schedule the Contributions Payment(s):

### Payment Option 1: Two-part Contribution

- If you selected First Collection for the “Type of Payment,” a second Form submission is required to complete the reinsurance contributions submission process for 2015.
- **Duplicate the submitted First Collection Form and complete a second submission to schedule payment for the Second Collection.**

### Payment Option 2: Combined Collection

- If you select a Combined Collection, you will only have to submit the Form one (1) time.



A First Collection payment requires a second Form submission to schedule the Second Collection payment

# The Form: Payment Info Page (Continued)

## Payment Information:

- Contribution payments are made on Pay.gov using **only** an Automated Clearing House (ACH) debit.
- Only one bank account may be entered per Form.
  - If you wish to submit contributions using a different bank account for each entity's contribution, you must submit a separate Form for each Contributing Entity.
- Ensure that sufficient funds are available in the account for the scheduled payment date to avoid charges related to insufficient funds and discrepancy notifications from CMS.



Enter payment information

# The Form: Review and Submit

## Review and Submit:

Review the Payment and Account Information; then, check the box to receive email confirmation of the transaction; Then, select **Submit Payment**.

Please review the payment information below. Required fields are marked with an \*

### Payment Information

Payment Type: Bank account (ACH)  
Payment Amount: \$440.00  
Payment Date: 08/04/2015

### Account Information

Account Holder Name: Darlene Chavea  
Routing Number: 052001633  
Account Number: \*\*\*\*\*0004

I would like to receive an email confirmation of this transaction.

\* **Enter Email Address:**  
Email Address

\* **Confirm Email Address:**  
Email Address

CC:  
Additional Email Addresses

*You may enter multiple email addresses in this field. Separate email addresses with a comma.*

### Authorization and Disclosure Statement

[Printable version](#)

Department's Bureau of the Fiscal Service. As used in this document, we or us refers to the Bureau of the Fiscal Service and its agents and contractors operating Pay.gov. "You" refers to the end-user reading this document and agreeing to it prior to engaging in a debit transaction.

I. Consumers  
A. Authorization

\*  I agree to the Pay.gov authorization and disclosure statement

[Previous](#) [Return to Form](#) [Cancel](#)

[Submit Payment](#)

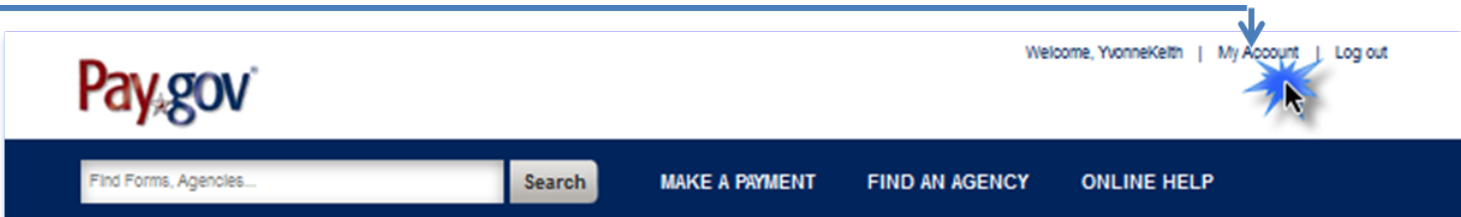


# The Form: Duplicate the Form

## Payment Option 1: Schedule the Second Collection

- Follow these Steps to duplicate your Form submitted for the First Collection

**Step 1**



Pay.gov

Welcome, YvonneKeith | [My Account](#) | [Log out](#)

Find Forms, Agencies... Search

MAKE A PAYMENT FIND AN AGENCY ONLINE HELP

**Step 2**



### My Account

Welcome to Pay.gov. This area is designed to allow self management and administration of your Pay.gov information.

#### My Forms

View, complete, save, edit, and pay your online forms.

[View My Forms](#)

#### Payment Activity

View historical payments and manage pending payments.

[View Payment Activity](#)

# Submitting Multiple Forms

## When would multiple Forms be required?

- If filling for more enrollees than the 2015 Form permits for a single transaction on Pay.gov
  - For the Two-part Collection option, the maximum reportable Annual Enrollment Count for the First Collection or Second Collection is 3,030,303.00.
  - For the Combined Collection option, the maximum reportable Annual Enrollment Count is 2,272,727.27.
- Use of multiple bank accounts for more than one (1) Contributing Entity
- Business need or reason for wanting to complete multiple Forms

