Module 2: 2015 Reinsurance Contributions Counting Methods Overview

August 17, 24, and 31, 2015

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



Session Guidelines

- This is a 90-minute webinar session
- For questions regarding content, please submit inquiries to: reinsurancecontributions@cms.hhs.gov
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520





- Define who is required to make reinsurance contributions for the 2015 benefit year
- Provide an overview of the permitted reinsurance contribution counting methods
- Demonstrate how the 2015 reinsurance contribution amounts are calculated





- Who Is Required to Make Reinsurance Contributions
- Counting Methods Overview
- Consistency Requirements and Aggregation
- Calculation of Contribution Amounts
- Key Deadlines for the 2015 Benefit Year
- Next Steps
- Upcoming Webinars
- Resources



Intended Audience

- Health Insurance Issuers
- Plan Sponsors
- Third Party Administrators (TPAs)
- Administrative Services-Only (ASO) Contractors



Who Is Required to Make Contributions for the 2015 Benefit Year?



Who is Required to Make Reinsurance Contributions for the 2015 Benefit Year?

Contributing Entity generally includes:

- A health insurance issuer; or
- A self-insured group health plan (including a group health plan that is partially self-insured and partially insured, where the health insurance coverage does not constitute major medical coverage) <u>that uses a</u> <u>TPA in connection with claims processing or</u> <u>adjudication (including the management of</u> <u>internal appeals) or plan enrollment for services</u> <u>other than for pharmacy benefits or excepted</u> <u>benefits within the meaning of section 2791(c) of</u> <u>the PHS Act</u>



Self-Insured Self-Administered Exemption

- For the 2015 and 2016 benefit years, contributions are not required from a self-insured group health plan that <u>does not</u> use a TPA in connection with claims processing or claims adjudication (including the management of internal appeals) or plan enrollment
- However, a self-insured group health plan is permitted to use an unrelated third party for the following without losing its self-administered status:
 - De minimis administrative services for medical benefits (5% or less)
 - Leasing of provider networks and related services



Contributions Are Generally Required For...

- Major medical coverage that is part of a commercial book of business
- For the purpose of reinsurance contributions, "major medical coverage" is defined in 45 CFR 153.20 as:
 - A catastrophic plan;
 - An individual or a small group market plan subject to the actuarial value requirements under 45 CFR 156.140
 (<u>http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-av-calculator-final.xlsm</u>); or
 - Health coverage for a broad range of services and treatments provided in various settings that provides minimum value as defined in 45 CFR 156.145 (<u>https://www.cms.gov/CCIIO/Resources/Regulations-and-</u> <u>Guidance/Downloads/mv-calculator-final-4-11-2013.xlsm</u>)



Counting Methods Overview



Introduction to Counting Methods

The applicable counting method depends upon the following:

- 1) Whether the Contributing Entity is a health insurance issuer or a self-insured group health plan
- 2) Whether, in the case of a group health plan that is a Contributing Entity, the plan offers more than one coverage option



Counting Methods for Calculating Reinsurance Covered Lives Counts

Counting Method*	Health Insurance Issuers	Self-Insured Group Health Plans
Actual Count	1	1
Snapshot Count	1	
Snapshot Factor		1
Member Months or State Form	1	
Form 5500		1



*See 45 CFR 153.405 for a description of each counting method

Actual Count (45 CFR 153.405(d)(1))

How to Calculate: Add the number of reinsurance covered lives on each day of the month for the first nine (9) months of the benefit year, and divide that total by the number of days in the first nine (9) months.

Applicable to: All Contributing Entities

Sum of lives covered for each day in the first nine (9) months (Jan.-Sept.)

Sum of days in the first nine (9) months of 2015 (273)

= Annual Enrollment Count for Reinsurance Contributions



Actual Count Full Year Example

Sum of Reinsurance Covered Lives for Each Day of the Month

0	0	Jai	©) an	2	ø
					y 	
		1500	1450	1450	1450	1455
1450	1455	1450	1450	1450	1455	1455
1455	1460	1455	1465	1465	1455	1475
1475	1475	1470	1480	1480	1490	1495
1495	1495	1490	1495	1490		1

number of reinsurance covered lives in a single month, determine the number of reinsurance covered lives for each day of the month, and add those numbers together.

