

Centers for Medicare & Medicaid Services

Center for Consumer Information and Insurance Oversight (CCIIO)

ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form Manual

Version 1.0 10/20/2014

PRA Disclosure Statement

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1 Introduction

The Center for Consumer Information and Information Oversight (CCIIO) at the Department of Health and Human Services' (HHS) Centers for Medicare & Medicaid Services (CMS) implemented a streamlined process for the collection of contributions due for the Affordable Care Act (ACA)'s Transitional Reinsurance Program. A Contributing Entity, or a Third Party Administrator (TPA) or Administrative Services-only (ASO) contractor on behalf of the Contributing Entity can complete all required steps for the ACA Transitional Reinsurance Contributions Program on the Pay.gov website at <u>https://www.pay.gov</u>.

This document will enable a Contributing Entity, or a TPA or ASO contractor on behalf of the Contributing Entity, to complete the required steps for the reinsurance contribution submission process. It provides information about the ACA Transitional Reinsurance Contributions Process including: step-by-step instructions for completing and submitting the 'ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form' (Form) and Reinsurance Contributions Supporting Documentation (Supporting Documentation); details on key elements and business concepts; and resources to further assist the Contributing Entity.

2 Background

Section 1341 of the Affordable Care Act established the Transitional Reinsurance Program to stabilize premiums in the individual market inside and outside of the Marketplaces. For the 2014, 2015 and 2016 Benefit (Calendar) Years, the Transitional Reinsurance Program collects contributions from Contributing Entities to fund 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.

Contributing Entities (45 CFR 153.20) are defined as health insurance issuers and certain self-insured group health plans offering major medical coverage. The responsibility to make reinsurance contributions lies with the Contributing Entity and the decision to delegate the function of completing the reinsurance contribution submission process lies with the Contributing Entity.

At the time of submission, Contributing Entities, or a TPA or ASO contractor submitting on their behalf, will choose the 'Type of Payment' and schedule a payment. The Type of Payment selection is based on how the Contributing Entity prefers to remit the contribution. The First Collection deadline is January 15th and the Second Collection deadline is November 15th, with both dates after the applicable benefit year. If the Contributing Entity chooses to make a Combined Collection, the deadline to submit the contribution is January 15th after the applicable benefit year. If the Contribution is January 15th after the applicable benefit year. If the Contribution is January 15th after the applicable benefit year.



chooses to make two (2) payments, the Forms and Supporting Documentation for both collections must be filed no later than November 15th of each benefit year of the reinsurance program at the same time to be considered a completed filing.

Any additional collection activity, invoicing, refunding, or resubmissions, can occur at any time throughout the program and is determined by CMS for any unpaid, overpaid, or underpaid contributions.

3 Transitional Reinsurance Contribution Submission Process Overview

The Reporting Entity must first register on the Pay.gov website at <u>https://www.pay.gov</u> to complete the submission process. We define a Reporting Entity as a Contributing Entity, a TPA, ASO contractor, or any other party filing the reinsurance contribution on behalf of a Contributing Entity. The Reporting Entity is the party completing the submission process.

Once registered on Pay.gov, the Reporting Entity accesses the Form and completes a series of steps to file and schedule the reinsurance contribution payment. The annual enrollment submission filings are due on Pay.gov by November 15th of the applicable benefit year. Refer to *Table 2: Contribution Schedule for the Benefit Year* in *Section 4.4: Know Key Deadlines* of this document for more information regarding filing and remittance due dates.

Figure 1: Transitional Reinsurance Process Overview



The Process includes two (2) groups of activities. There are activities that take place outside of the Pay.gov system and activities that are completed on the Pay.gov website.

Figure 1 illustrates the activities Reporting Entities complete outside of Pay.gov, which include:

• Collecting Contributing Entity information and enrollment data necessary for completing the Process. For more details, refer to *Table 1: Data Checklist* in this document.



- Calculating the Annual Enrollment Count using one (1) of the permitted counting methods.
- Preparing Supporting Documentation. For more details, refer to Appendix D: Supporting Documentation in this document.

More information on the Counting Methods is located in 45 CFR 153.405(d) through (g), which are explained in the 'Webinar: Examples of Counting Methods for Contributing Entities' available in the REGTAP Library or CCIIO's Transitional Reinsurance Program webpage. Refer to Appendix B: Resources and Regulatory References for website links.

Reporting Entities complete the following steps on Pay.gov:

- Register on <u>https://www.pay.gov</u> to create an account, and set a user name and password if not already registered. Some of the information in the user profile is auto-populated into the Form. For more details, review the section titled <u>Key</u> <u>Points about Pay.gov Registration</u> in this document.
- 2. Log onto Pay.gov to search for and select the 'ACA Transitional Reinsurance: Annual Enrollment Contributions Submission Form.' Complete the Form by reviewing and entering demographic information for the Reporting Entity; reviewing and entering contact information for billing, submission and the Authorizing Official; and entering the Gross Annual Enrollment Count to report the contribution.
- 3. Upload Supporting Documentation in a Comma-Separated Value (CSV) file that contains each Contributing Entity's identifying information and Annual Enrollment Count represented in the Form's Gross Annual Enrollment Count. For more details refer to *Appendix D: Supporting Documentation* in this document.
- 4. Enter banking information and schedule contribution payment based on the selected Type of Payment. It is recommended that the contribution remittance dates be scheduled 30 days after the Form submission date, but no later than the deadline. Refer to *Table 2: Contribution Schedule for the Benefit Year* in *Section 4.4: Know Key Deadlines* of this document for further details.

Depending on 'Type of Payment' selected, steps 2, 3 and 4 are completed multiple times. *Refer to <u>Section 4: Things to</u> <u>Consider before Getting Started</u> of this document for further details.*



A more detailed version of these steps is included in *Section 6: First Collection or Combined Collection* in this document.

4 Things to Consider before Getting Started

4.1 Multiple Form Filings

Before beginning the Pay.gov registration and contribution filing process, Reporting Entities determine whether multiple Form submissions are required.

- A Reporting Entity is required to submit more than one (1) Form in the following scenarios:
 - When filing a two-part collection:
 - Pay.gov only allows the scheduling of one (1) payment at a time; therefore, a Reporting Entity that chooses to remit a two-part contribution needs to submit one (1) Form and associated Supporting Documentation for each payment type (First Collection and Second Collection). These filings are required by November 15th of the applicable benefit year. The payments should be scheduled within the deadlines.
 - When submitting contributions for more enrollees than permitted in a single Pay.gov transaction:
 - In 2014, when the First or Second Collection is chosen, the maximum reportable Gross Annual Enrollment count is 1,904,761.90 for the Form filing and payment. When a Combined Collection is chosen, the maximum reportable Gross Annual Enrollment count is 1,587,301.58 for the Form filing and payment.

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The Gross Annual Enrollment count, also referred to as Covered Lives, reporting limitations are based on the maximum payment amount outlined on the Pay.gov website. Here is an example of the enrollment limitation calculation for 2014:

\$99,999,999.99 = the maximum payment per transaction permitted within Pay.gov

63.00 = the annual reinsurance contribution rate required for each covered life.

\$52.50 = the annual reinsurance contribution rate portion for the reinsurance payment and administration costs.



Therefore, for the First and Second Collections, the Gross Annual Enrollment count limitation is based on the 2014 payment portion for reinsurance payment and administration; i.e., \$99,999,999.99, divided by \$52.50, which equals 1,904,761.90 in Covered Lives.

- When using more than one (1) bank account:
 - Only a single bank account may be entered per Form. A Reporting Entity choosing to submit contributions from multiple accounts must submit a separate Form and related Supporting Documentation for each bank account.
- When completing more than one (1) Form is a business requirement: Ο
 - There may be situations where a Reporting Entity is required to use different contacts or is required to group Contributing Entities in a certain manner. This is a business decision between Reporting and Contributing Entities.

A Reporting Entity is an organization carrying out the steps of the reinsurance contributions submission process. We define a Reporting Entity as a Contributing Entity, a TPA, ASO contractor, or any other party filing the reinsurance contribution on behalf of a Contributing Entity.

Collection of Required Information for Filing 4.2

Confirm the following prior to registering on Pay.gov, as noted in Table 1 below.

Form Fields	Data Required
Reporting Entity Demographics	Legal business name (LBN), Federal Tax Identification Number (TIN), full billing address (cannot be Post Office Box)
Billing Contact	Name, title, email, and phone number for Billing Contact
Contacts for Submission	Name, title, email, and phone number for three (3) submission contacts
Gross Annual Enrollment Count(s)	Calculated using one (1) of the permitted counting methods in 45 CFR 153.405 (d) through (g).
Annual Enrollment and Contributions Submission	5 ACA Transitional Reinsurance Program

Table 1: Data Checklist



Form Fields	Data Required
Supporting Documentation	CSV file of supporting data for each submission
Authorizing Official Information	Name, title, email, and phone number for Authorizing Official
Banking Information	Account Holder name, Account Type (checking or savings), Bank Routing (ABA), and Bank Account Number

4.3 Review Program Related Information

In addition to gathering the data noted in Table 1, the Reporting Entity will find it helpful to review other program-related materials by accessing CCIIO's Transitional Reinsurance Program webpage at http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html or on REGTAP at https://www.regtap.info. Related documents and Frequently Asked Questions (FAQs) are located on REGTAP by selecting 'Library' or 'FAQs' on the REGTAP dashboard and filtering by Program Area 'Reinsurance-Contributions.' REGTAP also allows registrants to submit inquiries and sign up for events.