# Key Deadlines for the 2015 Benefit Year

Date	Activity	Contribution Amount
<b>To Make a Full Contribution in One Payment (Combined Collection):</b>		NULL
No later than November 16, 2015	Submit the Form and schedule payment	NULL
No later than January 15, 2016	Pay full contribution amount due (single payment)	\$44.00 per covered life
<b>TOTAL</b>		<b>\$44.00</b>
<b>OR</b>		
<b>To Make a Two-part Contribution (First and Second Collection):</b>		NULL
No later than November 16, 2015	Submit the Form and schedule payment of first collection contribution and duplicate the Form and schedule payment of second collection	NULL
No later than January 15, 2016	Pay first contribution amount due	\$33.00 per covered life
No later than November 15, 2016	Pay second contribution amount due	\$11.00 per covered life
<b>TOTAL</b>		<b>\$44.00</b>

# ACH Debit Block

- Automatic debits to your business account may be blocked by the bank.
  - This security feature is called an ACH Debit Block, ACH Positive Pay or ACH Fraud Prevention Filter .
- ACH Debit Block works by having an allowed list of ACH company IDs.
  - The list enables allowable automatic debits.
- When working with the U.S. Government, these company IDs are referred to as the Agency Location Code or the ALC+2.
- **Contact your bank to have the ALC+2 added to the approved list.**
  - The reinsurance contribution ALC+2 number is **7505008015.**
  - The Company Name is **USDEPTHHSCMS.**

# Contributions Submission Process Overview

To successfully complete the Contributions Submission process, Contributing Entities or Reporting Entities must do the following:

Step	Action
1	Calculate the Annual Enrollment Count
2	Register on Pay.gov or confirm your password if you registered for the previous benefit year of the program (2014)
3	Access the <b>2015 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form</b> , when available
4	Complete the Form (which includes providing Contributing Entity information when reporting for <b>three or fewer</b> Contributing Entities and entering your Annual Enrollment Count). Be sure to review and attest to the accuracy of the annual enrollment count(s), the Attestation and Acknowledgement Statements
5	Upload Supporting Documentation only when reporting for <b>four (4) or more</b> Contributing Entities
6	Schedule payment for calculated contributions on the payment page (Note: The payment date will default to the next business day, unless another date is selected)



# Next Steps

# Next Steps

## NOW

- Register on Pay.gov or confirm your password if you registered for the previous year (2014) of the program
- Begin collecting the information needed to complete the 2015 Form
- Contact your bank to have the ALC+2 added to the approved list: the reinsurance contribution ALC+2 number is 7505008015 and the Company Name is USDEPTHHSCMS
- Review your REGTAP emails for updates
- For questions regarding Contributions, please contact us at [reinsurancecontributions@cms.hhs.gov](mailto:reinsurancecontributions@cms.hhs.gov)
- Monitor the CCIO webpage: <https://www.cms.gov/CCIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html>
- Calculate your annual enrollment count using the one of the permissible counting methods set forth in 45 CFR 153.405(d) through (g)

## LATER

- Attend future trainings
- Complete the Reinsurance Contributions Submission Process

# Upcoming Webinars

Topic	Tentative Date
Special Topic: Completing the 2015 Reinsurance Contribution Supporting Documentation	October 5 October 7
Module 4: The Transitional Reinsurance Program: Updating Reinsurance Contribution Filings	October 14 October 19 October 21

# Questions?

To submit questions by phone:

- Dial '14' on your phone's keypad
- Dial '13' to exit the phone queue

To submit questions by webinar:

- Type your question in the text box under the 'QA' tab

# Resources

# Regulatory References

This list of regulatory references offers additional information and details on the Transitional Reinsurance Program.

Resource	Link/Contact Information
Standards Related to Reinsurance, Risk Corridors and Risk Adjustment (77 FR 17220) provided a regulatory framework	<a href="http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf">http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf</a>
HHS Notice of Benefit and Payment Parameters for 2014 (78 FR 15410)	<a href="http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf">http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf</a>
Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards (78 FR 65046) established oversight standards	<a href="http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf">http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf</a>
HHS Notice of Benefit and Payment Parameters for 2015 (78 FR 13744)	<a href="http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf">http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf</a>
Exchange and Insurance Market Standards for 2015 and Beyond (79 FR 30240)	<a href="http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf">http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf</a>
HHS Notice of Benefit and Payment Parameters for 2016 (80 FR 10750)	<a href="http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf">http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf</a>

# Resources

Resource	Link/Contact Information
U.S. Department of Health & Human Services	<a href="http://www.hhs.gov/">http://www.hhs.gov/</a>
Centers for Medicare & Medicaid Services (CMS)	<a href="http://www.cms.gov/">http://www.cms.gov/</a>
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	<a href="http://www.cms.gov/cciiio">http://www.cms.gov/cciiio</a>
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	<a href="https://www.REGTAP.info">https://www.REGTAP.info</a>
Registration and Form on Pay.gov	<a href="https://pay.gov/paygov/">https://pay.gov/paygov/</a>