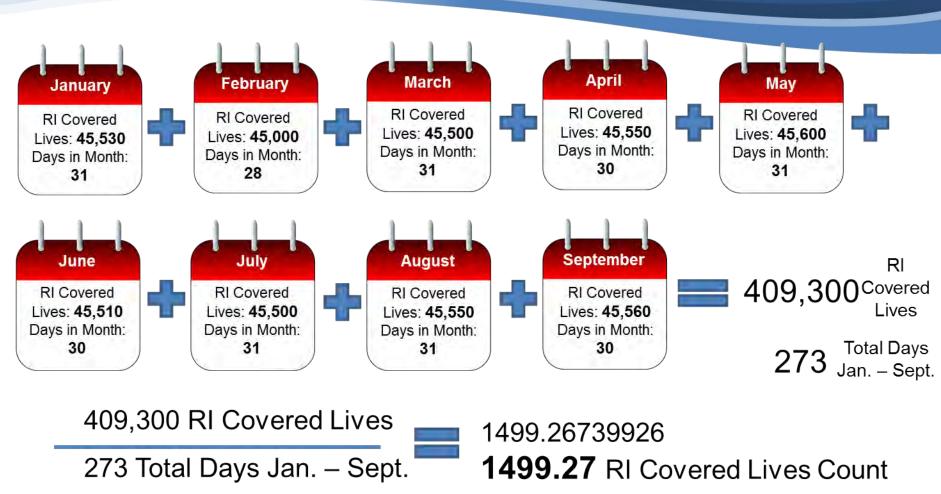
To calculate the

January = 45,530 Reinsurance Covered Lives

WWW.REGTAP.INFO



Actual Count Full Year Scenario (continued)





Snapshot Count (45 CFR 153.405(d)(2))

How to Calculate: Add the number of reinsurance covered lives on any date (or more dates, if an equal number of dates are used for each quarter) during the same corresponding month in each of the first three (3) quarters of the benefit year, and divide that total by the number of dates on which the reinsurance covered lives count was made.

Applicable to: All Contributing Entities



Snapshot Count Example

JANUARY

Мо	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL

Мо	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

JULY

Mo Tu We Th Fr Sa Su

13 14 15 16 17 18 19 20 21 22 23 24 25 26

1 2 3 4 5 6 7 8 9 10 11 12

FEBRUARY Mo Tu We Th Fr Sa Su 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

MAY

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

AUGUST

Mo	Tu	We	Th	Fr	Sa	Su
31					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

	MARCH										
1	Mo	Tu	We	Th	Fr	Sa	Su				
1	30	31				(1				
	2	3	4	5	6	7	8				
	9	10	11	12	13	14	15				
]	16	17	18	19	20	21	22				
2	23	24	25	26	27	28	29				

JUNE										
Me	Tu	We	Th	Fr	Sa	Su				
1	Þ	3	4	5	6	7				
8	9	10	11	12	13	14				
15	16	17	18	19	20	21				
22	23	24	25	26	27	28				
29	30									

SEPTEMBER

Мо	Tu	We	Th	Fr	Sa	Su
(1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Sum of lives covered on any date during the same corresponding month in each of the first three (3) quarters of the benefit year (e.g. March 1, 2015, June 1, 2015, September 1, 2015). The date(s) used for the second and third quarters must fall within the <u>same week of the quarter</u> as the corresponding date(s) used for the first quarter.

Sum of dates on which the reinsurance covered lives count was made (3).

= Number of Reinsurance Covered Lives



27 28 29 30 31

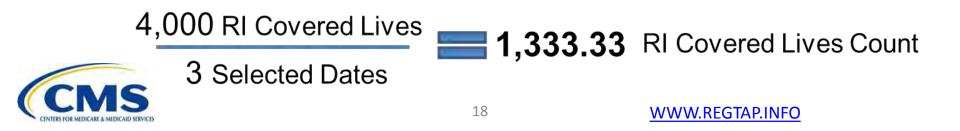
Snapshot Count Full Year Scenario

Add the number of reinsurance covered lives for each of the dates selected.



Calculate the sum of dates on which the RI covered lives count was made. In this scenario 3 dates were selected. **3** Selected Dates

Divide the total number of RI covered lives by the number of dates (3) to determine the covered lives count.