For more details about other program-related resources, refer to *Appendix B: Resources and Regulatory References* in this document. Once data is gathered and resources are reviewed, the next step is to register on Pay.gov, if the Reporting Entity's organization is not already registered.

4.4 Know Key Deadlines

As illustrated in Table 2 below, there are several key deadlines. The submission of Annual Enrollment Count is due no later than November 15th of each benefit year of the reinsurance program. There are two (2) separate deadlines for remitting the two-part reinsurance contribution amount for the benefit year. The Contributing Entity must schedule the remittance of the First Collection amount no later than January 15th after the applicable benefit year. The Contributing Entity must also schedule the remittance of the Second Collection amount no later than November 15th after the applicable benefit year. Please note that a Contributing Entity may make one (1) payment for the entire contribution amount for the benefit year by January 15th after the applicable benefit year.



In order to comply with the deadlines, the Form filing and the payment(s), either a Combined or Two-part Contribution, must be scheduled by November 15th of the applicable benefit year.

Table 2: Contribution Schedule for the Benefit Year

Activity	2014 Deadlines	2015 Deadlines	2016 Deadlines
Submit Annual Enrollment Count and Schedule Contributions on Pay.gov	November 15, 2014	November 15, 2015	November 15, 2016
Remit First or Combined Contribution Amount	January 15, 2015	January 15, 2016	January 15, 2017
Remit Second Contribution Amount	November 15, 2015	November 15, 2016	November 15, 2017

5 Key Points about Pay.gov Registration

The Reporting Entity is required to register on Pay.gov at <u>https://www.pay.gov</u> to complete the Transitional Reinsurance contribution filing process by the deadlines noted in Table 2. Once Form data is collected, the Annual Enrollment Count is calculated, and the Supporting Documentation prepared, Reporting Entities must complete the Form, upload Supporting Documentation, and schedule remittance on Pay.gov. The completion of the Form is considered notification to the Contributing Entity of the annual reinsurance contribution amount due for each payment type.

If the organization does not have a Pay.gov account, create a Pay.gov account for use to complete the reinsurance contribution submission process. Pay.gov prefers that the Reporting Entity create a single user account. Only one (1) account is required to complete the contribution filing process on behalf of one (1) or more Contributing Entities. While Pay.gov does not limit the number of Forms filed or bank accounts used under one (1) Pay.gov account, each Form filing can only use one (1) bank account for remitting the reinsurance contribution. Users have the ability to save partially completed Forms, view submitted Forms and duplicate Forms.



Figure 2: Pay.gov Home Page



- 1. On the Pay.gov home screen, select the 'Register' link in the upper right corner to access the registration page.
 - Registration data is used to auto-populate the Form, including:
 - Contact 1 for Submission: The user's name, email address and phone number recorded in the Pay.gov profile will auto-populate on the Form as Contact 1 for submission.
 - Legal Business Name (LBN): The company name recorded in the Pay.gov profile will auto-populate on the Form as the LBN.
 - Billing Address: The company address recorded in the Pay.gov profile will auto-populate on the Form as the Billing Address.



Figure 3: Register for a Pay.gov Account

Find Forms. Agencies	Search	MAKE A PAYMENT	FIND AN AGENCY	ONLINE HELP
Register for a Pay.gov Account	N T			
Please enter the following information to creat	te your account. A	fter you have provided all	the necessary data.	in the second
please click the Register Account button. You gain access to Pay gov. Required fields are m	Need Help?			
* First Name	Address			Customer Service
Linda L	8270 Corp	orate Road		Pay gov
* Last Name	Address	2		10-
Jenkins	Address 2			Contact: Pay.gov Custom Service
* Username	* City			Email: Click to email Rhone: 800,624,1373 or
LLJenkins	Valspar			216-579-2112
* Email Address	- Country			
ljenkins@gfinsurance.com	United St.	ates	•	
* Confirm Email Address	* State/Pr	ovince		
ljenkins@gfinsurance.com	Virginia		•	
* Password	- ZIP/Post	al Code		
	23841			
* Confirm Password	* Phone I	lumber	- /	
The event simplice and ensures below all allow as	703-555-6	517	K	
reset your account if you forget your password. Pleas choose a question and answer that only you know; o	nly Creat Far	Name		
letters, numbers, and spaces are allowed. No one el be able to see the answer to your question.	Ise will Great Part			
* Secret Question	Company 9270 Com	Address		
Choose Secret Question -	azin corp	orate Road		
* Secret Answer	Company	Address 2		
Secret Answer	Gumpany	Huddes z		
* Confirm Secret Answer	Valspar	City		
Confirm Secret Answer		Long St.		
The shared challenge question and answer below w allow Customer Service to verify your identity. Only let	ters. United St	country	-	
numbers, and spaces are allowed.		Ctate (Dravinas		
* Shared Challenge Question	Virginia	state/Province	-	
Choose Shared Chanenge Question	Company	7IP/Postal Code		
* Shared Challenge Answer Shared Challenge Answer	23841	Linnostarcode		
commo commença e norma				
Confirm Shared Challenge Answer				
Rules of Behavior				
PAY GOV INFORMATION AND USER I	RESPONSIBILI	TY STATEMENT		
USER RESPONSIBILITIES				
Once assigned a Username and passw	ord, you agree	to be responsible for the	• * * * * * * * * * *	
consequences that result from the discl compromising the password, you agree	osure or use of that you will	the password. To avoid		
View and Print Rules of Behavior				
I agree to the Pay.gov Rules of Beha	avior			

- 2. Complete the required fields of the registration page.
- 3. Complete the optional Company Name field and Business Address information.
- 4. Select the 'Register Account' button.



Pay.gov functions with most current Web Browsers for major operating systems, such as Microsoft Windows®, Apple® and Android[™]. Supported browsers include: Internet Explorer®, Mozilla FireFox®, Safari® and Google Chrome[™]. For more information on Pay.gov system requirements, refer to the FAQ on <u>https://www.pay.gov</u>. If you have any issues with Pay.gov registration, contact the Pay.gov helpdesk directly for assistance.

To ensure receipt of email notifications related to scheduled contribution payments, the Pay.gov profile must be updated, as described in the steps below.

Figure 4: My Account

My Account Welcome to Pay.gov. This area is designed to allow information.	w self management and administration of		
Welcome to Pay.gov. This area is designed to allow information.	w self management and administration of		
		of your Pay.gov	Need Help? Customer Service
My Forms	Payment Activity		
View, complete, save, edit, and pay your online forms.	View historical payments and manage pen- payments.	ding	Pay gov
View My Forms	View Payment Activity		Contact: Pay.gov Custo Service
Profile Information	Enter Access Code		Email: Click to email
Manage your user profile, change your password, manage your email preferences, and edit your security settings.	An access code is used to gain access to l resources. If you have one, please click the button below to get started.	Pay.gov e	216-579-2112
View Profile Information	Enter Access Code		
	Payment Accounts		
	Manage your stored payment accounts wh	ich	

5. On the Pay.gov My Account page, select the 'View Profile Information' button.



Figure 5: Profile Information

Connet American	
* Secret Answer	Great Farms Insurance
•••••	O A data a
* Confirm Secret Answer	Company Address
•••••	8270 Corporate Road
The shared challenge question and answer below will allow	Company Address 2
Customer Service to verify your identity. Only letters, numbers, and spaces are allowed.	Company Address 2
Charad Challenge Quantian	Company City
- Shared Challenge Question	Valspar
* Shared Challenge Answer	Company Country
•••••	United States -
* Confirm Shared Challenge Answer	Company State/Province
•••••	Virginia •
	Company ZIP/Postal Code
	23841
 I want to update the email address for all deferr through a Pay.gov form, and associated with th above. I want to receive email notifications related to A form. 	red or recurring ACH transactions made is profile, to match the email address ACH payments I submit using a Pay.gov

- 6. Select the checkbox at the bottom of the Profile Information to indicate that the Reporting Entity wants to receive email notification related to ACH debit payments remitted using a Pay.gov form.
- 7. Select the 'Save' button to record this election in the Pay.gov profile.

We recommend that all Reporting Entities make this update to stay informed about the status of the ACH debit payments made through Pay.gov.

6 First Collection or Combined Collection Filings

After registering on Pay.gov and updating the profile, access the Form by logging in to Pay.gov with your user name and password. You will also upload the Supporting Documentation and schedule contribution remittance payments as part of the submission process.



6.1 Access the Form

1. Log in to Pay.gov.

Figure 6: My Account

Pay gov	1	/	Alert
ACA Transitional Reinsurance Form	Search	MAKE A PAYMENT	FIND AN AGENCY
My Account	-		
Welcome to Pay.gov. This area is designed to information.	allow self manag	gement and administration o	of your Pay.gov
My Forms	Payme	nt Activity	
View, complete, save, edit, and pay your online forms.	View histor payments.	rical payments and manage per	nding
View My Forms	View P	Payment Activity	
View my forms	View P		mm

- 2. Enter 'ACA Transitional Reinsurance Form' in the search box on the My Account page.
- 3. Select the 'Search' button.



