Quick Start Guide to the
2015 Transitional Reinsurance Form

Resources

- Download and review all reference materials at:
    - REGTAP, https://www.regtap.info/ricontributions.php
    - ACA Transitional Reinsurance Program's Reinsurance Contributions webpage
- Select the **Need Help?** link when in the 2015 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form (Form) to quickly access resource materials and information.
- Select the blue question mark **?** in the Form to view a description of the field.

1 Before Getting Started

1. Calculate your Annual Enrollment Count using one (1) of the approved counting methods.

> For more information on approved counting methods for calculating your Annual Enrollment Count, see Module 2: 2015 Reinsurance Contributions Counting Methods Overview (Webinar) and The Transitional Reinsurance Program Operational Guidance: Examples of Counting Methods for Contributing Entities.

2. Prepare Supporting Documentation, if you are reporting for four (4) or more Contributing Entities.
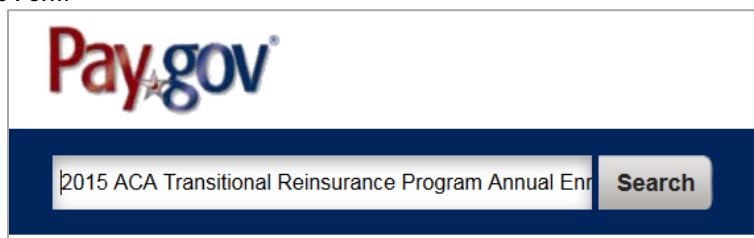
2 Navigate to the Form on Pay.gov

1. Go to the Pay.gov website at https://pay.gov/.

2. Select **Log in** to log in with your User Name and Password. If you do not have an existing account with Pay.gov, select **Register** to create an account.

⚠️ You must first register on Pay.gov in order to submit the Form. For instructions on how to register, see Module 3 – 2015 Reinsurance Contributions: Form Completion, Submission, and Payment (Webinar) or visit the Pay.gov website.

3. In the Search box at the top of the Home page, search for **2015 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form**, as shown in **Figure 1**.

Figure 1: Search for the Form

4. On the Search Results page, navigate to the 2015 ACA Transitional Reinsurance Program Annual Enrollment Contributions section and select **Continue to the Form**, as shown in **Figure 2**.

Figure 2: Select Continue to the Form
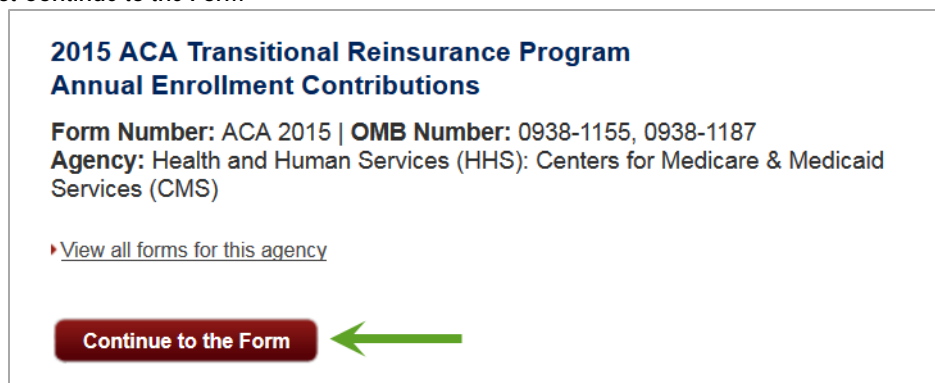
5. On the Acknowledgment of Accepted Payment Methods page, select **Continue to the Form** to acknowledge the accepted payment method of Bank Account (ACH), as shown in **Figure 3**.