Snapshot Factor (45 CFR 153.405(e)(2))

How to Calculate:

Sum of the number of participants with <u>self-only</u> coverage covered on any single date during the same corresponding month in each of the first three quarters of the calendar year* Sum of the number of participants with <u>other than self-only lives</u> coverage on any date during the same corresponding month in each of the first three (3) quarters of the calendar year multiplied by a factor of 2.35

Sum of dates on which the count was made (3)

= Number of Reinsurance Covered Lives

Applicable to: Self-insured group health plans and multiple group health plans maintained by the same plan sponsor that do not include an insured plan [see 45 CFR 153.405(e)(2) and (g)(4)(ii)].

*The date(s) used for the second and third quarters must fall within the <u>same week of</u> <u>the quarter</u> as the corresponding date(s) used for the first quarter.



Snapshot Factor Example

Add the number of participants with **self-only coverage** for each of the dates selected in the first three (3) quarters of the year.



Add the number of participants with <u>other than self-only coverage</u> for each of the dates selected and multiply by a factor of 2.35.



Snapshot Factor Example (continued)

Add the total number of participants with self-only coverage to the total number of participants with other than self-only coverage, multiplied by a factor of 2.35.

3,275.00 (Total Self-Only Participants)

+ 6,215.75 (Total Other than Self-Only Participants)

9,490.75 Summed Total

Divide the summed total by the number of dates (3).

9,490.75 (Summed Total)

3 (Selected Dates)



3,163.58 RI Covered Lives Count

Member Months or State Form Method (45 CFR 153.405(d)(3))

How to Calculate:

Average number of policies in effect during the first nine months of the benefit year*



Ratio of covered lives per policy in effect, calculated using the prior year's National Association of Insurance Commissioners (NAIC) Supplemental Health Care Exhibit (SHCE) or a form filed with the issuer's State of domicile for the most recent time period

= Number of Reinsurance Covered Lives

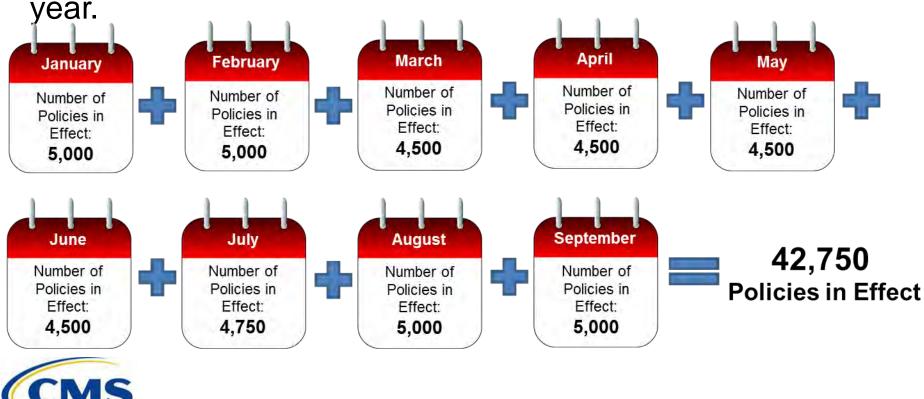
Applicable to: Health insurance issuers

*Calculated using the prior National Association of Insurance Commissioners (NAIC) Supplemental Health Care Exhibit (SHCE) or a form filed with the issuer's State of domicile for the most recent time period



Member Months or State Form Method Example

Add the number of policies in effect for the first nine (9) months (January – September) of the applicable benefit



Member Months or State Form Method Example (continued)

Divide the number of policies (42,750) in effect for the first nine (9) months of the applicable benefit year by the number of months (9) to determine the average number of policies in effect.

42,750 (policies in effect)

9 (first nine months of benefit year)

4,750 Average Policies in Effect



Member Months or State Form Method Example (continued)

Divide the number of lives from the SHCE (98,875) by the previous year's number of policies from the SHCE (39,550) to determine the ratio.

98,875 (Number of Lives from SHCE)2.539,550 (Number of Policies from SHCE)Ratio of Lives
Per Policy in Effect

Multiply the average number of policies in effect (4,750) by the ratio of lives per policy (2.5).



Form 5500 Method (45 CFR 153.405(e)(3))

How to Calculate:

 A) Self-Only Coverage
 Total participants at the beginning of the plan year
 Total participants at the end of the plan year

 2

= Number of Reinsurance Covered Lives for Self-Only Coverage

 B) Self-Only & Other
 Coverage
 Total participants at the beginning of the plan year
 Total participants at the end of the plan year
 Coverage
 Total participants at the end of the plan year
 Total participants at the end of the plan year
 Coverage



Applicable to: Self-insured group health plans

Form 5500 Method Self-Only Coverage Example

<u>Question</u>: How does a plan with self-only coverage use the Form 5500 method to calculate reinsurance covered lives?