Figure 7: Pay.gov Search Results

Pay gov'			Alert We)
ACA Transitional Reinsurance Fo	orm Search M	AKE A PAYMENT	FIND AN AGENCY
Search Results for "	ACA Transitional Reinsuran	ce Form"	
Refine Your Results Narrow your choices by selecting from the following options:	Forms (634) Sort by Relevance	Ag 1 <u>2 3 Nex</u>	encies (2)
Agency Administrative Office of the U.S. Courts (1) Agriculture (USDA) Farm Service Agency (2) Agriculture (USDA):	ACA Transitional Reinsurance Enrollment Contributions Sub Use this form to submit your annual contribution amount owed for the Ad Form Number: ACA Agency: Health and Human Service Services (CMS)	e Program Annua bmission I enrollment count an CA Transitional Rein es (HHS): Centers fo	al Id remit the surance Program r Medicare & Medicaid
Agriculture Marketing Service (AMS) Dairy (1)	Continue to the Form	_	

4. Select the 'Continue to the Form' button on the Search Results screen.



Figure 8: Before You Begin

r ind r offilio, Agene	ies	Search	MAKE A PAYMENT	FIND AN AGENC
ACA Transit	ional Reinsurance P	rogram Annua	al Enrollment Co	ontributions Sul
Before You Begin	1 Complete Agency Form	2 Enter Payment Info	3 Review & Submit	4 Confirmation
Use this form to s Transitional Reins	ubmit your annual enrollment surance Program	count and remit the	contribution amount o	wed for the ACA
Paying online w payment using or	ith Pay.gov is safe, secure, ne of the below accepted paym	and the preferre	d method to make a se click the Continue to	payment. To make a the Form button.
Accepted Pay	ment Methods:			
	H)			
Bank account (ACI				

5. Review the information on the Before You Begin page and select the 'Continue to the Form' button.

6.2 Enter Reporting Entity Information

The Form is auto-populated from the Pay.gov profile with the LBN, Billing Address and Contact 1 for Submission. It is important to note the billing contact and address information is for the Reporting Entity filing the Form. This means that a Contributing Entity's information is likely different since Reporting Entities (TPAs, ASO contractors or other third parties) may file on behalf of Contributing Entities.



Figure 9: ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

egal Business Nam ederal Tax ID Num	ne (LBN): Great Farms Insura	nce		
ederal Tax ID Num	ber: 82-7654931			
illing Contact				
First Name:	Jamie	Last Name: Simpson	Title:	Business Analyst
Email Address:	JSimpson@gfinsurance.com	Telephone: (703) 463-9172		Ext:
mar Addares				
Line 1: 8270	Corporate Road	Line 2:		
City: Valen	ar	State: Virginia	Zin	Codo: 238/1
			Zip	Code. 20041
ontact 1 for Submi	ssion			
First Name:	Linda	Last Name: Jenkins	Title:	Manager
Email Address:	ljenkins@gfinsurance.com	Telephone: (703) 284-6517		Ext:
ontact 2 for Submi	ssion			
First Name:	Michael	Last Name: Philips	Title:	Analyst
Email Address:	MPhilips@gfinsurance.com	Telephone: (840) 471-6532		Ext:
ontact 3 for Submi	ssion			
First Name:	Lynn	Last Name: West	Title:	Analyst
Email Address:	LWest@gfinsurance.com	Telephone: (840) 726-3940		Ext:

CMS can contact any or all of the contacts listed; therefore, each contact must be able to discuss the information submitted in the Form and the Supporting Documentation.

- 1. Review auto-populated LBN and update the data if necessary.
- 2. Enter TIN. This is the TIN affiliated with the LBN entered in the previous field.



- 3. Enter Billing Contact First Name, Last Name, Title, Email Address and Telephone number.
- 4. Review auto-populated Billing Address information and update as necessary.
- 5. Review auto-populated Contact 1 for Submission information. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
- 6. Enter Contact 2 for Submission First Name, Last Name, Title, Email Address and Telephone number.
- 7. Enter Contact 3 for Submission First Name, Last Name, Title, Email Address and Telephone number.
- 8. Select the 'Continue' button to proceed.



6.3 Select Type of Payment and Benefit Year

The Type of Payment options include:

- First Collection Contribution for Program Payments and Program Administration Funds
 - Deadline: January 15th after the applicable benefit year
- Second Collection Contribution for General Fund of the US Treasury
 - Deadline: November 15th after the applicable benefit year
 - Requires the filing of a duplicate Form and Supporting Documentation
- Combined Collection First Collection + Second Collection (as described above)
 - Deadline: January 15th after the applicable benefit year
- Invoice
 - Only select 'Invoice' if the Contributing Entity receives a formal invoice notice from CMS
 - Step-by-step instructions for filing an Invoice are in *Section 11: Invoice Filing* of this document
- Resubmission File Attachment
 - Only select 'Resubmission' if the Reporting Entity is submitting corrected Supporting Documentation without payment at the request of CMS



• Step-by-step instructions for filing a Resubmission are in *Section 10: Resubmission Filing* of this document

Figure 10: Select Type of Payment

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
- 1. Select the checkbox next to the preferred Type of Payment to schedule.

Figure 11: Select Benefit Year for Reporting Enrollment Count

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

- 2. Select the appropriate benefit year from the drop-down box next to Benefit Year for Reporting the Gross Annual Enrollment Count.
 - Selecting the Benefit Year field auto-populates the Total Applicable Benefit Year Contribution Rate, the Contribution Rate for Program Payments and Program Administration Funds, and the Contribution Rate for General Fund of the U.S. Treasury fields.
 - The Form only provides 2014 Benefit Year contribution rates at the time of this publication. The contribution rates populate with zeroes and submission is not permitted when any other benefit year is selected.



Refer to Appendix F: Reinsurance Contribution Remittance Rates for Program Contribution Rates.

6.4 Enter Gross Annual Enrollment Count

Figure 12: Gross Annual Enrollment Count

Benefit Year for Reporting Gross Annual Enrollment Count	2014	
Total Applicable Benefit Year Contribution Rate		63.00
Gross Annual Enrollment Count	\rightarrow	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	4	92,030.00
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	5	90,436.00

- 1. Enter the Gross Annual Enrollment Count generated using one (1) of the approved counting methods:
 - If a Reporting Entity is filing on behalf of multiple Contributing Entities, this number is the aggregate 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, enter 650 as the Gross Annual Enrollment Count on the Form.
 - Be mindful of the enrollment count limitations of the Form described in *Section 4: Things to Consider before Getting Started* for details on these limitations.

For more information, review the following documents: 'Contributing Entities and Counting Methods Slides' and 'Counting Method Examples for Contributing Entities' in the REGTAP Library or CCIIO's Transitional Reinsurance Program webpage. Refer to Appendix B: Resources and Regulatory References for website links.



- 2. Enter the Gross Annual Enrollment Count again to verify the number.
 - After verifying the Gross Annual Enrollment Count, the Form will autopopulate the Contribution Amount Due for Program Payments and Program Administration Funds, the Contribution Amount Due for General Fund of the U.S. Treasury fields and provide the Total Contributions Due for the applicable benefit year.
 - The calculated amounts cannot be edited and serve as notification of Reinsurance Contributions Due under 45 CFR 153.405(c).
- 3. Select the checkbox next to the statement 'The gross annual enrollment count entered in this form matches the aggregate enrollment count by entity in the supporting documentation' to indicate agreement with this statement.

6.5 Complete Acknowledgement Statement and Authorizing Official Information

Figure 13: Verification and Acknowledgement

Verify Gross Annual	Enrollment Count			
The gross and documentation	iual enrollment count entered i า.	in this form matches the aggregate enrollment	t count by e	ntity in the supporting
Acknowledgm data and acco and each cont By my submis becomes awa discrepancy o acknowledge Exchange sub the transitiona	ent: My acknowledgment is o mpanying payment(s) are beir ributing entity to the applicable sion, I certify that the data are re that data are untrue, incorre r has questions about the data that the provisions of the Affor ject to the False Claims Act if I reinsurance program establis for Reporting Entity's Acknowl	n behalf of my organization and the contributir ng submitted. My acknowledgment legally and e laws, regulations and program instructions o true, correct and complete. If my organization act or incomplete, CMS shall be promptly infor a being submitted, I agree to be the contact for dable Care Act specifically make payments m those payments include any Federal funds. T shed under Section 1341 of the Affordable Care edament	ng entity or of d financially f the Afforda n or any cor med. If CM r responding ade by or in 'his includes re Act.	entities for which the binds my organization able Care Act (ACA). htributing entity S identifies a to such questions. I connection with an s, but is not limited to,
First Name:	Mark	Last Name: Rogers	Title: CEC)
Email Address:	MRogers@gfinsurance.com	Telephone: (703) 458-9216		Ext:
		Back		
	Save PDI	F Preview Continue		

- 1. Select the checkbox next to the Acknowledgement as agreement to the statement.
- 2. Enter Authorizing Official First Name, Last Name, Title, Email Address and Telephone number.
- 3. Select the 'Continue' button to proceed.



