# The Transitional Reinsurance Program: Submission of Annual Enrollment and Contributions through Pay.gov

## July 28, July 30 and August 6, 2014

**Payment Policy & Financial Management Group,**
**Division of Reinsurance Operations**

**CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

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# Session Guidelines

- This is a ninety-minute webinar session

- For questions regarding content, please submit inquiries to REGTAP at https://www.regtap.info and mention this webinar or Reinsurance-Contributions

- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520

# Purpose & Objectives

- Explain key points of registering on Pay.gov

- Identify key points of the "ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form" (the "Form")

- Provide an overview of the supporting documentation

- Identify key points about scheduling payment of reinsurance contributions

- Review the submission process

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# Intended Audience

- Health insurance issuers

- Self-insured Group Health Plans

- Third Party Administrators (TPAs)

- Administrative Services-only (ASO) Contractors

# Overview of the Transitional Reinsurance Program

- The Transitional Reinsurance Program is established by Section 1341 of the Affordable Care Act (ACA) to help stabilize premiums in the individual market

- Reinsurance contributions are required for the 2014, 2015 and 2016 benefit years

- The program is funded by contributions collected from health insurance issuers and certain self-insured group health plans to cover costs for high-cost individuals enrolled in non-grandfathered reinsurance-eligible individual market plans

# Contribution Submission Process

- HHS is implementing a streamlined approach through [Pay.gov](Pay.gov) for the contribution submission process

- Pay.gov offers a simplified method for contributing entities to register, submit their annual enrollment count, be notified of the contribution amount owed and make contributions
  - Pay.gov is a secure, web-based application owned by the Federal Government
  - Pay.gov allows external parties to submit forms online and make online payments to government agencies

- If your organization is already registered on Pay.gov, you do not need to create a new account – you may use the existing Pay.gov account to carry out the reinsurance contribution submission process
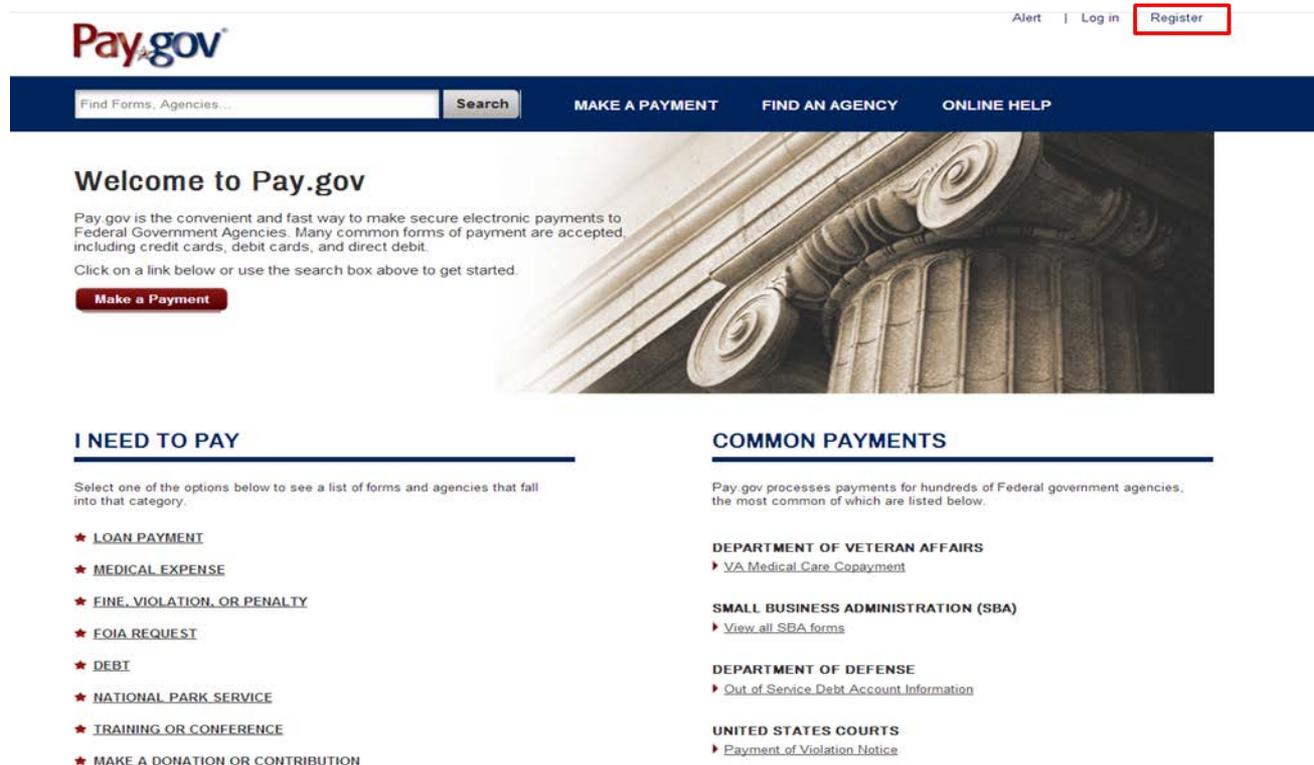
# Contribution Submission Process Overview

