Centers for Medicare & Medicaid Services

Center for Consumer Information and Insurance Oversight (CCIIO)

2015 ACA Transitional Reinsurance Program

Annual Enrollment and Contributions Submission Form Manual

Version 1.0

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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 reinsurance contributions for the Affordable Care Act's (ACA) Transitional Reinsurance Program. A Contributing Entity, or a Third Party Administrator (TPA) or Administrative Services Only (ASO contractor) on behalf of the Contributing Entity, completes all required steps for the submission of reinsurance contributions for 2015 on the Pay.gov website at https://www.pay.gov.

This document assists a Contributing Entity, or a TPA or ASO contractor on behalf of the Contributing Entity, to perform the required steps for completing the 2015 reinsurance contribution submission process.

2 Background

Section 1341 of the Affordable Care Act established a transitional reinsurance program to stabilize premiums in the individual market both 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.

For 2015 and 2106, Contributing Entities (45 CFR 153.20) are defined as health insurance issuers and self-insured group health plans (including a group health plan that is partially self-insured and partially insured, where the health insurance coverage does not constitute major medical coverage) that use a third party administrator in connection with claims processing or adjudication (including the management of internal appeals) or in connection with plan enrollment for services other than for pharmacy benefits or excepted benefits within the meaning of section 2791(c) of the PHS Act. Notwithstanding the foregoing, a self-insured group health plan that uses an unrelated third party to obtain provider network and related claim repricing services, or uses an unrelated third party for up to 5 percent of claims processing or adjudication or plan enrollment, will not be deemed to use a third party administrator, based on either the number of transactions processed by the third party, or the value of the claims processing and adjudication and plan enrollment services provided by the third party. A self-insured group health plan that is a Contributing Entity is responsible for the reinsurance contributions, although it may elect to use a third party administrator or administrative services-only contractor for transfer of the reinsurance contributions.

In 2015 and 2016, self-insured, self-administered group health plans that **do not** use a TPA in connection with claims processing, claims adjudication, and plan enrollment are not considered a Contributing Entity and therefore are not required to make contributions. Please see 45 CFR 153.20 and the HHS Notice of Benefit and Payment Parameters for 2015 (79 FR 13744) for more information regarding this exemption.

Figure 1 identifies key deadlines applicable to the 2015 benefit year.

Figure 1: Key Deadlines for 2015

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

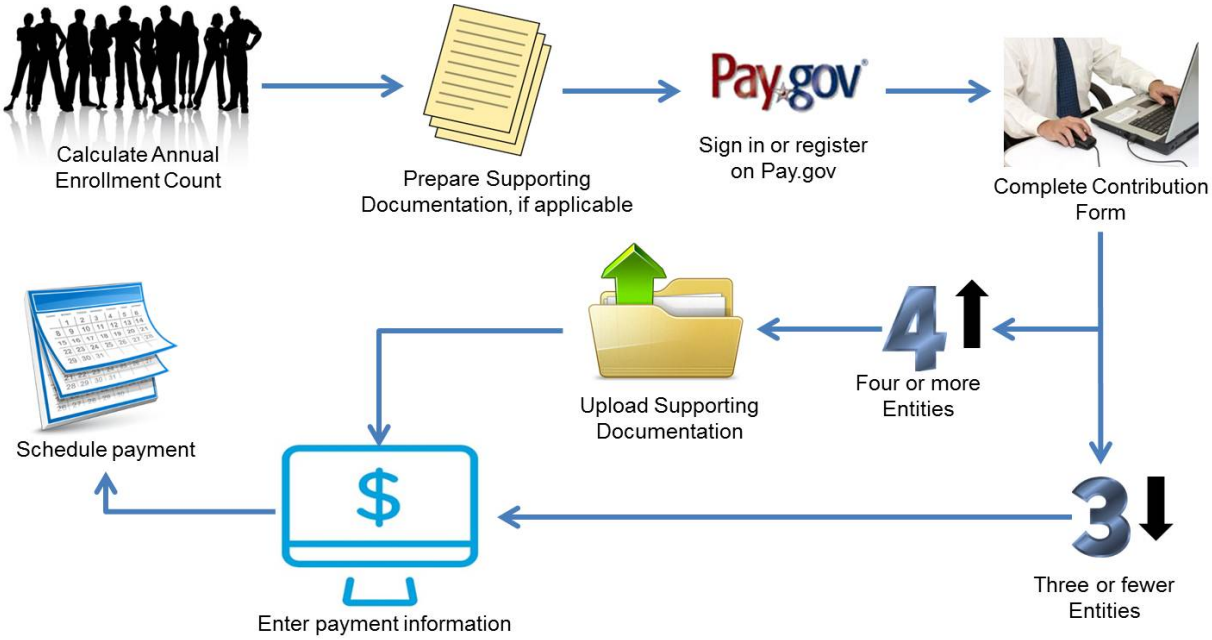
3 2015 Transitional Reinsurance Contributions Submission Process Overview