Form 5500 (20		ne Form 5500 method for			
3a Plan admi Calc plan		3c Adn	ninistrator's EIN ninistrator's telephone nber		
the land	peginning of	number of participants at the plan year from line 5 ne plan year from line 00 (2,500).	s plan, enter the name,	4b EIN	1
a Sponsor's name				4c PN	6
5 Total num 2) D	ivide the tota	al number of lives	-	5	1,000
Mumber o COVE	ered at the b year (2,500	eginning and end of the) by 2.	mplete only lines 6a(1),		
a(1) Total nu		, ,		6a(1)	
a(2) Total nu	2,500	=1,250		6a(2)	1,000
b Retired or	2 Reinsurance Covered			6b	250
c Other retir		Lives Count			250
d Subtotal, Add lines				6d	1,500

Form 5500 Method Self-Only and Other Than Self-Only Coverage Example

<u>Question</u>: How does a plan with self-only and other than self-only coverage use the Form 5500 method to calculate reinsurance covered lives?

Form	5500 (2014)	Page	2					
a Plan adm	When using the	e Form 5500 method for		3b Adm	ninistrator's EIN			
	that are self-or	surance covered lives, plan bly and other than self-only btain the total number of	S		iinistrator's telephone nber			
If the nam EIN and t	participants at	the beginning of the plan ye	a sector at a sector of	4b EIN	1			
		rom line 5 and the end of the plan year from ne 6(d) of Form 5500 (2.500).		ne 6(d) of Form 5500 (2,500).		4c PN	4C PN	
Total nun	_	2,500		5	1,000			
6a(2), 6b.		Reinsurance Covered	te only lines 6a(1),					
a(1) Total n		Lives Count		6a(1)				
a(2) Total nu	mber of active participants at	the end of the plan year		6a(2)	1,000			
b Retired or	separated participants receiv	ing benefits		6b	250			
c Other retir	ed or separated participants of	entitled to future benefits		6c	250			
	Add lines 6a(2), 6b, and 6c			6d	1,500			

Calculating Reinsurance Covered Lives for Partial Year Coverage

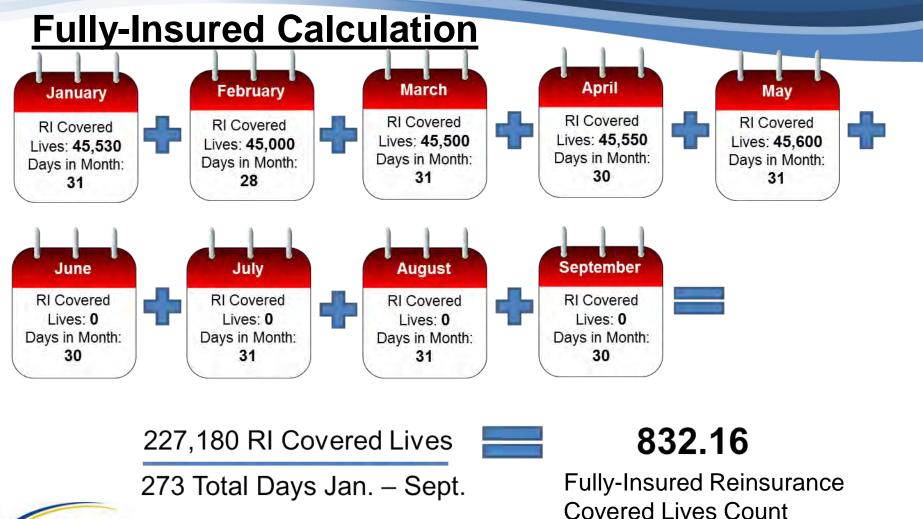


Partial Year Coverage

- A health plan or coverage may be established, terminated, or change funding mechanisms during the first nine (9) months of a benefit year
- If coverage changes from a fully insured plan to a self-insured plan or self-insured to fully insured during the first nine (9) months of 2015, the following rules apply:
 - The issuer of the fully insured plan would be responsible for paying the per covered life contribution amount for reinsurance contribution enrollees for the portion of the calendar year they are enrolled in the fully insured plan
 - The self-insured plan would be responsible for paying the per covered life contribution amount for reinsurance contribution enrollees for the portion of the year they are enrolled in the self-insured plan
 - As a result, both plans would be responsible for paying a portion of the fee using one of the permitted counting methods in 45 CFR 153.405(d) and 45 CFR 153.405(e), as applicable, based on the portion of the year these covered lives were enrolled in the self-insured and fully-insured plans