Figure 3: Select Continue to the Form to Acknowledge Payment Method

Accepted Payment Methods:

▸ Bank account (ACH)

Cancel   **Continue to the Form**

3   Complete Contact Information

1. On the Contact Information page, enter required information (indicated by an asterisk), as shown in **Figure 4**.

Figure 4: Enter Required Contact Information

* Required Fields

Current Date: 08/09/2015

* Legal Business Name (LBN):   Great Farms Insurance

* Federal Tax ID Number: 82-7654931

Billing Contact

* First Name: Jamie   * Last Name: Simpson   * Job Title: Business Analyst

* Email Address: JSimpson@gfinsurance.com   * Telephone: (703) 463-9172   Ext:

Billing Address

* Line 1:   8270 Corporate Road   Line 2:

* City: Valspar   * State: Virginia   * Zip Code: 23841

Contact for Submission

* First Name: Jamie   * Last Name: Simpson   * Job Title: Business Analyst

* Email Address: JSimpson@gfinsurance.com   * Telephone: (703) 463-9172   Ext:

2. Select **Yes** or **No** to the question, "Are you reporting more than three (3) Contributing Entities?" as shown in **Figure 5**. If you selected **No** to the first question, select **Yes** or **No** to the question, "Are you both the Reporting Entity and Contributing Entity?" You may also select the blue question mark for more information.

Figure 5: Answer Yes or No to Contributing Entities Questions

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

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

3. Select **Continue** to continue with the Form. You may also **Save** the Form or select **PDF Preview** to preview the Form, as shown in **Figure 6.**

Figure 6: Select Continue to Continue with the Form
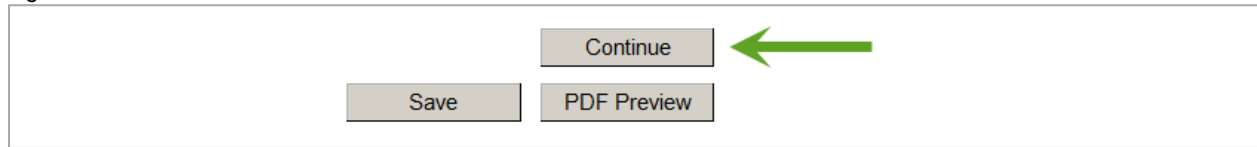
> ⚠ If you are reporting for more than three (3) Contributing Entities, you must complete Supporting Documentation (.csv file). For instructions on completing Supporting Documentation, see Module 3: 2015 Reinsurance Contributions Program: Form Completion, Submission, and Payment (Webinar) or the 2015 Reinsurance Contributions Form Completion, Submission, and Payment web-based training course.

4 Complete Contributing Entity Information

If you selected **Yes** to the question "Are you reporting for more than three (3) Contributing Entities," go to **Section 5** to continue with the Form.
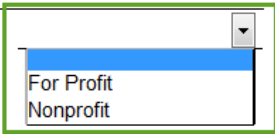
If you selected **No** to the question "Are you reporting for more than three (3) Contributing Entities," complete the steps below.

1. Complete the following steps, as shown in **Figure 7**. Note that the information for Contributing Entity 1 will pre-populate with the company information you provided in your Contact Information (you can modify the pre-populated fields, if necessary).
   a) Select the Organization Type (For Profit or Nonprofit) from the dropdown list.
   b) Select the Domiciliary State from the dropdown list.
   c) Enter the Annual Enrollment Count for the applicable benefit year.
   d) Select the Type of Contributing Entity from the dropdown list.

Figure 7: Enter Additional Information

2. If applicable, enter the information for Contributing Entity 2 and 3, and select **Continue**, as shown in **Figure 8**. You may also **Save**, **Preview** the Contributing Entity Information in PDF, or go **Back** to the previous page.

Figure 8: Select Continue

5 Complete Contributions Information

1. On the Type of Filing page, select the Type of Filing (New, Re-Filing, or Resubmission). If you selected **New** for Type of Filing, select the Type of Payment (First Collection, Second Collection, or Combined Collection), as shown in **Figure 9**. Even if you filed a Form in 2014, you will need to select New for the 2015 Form the first time you submit a 2015 Form.
    .

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

Figure 9: Complete Type of Filing and Payment

* 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, 2016)

☐ Second Collection - Contribution for General Fund of the US Treasury
(Regulatory Payment Due Date - November 15, 2016)

☐ Combined Collection - First Collection + Second Collection (as described above)
(Regulatory Payment Due Date - January 15, 2016)

> ⚠ The Form will prompt you to complete certain sections of the Form as determined by your Type of Filing. Complete all sections marked with an asterisk, which indicates a required field.