A Reporting Entity may be a Contributing Entity, or a TPA or ASO contractor, or any other party completing the reinsurance contributions submission process. To begin the submission process, the Reporting Entity must sign in (if an account was already created for the 2014 benefit year submission process) or register on the Pay.gov website at https://www.pay.gov.

Once registered on Pay.gov, the Reporting Entity must search for the Form by entering "2015 ACA" in the search box and complete a series of steps to file and schedule the reinsurance contribution payment(s). The annual enrollment submission filings are due no later than Monday, November 16, 2015. Refer to Figure 1: Key Deadlines for 2015 of this document for more information regarding filing and remittance due dates.

Figure 2 illustrates the 2015 reinsurance contributions submission process.

Figure 2: 2015 Contributions Submission Process



Steps in the reinsurance contributions submission process are to:

- Calculate the Annual Enrollment Count using one of the permitted counting methods.
- Prepare Supporting Documentation, if applicable. For more details, refer to *Appendix D: 2015 Supporting Documentation* in this document.
- Sign in or register on Pay.gov.
- Complete the 2015 Form.
- Upload Supporting Documentation, if applicable.
- Enter payment information.
- Schedule payment.

Permitted Counting Methods are in 45 CFR 153.405(d) through (g) and further explained in the "Module 2: 2015 Reinsurance Contributions Counting Methods Overview" or the "2015 Benefit Year - RIC: 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:

1. Register on https://www.pay.gov to create an account and set a user name and password if not already registered. Some of the information in the user profile is pre-populated into the Form. For more details, review the section titled *Key Points about Pay.gov Registration* in this document.
2. Log onto Pay.gov to search for and select the "2015 ACA Transitional Reinsurance: Annual Enrollment and Contributions Submission Form."
3. 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 Annual Enrollment Count.
4. Reporting for four (4) or more Contributing Entities on a single Form requires an upload of Supporting Documentation in a comma-separated value (.CSV) file, in a specific layout, that contains each Contributing Entity's identifying information and Annual Enrollment Count represented in the Form's Annual Enrollment Count, which is an aggregate of all Annual Enrollment counts listed in the Supporting Documentation. For more details, refer to *Appendix D: 2015 Supporting Documentation* in this document.

In 2015, a Supporting Documentation (.CSV) file **is not** required if reporting for three (3) or fewer Contributing Entities on one Form. A Supporting Documentation (.CSV) file **is** required if reporting for four (4) or more Contributing Entities per Form.

5. Enter banking information and schedule contribution payment based on the selected Type of Payment. It is recommended that the contribution payment date be scheduled prior to the payment deadline, but no later than the regulatory deadline. Refer to Figure 1: Key Deadlines for 2015 of this document for more information regarding filing and remittance due dates.

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

A more detailed version of these steps is included in *Section 6: Locate and Complete the 2015 Form*.

4 Things to Consider Before Getting Started

4.1 Multiple Form Filings

Reporting Entities determine whether multiple Form submissions are required prior to starting the process within Pay.gov.