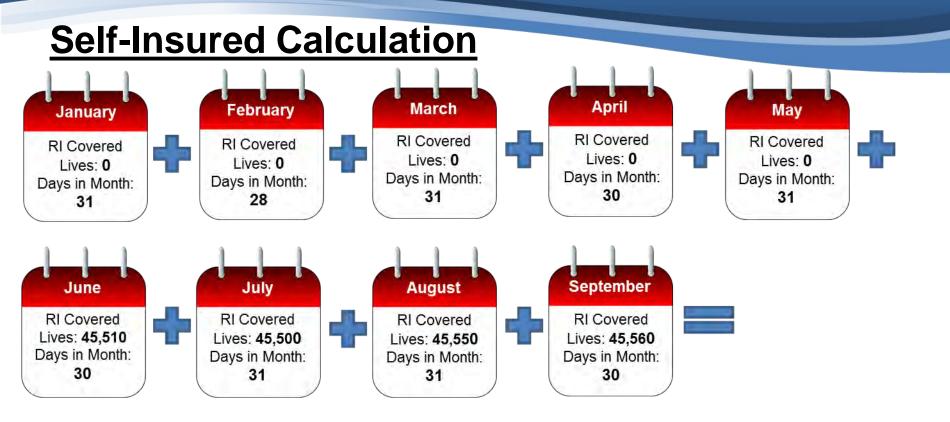


Actual Count Partial Year Example





Actual Count Partial Year Example (continued)



182,120 RI Covered Lives

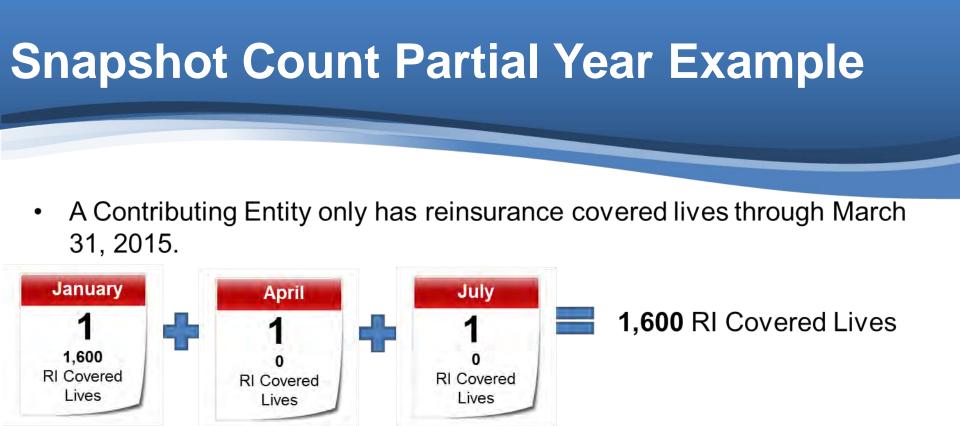
273 Total Days Jan. - Sept.



Self-Insured Reinsurance

Covered Lives Count

667.11



- Calculate the sum of dates on which the RI covered lives count was made. In this scenario 3 dates were selected 3 Selected Dates
- Divide the total number of reinsurance covered lives by the number of dates (3) to determine the reinsurance covered lives count



533.33 RI Covered Lives Count

Deducting Reinsurance Contribution Exempted Lives from the Annual Enrollment Count



Reinsurance Contribution Exempted Lives

• For a list of all plans or coverage that are exempt from the requirement to make reinsurance contributions, please see:

Module 1: Transitional Reinsurance Program Contributions Overview for 2015 Benefit Year available in the REGTAP Library



Deducting Reinsurance Contribution Exempted Lives – Actual Count and Snapshot Count Methods

Actual Count Method (45 CFR 153.405(d)(1))

 Subtract any exempted reinsurance covered lives from the total for each day, <u>prior</u> to adding the total number of lives covered for each day of the first nine (9) months of the benefit year and then divide that total by the number of days in the first nine (9) months.

