The Transitional Reinsurance Program: Supporting Documentation Job Aid Preview & Updating Reinsurance Contribution Filings

September 17, 19 and 24, 2014

Payment Policy & Financial Management Group, Division of Reinsurance Operations



Session Guidelines

- This is a ninety-minute webinar session
- For questions regarding content, please submit inquiries to REGTAP at <u>https://www.regtap.info/</u> and mention this webinar or Reinsurance-Contributions
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520



Purpose & Objectives

- Provide an overview of the steps to complete the Reinsurance Contribution filing through Pay.gov
- Preview the Supporting Documentation Job Aid and its functionality
- Explain various scenarios in which updates or changes may be needed after filing and how to make those updates or changes



Intended Audience

- Health Insurance Issuers
- Self-insured Group Health Plans
- Third Party Administrators (TPAs)
- Administrative Services-only (ASO) Contractors



Contribution Submission Process Overview

• A Reporting Entity completes all of the following steps:





Step 1 – Register on Pay.gov

- If you do not have a Pay.gov account, you will need to create a Pay.gov account to complete the reinsurance contribution submission filing
- Registration information is used to create a user profile containing both user data and the user's company data – some of this data is used to prepopulate the Form



Step 2 – Complete Contribution Form

- The Form:
 - Requires entry of demographic and contact information for the Reporting Entity
 - Requires selection of 'Type of Payment'
 - Requires entry of the Gross Annual Enrollment Count
 - Provides auto-calculation of contribution amount



Step 2 – Complete Contribution Form (continued)

- The options for Type of Payment are:
 - First Collection
 - Second Collection
 - Combined Collection
 - Invoice
 - Resubmission
- Select the 'Type of Payment' based on how you prefer to submit your reinsurance contribution, keeping in mind:
 - First Collection deadline is January 15, 2015
 - Second Collection deadline is November 15, 2015
 - Combined Collection deadline is January 15, 2015



Step 3 – Upload Supporting Documentation

- The Supporting Documentation must be a Comma Separated Value (CSV) file
 - Also known as a "flat file" or "comma delimited file"
 - Each line represents one entry or record and a comma separates each data element within a record
- A CSV file contains information in the following format:

data, data,

- The top row includes fourteen data items
- The bottom row includes thirteen data items with two commas next to each other because optional data is not included
- Each data element in the file is limited to a certain field length based on the requirements of the database



Step 3 – Upload Supporting Documentation (continued)

- The Supporting Documentation must not exceed 2MB
- The Supporting Documentation must not contain the following Special Characters:

| * | < | > | ١ | / | % | ۸ | , | + | ? | u |
|---|---|---|---|---|---|---|---|---|---|---|
| ` | { | } | [|] | ! | 1 | & | I | # | |

- It should contain one row for each contributing entity
 Each row will also contain Reporting Entity information
- The total of all Annual Enrollment Counts in the file must not exceed 1,587,301.58 covered lives if remitting a Combined Collection or 1,904,761.90 covered lives if remitting a two-part collection



Step 4 – Enter Payment Information

- After attaching the Supporting Documentation, you will go to the last page to complete the payment information
- The payment amount auto-populates based on the 'Type of Payment' selection and the calculated reinsurance contribution amount on the Form
- On this page you will:
 - Select the 'Payment Date'
 - Enter the Account Holder Name
 - Select 'Checking or Savings Account Type'
 - Enter and Verify Bank Routing Number
 - Enter and Verify Bank Account Number
- We prefer that you schedule your payment at least 30 days after the date of Form submission, but prior to the applicable deadline(s)



Tools for Creating the Supporting Documentation

- The Transitional Reinsurance Program Job Aid will be posted in the REGTAP Library to support Reporting Entities in the creation of the Supporting Documentation
 - The Job Aid is an MS Excel workbook that allows users to enter, validate and convert Contributing Entity information into a CSV file format
 - The Job Aid provides Reporting Entities the ability to paste data from another source or type information directly into the worksheet
 - After entering data and reviewing it for accuracy, Reporting Entities can run an error check and create the CSV file that must be uploaded with the Form



Job Aid Preview



Job Aid Preview

| Reporting Entity Information: Legal Business Name (LBN) Federal Tax ID Number (TIN) Type of Payment | | | |
|--|---------------------------------|--|--|
| | | | |
| Data entry status: | | User Controls: (select or double click on cell below to initiate action) | |
| Data entry status: Records entered: | Total = 0, Complete = 0 | User Controls: (select or double click on cell below to initiate action) Turn Error Checking Off | |
| Data entry status: Records entered: Sum of annual enrollment | Total = 0, Complete = 0 0.00 | User Controls: (select or double click on cell below to initiate action) Turn Error Checking Off Run Data Validation | |