- A contributing entity completes all of the following steps:
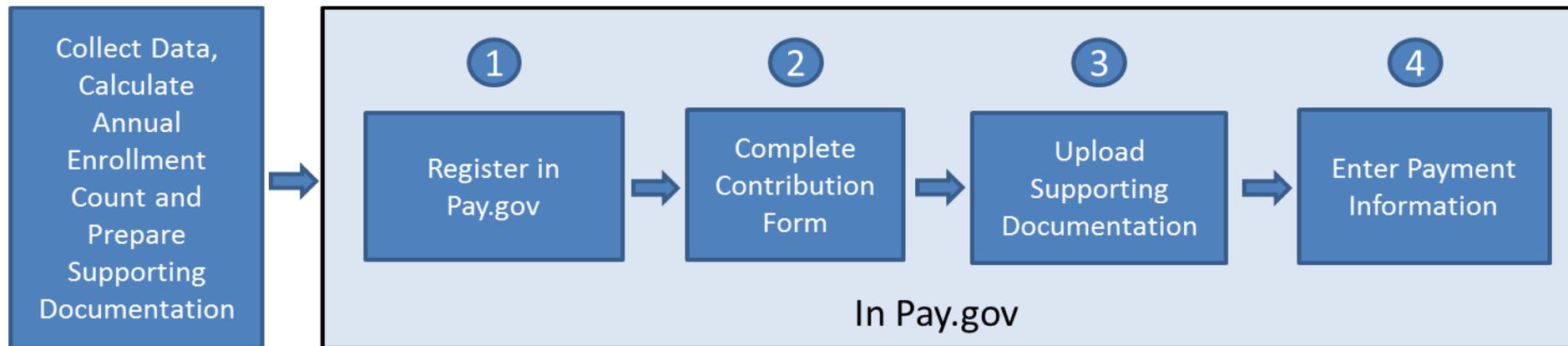
# Registering on Pay.gov

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

# Registration Page on Pay.gov

- Screenshot of Registration page:

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# Registration Page on Pay.gov, continued

- Registration information is used to create a user profile containing both user data and the user's company data
  - User information is required; and
  - Company information is required
- Some of the registration data is used to pre-populate the Form:
  - **Contact 1 for Submission**: user's name, e-mail and phone number within the Pay.gov profile will pre-populate the Form as Contact 1 for submission
  - **Legal Business Name (LBN)**: the company name within the Pay.gov profile will pre-populate the Form as 'Legal Business Name (LBN)'
  - **Billing Address:** the company address within the Pay.gov profile will pre-populate the Form as 'Billing Address'

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# Registering on Pay.gov: Company Name and Address

- After completing the required fields of the registration page, complete the company name and company address information so that it will pre-populate in the Form

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# Key Points: Registering on Pay.gov

- If you do not have a Pay.gov account, only create one Pay.gov account for your organization to complete the reinsurance contribution submission process
  - For example, the TPA or ASO contractor should create **ONLY** one Pay.gov account for submitting the enrollment count and contribution on behalf of one or more contributing entities
  - Multiple Pay.gov accounts per LBN or TIN should **NOT** be created