Snapshot Count Method (45 CFR 153.405(d)(2))

Subtract any exempted reinsurance covered lives from the total for each date(s) on which a count is taken in a quarter, <u>prior</u> to adding the total number of lives covered on any date (or more dates, if an equal number of dates are used for each quarter) during the same corresponding month in each of the first three (3) quarters of the benefit year, and then divide that total by the number of dates on which a count was made.



Deducting Reinsurance Contribution Exempted Lives – Snapshot Factor Method

Snapshot Factor Method (45 CFR 153.405(e)(2))

- Add the total number of lives covered on any date (or more dates, if an equal number of dates are used for each quarter) during the same corresponding month in each of the first three (3) quarters of the benefit year (provided that the date used for the second and third quarters must fall within the same week of the quarter as the corresponding date used for the first quarter), and dividing that total by the number of dates on which a count was made, except that the number of lives covered on a date is calculated by adding the number of participants with self-only coverage on the date to the product of the number of participants with coverage other than self-only coverage on the date and a factor of 2.35
- Following this determination, subtract from the total number of lives covered the number of exempted reinsurance covered lives



Deducting Reinsurance Contribution Exempted Lives – State Form or Member Months Form

State Form or Member Months Method (45 CFR 153.405(d)(3))

- Determine the average number of policies for the first nine (9) months of the calendar year and multiply that that number of policies by the ratio of covered lives per policy in effect, calculated using the prior National Association of Insurance Commissioners (NAIC) Supplemental Health Care Exhibit (or a form filed with the issuer's State of domicile for the most recent time period).
- Following this determination, subtract from the total number of lives covered the number of exempted reinsurance covered lives.



Deducting Reinsurance Contribution Exempted Lives – Form 5500

Form 5500 Method (45 CFR 153.405(e)(3))

- Determine the number of lives covered for the most current plan year calculated based upon the 'Annual Return/Report of Employee Benefit Plan' filed with the Department of Labor (Form 5500) for the last applicable time period;
 - For purposes of this method, the number of lives covered for the plan year for a plan offering only self-only coverage equals the sum of the total participants covered at the beginning and end of the plan year, as reported on the Form 5500, divided by two (2), and the number of lives covered for the plan year for a plan offering self-only coverage AND coverage other than self-only coverage equals the sum of the total participants covered at the beginning and the end of the plan year, as reported on the Form 5500
- Following this determination, subtract from the total number of lives covered the number of exempted reinsurance covered lives.



Consistency Requirements and Aggregation



Consistency Requirements

- A Contributing Entity must use the same counting method for an entire calendar year.
- When a plan sponsor that maintains multiple group health plans is calculating the average number of reinsurance covered lives across two (2) or more plans, the same counting method **must** be used across all of the plans because they would be treated as a single plan for counting purposes.
 - However, a plan sponsor that maintains multiple group health plans can treat its plans as separate group health plans if the sponsor determines the number of covered lives under each plan as if the separate group health plan provided major medical coverage
- Consistency in counting methods is **NOT** required between the enrollment count calculated under the Patient-Centered Outcomes Research Trust Fund (PCORTF) Rule and the count calculated for reinsurance purposes.



Aggregation Rules for Group Health Plans with a Self-Insured Coverage Option and an Insured Coverage Option

No Aggregation

- If the group health plan determines the number of RI covered lives under each coverage option separately as if each provided major medical coverage, the group health plan may use any of the counting methods specified for health insurance issuers or self-insured group health plans, as applicable to each coverage option.
 - For any fully-insured plans, the group health plan may use the following counting methods: actual count, snapshot count, and Member Months or State Form
 - For any self-insured plans, the group health plan may use the following counting methods: actual count, snapshot count, snapshot factor, or Form 5500

Aggregation

 If the group health plan chooses to aggregate the multiple group health plans and at least one is an insured plan, the plan sponsor must use the actual count or snapshot count counting method.



Aggregation Rules for Multiple Group Health Plans Maintained by Same Plan Sponsor

The following aggregation rules apply if there are multiple group health plans maintained by the same plan sponsor (including one (1) or more group health plans that provide health insurance coverage) that collectively provide major medical coverage for the same reinsurance covered lives simultaneously.

No Aggregation

If the plan sponsor determines the number of reinsurance covered lives under each separate group health plan as if the separate group health plan provided major medical coverage, the plan sponsor my treat the multiple plans as separate group health plans.