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If a TPA, ASO contractor or other third party is completing the reinsurance contribution filing for a single or group of affiliated Contributing Entities, it remains a business decision between the TPA or ASO contractor and the Contributing Entity to decide whom to list as the Authorizing Official. It is possible that the name entered in this section is not the name of the person completing the Form, but instead the name of an individual who has authority to authorize the contribution payment.

6.6 Upload Supporting Documentation

Figure 14: Add Attachment Alert Welcome, ljenk Pay gov Find Forms, Agencies Search MAKE A PAYMENT FIND AN AGENCY ONLIN ACA Transitional Reinsurance Program Annual Enrollment Contributions Submission **Before You Begin** 2 Enter Payment Info 3 Review & Submit 4 Confirmation **Complete Agency Form** Nee Add Attachment Custon This form is configured to allow one file attachment. Please browse and attach a file. The file must have a file extension of TXT or CSV and cannot exceed a size of 2MB. Attach File: Browse... No file selected. Attach Conta Servic Email Phone 216-5 Previous Cancel Next

- 1. Select the 'Browse' button to locate the CSV Supporting Documentation that matches the Gross Annual Enrollment Count entered on this Form.
 - $\circ~$ All Form submissions require Supporting Documentation.



- The Supporting Documentation contains information about the Contributing Entity or Entities for whom a Reporting Entity is submitting an Annual Enrollment Count(s).
- For more details about the Supporting Documentation, refer to *Appendix D: Supporting Documentation* in this document.
- 2. Select the 'Attach' button to upload the Supporting Documentation.

For more information on the Supporting Documentation, review the 'Submission of Supporting Documentation through Pay.gov' webinar slides. The Supporting Documentation Manual and Job Aid is located in the REGTAP Library or CCIIO's Transitional Reinsurance Program webpage. Refer to *Appendix B: Resources and Regulatory References* for website links.

Figure 15: Attach File

Pay.gov			Alert Wel	come, ljenkins • •
Find Forms, Agencies	Search	MAKE A PAYMENT	FIND AN AGENCY	ONLINE
Attachment uploaded				
ACA Transitional Reinsura	nce Program Ann	ual Enrollment C	ontributions Subm	ission
Before You Begin Complete Agency F	orm 2 Enter Payment Info	o 3 Review & Submit	4 Confirmation	Need
Add Attachment				Custome
This form is configured to allow one file	attachment. Please brows	se and attach a file. The	file must have a file	Cutotini
extension of TXT or CSV and cannot ex	ceed a size of 2MB.			Par
Attach File: Browse No file selecte	d. Att	ach		10
Sample supporting document csv				Contac
				Service
				Email:
				Phone:
				216-57
Previous Cancel		1	Next	
1			And the second	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****	,,,,,,,,,,,,	,,,,,,,,,,,,,,	



3. The Supporting Documentation file name is listed on the screen. Select the 'Next' button to proceed.





6.7 Schedule Contribution Payment

Figure 16: Enter Payment Information

and the second second	
* Payment Date (mm/dd/yyyy)	
11/24/2014	
* Account Holder Name	
* Please select a payment account:	
I want to enter a new account	
I would like to save this payme	nt account to my profile
* Select Account Type	
Select Account Type	
routing and * Routing Number	Martin Barran Martin Baran Martin Barran Martin Barran Martin Barran Martin Barran Mar
Routing Number	
* Account Number	
Account Number	
* Confirm Account Number	
Confirm Account Number	
Previous Return to Form	Cancel Review and Submit

1. The Payment Amount auto-populates based on the 'Type of Payment' selection and the calculated contribution amount on the Form. Review this amount. If it is other than expected, select the 'Return to Form' button to return to the first page of the Form. Review and adjust data as necessary.



- 2. Enter or select the Payment Date.
 - The Payment Date will populate with the next business day's date; however, we recommend scheduling payment 30 days from the date of Form filing, but no later than the payment deadline. Refer to *Table 2: Contribution Schedule for the Benefit Year* in *Section 4.4:* Know Key Deadlines of this document for more information regarding filing and remittance due dates.
 - If scheduling the First Collection or a Combined Collection contribution payment, select a date no later than January 15th after the applicable benefit year.



- 3. Enter the Bank Account Holder Name.
- 4. Select the appropriate Account Type from the drop-down list.
- 5. Enter the Bank Routing Number from which payment will be withdrawn.
- 6. Enter the Bank Account Number from which payment will be withdrawn.
- 7. Confirm the Bank Account Number.
 - The option to save banking information to your profile is available at this time, for ease of use during multiple submissions.
- 8. Select the 'Review and Submit Payment' button to proceed.

Ensure that sufficient funds are available in the account for the scheduled payment date to avoid bank charges.



6.8 Submit the Payment

Figure 17: Review & Submit



1. Review the data listed under Payment Information and Account Information.

- 2. Select the checkbox next to 'I would like to receive an email confirmation of this transaction.'
- 3. Enter the submitter's email address.



- 4. Re-enter the email address above in the Confirm Email Address field.
- 5. Enter one (1) or more email addresses to be carbon copied (CC) in the CC field, if desired. Separate each email address by a comma.
- 6. Select the checkbox next to the 'I agree to the Pay.gov authorization and disclosure statement.'
- 7. Select the 'Submit Payment' button to proceed.

Figure 18: Confirmation

Before You Begin 1 Complete Agency Form 2 Enter P	ayment Info 3 Review & Submit	4 Confirmation
Payment Confirmation		
Your payment is complete		
Pay.gov Tracking ID: 3FOSAK2T		
Agency Tracking ID: 120020408890		3
Form Name: ACA Transitional Reinsurance Program Annual Enrollment Contributions Submission		
Application Name: Transitional Reinsurance Contributions		
Payment Information		
Payment Type: Bank account (ACH)		
Payment Amount: \$492030.00		
Transaction Date: 11/03/2014 12:42:41 PM EDT		3
Payment Date: 11/24/2014		
Account Information		
Account Holder Name: Linda Jenkins		
Routing Number: 121000248		3
Account Number: *********9731		
Email Confirmation Receipt		
Confirmation Receipts have been emailed to:		
ljenkins@gfinsurance.com		5
View this payment on the Payment Activity page.		
View this form on the My Forms page.		
Print Receipt		

8. Select 'Print Receipt' link to print a copy of the scheduled payment information for the Reporting Entity's records.



7 Second Collection Filing

When submitting the reinsurance contribution in two (2) parts, duplicate the First Collection Form filing to schedule the payment for the Second Collection.

7.1 Locate and Duplicate Form

Figure 19: Select View My Forms

Find Forms, Agencies	Search MAKE A PAYMENT	FIND AN AGENCY	ONLINE HELP
My Account			
Welcome to Pay.gov. This area is designed to a information.	llow self management and administration of yo	our Pay.gov	Need Help? Customer Service
My Forms	Payment Activity		
View, complete, save, edit, and pay your online forms.	View historical payments and manage pending payments.		Pay gov
View My Forms	View Payment Activity		Contact: Pay.gov Custom Service
Profile Information	Enter Access Code		Email: Click to email
Manage your user profile, change your password, manage your email preferences, and edit your security settings.	An access code is used to gain access to Pay gov resources. If you have one, please clin the button below to get started.	-k	Phone: 800-624-1373 or 216-579-2112
View Profile Information	Enter Access Code		
	Payment Accounts		
	Manage your stored payment accounts which allow you to make payments faster and easier		
	View Payment Accounts		

- 1. Select the 'My Account' link in the upper right corner to navigate to the My Account page.
- 2. Select the 'View My Forms' button.



Figure 20: Duplicate the Submitted Form

Find Forms, Agencies	Search	MAKE A PAYMENT	FIND AN AGENCY
My Forms			
Submitted (1)		Saved (0)
Sort by Date -			
ACA Transitional Reinsurance Progr Enrollment Contributions Submissio	am Annual	8	View PDF
Use this form to submit your annual enrollme amount owed for the ACA Transitional Reins Form Number: ACA Form Status: Accepted Pay.gov Tracking ID: 3FOSA4RF Date Submitted: 09/17/2014 15:17:09 PM	ent count and remit urance Program	the contribution	Mattachmen

3. Locate the Form previously completed and select the 'Duplicate link.' This can be identified by the Pay.gov Tracking ID provided on the receipt of the First Collection.

7.2 Review and Update Duplicated Form

- 1. Review the Reporting Entity Information for accuracy and select 'Continue.'
- 2. Under Type of Payment, select the checkbox next to Second Collection Contribution for General Fund of the U.S. Treasury.
- 3. Select the 'Continue' button to proceed.

7.3 Upload Supporting Documentation

Using the same steps in the First Collection filing, attach the same Supporting Documentation.



7.4 Schedule Second Collection

Using the same steps as the First Collection filing, complete the Payment Information, and review and submit the Second Collection. Print the receipt on the Confirmation page.

We recommend scheduling the payment 30 days after the date of Form filing (as long as the payment date is not after November 15th after the applicable benefit year for the Second Collection).