Table 1. Contributing Entity Information

| Record Number (pre-filled) | Reporting Entity Legal Business Name (pre-filled) | Federal Tax ID Number (TIN) (pre-filled) | Contributing Entity Legal Business Name (Maximum 150 characters) | Federal Tax ID Number (TIN) (nn-nnnnnn) | Organization Type (For Profit or Nonprofit) | Billing Address Line 1 (Maximum 150 characters) | Billing Address Line 2 (Optional) (Maximum 150 characters) | Billing Address: City (Maximum 150 characters) | Billing Address: State (2-letter code) |
|----------------------------------|--|--|---|---|--|--|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | -0 | AFI | | | | |
| | | | | Dr | | | | | |
| | | | | | | | | | |



Job Aid Preview: Enter Reporting Entity Information

- In the Reporting Entity Information section in the top portion of the Job Aid, the Reporting Entity will:
 - Enter its Legal Business Name (LBN) and Federal Tax ID Number (TIN) as provided in the Form
 - The data entered in this section will auto-populate the Reporting Entity LBN and Reporting Entity TIN columns of the Job Aid, so no repeated entry of the Reporting Entity information is necessary
 - Select the Type of Payment from the drop-down menu (Combined collection or Two-Part collection)
 - This will enable the Job Aid to monitor the sum of all annual enrollment counts in the file against the limit for each of the payment types



Job Aid Preview: Enter Reporting Entity Information (continued)

- This is a screenshot of the section in the top portion of the Job Aid
 - This is where the Reporting Entity will enter its Legal Business Name (LBN), Federal Tax ID Number (TIN), and select 'Type of Payment' from the drop down menu

| Legal Business Name (LBN) | Great Farms Insurance | |
|-----------------------------|-----------------------|--|
| Federal Tax ID Number (TIN) | 82-7654931 | |
| Type of Payment | Combined Collection | |
| | Combined Collection | |



Job Aid Preview: Enter Reporting Entity Information (continued)

• This screen shot shows the way that information entered into the top portion of the Job Aid will be populated in the columns

| Record Number (pre-filled) | Reporting Entity Legal Business Name (pre-filled) | Federal Tax ID Number (TIN) (pre-filled) |
|----------------------------------|--|--|
| 1 | Great Farms Insurance | 82-7654931 |
| 2 | Great Farms Insurance | 82-7654931 |

| Record Number (pre-filled) | Reporting Entity Legal Business Name (pre-filled) | Federal Tax ID Number (TIN) (pre-filled) | Contributing Entity Legal Business Name (Maximum 150 characters) | Federal Tax ID Number (TIN) (nn-nnnnnn) | Organization Type (For Profit or Nonprofit) | Billing Address Line 1 (Maximum 150 characters) | |
|----------------------------------|--|--|---|---|--|--|--|
| 1 | Great Farms Insurance | 82-7654931 | Samson Electronics | 01-2010101 | For Profit | 1 W Pennsylvania Avenue | |
| 2 | Great Farms Insurance | 82-7654931 | Red Wing Auto Parts | 01-2020101 | For Profit | 215 45th Street | |



Job Aid Preview: Enter Contributing Entity Information

- Users have the option to enter data manually row-by-row or copy and paste information
- This screen shot shows how the manual entry would work

| Contributing Entity Legal Business Name (Maximum 150 characters) | Federal Tax ID Number (TIN) (nn-nnnnnn) | Organization Type (For Profit or Nonprofit) | Billing Address Line 1 (Maximum 150 characters) | |
|---|---|--|--|---|
| Samson Electronics | 01-2010101 | | 🕶 V Pennsylvania Avenue | 5 |
| Red Wing Auto Parts | 01-2020101 | Nonprofit For Profit | 5 45th Street | ◀ |
| | | | | |

| Report | ing Entity Information: | | | | | | | _ |
|------------------|--|--|---|---|--|--|---|--|
| | Legal Business Name (LBN) | | Great Farms Insurance | | | | | |
| | Federal Tax ID Number (TIN) | | 82-7654931 | 54931 | | | | |
| | Type of Payment | | Combined Collection | | | | | |
| Data er | ntry status: | | | | User Controls: (selec | t or double click on cell below to initiate action) | 5.7 | |
| 100.00 | Records entered: | | Total = 2, Complete = | 0 | | Turn Error Checking Off | - | C. |
| | Sum of appual encollment | | 00 | | | Run Data Validation | | |
| | Sam of annual chromitent | | 0.0 | | | | 20 2 | |
| | | | | | | Create CSV File | akr | |
| ble 1. Co | ntributing Entity Information | | | | | | U. | |
| Record Number | Reporting Entity Legal Business Name (pre-filled) | Federal Tax ID Number (TIN) (pre-filled) | Contributing Entity Legal Business Name (Maximum 150 characters) | Federal Tax ID Number (TIN) (nn-nnnnnn) | Organization Type (For Profit or Nonprofit) | Billing Address Line 1 (Maximum 150 characters) | Billing Address Line 2 (Optional) (Maximum 150 characters) | Billing Address: City (Maximum 150 characters |
| re-filled) | | | | | Con Dealer | a management of the state of th | | Distant in a |
| re-filled) | Great Farms Insurance | 82-7654931 | Samson Electronics | 01-2010101 | For Profit | 1 W Pennsylvania Avenue | | Portales |