# 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 and Publish Date.

FAQ Database is available at <http://www.REGTAP.info>

## FAQ Search

FAQ ID

Keyword/Phrase

Program Area  
Select All  
Agent Broker  
Distributed Data Collection for RI and RA/Edge Server  
Enrollment and Eligibility  
Event Registration and Logistics

Primary Category

Secondary Category

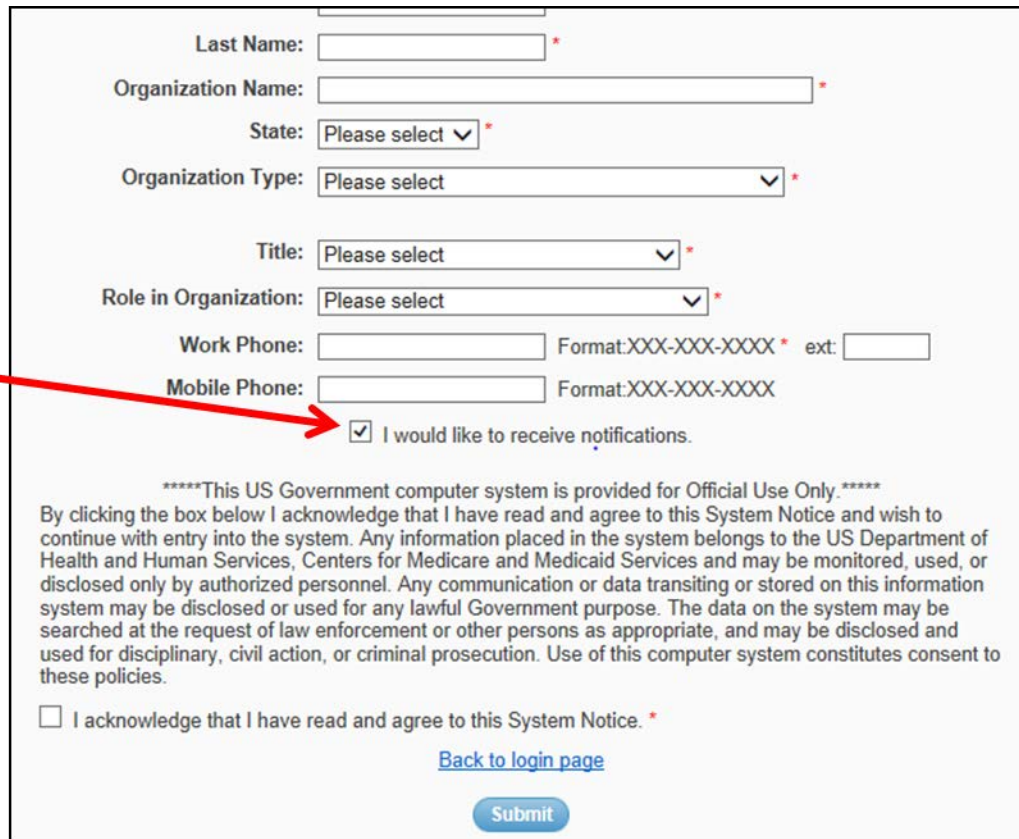
Publish Date  
Start Date  22 End Date  22

Primary and Secondary Category search available only when one (1) Program Area is selected.



# Notifications Opt In/Opt Out

Users have the option to opt in or opt out of receiving notifications when first registering in REGTAP by checking or unchecking the box for “I would like to receive notifications.”



The screenshot shows a registration form with the following fields:

- Last Name:  \*
- Organization Name:  \*
- State:  \*
- Organization Type:  \*
- Title:  \*
- Role in Organization:  \*
- Work Phone:  Format:XXX-XXX-XXXX \* ext:
- Mobile Phone:  Format:XXX-XXX-XXXX
- I would like to receive notifications.

\*\*\*\*\*This US Government computer system is provided for Official Use Only.\*\*\*\*\*  
By clicking the box below I acknowledge that I have read and agree to this System Notice and wish to continue with entry into the system. Any information placed in the system belongs to the US Department of Health and Human Services, Centers for Medicare and Medicaid Services and may be monitored, used, or disclosed only by authorized personnel. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose. The data on the system may be searched at the request of law enforcement or other persons as appropriate, and may be disclosed and used for disciplinary, civil action, or criminal prosecution. Use of this computer system constitutes consent to these policies.

I acknowledge that I have read and agree to this System Notice. \*

[Back to login page](#)

After initial registration, contact the Registrar at [registrar@REGTAP.info](mailto:registrar@REGTAP.info), call (800) 257-9520, or submit an inquiry to [www.REGTAP.info](http://www.REGTAP.info) to change notification preference.

# Closing Remarks