- Pay.gov does not limit the number of Forms filed or bank accounts used under one Pay.gov account
  - However, each Form submission can only use one bank account for remitting the reinsurance contribution payments

# After Registering on Pay.gov

- Once logged into Pay.gov, search for the appropriate form ("*ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form*") for filing the annual enrollment count and making the contribution payments

- Currently, this Form is **<u>not</u>** available on Pay.gov
  - Form availability will be announced once it is live

# ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

# ACA Transitional Reinsurance Program Annual Enrollment and Contribution Submission Form

- The 'Legal Business Name (LBN),' 'Billing Address' and 'Contact 1 for Submission' are auto-populated from the Pay.gov profile

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

Current Date: _____07/18/2014_____

Legal Business Name (LBN): _Great Farms Insurance_____

Federal Tax ID Number: _____

**Billing Contact**
First Name: _____ Last Name: _____ Title: _____

Email Address: _____ Telephone: _____ Ext: _____

**Billing Address**
Line 1: _8270 Corporate Road_____ Line 2: _____

City: _Valspar_____ State: _Virginia_____ ▾ Zip Code: _23841_____

**Contact 1 for Submission**
First Name: _Linda_____ Last Name: _Jenkins_____ Title: _____

Email Address: _ljenkins@gfinsurance.com_ Telephone: _(703) 284-6517_ Ext: _____

**Contact 2 for Submission**
First Name: _____ Last Name: _____ Title: _____

Email Address: _____ Telephone: _____ Ext: _____

**Contact 3 for Submission**
First Name: _____ Last Name: _____ Title: _____

Email Address: _____ Telephone: _____ Ext: _____

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# Reporting Entity Information

- The Form requires information for a billing contact and billing address
  - Billing address auto-populates from the Pay.gov profile
  - Information provided should be for the Reporting Entity

- The Form requires the name and contact information for three submitter contacts
  - The first contact auto-populates from the Pay.gov profile
  - Information provided should be for whomever can discuss information submitted on the Form and supporting documentation

# 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

- Select 'Type of Payment' based on how you prefer to make your contribution, keeping in mind:
  - First Collection deadline is January 15, 2015
  - Second Collection deadline is November 15, 2015

- If you choose to make a combined collection, the deadline to submit your contribution is January 15, 2015

# 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 | |
| Verify Gross Annual Enrollment Count | |
| Contribution Rate for Program Payments and Program Administration Funds | 52.50 |
| Contribution Amount Due for Program Payments and Program Administration Funds | |
| Contribution Rate for General Fund of the US Treasury | 10.50 |
| Contribution Amount Due for General Fund of the US Treasury | |
| Total Contributions Due for the Applicable Benefit Year | |

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# Select Benefit Year for Reporting Enrollment Count, continued

- After selecting 'Type of Payment', use the drop-down list to select "2014" for the Benefit Year for reporting Gross Annual Enrollment Count
  - Pay special attention to this selection prior to submitting your annual enrollment count – 2014 must be selected

- After selecting "2014", you will see the Total Applicable Benefit Year Contribution Rate auto-populate, as well as the general breakdown for the Contribution Rate for Program Payments and Program Administration Funds and Contribution Rate for General Fund of the U.S. Treasury

# Gross Annual Enrollment Count

- In the Gross Annual Enrollment Count field, enter the annual enrollment count generated using one of the approved counting methods
  - If you are a TPA or ASO contractor, this number should be the gross annual enrollment count for all contributing entities included in the supporting documentation that is being reported on the Form
    - For example, if the supporting documentation includes information for 12 contributing entities that totals 650 covered lives – 650 should be entered as the gross annual enrollment count
    - Separate Forms will need to be submitted if the TPA or ASO contractor wants to use different bank accounts to make payments for its contributing entities
- In the Verify Gross Annual Enrollment Count field, enter the same number generated from using one of the approved counting methods
  - Ensure that these two numbers match