8 Form Updates and Payment Errors

Changes to contacts listed on the Form (Billing Contact, Submitter Contacts or Authorizing Official) or the billing information after the Form is submitted by the Reporting Entity will require CMS notification through email. Changes to the contacts do not require re-filing steps, but CMS must be informed so that the appropriate individuals are contacted, if necessary. Review *Appendix B: Resources and Regulatory References* for the Transitional Reinsurance Program Support Mailbox.

It is possible for either the Reporting Entity or CMS to identify an error or issue after completing the Form filing(s). For example, it is possible that:

- 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 all Annual Enrollment Counts in the Supporting Documentation do not match.
- ACH bank account information changes between Form filing and contribution payment.

The steps to resolve errors will vary depending when the error or issue is identified.

- When an error is identified prior to payment of the Transitional Reinsurance Contribution, the Refiling process steps are followed. Refer to Section 9: Refiling Reinsurance Contributions.
- When an error is identified after payment and the issue relates to the Supporting Documentation (i.e. the Gross Annual Enrollment Count submitted on the Form is correct), the Resubmission Filing process steps are followed. Refer to Section 10: Resubmission Filing.
- When the error is identified after payment and an Invoice is received, the Invoice Filing steps are followed. Refer to *Section 11: Invoice Filing*.



For more detailed scenarios, refer to 'The Transitional Reinsurance Program: Supporting Documentation Job Aid Preview & Updating Reinsurance Contribution Filings' webinar slides posted in the REGTAP Library or CCIIO's Transitional Reinsurance Program webpage. Refer to *Appendix B: Resources and Regulatory References* for website links.

9 Refiling Reinsurance Contributions

When an error needs correction, and it is before the scheduled payment date, complete the following activities.

9.1 Cancel Any and All Scheduled Payments

1. Log in to Pay.gov.

Figure 21: Select View Payment Activity



Annual Enrollment and Contributions Submission Form Manual 1.0



2. Select the 'View Payment Activity' button on the My Account page.

Figure 22: Select the Pending Heading

Payment Activity			
All (1)	Completed (0)	Rejected (0)	Pending (1)
Sort by Transaction Date -			
ACA Transitional Reinsu Enrollment Contribution	ırance Program Annual s Submission		 View Details View Receipt
Health and Human Services (H (CMS)	HS): Centers for Medicare &	Medicaid Services	
Pay.gov Tracking ID: 3FOSA	4RF 🔶 🗕		
Transaction Date: 09/17/2014	03:17:09 PM EDT		
Transaction Amount: \$492,03	30.00		
Payment Type: Bank account	(ACH)		
Transaction Status: Received	ł		
Payment Date: 09/19/2014			
Frequency: OneTime			

- 3. Select the 'Pending' heading to locate the scheduled payment(s). Note the Pay.gov Tracking ID associated with the pending transaction for cancellation; this information is needed to complete the Refiling process steps.
- 4. Select the 'Cancel' button, to cancel the scheduled payment.
- If a Second Collection payment was scheduled, follow the previous steps to cancel this payment. Note that the Second Collection payment has a different Pay.gov Tracking ID; this information is needed to complete the Refiling process steps.



9.2 Locate and Duplicate Form

Figure 23: Select 'View My Forms'

Find Forms, Agencies	Search MAKE A PAYMENT FIND A	N AGENCY ONLINE HELP
My Account		
Welcome to Pay.gov. This area is designed to a information.	llow self management and administration of your Pay.g	Need Help?
My Forms	Payment Activity	25.000
View, complete, save, edit, and pay your online forms.	View historical payments and manage pending payments.	Pay gov
View My Forms	View Payment Activity	Contact: Pay.gov Custon Service
Profile Information	Enter Access Code	Email: Click to email
Manage your user profile, change your password, manage your email preferences, and edit your security settings.	An access code is used to gain access to Pay.gov resources. If you have one, please click the button below to get started.	216-579-2112
View Profile Information	Enter Access Code	
	Payment Accounts	
	Manage your stored payment accounts which	

- 1. Select the 'My Account' link in the upper right corner to navigate to the My Account page.
- 2. Select the 'View My Forms' button.



Figure 24: Select Duplicate Link

Find Forms, Agencies	Search	MAKE A PAYMENT	FIND AN AGENCY
My Forms			
Submitted (1)		Saved (0)	1
Sort by Date -			
ACA Transitional Reinsurance Progr Enrollment Contributions Submissio	am Annual	8	View PDF
Use this form to submit your annual enrollme amount owed for the ACA Transitional Reins Form Number: ACA Form Status: Accepted Pay.gov Tracking ID: 3FOSA4RF Date Submitted: 09/17/2014 15:17:09 PM	ent count and remit urance Program	the contribution	Mattachmen

- 3. Select the 'Submitted' tab to view the list of submitted Forms.
- 4. Locate the Form associated with the cancelled filing.
- 5. Select the 'Duplicate' link.

9.3 Review and Update Duplicated Form

- 1. Review and update the billing and contact information on the Form, if necessary, and select the 'Continue' button.
- 2. Under Type of Payment, select the checkbox next to the preferred Type of Payment.
- 3. Make any updates to this section of the Form, as necessary.





Figure 25: Enter Pay.gov Tracking ID

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		3FOSA4RF

- 4. Enter the Pay.gov Tracking ID of the cancelled payment transaction.
- 5. Select the 'Continue' button to proceed

9.4 Upload Supporting Documentation

Use the same steps in Section 6.6: Upload Supporting Documentation to attach the appropriate Supporting Documentation. This will not be the same Supporting Documentation used during initial filing if an error was identified, but an updated file. Confirm that the Gross Annual Enrollment Count on the Form and the sum of all Annual Enrollment Counts on the Supporting Documentation match.

9.5 Schedule Refiling

Use the same steps in Section 6.7: Schedule Contribution Payment and Section 6.8: Submit the Payment to complete the Payment Information, review, and submit the Collection, and print the receipt on the Confirmation page.

9.6 Second Collection Filing, if Necessary

Follow the process steps in *Section 7: Second Collection Filing* when the second payment of two-part payment is cancelled.



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If an error is discovered by the Reporting Entity prior to the scheduled payment date, follow the refiling process steps, noting the Pay.gov Tracking ID on the Form. CMS monitors cancelations and re-filings.

10 Resubmission Filing

In a situation where a Reporting Entity or CMS identify an error after payment is made and it relates to the Supporting Documentation:

- The Reporting Entity contacts CMS to address the error. CMS works with the Reporting Entity to determine the error and whether a Resubmission is required. When contacting CMS, please indicate the Pay.gov Tracking ID associated with the filing.
- CMS will email the Reporting Entity specifying the error types identified and note the Pay.gov Tracking ID associated with the filing.

Note that in this scenario, the Gross Annual Enrollment Count on the Form and related contribution payment is accurate. This situation arises when the number of Covered Lives on the Form is correct, but not in alignment with the Supporting Documentation, or the Supporting Documentation is submitted in the incorrect format.

10.1 Obtain Pay.gov Tracking ID and Duplicate Form

1. Log in to Pay.gov.



Figure 26: Select 'View My Forms'

Find Forms, Agencies.	Search	MAKE A PAYMENT	FIND AN AGENCY	ONLINE HELP
My Account				
Welcome to Pay.gov. This area is designed to information.	o allow self manag	ement and administration of	your Pay.gov	Need Help? Customer Service
My Forms	Payme	nt Activity		
View, complete, save, edit, and pay your online forms	View histori payments	cal payments and manage pend	ing	Pay gov
View My Forms	View P	ayment Activity		Contact: Pay.gov Custor
Profile Information	Enter A	Access Code		Email: Click to email
Manage your user profile, change your password, manage your email preferences, and edit your security settings.	An access resources button belo	code is used to gain access to P. If you have one, please click the w to get started.	ау дом	216-579-2112
View Profile Information	Enter	Access Code		
	Payme	nt Accounts		
	Manage yo allow you to	ur stored payment accounts which	n er	
	Many P	avment Accounts		

2. Select the 'View My Forms' button.



Figure 27: Select Duplicate Link

Find Forms, Agencies	Search	MAKE A PAYMENT	FIND AN AGENCY
My Forms			
Submitted (1)		Saved (0)
Sort by Date -			
ACA Transitional Reinsurance Progr Enrollment Contributions Submissio	am Annual n	8	View PDF
Use this form to submit your annual enrollme amount owed for the ACA Transitional Reins Form Number: ACA Form Status: Accepted Pay.gov Tracking ID: 3FOSA4RF Date Submitted: 09/17/2014 15:17:09 PM Application Name: Transitional Reinsurance Con	nt count and remit urance Program tributions	the contribution	Mattachmen

- 3. Select the 'Submitted' link to view the list of submitted Forms.
- 4. Locate the Form, by Pay.gov Tracking ID, for the completion of the Resubmission.
- 5. Note the Pay.gov Tracking ID associated with that Form for later use.
- 6. Select the 'Duplicate' link.

10.2 Review and Update Duplicated Form

- 1. Review and update the billing and contact information on the Form, if necessary, and select 'Continue'.
- 2. Under Type of Payment, select the checkbox next to Resubmission.