2. If you selected **New** as the Type of Filing, enter and verify the Annual Enrollment Count, as shown in **Figure 10**. The Form will pre-populate the remaining information based on the Annual Enrollment Count.

Figure 10: Enter Information for New Filing

* Benefit Year for Reporting Gross Annual Enrollment Count	2015	
Total Applicable Benefit Year Contribution Rate	44.00	
* Annual Enrollment Count	101,000.00	?
* Verify Annual Enrollment Count	101,000.00	?
Contribution Rate for Program Payments and Program Administration Funds	33.00	?
Contribution Amount Due for Program Payments and Program Administration Funds	3,333,000.00	?
Contribution Rate for General Fund of the US Treasury	11.00	?
Contribution Amount Due for General Fund of the US Treasury	1,111,000.00	?
Total Contributions Due for the Applicable Benefit Year	4,444,000.00	?

3. If you selected **Re-Filing** as the Type of Filing, enter and verify the Annual Enrollment Count, and enter your Previous Pay.gov Tracking ID, as shown in **Figure 11**. The Form will pre-populate the remaining information based on the enrollment count.

Figure 11: Enter Information for Re-File Filing

* Benefit Year for Reporting Gross Annual Enrollment Count	2015
Total Applicable Benefit Year Contribution Rate	44.00
* Annual Enrollment Count	101,000.00 ?
* Verify Annual Enrollment Count	101,000.00 ?
Contribution Rate for Program Payments and Program Administration Funds	33.00 ?
Contribution Amount Due for Program Payments and Program Administration Funds	3,333,000.00 ?
Contribution Rate for General Fund of the US Treasury	11.00 ?
Contribution Amount Due for General Fund of the US Treasury	1,111,000.00 ?
Total Contributions Due for the Applicable Benefit Year	4,444,000.00 ?
* Previous Pay.gov Tracking ID	[Tracking ID] ?

4. If you selected **Resubmission** as the Type of Filing, enter your Previous Pay.gov Tracking ID, and enter and verify your Annual Enrollment Count at the bottom of the Form, as shown in **Figure 12**.

Figure 12: Enter Information for Resubmission Filing

* Previous Pay.gov Tracking ID	[Tracking ID] ?
Invoice Number	?
Verify Invoice Number	?
Invoice Payment Amount	
* Annual Enrollment Count	101,000.00 ?
* Verify Annual Enrollment Count	101,000.00 ?

5. Select the checkboxes to confirm that the annual enrollment count entered matches the aggregate enrollment count by entity in the Supporting Documentation, and to acknowledge and certify that all entered data are true, as shown in **Figure 13**.
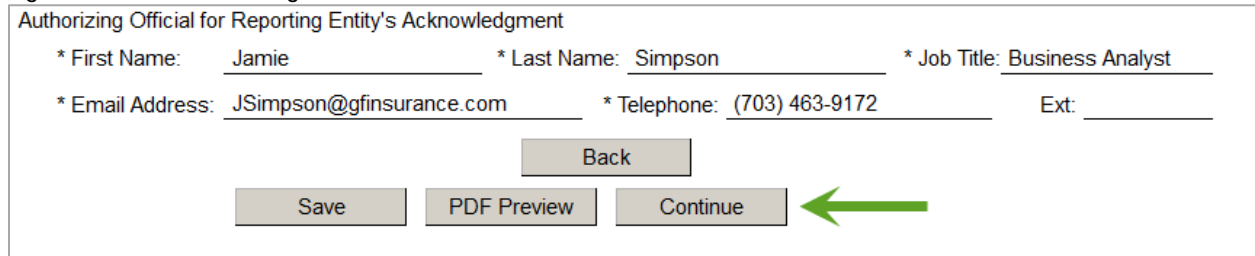
Figure 13: Select Checkboxes

☑ 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.

6. Enter the Authorizing Official for Reporting Entity's Acknowledgment contact information, as shown in **Figure 14**.

7. Select **Continue** to continue with the Form, as shown in **Figure 14**. A pop-up window will display a message prompting you to change the Payment Date on the Payment page, if you do not wish to schedule the payment for the next business day. You can also **Save**, **Preview** the information in PDF, or go **Back** to the previous page.