Job Aid Preview: Set User Controls

This screenshot shows the available User Controls found within the Job Aid





Job Aid Preview: Set User Controls (continued)

- The Reporting Entity can decide to check for errors as data is entered (the default setting) or run a batch error check prior to creating the CSV file
 - If Automatic Error Checking is turned on, an error message displays when you navigate from the row that contains the error
- If you are copying and pasting data, it is recommended that you turn off Automatic Error Checking and run Data Validation after entering all data, then create the CSV file
 - After data is entered or pasted, select 'Run Data Validation' and a summary of errors and warnings will display



Job Aid Preview: Run Data Validation – Summary of Errors and Warnings

| entered dat | ng reformatting requirements a a: | ind/or errors have been detected in t |
|--|---|--|
| Formatting | requirements not met: | |
| Special Federal Billing A Domicili | characters included in a field: 2 Tax Identification Number is mi ddress State to be converted to ary State to be converted to abl | 2 record(s) issing a hyphen: 2 record(s) abbreviation: 1 record(s) breviation: 1 record(s) |
| Invalid val | ues entered: | |
| Federal Organizi Billing A Domicili Benefit Y Enrollme Entity Ty | Tax Identification Number is in ation Type field contains an inv ddress ZIP code is invalid: 5 re iary State field contains an inva 'ear field contains an invalid va ent Count field contains an inva pe field contains an invalid val | valid: 3 record(s) valid value: 4 record(s) cord(s) alid value: 1 record(s) alue: 1 record(s) alid value: 1 record(s) lue: 4 record(s) |
| | DRA | |
| Formatting | inconsistencies will be automa | ICCALLY COFFECTED DV THE JOD ALC. FIEL |
| Formatting select your | inconsistencies will be automa preferred approach for correct | ing errors. |



Job Aid Preview: Automatic Formatting

- The Job Aid will automatically reformat some invalid values or formats a warning message displays when this occurs
 - It will automatically remove Special Characters from all fields
 - It will automatically insert a dash in the TIN and Zip Code +4
 - It will convert the State name to State abbreviation
 - It will append .00 to all Annual Enrollment Counts that do not end with 2 digits to the right of the decimal
- When you select 'Validation Check' or 'Create the CSV File', an auto-format message will display all the fields that were auto-formatted to meet requirements



Job Aid Preview: Status Section and Saving Work

- The Data Entry Status section on the Job Aid will display:
 - The total records entered;
 - Whether those records contain all required data;
 - Sum of all Annual Enrollment Counts in the file; and
 - File size

| Data entry status: | | |
|--------------------------|------|-------------------------|
| Records entered: | ET | Total = 2, Complete = 0 |
| Sum of annual enrollment | DRAT | 0.00 |
| | Dia | |

• Users can save content in the Job Aid as a .xlsm file to return to it later



Job Aid Preview: Validating and Creating the CSV File

- When all data is entered into the Job Aid, under User Controls, select the cell to 'Create the CSV File' to run a final error check on the data and create the CSV file
- We suggest that you retain a copy of the .xlsm file prior to creating the CSV in the event that you need to update the original data in the future



Updating Transitional Reinsurance Contribution Filings



Updating Transitional Reinsurance Contribution Filings Due To Errors Overview

- It is possible that an error is identified by the Reporting Entity or CMS after filing the Form
- Such errors, include:
 - Gross Annual Enrollment Count on the Form is incorrect
 - Supporting Documentation CSV file is incorrect
 - Gross Annual Enrollment Count on the Form and the sum of the Annual Enrollment Counts in the Supporting Documentation do not match
 - ACH bank account information changes between the time of Form filing and scheduled contribution payment date



Updating Transitional Reinsurance Contribution Filings Due To Errors Overview (continued)

- There are several methods for resolving errors that occur when completing the reinsurance contribution submission process, these include:
 - Refiling the Form
 - Filing a Resubmission for an existing Form
 - Paying an Invoice
- The error resolution method will depend on the type of error and whether the scheduled payment date has passed
- We will share specific scenarios and step-by-step guidance on how to update contribution filings under certain scenarios



Form Refiling



Form Refiling Overview

- To correct errors following Form submission, but <u>BEFORE</u> the scheduled payment date, the Form would need to be refiled
- CMS will send the Reporting Entity an email specifying the type(s) of error(s) we have identified
 - The email will be sent to the Contacts, Authorizing Official and Billing Official listed on the Form
- A Reporting Entity may also identify errors following Form filing
 - The Reporting Entity does not need to contact CMS
 - The Reporting Entity should follow the appropriate steps for refiling to resolve the error (as discussed in the upcoming slides)