Figure 28: Enter Pay.gov Tracking ID and Enrollment Count

ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form	FOR MEDICARE & MEDICAID SERVICE
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)	
Resubmission - File Attachment	
Benefit Year for Reporting Gross Annual Enrollment Count	τ
Total Applicable Benefit Year Contribution Rate	
Bross Annual Enrollment Count	
/erify 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	3FOSA4RF
nvoice Number	
/erify Invoice Number	
nvoice Payment Amount	
Bross Annual Enrollment Count	9,372.00
/erify Gross Annual Enrollment Count	9,372.00

- 3. Enter the Pay.gov Tracking ID associated with the original transaction.
- 4. Enter the Gross Annual Enrollment Count.
- 5. Enter the Gross Annual Enrollment Count again to verify the number.
- 6. Select the 'Continue' button to proceed.

10.3 Upload Corrected Supporting Documentation

Use the same steps in *Section 6.6: Upload Supporting Documentation*, attach the appropriate Supporting Documentation. Confirm that the Gross Annual Enrollment Count on the Form and the sum of all Annual Enrollment Counts on the Supporting Documentation match.



10.4 Submit Resubmission

Select the 'Next' button to submit the corrected Supporting Documentation and complete the Resubmission process.

11 Invoice Filing

In a situation where a Reporting Entity or CMS identify an error after payment is made:

- The Reporting Entity contacts CMS to address those errors. CMS works with the Reporting Entity to determine the error and whether to issue an invoice. When contacting CMS, please indicate the Pay.gov Tracking ID associated with the filing.
- CMS will email the Reporting Entity specifying the error types identified and note the Pay.gov Tracking ID associated with the filing.



Invoices are issued to the entity responsible for the Reinsurance Contribution under Section 1341 of the Affordable Care Act. Therefore, the Contributing Entity (not the Reporting Entity) receives the Invoice because any debt associated with reinsurance contributions lies with the Contributing Entity. If a Reporting Entity filed the Form on behalf of multiple Contributing Entities, CMS contacts the Reporting Entity to determine which Contributing Entity to Invoice. The invoice can be filed and paid by the Reporting Entity; however, this is a business decision between the Contributing Entity and Reporting Entity. The Contributing Entity is responsible for paying the Reinsurance Contribution.

CMS will assess interest, administrative costs and late payment penalties on any debts not paid within 30 calendar days from the Invoice date.





11.1 Duplicate Form

1. Log in to Pay.gov.

Figure 29: Select 'View My Forms'

Find Forms, Agencies	Search	MAKE A PAYMENT	FIND AN AGENCY	ONLINE HELP
My Account				
Welcome to Pay.gov. This area is designed to a information.	Illow self manag	ement and administration of	f your Pay.gov	Need Help?
My Forms	Payme	nt Activity		1. 1. 1.
View, complete, save, edit, and pay your online forms.	View histor payments.	ical payments and manage pend	ing	Paygov
View My Forms	View P	ayment Activity		Contact: Pay.gov Custon Service
Profile Information	Enter A	Access Code		Email: Click to email
Manage your user profile, change your password, manage your email preferences, and edit your security settings.	An access resources button belo	code is used to gain access to P. If you have one, please click the w to get started.	ay.gov	216-579-2112
View Profile Information	Enter	Access Code		
	Payme	nt Accounts		
	Manage yo	ur stored payment accounts whic	:h	

2. Select the 'View My Forms' button.



Figure 30: Select 'Duplicate' Link

Find Forms, Agencies	Search	MAKE A PAYMENT	FIND AN AGENCY
My Forms			
Submitted (1)		Saved (0)
Sort by Date -			
ACA Transitional Reinsurance Prog Enrollment Contributions Submissi	ram Annual on	8	View PDF
Use this form to submit your annual enrollm amount owed for the ACA Transitional Rein: Form Number: ACA Form Status: Accepted Pay.gov Tracking ID: 3FOSA4RF Date Submitted: 09/17/2014 15:17:09 PM Application Name: Transitional Reinsurance Co	ent count and remit surance Program	the contribution	Mattachmen

- 3. Select the 'Submitted' tab to view submitted Forms.
- 4. Locate the Form, by Pay.gov Tracking ID, for the completion of the Invoice process steps.
- 5. Take note of the Pay.gov Tracking ID associated with that Form.
- 6. Select the 'Duplicate' link.

11.2 Review and Update Duplicated Form

- 1. Review and update the billing and contact information on the Form, if necessary, and select the 'Continue' button.
- 2. Select the checkbox next to Invoice under Type of Payment.



Figure 31: Enter Required Information

Annual Enrollment and Contributions Submission Form	TERS FOR MEDICARE & MEDICAID SER
Type of Payment	
First Collection - Contribution for Program Payments and Program Administration Funds	61 - Carlos Carl
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 Enroliment 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	3FOSA4RF
Invoice Number	P578343
Verify Invoice Number	P578343
Invoice Payment Amount	113,400.00
Gross Annual Enrollment Count	9,372.00

- 3. Enter the Pay.gov Tracking ID from the original transaction.
- 4. Enter the Invoice Number from the Contributing Entity's Invoice, which begins with the letter 'P.'
- 5. Enter the Invoice Payment Amount.
- 6. Enter the Gross Annual Enrollment Count as it should be reflected based on the error resolution.
- 7. Enter the Verified Gross Annual Enrollment Count.

11.3 Upload Supporting Documentation

Use the same steps in *Section 6.6: Upload Supporting Documentation* to attach the appropriate Supporting Documentation. The Gross Annual Enrollment Count on the



revised Form and the sum of all Annual Enrollment Counts on the Supporting Documentation match.

11.4 Schedule Payment of Invoice

Use the steps in Section 6.7: Schedule Contribution Payment and Section 6.8: Submit the Payment, complete the Payment Information, review and submit the Collection and print the receipt on the Confirmation page.

Invoice payments must be made by ACH debit transaction within 30 calendar days from the date on the invoice. Print the receipt on the Confirmation page.

12 ACH Debit Payment Failure

A Reporting Entity should update its Pay.gov profile (as recommended in Section 5: Key Points about Pay.gov Registration) to indicate that it wants to receive email notifications about payments made using Forms on Pay.gov. By making that selection, it means that the Reporting Entity will receive a reminder notice that an ACH debit 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 (3) attempts will be made to obtain the funds. If an Account Owner receives an insufficient funds notice, the Account Owner is to deposit money into the account immediately.

If an Account Owner does not see the payment go through within five (5) business days of its scheduled payment date, contact Pay.gov for assistance. The transaction originator for the reinsurance contribution is USDEPTHHSCMS.



Appendix A: ACH Debit Considerations

Federal Holiday Schedule

The Pay.gov site is available 24 hours a day, seven (7) days a week, (holidays included), for users to schedule payments with the exception of a maintenance window every Sunday from 2:00 AM to 6:00 AM Eastern Time. ACH debit payment processing follows the Federal Reserve holiday schedule; payments will not settle on the holidays listed below.

Table 3: Federal Holiday Schedule

Holiday ¹	2014	2015	2016
New Year's Day	January 1	January 1	January 1
Martin Luther King, Jr. Day	January 20	January 19	January 18
Presidents' Day	February 17	February 16	February 15
Memorial Day	May 26	May 25	May 30
Independence Day	July 4	July 4 (Saturday)	July 4
Labor Day	September 1	September 7	September 5
Columbus Day	October 13	October 12	October 10
Veteran's Day	November 11	November 11	November 11
Thanksgiving Day	November 27	November 26	November 24
Christmas Day	December 25	December 25	December 26

ACH Debit Block and Agency Location Code (ACL+2)

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. An ACH Debit Block is removed by providing an allowed list of ACH codes; this list enables allowable automatic debits.

When working with the U.S. Government these codes are referred to as the Agency Location Code (ALC). Contact your bank to have added the ALC added to a list of approved automated debit transactions.

The Transitional Reinsurance Contribution Program's ALC is **7505008015**. The company name is **USDEPTHHSCMS**.

¹ For holidays falling on Saturday, Federal Reserve Banks and Branches will be open the preceding Friday; however, the Board of Governors will be closed. For holidays falling on Sunday, all Federal Reserve offices will be closed the following Monday.



Appendix B: Resources and Regulatory References

Resources

There are several beneficial sources of information on the Transitional Reinsurance Program. Reporting Entities are encouraged to access the following:

- **REGTAP**: Communications regarding the Transitional Reinsurance Contributions Process will be made through REGTAP: The Registration for Technical Assistance Portal. Please monitor REGTAP emails for announcements about Form availability, upcoming events and other program information. Access to program related documents and FAQs on REGTAP are obtained by selecting 'Library' or 'FAQ' on the REGTAP dashboard and filtering by Program Area 'Reinsurance-Contributions.' REGTAP also allows registrants to submit inquiries and sign up for events. If not already a REGTAP user, please visit <u>https://www.regtap.info</u> and select 'Register as a New User.'
- The Transitional Reinsurance Program Webpage
 http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html
- The Transitional Reinsurance Program Support Mailbox: email <u>Reinsurancecontributions@cms.hhs.gov</u>
- Pay.gov website: <u>https://www.pay.gov</u>
- **Pay.gov Customer Support:** For Pay.gov customer or agency questions, concerns, or technical issues or for more information about Pay.gov collections, Forms, or billing services, please refer to Table 4 below.