Figure 14: Enter Authorizing Official Information and Select Continue

6 Upload Supporting Documentation (If Applicable)

If you selected **No** to the question "Are you reporting for more than three (3) Contributing Entities," go to **Section 7**.

If you selected **Yes** to the question "Are you reporting for more than three (3) Contributing Entities," follow these steps, as shown in **Figure 15**.

1. Select **Browse** to search for your Supporting Documentation and select your file.
2. Select **Attach** to attach it to the Form.
3. When you have attached the file, select **Next**.

Figure 15: Upload Supporting Documentation

7 Complete Payment Information

1. On the Payment page, edit the Payment Date if needed, enter the Account Holder Name, select "I want to enter a new account," and select the Account Type, as shown in **Figure 16**.

⚠ The Payment Date will pre-populate with the date of the next business day. If you wish to schedule your payment for a later date, edit the Payment Date field with the new date of payment. **Note**: The payment deadline for the First Collection or Combined Collection is January 15, 2016, and the payment deadline for the Second Collection is November 15, 2016; however, form filings are required by November 16, 2015 regardless of type of payment.

Figure 16: Enter Account Holder Name and Account Type

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

* Payment Amount:

$3,333,000.00

* Payment Date (mm/dd/yyyy)

08/11/2015

* Account Holder Name

Jamie Simpson

* Please select a payment account:

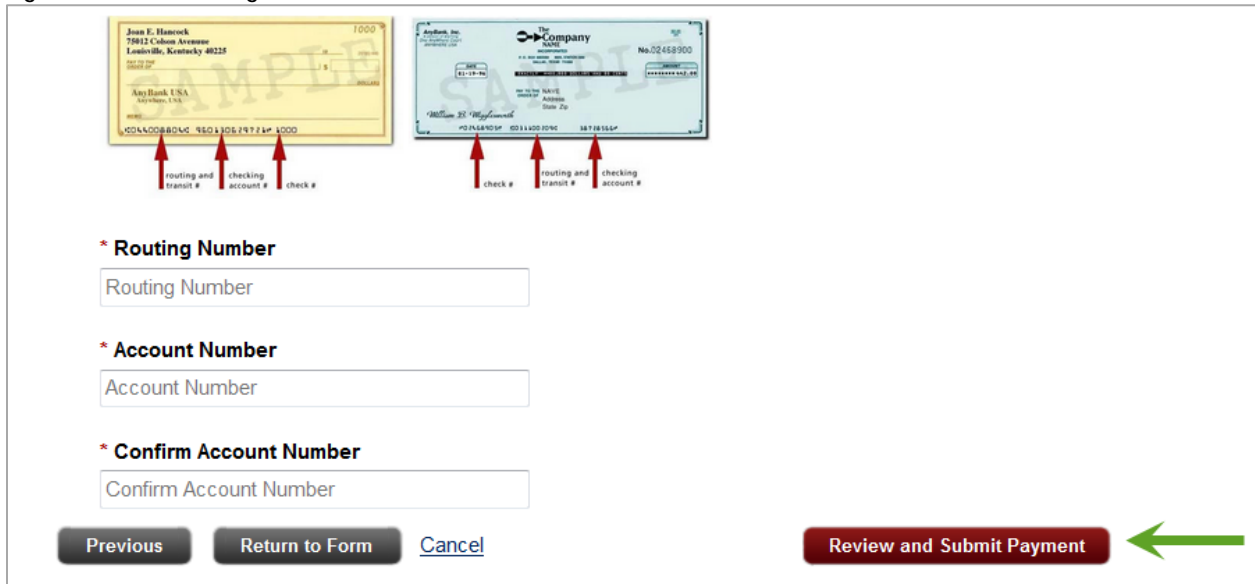◉ **I want to enter a new account**

☑ **I would like to save this payment account to my profile**

* Select Account Type

Business Checking ▼

Select Account Type
Business Checking
Business Savings
Personal Checking
Personal Savings

2. Enter the Routing Number, enter and confirm the Account Number, and select **Review and Submit Payment,** as shown in **Figure 17**. You may also go the **Previous** page, or **Return to Form**.