Form Refiling Process Steps

- To correct an error **<u>BEFORE</u>** the scheduled payment date:
 - 1. Cancel any or all reinsurance contribution payments following the procedures on Pay.gov
 - <u>https://www.pay.gov/WebHelp/HTML/modify_payments_cancel.html</u>
 - 2. Make the corrections that are needed based on the errors identified by the CMS and/or the Reporting Entity
 - 3. Refile the Form
 - When the Reporting Entity completes the Form after canceling the previously scheduled payment, you **MUST** enter the Pay.gov Tracking ID from your original filing on page 2 of the new Form
 - 4. Upload the Supporting Documentation and schedule contribution payment
 - If you choose to file a two-part payment, you will have to duplicate the updated Form and schedule the second payment



Form Refiling: Example 1

Refiling Example 1:

- Reporting Entity files Form with Gross Annual Enrollment Count of **3,972** covered lives
- Reporting Entity uploads Supporting Documentation with an Annual Enrollment Count of **9,372** covered lives
- CMS reviews the Form and Supporting Documentation and contacts the Reporting Entity on November 21, 2014 about the error
- Selected payment date is January 15, 2015



- 1. Reporting Entity will log on to Pay.gov
- 2. Navigate to My Account page
- 3. Select the 'View Payment Activity' button

Payment Activity

View historical payments and manage pending payments.

View Payment Activity



4. The Reporting Entity selects the 'Pending' heading

Payment Activity All (45) Completed (14) Rejected (16) Pending (15) Sort by Transaction Date ACA Transitional Reinsurance Program Annual View Details Enrollment Contributions Submission View Receipt Health and Human Services (HHS): Centers for Medicare & Medicaid Services S Cancel (CMS) Pay.gov Tracking ID: 3FOQ5HK6 Transaction Date: Transaction Amount: Payment Type: Bank account (ACH) Transaction Status: Received Payment Date: 01/3 /2015 Frequency: OneTime

5. And selects the 'Cancel' link to cancel the scheduled payment



6. The Reporting Entity returns to the My Account page and selects the '**My Forms**' button – on this page the Reporting Entity will be able to review and duplicate the submitted Form(s)

7. Selects the 'Submitted' link to view the list of submitted Forms, and then select the 'Duplicate' link to duplicate the Form associated with the canceled filing



My Forms



8. Once in the Form, the reporting entity should review and update the billing and contact information on the Form, if necessary

9. On page 2, the Reporting Entity selects the 'Type of Payment' and enters the correct Gross Annual Enrollment Count of **9,372**

10. On page 2, the Reporting Entity enters the Pay.gov Tracking ID from the original filing



This screen shot shows page 2 of the Form with the updated information

ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

Type of Payment

- First Collection Contribution for Program Payments and Program Administration Funds
- Second Collection Contribution for General Fund of the US Treasury
- Combined Collection First Collection + Second Collection (as described above)
- Invoice
- Resubmission File Attachment

| Benefit Year for Reporting Gross Annual Enrollment Count | 2014 | • |
|---|------|------------|
| Total Applicable Benefit Year Contribution Rate | | 63.00 |
| Gross Annual Enrollment Count | | 9,372.00 |
| Verify Gross Annual Enrollment Count | | 9,372.00 |
| Contribution Rate for Program Payments and Program Administration Funds | | 52.50 |
| Contribution Amount Due for Program Payments and Program Administration Funds | | 492,030.00 |
| Contribution Rate for General Fund of the US Treasury | | 10.50 |
| Contribution Amount Due for General Fund of the US Treasury | | 98,406.00 |
| Total Contributions Due for the Applicable Benefit Year | | 590,436.00 |
| Pay.gov Tracking ID | | 3FOQ5HK6 |
| | | |


Form Refiling: Example 1 (continued)

11. On page 3 of the Form, the Reporting Entity uploads the same Supporting Documentation used for the original filing, since the sum of the Annual Enrollment Counts was accurate and now matches the Gross Annual Enrollment Count on the Form

12. The Reporting Entity enters information on the Payment Page and submits the refiling

 If the Reporting Entity elected to make a two-part payment, it will have to complete these same steps again to schedule the second contribution payment



Form Refiling: Example 2

Refiling Example 2:

- Reporting entity files Form and Supporting Documentation on November 14, 2014 with a payment date of December 19, 2014
- Reporting entity realizes on December 1, 2014 that the ACH bank account number provided with filing is no longer valid



Form Refiling: Example 2 (continued)