# Gross Annual Enrollment Count, continued

| | |
|---|---:|
| Benefit Year for Reporting Gross Annual Enrollment Count | 2014 ▼ |
| Total Applicable Benefit Year Contribution Rate | 63.00 |
| Gross Annual Enrollment Count | 650.00 |
| Verify Gross Annual Enrollment Count | 650.00 |
| Contribution Rate for Program Payments and Program Administration Funds | 52.50 |
| Contribution Amount Due for Program Payments and Program Administration Funds | 34,125.00 |
| Contribution Rate for General Fund of the US Treasury | 10.50 |
| Contribution Amount Due for General Fund of the US Treasury | 6,825.00 |
| Total Contributions Due for the Applicable Benefit Year | 40,950.00 |

# Verification & Acknowledgement

- After you enter the Gross Annual Enrollment Count, you are required to check a box next to the statement, "The Gross Annual Enrollment Count entered in this form matches the aggregate enrollment count by entity in the supporting documentation."

- You must also check a box next to an Acknowledgement statement.

# Acknowledgement

- ## The Acknowledgement statement reads as follows:

    - Acknowledgment: My acknowledgment is on behalf of my organization and the contributing entity or entities for which the data and accompanying payment(s) are being submitted. My acknowledgment legally and financially binds my organization and each contributing entity to the applicable laws, regulations and program instructions of the Affordable Care Act (ACA). By my submission, I certify that the data are true, correct and complete. If my organization or any contributing entity becomes aware that data are untrue, incorrect or incomplete, CMS shall be promptly informed. If CMS identifies a discrepancy or has questions about the data being submitted, I agree to be the contact for responding to such questions. I acknowledge that the provisions of the Affordable Care Act specifically make payments made by or in connection with an Exchange subject to the False Claims Act if those payments include any Federal funds. This includes, but is not limited to, the transitional reinsurance program established under Section 1341 of the Affordable Care Act.

# Authorizing Official for Reporting Entity's Acknowledgement

- Complete the appropriate information for the individual that authorizes the Acknowledgement
    - The individual entered as the Authorizing Official is the name of an individual with the authority to authorize the contribution transaction and certify that the data is true and correct
    - The individual entered as the Authorizing Official is whom CMS will contact if CMS identifies a discrepancy or has questions about the data being submitted

- If you do not complete the Verification or Acknowledgement check boxes, you will **NOT** be able to proceed with Form submission

# Supporting Documentation

- On the next screen, you will be required to upload the supporting documentation for the enrollment count provided on the Form

- Supporting documentation will be used by CMS to verify the gross annual enrollment count inputted on the Form

- Supporting documentation must be a .CSV file format and must not exceed 2MB
  - No Special Characters: *, <, >, \, /, %, ^, `, { , }, ~, [, ], !, &, +, =, ?
  - It should contain one row for each contributing entity
  - Each row will also contain submitter information
  - The sum of all enrollment counts in the file must not exceed 1,587,301.58 covered lives if remitting a combined collection or 1,904,761.90 covered lives if electing the two payment schedule

# Supporting Documentation, continued

| Field Name | Description and Constraints |
|---|---|
| Reporting Entity Legal Business Name (LBN) | Legal business name associated with the reporting entity's tax identification number must match the corresponding form. This requirement is the same for each contributing entity listed in this attachment. |
| Reporting Entity Federal Tax Identification Number (TIN) | Federal TIN associated with the reporting entity's LBN must match the corresponding form. This requirement is the for each contributing entity listed in this file. |
| Contributing Entity Legal Business Name | Legal business name associated with the contributing entity's tax identification number |
| Contributing Entity Federal Tax Identification Number | Federal TIN associated with the contributing entity's LBN |
| Contributing Entity Organization Type | Organization status associated with the contributing entity's Federal TIN: Value must be: For Profit or Nonprofit |
| Contributing Entity Billing Address – Line 1 | Billing street address |
| Contributing Entity Billing Address – Line 2 | Billing street address *Optional* |
| Contributing Entity Billing Address City | City name |
| Contributing Entity Billing Address State | State |
| Contributing Entity Billing Address Zip Code plus 4 | 5-digit zip code plus 4; if available |
| Contributing Entity Domiciliary State | State where contributing entity is incorporated |
| Benefit Year | Benefit year applicable to the annual enrollment reported. Value must be 2014, 2015 or 2016. |
| Annual Enrollment Count | Number of covered lives for this Contributing Entity. |
| Type of Contributing Entity | Type of Contributing Entity for whom you submitting enrollment. Value must be: HII for Health Insurance Issuer SII for Self Insured SISA for Self Insured/Self-Administered MGHPS for Multiple Group Health Plan (single plan treatment) MGHPM for Multiple Group Health Plan (multiple plan treatment) OTHER for Any Other type |