Figure 17: Enter Routing and Account Number and Select Review and Submit

8 Review and Submit Payment

1. Review your Payment and Account Information, as shown in **Figure 18**.

Figure 18: Review Payment and Account Information

2. If you wish to receive an email confirmation of your transaction, select the checkbox and enter and confirm your email address, as shown in **Figure 19**.
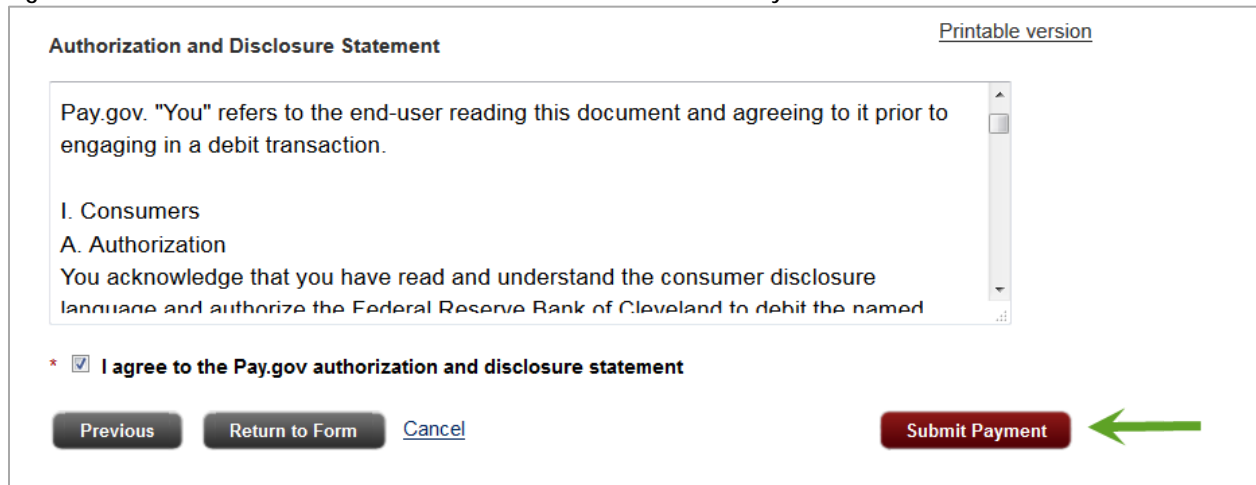
Figure 19: Select to Receive Email Confirmation

3. Review the Pay.gov Authorization and Disclosure Statement, select the checkbox to agree to the statement, and select Submit Payment as shown in **Figure 20**.

Figure 20: Review Authorization and Disclosure Statement and Submit Payment

4. Review your Payment Confirmation, as shown in **Figure 21**. You may also View the payment on the Payment Activities page, View the Form in the My Forms page, and/or Print a Receipt.

Figure 21: Review your Submission

Your payment is complete

Pay.gov Tracking ID: 3FP0PDJ4

Agency Tracking ID: 120025168051

Form Name: 2015 ACA Transitional Reinsurance
Program Annual Enrollment Contributions

Application Name: Transitional Reinsurance
Contributions

Payment Information

Payment Type: Bank account (ACH)

Payment Amount: $3,333,000.00

Transaction Date: 08/09/2015 12:40:37 PM EDT

Payment Date: 08/11/2015

Account Information

Account Holder Name: Jamie Simpson

Routing Number: 055003201

Account Number: ************1222

Email Confirmation Receipt

Confirmation Receipts have been emailed to:

JSimpson@gfinsurance.com

▶ View this payment on the Payment Activity page.

▶ View this form on the My Forms page.

▶ Print Receipt

⚠ Automatic debits to a business account may be blocked by the bank through a security feature called an ACH Debit Block, ACH Positive Pay, or ACH Fraud Prevention Filters. To remove the ACH Debit Block, an organization must provide a list of allowed ACH Company IDs to enable automatic debits from authorized companies. When working with the U.S. Government, these ACH Company IDs are referred to as the Agency Location Code (ACL+2). Contributing Entities must contact their bank to add the ALC+2 to their list of allowed ACH company IDs for debit transactions. The Transitional Reinsurance Program's ALC+2 is 7505008015 and the company name is USDEPTHHSCMS.