- For any fully-insured plans, the plan sponsor may use the following counting methods: actual count, snapshot count, and Member Months or State Form
- For any self-insured plans, the plan sponsor may use the following counting methods: actual count, snapshot count, snapshot factor, or Form 5500



Aggregation Rules for Multiple Group Health Plans Maintained by Same Plan Sponsor (continued)

Aggregation

- If the plan sponsor chooses to aggregate the multiple group health plans and at least one is an insured plan, the plan sponsor must use the actual count or snapshot count counting method
- If the plan sponsor chooses to aggregate the multiple group health plans and none of the plans are an insured plan, the plan sponsor must use the actual count, snapshot count, or snapshot factor counting method



Calculation of the 2015 Uniform Reinsurance Contribution Amounts



2015 Uniform Reinsurance Contribution Rate

 Reinsurance contribution amounts are calculated by multiplying a Contributing Entity's annual enrollment count by the 2015 Uniform Reinsurance Contribution rate of <u>\$44.00</u>.

The Uniform Reinsurance Contribution Rate for 2015 was finalized in the 2015 Payment Notice at **\$44.00 per covered life**

 When entering the annual enrollment count into the Form, the contribution amount owed will be calculated <u>automatically</u>.



Auto-Calculated Contribution Amounts: Form Example

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? Type of Filing New C Re-Filing C Resubmission C Invoice 120 RI Covered Lives * 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 X \$44.00 =(Regulatory Payment Due Date - January 15, 2016) Second Collection - Contribution for General Fund of the US Treasury (Regulatory Payment Due Date - November 15, 2018) \$5,280.00 Combined Collection - First Collection + Second Collection (as described above) (Regulatory Payment Due Date - January 15, 2016) * Benefit Year for Reporting Gross Annual Enrollment Count (auto-calculated) Total Applicable Benefit Year Contribution Rate 44.00 _____ * Gross Annual Enrollment Count 120.00 _____ * Verify Gross Annual Enrollment Count 120.00 ? Contribution Rate for Program Payments and Program Administration Funds 33.00 Contribution Amount Due for Program Payments and Program Administration Funds 3,960.00 Contribution Rate for General Fund of the US Treasury 11.00 ? Contribution Amount Due for General Fund of the US Treasury 1,320.00 Total Contributions Due for the Applicable Benefit Year

2015 ACA Transitional Reinsurance Program Annual Enrollment



5.280.00 ?

Key Deadlines for 2015

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

Next Steps

• NOW

- Review the counting methods set forth in 45 CFR 153.405(d) through (g)
- Review these slides and "Transitional Reinsurance Program Operational Guidance: Examples of Counting Methods for Contributing Entities – UPDATED FOR THE 2015 BENEFIT YEAR" to calculate your annual enrollment count
- Review your REGTAP emails for updates and monitor the CCIIO web page
- Register on Pay.gov or confirm your password if you were a registered user for the previous year

• LATER

- Attend future trainings
- Complete the 2015 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form, which will be available on <u>https://pay.gov/public/home</u> in October 2015
- For questions regarding Contributions, please contact us at reinsurancecontributions@cms.hhs.gov



Upcoming Webinars

Торіс	Tentative Date
Module 3: 2015 Form Completion, Submission, and Payment	September 23 September 28 September 30

Additional webinars and user groups will be held through November 2015.



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







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
Registration and Form on Pay.gov	https://pay.gov/paygov/



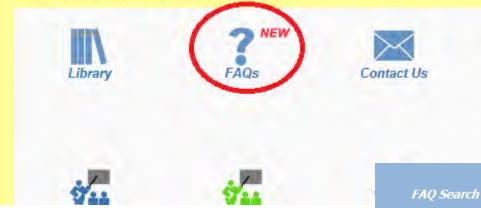
Regulatory References

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



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

Keyword/Phrase		
Program Area		
Select All		
Agent Broker		(≡)
	Collection for RI and RA/Edge Ser	ver
Enrollment and Eli		
Event Registration	n and Logistics	Ψ.
Primary Category	•	
Secondary Catego	ory 💌	
Publish Date		
Publish Date Start Date	End 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."

Organization Name:		
-		
State:	Please select V	
Organization Type:	Please select	✓ *
Title:	Please select	v *
Role in Organization:	Please select	× *
Work Phone:	Format:X	XX-XXX-XXXX * ext:
Mobile Phone:	Format:X	XX-XXX-XXXX

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 <u>registrar@REGTAP.info</u>, call (800) 257-9520, or submit an inquiry to <u>www.REGTAP.info</u> to change notification preference.



Closing Remarks