# Payment Page

- Payment of contributions may only be made on Pay.gov using an Automated Clearing House (ACH) payment

- Only one bank account may be entered per Form
  - If you wish to submit contributions on behalf of multiple contributing entities and want to use a different bank account for each entity's contribution, you must submit a separate Form for each contributing entity

- Ensure that sufficient funds are available in the account for the date that you schedule the payment to avoid charges related to insufficient funds

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# Payment Page, continued

- The Payment Amount auto-populates based on the Type of Payment selection and the calculated contribution amount on the Form
- On the Payment Page you will:
  - Select the Payment Date
  - Enter the Account Holder Name
  - Select Checking or Savings Account Type
  - Enter Bank Routing Number
  - Enter Bank Account Number
- If you have previously made a payment through Pay.gov, the banking information you previously entered may pre-populate and you will have the option to change it

# Payment Page: Scheduling Payment



* **Payment Amount:**

34125.00

* **Payment Date (mm/dd/yyyy)**

12/15/2014

* **Account Holder Name**

* Please select a payment account:

   ⦿ I want to enter a new account

      ☐ I would like to save this payment account to my profile

      * **Select Account Type**

      Select Account Type ▼

   * **Routing Number**

   Routing Number

   * **Account Number**

   Account Number

   * **Confirm Account Number**

   Confirm Account Number

[Previous]   [Return to Form]   Cancel

[Review and Submit Payment]

# Payment Page: Scheduling Payment, continued

- On the Payment Page, the Payment Date will be auto-populated with the next business day – we recommend that you update the payment date to be scheduled for 30 days from the date of Form submission, but no later than the deadlines for remittance

  - For example, if you choose to submit the Form November 2, 2014 , we recommend that the selected payment date be no earlier than December 2, 2014

- The deadline for the first contribution or combined collection is January 15, 2015

- The deadline for the second contribution is November 15, 2015

# Schedule Both Collections

- If you selected the First Collection, you will need to duplicate the Form and schedule payment for the Second Collection

- If you selected a Combined Collection, you will only have to submit the Form one time

# Submitting Multiple Forms

- It may be necessary to complete more than one Form if a contributing entity:
  - Has more enrollees than would be permitted for a single transaction on Pay.gov
  - Wants to use more than one bank account
  - Wants to follow the two payment schedule (not a Combined Collection)
  - Has a business reason for wanting to complete multiple Forms

# Contribution Submission Process Overview

- A contributing entity completes all of the following steps:
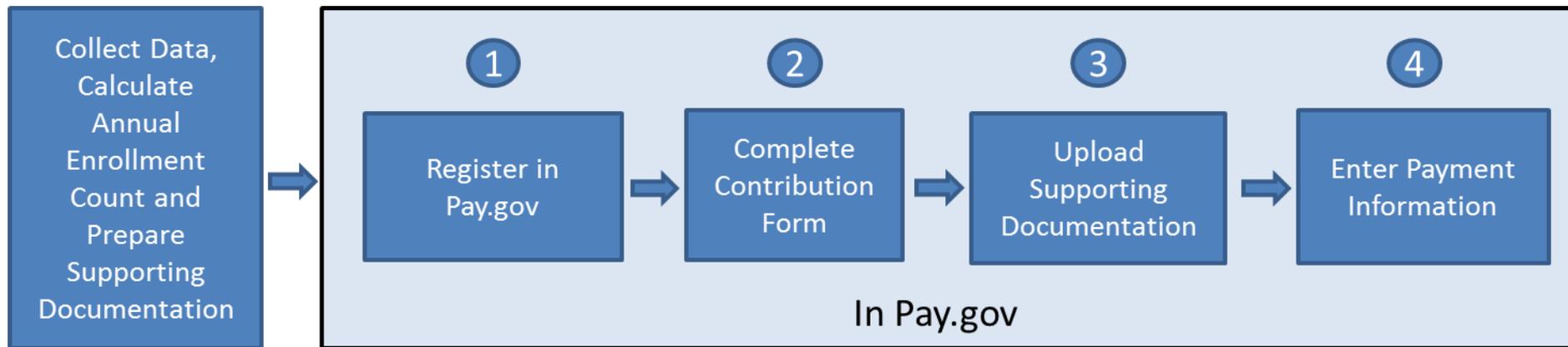
# Preparing: Data You Can Collect Now