- Reporting entity will do the following:
 - 1. Cancel any or all payments following the procedures on Pay.gov
 - <u>https://www.pay.gov/WebHelp/HTML/modify_payments_cancel.html</u>
 - 2. Duplicate the Form associated with the canceled filing
 - 3. Review and update the billing and contact information on the Form, if necessary
 - 4. On page 2, enter the Pay.gov Tracking ID from the original transaction
 - 5. On page 3, upload the **original** Supporting Documentation
 - 6. Update ACH bank account information on the Payment Page
 - 7. Submit the contribution filing
 - If the Reporting Entity elected to make a two-part payment, it will have to complete these same steps again to schedule the second contribution payment



Form Refiling: Additional Considerations

- The steps for refiling described in examples 1 and 2 would be similar for any of the following errors as long as the error is corrected <u>BEFORE</u> the scheduled payment date:
 - Gross Annual Enrollment Count on the Form is incorrect
 - Supporting Documentation CSV file is incorrect
 - Gross Annual Enrollment Count on the Form and the sum of the Annual Enrollment Counts in the Supporting Documentation do not match
 - ACH bank account information changes between Form filing and contribution payment
- Changes to the steps for refiling are dependent on where the error is identified (Form, Supporting Documentation, ACH bank account information)
- CMS will monitor cancelations and subsequent refilings
 - You must ensure the accurate entry of your original Pay.gov
 <u>Tracking ID when refiling</u>



Resubmission



Resubmission Overview

- It is possible that an error with the Supporting Documentation is identified <u>AFTER</u> payment has been made
- If an error with the Supporting Documentation is discovered <u>AFTER</u> payment is made
 - CMS will send the Reporting Entity an email specifying the type(s) of error(s) we have identified in the Supporting Documentation
 - A Reporting Entity may also independently identify errors in Supporting Documentation and must contact CMS
 - Unlike a refiling, if the Reporting Entity discovers the error, it must contact CMS via email.
- If the issue is only related to the Supporting Documentation and the Gross Annual Enrollment Count submitted on the Form is <u>correct</u>, Reporting Entities will follow the resubmission process steps



Resubmission Overview (continued)

- The selection of 'Resubmission' is only related to the resubmission of the Supporting Documentation
- No payments can be made when selecting 'Resubmission' as the Type of Payment and the Gross Annual Enrollment Count cannot be updated
- No Form cancelations are required since the Gross Annual Enrollment Count, and therefore the payment amount on the Form, are correct



Resubmission Process Steps

- If the Reporting Entity or CMS identifies an issue with the Supporting Documentation:
 - 1. The Reporting Entity should use the Form via Pay.gov to complete resubmission of the Supporting Documentation
 - 2. On Page 2 of the Form, under Type of Payment, select 'Resubmission'
 - When the Reporting Entity completes a Resubmission, it **MUST** enter the Pay.gov Tracking ID from the original filing on page 2 of the new Form
 - 3. On Page 3 of the Form, upload a **new** Supporting Documentation and complete the resubmission



Resubmission: Example 3

Resubmission Example 3:

- Reporting Entity files Form with Gross Annual Enrollment Count of 2,397 covered lives
- Reporting Entity uploads Supporting Documentation with an Annual Enrollment Count of **2,197** covered lives
- Reporting Entity schedules first payment for November 18, 2014 and second payment for October 26, 2015
- CMS reviews the Form and Supporting Documentation and emails the Reporting Entity on November 21, 2014 about the error



- The Reporting Entity informs CMS that the Gross Annual Enrollment Count on the Form is correct and that the sum on the Supporting Documentation is incorrect
 - The Supporting Documentation reflects 200 fewer covered lives than the Form
 - The first payment has already been made
- CMS advises the Reporting Entity to file a resubmission
- Reporting Entity then follows resubmission filing steps in order to file a corrected Supporting Documentation



- Reporting Entity will:
 - 1. Log on to Pay.gov
 - 2. Navigate to the My Account page
 - 3. Select the '**My Forms**' button on this page the Reporting Entity will be able to review and duplicate submitted Forms

| Submitted (47) | Saved (2) |
|--|---|
| Sort by Date • | <u>< Prev 1</u> 2 <u>View All</u> 2 of 2 |
| ACA Transitional Reinsurance Program Annual Enrollment Contributions Submission | View PDF |
| Use this form to submit your annual enrollment count and remit the amount owed for the ACA Transitional Reinsurance Program Form Number: ACA Form Status: Pay.gov Tracking ID: 3FOQ5HK6 | contribution |



4. The Reporting Entity selects the 'Submitted' link to view the list of submitted Forms, and then selects the link to duplicate the Form

5. Reviews and updates the billing and contact information on the Form, if necessary

6. On page 2, selects the Type of Payment: 'Resubmission'



7. On page 2, the Reporting Entity enters the Pay.gov Tracking ID from the original transaction – Since 'Resubmission' is selected, the Reporting Entity will not be able to make any other updates to page 2