A Reporting Entity is required to submit more than one (1) Form in the following scenarios:

1. When selecting a First Collection and Second 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 payment needs to submit one (1) Form and associated Supporting Documentation, if applicable, for each payment type (First Collection and Second Collection). These Form filings are required by November 16, 2015. The payments should be scheduled within the regulatory deadlines.

2. When submitting contributions for more enrollees than permitted in a single Pay.gov transaction:

   - In 2015, when a First Collection or Second Collection is chosen, the maximum reportable Annual Enrollment Count is 3,030,303.00 for the Form filing and payment
   - In 2015, when a Combined Collection is chosen, the maximum reportable Annual Enrollment count is 2,272,727.27 for the Form filing and payment

Annual Enrollment Count reporting limitations are based on the maximum payment amount outlined on the Pay.gov website. Here is an example of the annual enrollment limitation calculation for 2015:

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

$44.00 = the annual reinsurance contribution amount required for each covered life (Combined Collection)

$33.00 = the annual reinsurance contribution portion for the reinsurance payment and administration costs (First Collection)

$11.00 = the annual reinsurance contribution portion for the General Fund of the U.S. Treasury (Second Collection)

Therefore, for the First and Second Collections, the Annual Enrollment count limitation is based on the 2015 payment portion for reinsurance payment and administration, i.e., $99,999,999.99, divided by $33.00, which equals 3,030,303.00.

3. 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 bank accounts must submit a separate Form and related Supporting Documentation, if applicable, for each bank account.

4. When completing more than one (1) Form is a business requirement:

   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.

4.2 Collection of Required Information for Filing

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

Table 1: Type of Information Required for Completing the Form

Data Type	Data Required
Reporting Entity Demographics	Legal Business Name (LBN); Federal Tax Identification Number (TIN); Full Billing Address (cannot be Post Office Box)

Data Type	Data Required
Billing Contact	Name, Job Title, Email, and Telephone number for Billing Contact
Billing Address	Address, City, State, and Zip Code
Contact for Submission	Name, Job Title, Email, and Telephone number
Annual Enrollment Count(s)	Calculated using one (1) of the permitted counting methods in 45 CFR 153.405 (d) through (g)
Supporting Documentation, if applicable	.CSV file of supporting data, if applicable
Authorizing Official Information	Name, Job Title, Email, and Telephone 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 the data noted in Table 1, the Reporting Entity can review other program-related materials located 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 on REGTAP at https://www.regtap.info/ricontributions.php. 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 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 your Deadlines

Figure 1: Key Deadlines for 2015 in *Section 2: Background* identifies the key deadlines applicable to the 2015 benefit year.

- The submission of Annual Enrollment Count and scheduling of reinsurance contribution payment(s) is due no later than Monday, November 16, 2015.
- There are two (2) separate deadlines for remitting the two-part payment amount for the 2015 benefit year.

  - The Reporting Entity must schedule the First Collection payment no later than January 15, 2016.
  - The Reporting Entity must also schedule the Second Collection payment no later than November 15, 2016.
- A Reporting Entity may make one (1) combined payment for the entire $44 per covered life contribution amount no later than January 15, 2016. This type of payment is a Combined Collection.