- Form Requires:
  - Reporting Entity's Legal Business Name (LBN)
  - Reporting Entity's Federal Tax Identification Number (TIN)
  - Reporting Entity's Billing Contact Name, Title, Email Address and Phone Number
  - Reporting Entity's Billing Address
  - Reporting Entity's Two Additional Submission Contacts Name, Title, Email Address and Phone Number
  - Contributing Entity's 2014 Annual Enrollment Count
  - Authorizing Official Name, Title, Email Address and Phone number

# Preparing: Data You Can Collect Now, continued

- Supporting Documentation Requires:
  - All of the data listed on slide 26 of this presentation

- Pay.gov Payment Scheduling Requires:
  - Account Holder Name
  - Account Type (Checking or Savings)
  - Bank Routing Number
  - Bank Account Number

# Key Deadlines for the 2014 Benefit Year

| Date | Activity | Contribution Amount |
|---|---|---|
| No later than November 15, 2014 | Submit Annual Enrollment Count and Schedule Contribution | |
| No later than January 15, 2015 | Remit first Contribution Amount | $52.50 per covered life |
| No later than November 15, 2015 | Remit second Contribution Amount | $10.50 per covered life |
| | Total | $63.00 per covered life |

# What can you do . . .

- **NOW**
  - Collect the information needed to complete the ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form
  - Register on Pay.gov
  - Review your REGTAP emails for updates and review prior webinar materials and the counting methods document, available in the REGTAP library under Reinsurance Contributions
  - Submit questions via REGTAP using "Submit an Inquiry" and note "Reinsurance-Contributions" in your question text
  - Monitor the CCIIO web page, including the Reinsurance Contributions specific CCIIO webpage

- **LATER**
  - Attend future webinars and user groups
  - Complete the reinsurance contribution submission process on pay.gov beginning this Fall

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# Upcoming Webinars

| Topic | Tentative Date |
|---|---|
| **The Transitional Reinsurance Program: Submission of Supporting Documentation through Pay.gov** | August 11, August 13 and August 15, 2014<br>2:00 – 3:30 p.m. ET |

*Additional webinars and user groups will be held this summer and through November 2014.*

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# *Questions?*

To submit questions by phone:

❑ dial '14' on your phone's keypad

❑ dial '13' to exit the phone queue

To submit questions by webinar:

❑ type your question in the text box under the 'QA' tab

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# Resources

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# Regulatory References

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

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

# Resources

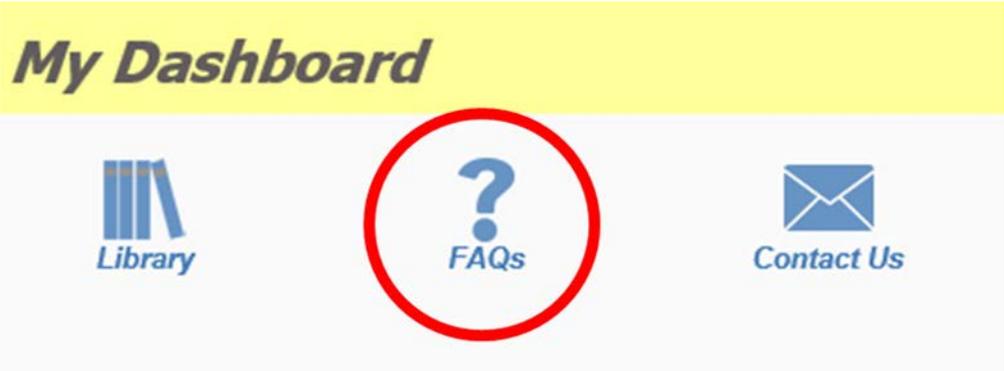| Resource | Link/Contact Information |
|---|---|
| U.S. Department of Health & Human Services | http://www.hhs.gov/ |
| Centers for Medicare & Medicaid Services (CMS) | http://www.cms.gov/ |
| The Center for Consumer Information & Insurance Oversight (CCIIO) web page | http://www.cms.gov/cciio |
| Registration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