ACA Transitional Reinsurance Program Annual Enrollment Contributions Submission

| efore You Begin Complete Agency Form | 2 Enter Payment Info 3 Review & Submit 4 | Confirmation |
|---|---|--|
| ACA Transitional Reinsura Annual Enrollment and Co | nnce Program ontributions Submission Form | CMS |
| Type of Payment | | CENTERS FOR MEDICARE & MEDICALD SERVIC |
| First Collection - Contribution | for Program Payments and Program Administratio | n Funds |
| Second Collection - Contribut | ion for General Fund of the US Treasury | |
| Combined Collection - First C | ollection + Second Collection (as described above | 1 |
| Invoice | | |
| Resubmission - File Attachm | ent | |
| Benefit Year for Reporting Gross Annual | Enroliment Count | • |
| Total Applicable Benefit Year Contributio | n Rate | |
| Gross Annual Enrollment Count | AF1 | |
| Verify Gross Annual Enrollment Count | O A' | |
| Contribution Rate for Program Payments | s and Program Auministration Funds | |
| Contribution Amount Due for Program P | ayments and Program Administration Funds | |
| Contribution Rate for General Fund of th | e US Treasury | |
| Contribution Amount Due for General Fu | nd of the US Treasury | |
| Total Contributions Due for the Applicabl | e Benefit Year | |
| Pay.gov Tracking ID | | 3FOQ8KUV |
| Invoice Number | | |
| Verify Invoice Number | | |
| Invoice Payment Amount | | |
| Gross Annual Enrollment Count | | 2,397.00 |
| Venfy Gross Annual Enrollment Count | | 2,397.00 |



8. On page 3 of the Form, the Reporting Entity uploads the corrected Supporting Documentation, with the sum of the Annual Enrollment Count as 2,397 covered lives, which now matches the original Gross Annual Enrollment Count on the Form

9. The Reporting Entity submits the Form and updated Supporting Documentation



Invoices



HTTPS://WWW.REGTAP.INFO/

Invoices Overview

- It is possible that an error is identified <u>AFTER</u> payment has been made, which cannot be resolved through resubmission
- If an error is discovered **AFTER** payment is made
 - CMS will send the Reporting Entity an email specifying the type(s) of error(s) we have identified
 - A reporting entity may also independently identify errors and contact CMS
- CMS will work with the Reporting Entity to determine the error and if an invoice should be issued
 - CMS will provide guidance to the Reporting Entity on the necessary steps to resolve errors based on the specific situation



Invoices Overview (continued)

- Invoices will only be sent if an error is found after payment is made, for example:
 - The Form reflects a lower Gross Annual Enrollment Count than the Supporting Documentation and the Annual Enrollment Count on the Supporting Documentation is correct
 - CMS will issue an invoice for the outstanding amount
- The only method for payment of invoices <u>is ACH payment on</u> <u>Pay.gov</u>
- To avoid situations where an invoice is generated, CMS advises Reporting Entities to schedule payments at least 30 days after the date of Form filling, but prior to the applicable payment deadlines
 - This will allow errors to be corrected via refiling

Invoices will be sent to Contributing Entities by US mail



Who can be invoiced?

- Invoices can only be issued to the entity that is responsible for the reinsurance contribution under Section 1341 of the Affordable Care Act
- Therefore, in situations where an invoice is necessary, the Contributing Entity, <u>NOT</u> the Reporting Entity, will receive the invoice
 - If a Reporting Entity filed the Form on behalf of multiple Contributing Entities, CMS will contact the Reporting Entity to determine which Contributing Entity to invoice
 - We reiterate that the Reporting Entity and Contributing Entity can be the same
- The invoice submission process can still be completed by the Reporting Entity, however this a business decision between the Contributing Entity and Reporting Entity



Invoice Process Steps

- The Reporting Entity can use the Form via Pay.gov to submit payment
- If a Contributing Entity receives an invoice from CMS, the Reporting Entity can:
 - 1. Log on to Pay.gov
 - 2. Navigate to the My Account page
 - 3. Select the '**My Forms**' button on this page the Reporting Entity will be able to review and duplicate submitted Forms
 - 4. Select the 'Submitted' link to view the list of submitted Forms, and then select the link to duplicate the Form
 - 5. Review and update the billing and contact information on the Form, if necessary



Invoices Process Steps (continued)

6. On page 2, the Reporting Entity selects the Type of Payment as 'Invoice'

7. Complete fields on page 2 of the Form, including:

- Pay.gov Tracking ID
- Invoice Number
- Verify Invoice Number
- Invoice Payment Amount
- Gross Annual Enrollment Count
- Verify Gross Annual Enrollment Count



Invoices Process Steps (continued)

ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form



Type of Payment

- First Collection Contribution for Program Payments and Program Administration Funds
- Second Collection Contribution for General Fund of the US Treasury
- Combined Collection First Collection + Second Collection (as described above)
- Invoice
- Resubmission File Attachment

| Benefit Year for Reporting Gross Annual Enrollment Count | • |
|---|------------|
| Total Applicable Benefit Year Contribution Rate | |
| Gross Annual Enrollment Count | |
| Verify Gross Annual Enrollment Count | |
| Contribution Rate for Program Payments and Program Administration Funds | |
| Contribution Amount Due for Program Payments and Program Administration Funds | |
| Contribution Rate for General Fund of the US Treasury | |
| Contribution Amount Due for General Fund of the US Treasury | |
| Total Contributions Due for the Applicable Benefit Year | |
| Pay.gov Tracking ID | 3FOQ5HK6 |
| Invoice Number | P578343 |
| Verify Invoice Number | P578343 |
| Invoice Payment Amount | 113,400.00 |
| Gross Annual Enrollment Count | 6,420.00 |
| Verify Gross Annual Enrollment Count | 6,420.00 |



Invoices Process Steps (continued)

8. On Page 3 of the Form, the Reporting Entity uploads Supporting Documentation with a sum of Annual Enrollment Counts that matches the Gross Annual Enrollment Count submitted on the revised Form in fulfillment of the invoice

- 9. Schedule payment of the invoice
 - Invoice payments must be made by ACH payment within **30** calendar days from the date on the invoice
 - CMS will assess interest, administrative costs and late payment penalties on any debts not paid within 30 calendar days from the date of the invoice



Invoices: Example 4 – Error After First Payment

Invoices Example 4:

- Reporting Entity files the Form with Gross Annual Enrollment Count of 1,000 covered lives
- Reporting Entity uploads Supporting Documentation with 10,000 covered lives
- Reporting Entity schedules first payment for November, 20, 2014 and second payment for October 15, 2015
- CMS reviews the Form and Supporting Documentation and emails the Reporting Entity on November 24, 2014 about the error
- The Reporting Entity informs CMS that the Gross Annual Enrollment Count on the Form is incorrect and that the sum on the Supporting Documentation is correct
 - The Form reflects 9,000 fewer covered lives than the Supporting Documentation
 - The first payment has already been made



Invoices: Example 4 – Error After First Payment (continued)

- CMS first advises the Reporting Entity to cancel the second contribution payment (scheduled for October 15, 2015)
 - 1. Reporting Entity will log on to Pay.gov
 - 2. Navigate to your My Account page
 - 3. Select the 'View Payment Activity' button
 - 4. Select the '**Pending**' heading
 - 5. Select the 'Cancel' link to cancel the scheduled payment
 - 6. Reporting Entity must refile with the correct data and schedule payment prior to the Second Collection deadline
 - Reporting Entity must include the second filing's original Pay.gov tracking ID



Invoices: Example 4 – Error After First Payment (continued)

- To address error with first payment:
 - 1. The Reporting Entity will instruct CMS as to which contributing entity should be invoiced (if the Reporting Entity is the Contributing Entity, the Entity will be invoiced)
 - 2. CMS will issue the applicable Contributing Entity an invoice for the outstanding amount based on the billing information provided in the Supporting Documentation
 - 3. Reporting Entity will follow invoice filing steps



Invoices: Example 5 - Error After Combined or Second Payment

Invoices Example 5:

- Reporting Entity files the Form with Gross Annual Enrollment Count of 4,620 covered lives
- Reporting Entity uploads Supporting Documentation with Annual Enrollment Count of 6,420 covered lives
- Reporting Entity schedules combined payment for November 20, 2014
- CMS reviews the Form and Supporting Documentation and contacts the Reporting Entity on November 24, 2014 about the error
- The Reporting Entity tells CMS that the Gross Annual Enrollment Count on the Form is incorrect and that the sum on the Supporting Documentation is correct
 - The Form reflects 1,800 fewer covered lives than the Supporting Documentation
 - The combined payment has already been made



Invoices: Example 5 - Error After Combined or Second Payment (continued)

- 1. CMS will issue the Reporting Entity an invoice for the outstanding amount
- 2. Reporting Entity will follow invoice filing steps



Payment Failure and Updating Contacts and Billing Information



Payment Failure

- A Reporting Entity should update its Pay.gov profile to indicate that it wants to receive email notifications about payments made using forms on Pay.gov
 - This selection means that the Reporting Entity will receive a reminder notice that an ACH payment is going to be withdrawn for the scheduled payment date
- CMS recommends that the Account Owner monitor its bank account after it receives the reminder email to ensure that the payment goes through successfully
- If a bank account has insufficient funds, three attempts will be made to obtain the funds
 - If Account Owner receives an insufficient funds notice, it should deposit money into the account immediately
- If an Account Owner does not see the payment go through within 5 business days of its scheduled payment date, it should contact Pay.gov for assistance



Updating Form Contacts & Billing Information

- If any of the contacts listed on the Form (billing contact, submitter contacts or authorizing official) or the billing information changes after the Form is submitted, the Reporting Entity can contact CMS via email to inform us of the change
 - CMS will issue an FAQ on REGTAP in the future to share this email address
 - Changes to the contacts do not require refiling, but CMS must be informed so that it can contact the appropriate individuals if necessary