Table 4: Pay.gov Customer Support

Customer Support	Contact and Hours
Pay.gov Customer Support:	Call: 800-624-1373 (toll-free, Option #1)
	216-579-2112 (Option #2)
	Or email: pay.gov.clev@clev.frb.org
Hours (ET):	7:00 AM - 7:00 PM, Monday - Friday

Additional Resources:

- U. S. Department of Health & Human Services: https://www.hhs.gov
- The Center for Consumer Information and Insurance Oversight (CCIIO) Website: This website offers guidance on the Premium Stabilization Program, as well other resources. <u>http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/index.html</u>



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 Federal Register (FR) 17220) provided a regulatory framework
 - o <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)
 - o 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
 - o 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) provided a split collection process
 - o 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)
 - o http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf



Appendix C: Form Field Description

Table 5 below outlines the field names and required information on the Form.

Table 5: Form Fields

Field Name	Information
*Legal Business Name (LBN)	The name associated with the Reporting Entity's Tax Identification Number. May auto-populate from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
*Tax Identification Number (TIN)	The 9 digit Federal TIN associated with the LBN
*Billing Contact – First Name	The Reporting Entity's billing contact first name
*Billing Contact – Last Name	The Reporting Entity's billing contact last name
*Billing Contact – Title Name	The Reporting Entity's billing contact title
*Billing Contact – Email Address	The Reporting Entity's billing contact email address
*Billing Address Line 1	The Reporting Entity's billing address. May auto- populate from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections (cannot be Post Office Box).
Billing Address Line 2 (optional)	This data is optional.
*Billing City	The Reporting Entity's billing address city name. May auto-populate from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
*Billing State	The Reporting Entity's billing address state. May auto-populate from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.



Field Name	Information
*Billing Zip Code + 4	The Reporting Entity's billing address 5-digit zip code plus four (4) (if available). May auto- populate from the business portion in My Profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
* Submission Contact 1 – First Name	Auto-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
* Submission Contact 1 – Last Name	Auto-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
* Submission Contact 1 – Title	Job title of Contact 1 who registered within Pay.gov.
* Submission Contact 1 – Email Address	Auto-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
* Submission Contact 1 – Phone Number	Auto-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
Submission Contact 1 – Extension	Optional. The Reporting Entity's submission contact phone extension.
*Submission Contact 2 – First Name	The Reporting Entity's submission contact first name.
* Submission Contact 2 – Last Name	The Reporting Entity's submission contact last name.
* Submission Contact 2 – Title	The Reporting Entity's submission contact title.
* Submission Contact 2 – Email Address	The Reporting Entity's submission contact email address.
* Submission Contact 2 – Phone Number	The Reporting Entity's submission contact phone number
Submission Contact 2 – Extension	Optional. The Reporting Entity's submission contact phone extension.
* Submission Contact 3 – First Name	The Reporting Entity's submission contact first name.



Field Name	Information
* Submission Contact 3 – Last	The Reporting Entity's submission contact last
Name	name.
* Submission Contact 3 – Title	The Reporting Entity's submission contact title.
* Submission Contact 3 – Email	The Reporting Entity's submission contact email
Address	address.
* Submission Contact 3 – Phone Number	The Reporting Entity's submission contact phone number.
Submission Contact 3 – Extension	Optional. The Reporting Entity's submission contact phone extension.
*Payment Type	Payment Type Selection Options
	 First Collection – Program Payments and Administration Contributions
	 Second Collection – US Treasury General Fund Contribution
	 Combined Collection – First Collection + Second Collection (as described above)
	Invoice
	Resubmission – File Attachment
Benefit Year for Reporting Gross	2014, 2015, or 2016
Annual Enrollment	(Applicable when payment type is 'First Collection' or 'Second Collection' or 'Combined Collection')
Gross Annual Enrollment	Sum of all Annual Enrollment Counts in the Supporting Documentation
	For 2014, the count must not exceed an enrollment count of 1,587,301.58 in Covered Lives if remitting a Combined Collection or 1,904,761.90 in Covered Lives if remitting a two- part collection. (Applicable when payment type is 'First Collection' or 'Second Collection' or 'Combined Collection.')
Verify Gross Annual Enrollment	Reenter enrollment count
Count	(<i>Noted above</i> . Applicable when payment type is 'First Collection' or 'Second Collection' or 'Combined Collection.')



Field Name	Information
Invoice Number	For reinsurance contributions purposes, an invoice results when a data or payment issue has been determined and is sent by CMS. An 'Invoice Number' will begin with the letter 'P.'
Verify Invoice Number	Reenter Invoice Number
	Applicable when payment type is 'Invoice'
	Must match 'Invoice Number'
Invoice Payment Amount	Dollar amount on the invoice you received
	Applicable when payment type is 'Invoice'
Pay.gov Tracking ID	The Pay.gov Tracking ID associated with the original filing
	(Required when payment is 'Invoice' or 'Resubmission –File Attachment' and if refiling to correct initial submission.)
Gross Annual Enrollment Count	For 2014, the count must not exceed an enrollment count of 1,587,301.58 in Covered Lives if remitting a Combined Collection or 1,904,761.90 in Covered Lives if remitting a two- part collection
	(Applicable when payment is 'Invoice' or 'Resubmission –File Attachment')
Verify Gross Annual Enrollment	Reenter Enrollment Count
Count	(Applicable when payment is 'Invoice' or 'Resubmission –File Attachment')
*Acknowledgement of Supporting Documentation	Select the checkbox
*Acknowledgement of Accuracy	Select the checkbox
*Authorizing Official – First Name	The Authorizing Official's first name
*Authorizing Official – Last Name	The Authorizing Official's last name
*Authorizing Official – Title	The Authorizing Official's title
*Authorizing Official – Email Address	The Authorizing Official's email address
*Authorizing Official – Phone	The Authorizing Official's phone number
Authorizing Official – Extension	Optional. The Authorizing Official's phone extension



Appendix D: Supporting Documentation

Supporting Documentation is limited to certain field lengths based on the requirements of the database and to the following constraints:

• It must not contain the following special characters:

*	<	>	١	/	%	^	,	+	?	"
`	{	}	[]	!	2	&	=	#	

- It must not exceed 2MB.
- It must be a CSV file.
- It should contain one (1) row for each Contributing Entity. Each row will contain Reporting Entity information.
- For 2014, the total of all Annual Enrollment Count in the file must not exceed 1,587,301.58 in Covered Lives if remitting a Combined Collection or 1,904,761.90 in Covered Lives if remitting a two-part collection.

Table 6 outlines the field names and required Contributing Entity information in the Supporting Documentation.

Field Name ²	Max Length	Description and Constraints
* Reporting Entity Legal Business Name (LBN)	150	 Legal business name (LBN) associated with the Reporting Entity's Federal Tax Identification Number (TIN).
		 Must match the LBN on the corresponding Form submission.
		 Field value is the same for each Contributing Entity listed in the Supporting Documentation file.
		 Valid Format: If the Reporting Entity's LBN includes special characters, omit them for the purposes of the Supporting Documentation file.

Table 6: Supporting Documentation Fields

² An asterisk (*) indicates a required field.





Field Name ²	Max Length	Description and Constraints
* Reporting Entity Federal Tax	10	 Federal TIN associated with the Reporting Entity's LBN.
Identification Number (TIN)		 Must match the TIN on the corresponding Form submission.
		• Field value is the same for each Contributing Entity listed in the Supporting Documentation file.
		 Valid Format: include the hyphen. NN- NNNNNNN
* Contributing Entity Legal Business Name (LBN)	150	 Legal business name (LBN) associated with the Contributing Entity's Federal Tax Identification Number (TIN).
		• Valid Format: If the Contributing Entity's LBN includes special characters, omit them for the purposes of the Supporting Documentation file.
* Contributing Entity Federal Tax Identification Number	10	• Federal TIN associated with the Contributing Entity's LBN. For self-insured group health plans, it is the TIN of the plan sponsor.
(TIN)		 Valid Format: include the hyphen. NN- NNNNNNN
* Contributing Entity Organization Type	10	Organization status associated with the Contributing Entity's TIN. For self-insured group health plans, it is the organization type of the plan sponsor.
		 Value must be one (1) of the following: Value 'For Profit' Value 'Nonprofit'





Field Name ²	Max	Description and Constraints
	Length	
* Contributing Entity Billing Address – Line 1	150	 Contributing Entity's billing street address. For self-insured group health plans, it is the billing address of the plan sponsor.
		• Billing Address is the physical address of the Contributing Entity unless the U.S. Postal Service does not provide carrier delivery to the physical address or business location. In this case, the Contributing Entity Billing Address is a P.O. Box address.
		Valid Format: Alphanumeric
Contributing Entity Billing Address – Line 2	150	 Contributing Entity's billing street address 2. For self-insured group health plans, it is the billing address of the plan sponsor.
		Optional
		Valid Format: Alphanumeric
* Contributing Entity Billing Address City	150	 Contributing Entity's billing address city name. For self-insured group health plans, it is the billing address city name of the plan sponsor.
		• Valid Format: If the Contributing Entity's billing address city name includes special characters; omit them for the purposes of the Supporting Documentation file.
* Contributing Entity Billing Address State	2	 Postal State Abbreviation. For self-insured group health plans, it is the billing address state of the plan sponsor.
		 Value Format: Must be one (1) of the State Abbreviations listed in Table 2: Valid Postal State Abbreviations.
* Contributing Entity Billing Address Zip Code plus 4	10	 5-digit zip code, plus four (4) (if available). For self-insured group health plans, it is the billing address zip code of the plan sponsor.
		Valid Format: NNNNN-NNNN or NNNNN