# Inquiry Tracking and Management System (ITMS)

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

Users can submit questions after the

User Group by selecting "Submit an Inquiry" from My Dashboard.



*Note: Enter only one (1) question per submission.*
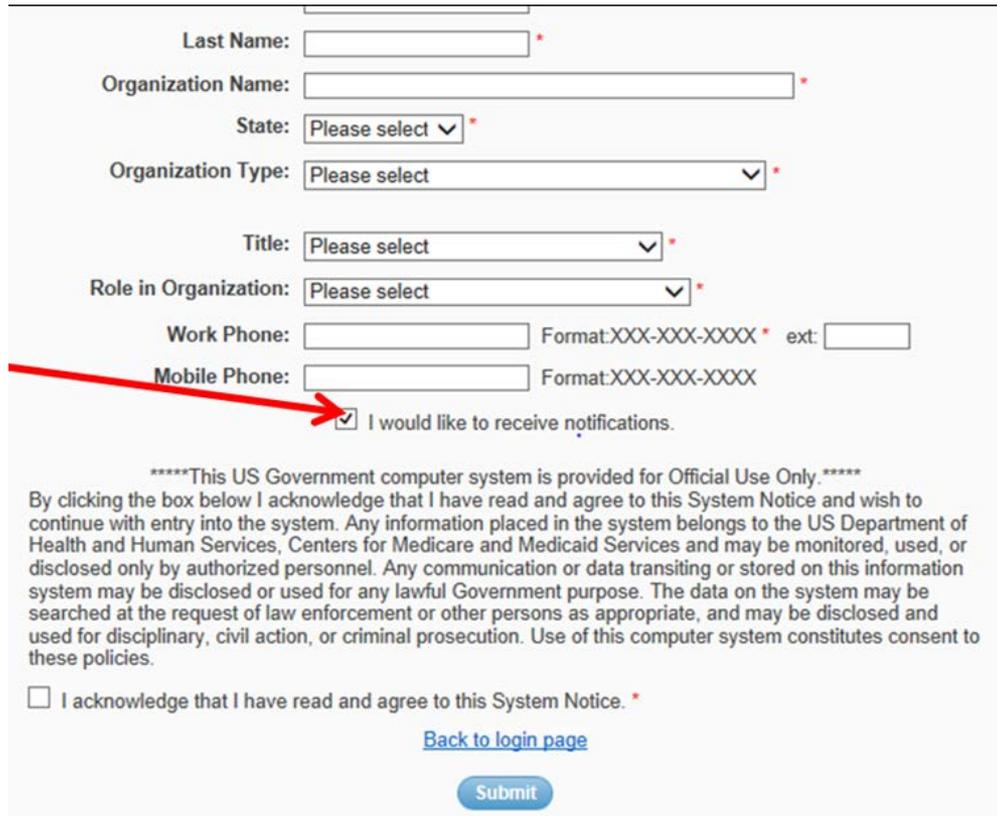
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# FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary categories and Publish Date.

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

# Notifications Opt In/Opt Out

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

| | |
|---|---|
| **Last Name:** | [_____] * |
| **Organization Name:** | [_____] * |
| **State:** | Please select ∨ * |
| **Organization Type:** | Please select ∨ * |
| **Title:** | Please select ∨ * |
| **Role in Organization:** | Please select ∨ * |
| **Work Phone:** | [_____] Format:XXX-XXX-XXXX * ext: [____] |
| **Mobile Phone:** | [_____] Format:XXX-XXX-XXXX |

☑ I would like to receive notifications.

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

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

Back to login page

Submit

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

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# **Closing Remarks**

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