Ways to Avoid Errors

- Make sure that that Gross Annual Enrollment Count on the Form matches the sum of the enrollment counts on the Supporting Documentation
- Ensure the account information provided to Pay.gov is correct and sufficient funds are available for the contribution amount
- Schedule payments 30 days after the Form is filed but prior to the applicable deadline(s), so that errors can be corrected before the payment is made



Conclusion: Updating Transitional Reinsurance Contribution Filings

- The content in this presentation should help Reporting Entities in the event that an error is identified after the Form is filed
- CMS will be available to assist Reporting Entities that encounter any of these situations – more details on connecting with CMS about questions or issues will be provided at a later date
- We encourage you to review the other webinar presentations, which should help Reporting Entities make a successful Reinsurance Contribution filing



What can you do...

• NOW

- Register on Pay.gov
- Collect the information needed to compete the Form and Supporting Documentation
- Contact your bank to have the ALC+2 value (7505008015) added to allow for automatic debits (if applicable)
- Review your REGTAP emails for updates and the prior webinar slides and the Counting Method Examples for Contributing Entities supporting documentation available in the REGTAP library under Reinsurance-Contributions
- Monitor the CCIIO web page, including the Reinsurance Contributions specific CCIIO webpage
- Submit questions via REGTAP using 'Submit an Inquiry' and note 'Reinsurance-Contributions' in your question text or reference this event

• LATER

- Attend future user groups
- Complete the reinsurance contribution submission process on Pay.gov beginning this Fall



Questions?

To submit questions by phone: \Box dial '14' on your phone's keypage

- 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.

- Standards Related to Reinsurance, Risk Corridors and Risk Adjustment (77 FR 17220) provided a regulatory framework
 - <u>http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf</u>
- HHS Notice of Benefit and Payment Parameters for 2014 (78 FR 15410)
 - <u>http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf</u>
- Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards (78 FR 65046) established oversight standards
 - <u>http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf</u>
- HHS Notice of Benefit and Payment Parameters for 2015 (78 FR 13744)
 provided a split collection process
 - <u>http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf</u>
- Exchange and Insurance Market Standards for 2015 and Beyond (79 FR 30240)

http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf
Resources

| Resource | Link/Contact Information |
|---|--|
| U.S. Department of Health & Human Services | http://www.hhs.gov/ |
| Centers for Medicare & Medicaid Services (CMS) | http://www.cms.gov/ |
| The Center for Consumer Information & Insurance Oversight (CCIIO) web page | http://www.cms.gov/cciio |
| Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs | https://www.REGTAP.info |
| Pay.gov | https://pay.gov/paygov/ |
| The Transitional Reinsurance Program – Reinsurance Contributions Webpage | http://www.cms.gov/CCIIO/Programs-and- Initiatives/Premium-Stabilization- Programs/The-Transitional-Reinsurance- Program/Reinsurance-Contributions.html |



Inquiry Tracking and Management System (ITMS)

ITMS is available at https://www.regtap.info/

Users can submit questions after the User Group by selecting "Submit an Inquiry" from My Dashboard.



Note: Enter only one (1) question per submission.



FAQ Database on REGTAP

My Dashboard



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

| TAQ Search | |
|---|---|
| FAQ ID Keyword/Phrase Program Area Select All Agent Broker Distributed Data Collection for RI and RA/Edge Server Errollment and Eligibility Event Registration and Logistics Primary Category Primary Category Publish Date Secondary Category Publish Date Start Date End Date 22 Search Clear Search | Primary and Secondary Category search available only when one (1) Program Are selected. |

The FAQ Database allows users to

Keyword/Phrase, Program Area,

Primary and Secondary categories

search FAQs by FAQ ID,

and Publish Date.



Area is

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>"I would</i> |
| like to receive |
| notifications." |

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| *****This US Gov By clicking the box below I ack continue with entry into the sys Health and Human Services, p disclosed only by authorized p system may be disclosed or us searched at the request of law used for disciplinary, civil action these policies. | ernment computer system is provided for Official Use Only.***** nowledge that I have read and agree to this System Notice and wish to tem. Any information placed in the system belongs to the US Department of centers for Medicare and Medicaid Services and may be monitored, used, or ersonnel. Any communication or data transiting or stored on this information ed for any lawful Government purpose. The data on the system may be enforcement or other persons as appropriate, and may be disclosed and n, or criminal prosecution. Use of this computer system constitutes consent to |
| I acknowledge that I have r | ead and agree to this System Notice. * |
| | Back to login page |
| | Submit |

After initial registration, contact the Registrar at <u>registrar@REGTAP.info</u>, call (800) 257-9520, or submit an inquiry to <u>https://www.regtap.info/</u> to change notification preference.





Closing Remarks