Field Name ²	Max	Description and Constraints	
	Length		
* Contributing Entity Domiciliary State	2	 Postal State Abbreviation where the plan sponsor of the self-insured group health is located or, if fully insured, applicable State of licensure for providing coverage. 	
		 Value Format: Must be one (1) of the Postal State Abbreviations listed in <i>Table 2: Valid</i> State Abbreviations. 	
* Benefit Year	4	 Benefit year applicable to the Annual Enrollment Count reported. 	
		• Value must be one (1) of the following:	
		• Value '2014'	
		• Value '2015'	
		• Value '2016'	
* Annual Enrollment Count	10	Number of Covered Lives of reinsurance contribution enrollees for this Contributing Entity.	
		Valid Format: NNNNNNNNNN	
* Type of Contributing Entity ³	5	Type of Contributing Entity for whom you are submitting the Annual Enrollment Count.	
		• Value must be one (1) of the following:	
		 Value 'HII' = Health Insurance Issuer Value 'SI' = Self-Insured Value 'SISA' = Self-Insured, Self- Administered Value 'MGHPS' = Multiple Group Health Plan (Aggregate Reporting) Value 'MGHPM' = Multiple Group Health Plan (Separate Reporting) Value 'OTHER' = Other type 	

Table 7 lists valid postal State abbreviations.

³ For more information on selecting the Type of Contributing Entity, please see the Transitional Reinsurance Program Operational Guidance: Counting Method Example for Contributing Entities located in the REGTAP library (<u>https://www.regtap.info/</u>) 54



Table 7: Valid Postal State Abbreviations

Valid Abbreviation	State
Value 'AL'	Alabama
Value 'AK'	Alaska
Value 'AZ'	Arizona
Value 'AR'	Arkansas
Value 'CA'	California
Value 'CO'	Colorado
Value 'CT'	Connecticut
Value 'DE'	Delaware
Value 'DC'	District Of Columbia
Value 'FL'	Florida
Value 'GA'	Georgia
Value 'HI'	Hawaii
Value 'ID'	Idaho
Value 'IL'	Illinois
Value 'IN'	Indiana
Value 'IA'	Iowa
Value 'KS'	Kansas
Value 'KY'	Kentucky
Value 'LA'	Louisiana
Value 'ME'	Maine
Value 'MD'	Maryland
Value 'MA'	Massachusetts
Value 'MI'	Michigan
Value 'MN'	Minnesota
Value 'MS'	Mississippi
Value 'MO'	Missouri
Value 'MT'	Montana
Value 'NE'	Nebraska
Value 'NV'	Nevada
Value 'NH'	New Hampshire
Value 'NJ'	New Jersey
Value 'NM'	New Mexico

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Valid Abbreviation	State
Value 'NY'	New York
Value 'NC'	North Carolina
Value 'ND'	North Dakota
Value 'OH'	Ohio
Value 'OK'	Oklahoma
Value 'OR'	Oregon
Value 'PA'	Pennsylvania
Value 'RI'	Rhode Island
Value 'SC'	South Carolina
Value 'SD'	South Dakota
Value 'TN'	Tennessee
Value 'TX'	Texas
Value 'UT'	Utah
Value 'VT'	Vermont
Value 'VA'	Virginia
Value 'WA'	Washington
Value 'WV'	West Virginia
Value 'WI'	Wisconsin
Value 'WY'	Wyoming
Value 'AS'	American Samoa
Value 'GU'	Guam
Value 'MP'	Northern Mariana Islands
Value 'PR'	Puerto Rico
Value 'VI'	Virgin Islands



Appendix E: Glossary and Acronyms

Glossary

The Glossary in Table 8 outlines common terms and their definitions related to the Form.

Table 8: Glossary of Terms

Term	Definition
ACA Transitional Reinsurance Annual Enrollment and Contribution Submission Form	Referred to in this document as the 'Form.' Use this Form to file the Gross Annual Enrollment Count, upload Supporting Documentation, and schedule contributions payments. This Form will be available on <u>https://www.pay.gov</u> .
Annual Enrollment Count ⁴	Referred to in this document also as 'Covered Lives.' The number of Covered Lives generally in the first nine (9) months of the applicable benefit year reported by a fully- insured issuer or self-insured group health plan. The number of Covered Lives is the basis for the Reinsurance Contributions calculation.
Automated Clearing House (ACH)	The ACH is an electronic network for financial transactions in the United States. ACH Debit is the only payment method accepted for remitting reinsurance contributions payments.
Automated Clearing House Debit Block	Automatic debits to the Contributing Entity's business account that may be blocked by the bank. This security feature is called an ACH Debit Block, ACH Positive Pay, or ACH Fraud Prevention Filter. An ACH Debit Block is removed by providing an allowed list of ACH codes; this list enables allowable automatic debits. When working with the US Government, these codes are referred to as the ALC+2. Contact your bank to have added the ALC+2 added to a list of approved automated debit transactions. The Transitional Reinsurance Contribution Program's ALC+2 is 7505008015.
Benefit Year	As defined in 45 CFR 153.20, a benefit year is a calendar year for which a health plan provides coverage for health benefits.

⁴ See 45 CFR 153.405 (d) through 45 CFR 153.405 (g) Annual Enrollment and Contributions Submission 57



Term	Definition
Comma Separated	Also known as a "flat file" or "comma delimited file".
Value (CSV) file	Each line represents one entry or record and a comma
	separates each data element within a record.
Contributing Entity	Pursuant to the definition in 45 CFR 153.20, Contributing
	Entities are health insurance issuers and certain self-insured
	group health plans including group health plans that are
	partially self-insured and partially insured, where the health
	insurance coverage does not constitute major medical
Counting Mothodo	Counting Methods are the way in which a Contributing Entity
	or Reporting Entity will calculate Covered Lives for the
	reinsurance program filing purposes. These methods are
	generally based on enrollment in the first nine (9) months of
	the benefit year, regardless of when the plan year begins and
	ends. Blasse refer to the degument titled 'Examples of Counting
	Methods for Contributing Entities' on CCIIO's Transitional
	Reinsurance Program webpage at
	http://www.cms.gov/CCIIO/Programs-and-
	Initiatives/Premium-Stabilization-Programs/The-Transitional-
	Reinsurance-Program/Reinsurance-Contributions.html or in
	the REGTAP Library at https://www.regtap.info.
Job Aid for Supporting	The Job Aid supports Reporting Entities in the creation of the
Documentation	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 is available on CCIIO's Transitional Reinsurance
	Program webpage at <u>http://www.cms.gov/CCIIO/Programs-</u>
	and-Initiatives/Premium-Stabilization-Programs/The-
	Contributions html or in the Library on REGTAP at
	https://www.regtap.info.
Reinsurance	Calculated by multiplying the number of Covered Lives
Contribution	(determined under a permitted counting method set forth in
	45 CFR 153.405(d) through 45 CFR 153.405(g)) during the
	applicable benefit (calendar) year for all applicable plans of
	the Contributing Entity by the applicable reinsurance
	contribution rate.



Term	Definition
Reporting Entity	An organization carrying out the steps for the reinsurance contribution submission process. This can be: (a) a Contributing Entity or (b) a TPA, ASO contractor, or other third party on behalf of a Contributing Entity.
Transitional Reinsurance Program	A temporary three-year program established by Section 1341 of the ACA to help stabilize premiums in the individual market.

Acronyms

Table 9 lists some common acronyms and their terms that the Reporting Entity may encounter when completing the ACA Transitional Reinsurance Contribution and Annual Submission Form.

Acronym	Term		
ACA	Affordable Care Act		
ACH	Automated Clearing House		
ASO	Administrative Services-Only		
CCIIO	The Center for Consumer Information and Insurance Oversight		
CMS	Centers for Medicare and Medicaid Services		
CSV	Comma Separated Value		
HHS	Health and Human Services		
HII	Health Insurance Issuer		
LBN	Legal Business Name		
MGHPS	Multiple Group Health Plan – Aggregate reporting, treated as a single group health plan		
MGHPM	Multiple Group Health Plan – Separate reporting, treated as a separate group health plan		
REGTAP	Registration for Technical Assistance Portal		
SI	Self-Insured		
SISA	Self-Insured; Self-Administered		
TIN	Federal Tax Identification Number		
ТРА	Third Party Administrator		

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Table 9: Acronyms



Appendix F: Reinsurance Contribution Rates

The Transitional Reinsurance Program requires submission of reinsurance contributions for 2014, 2015, and 2016. The annual per capita contribution rates are listed in Table 10, and are to be submitted per covered life for the applicable benefit year.

 Table 10: Reinsurance Contribution Rates

Activity	2014	2015	2016
First Collection	\$52.50	\$33.00	TBD with 2016 Payment Notice
Second Collection	\$10.50	\$11.00	TBD with 2016 Payment Notice
Total	\$63.00	\$44.00	TBD with 2016 Payment Notice