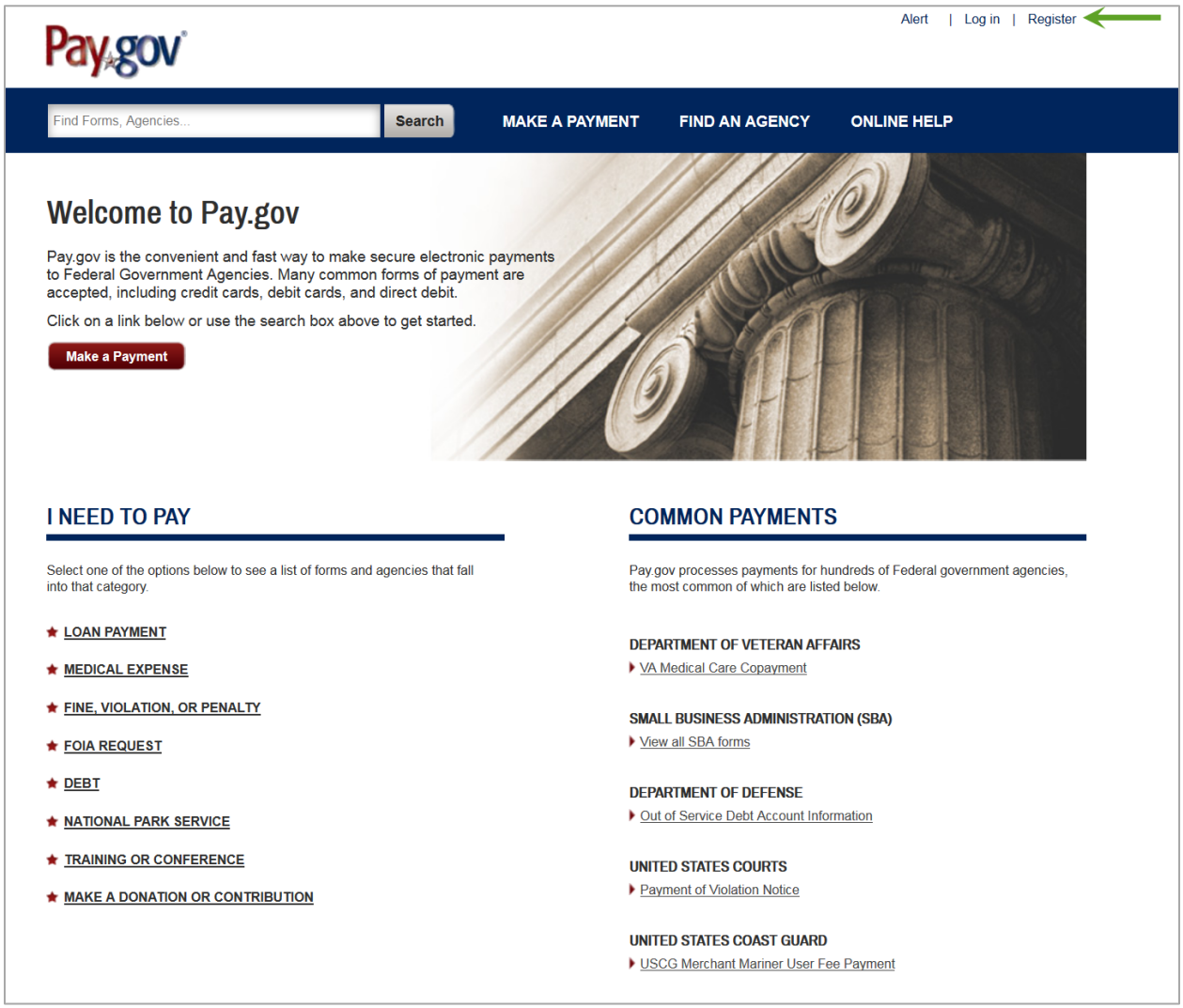
5 Key Points about Pay.gov Registration

The Reporting Entity is required to register on Pay.gov at https://www.pay.gov to complete the Transitional Reinsurance contributions filing process by the 2015 deadlines noted in *Figure 1: Key Deadlines for 2015*.

If your organization does not have a Pay.gov account, you must create a Pay.gov account to complete the reinsurance contributions 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. Pay.gov does not limit the number of Forms filed or bank accounts used under one (1) Pay.gov account. Users have the ability to save partially completed Forms, view submitted Forms, and duplicate Forms.

1. Go to the Pay.gov site at https://www.pay.gov, as shown in Figure 3.

Figure 3: Pay.gov Home Page



2. On the Pay.gov home screen, select the “Register” link in the upper right corner to access the registration page.

   a) Registration data is used to pre-populate the Form, including:

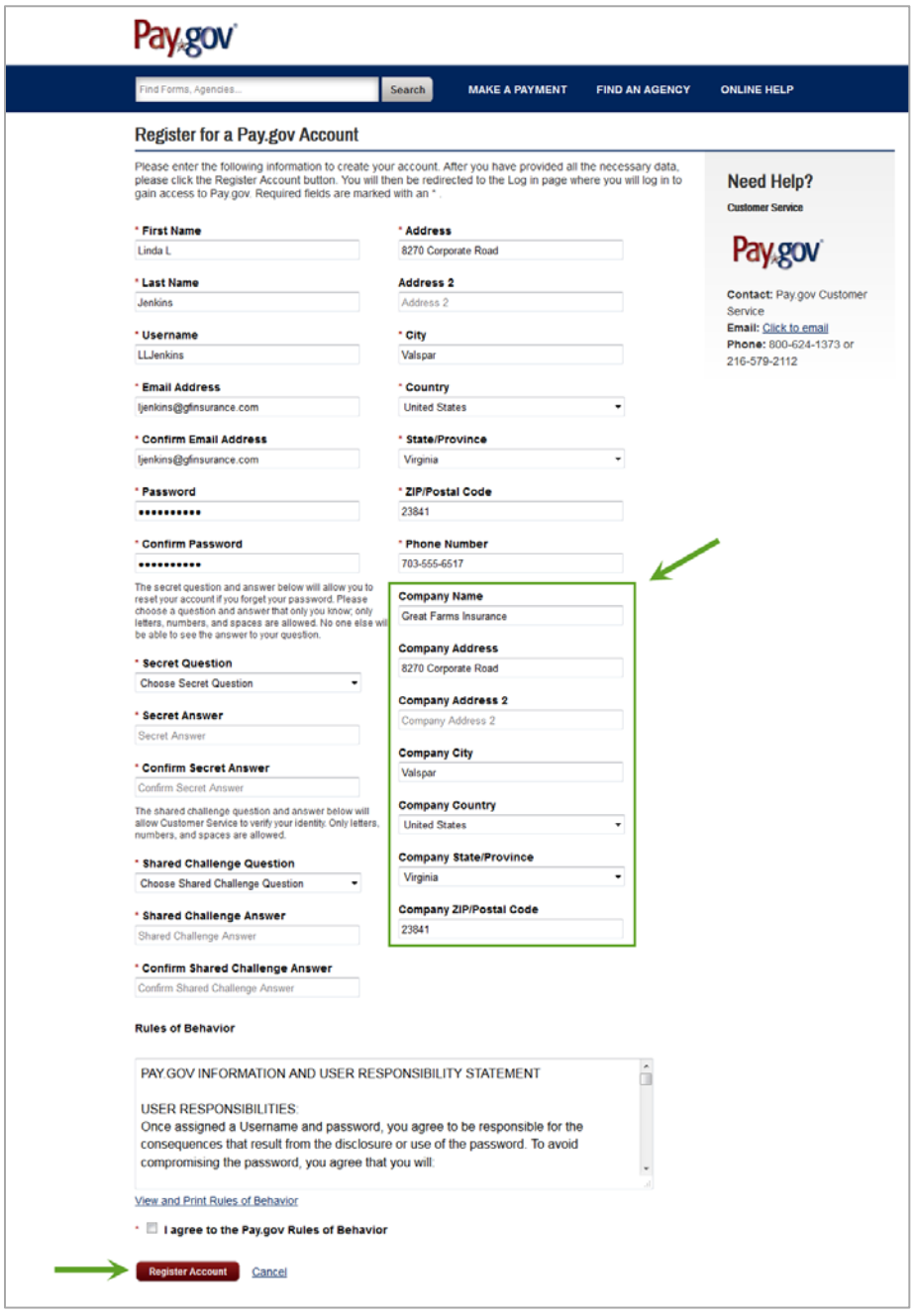
      i. Contact for Submission: The user’s name, email address, and telephone number recorded in the Pay.gov profile will pre-populate on the Form as Contact for submission.

      ii. Reporting Entity Legal Business Name (LBN): The company name recorded in the Pay.gov profile will pre-populate on the Form as the LBN.

      iii. Reporting Entity Billing Address: The company address recorded in the Pay.gov profile will pre-populate on the Form as the Billing Address.

   The registration page displays, as shown in Figure 4.

Figure 4: Register for a Pay.gov Account

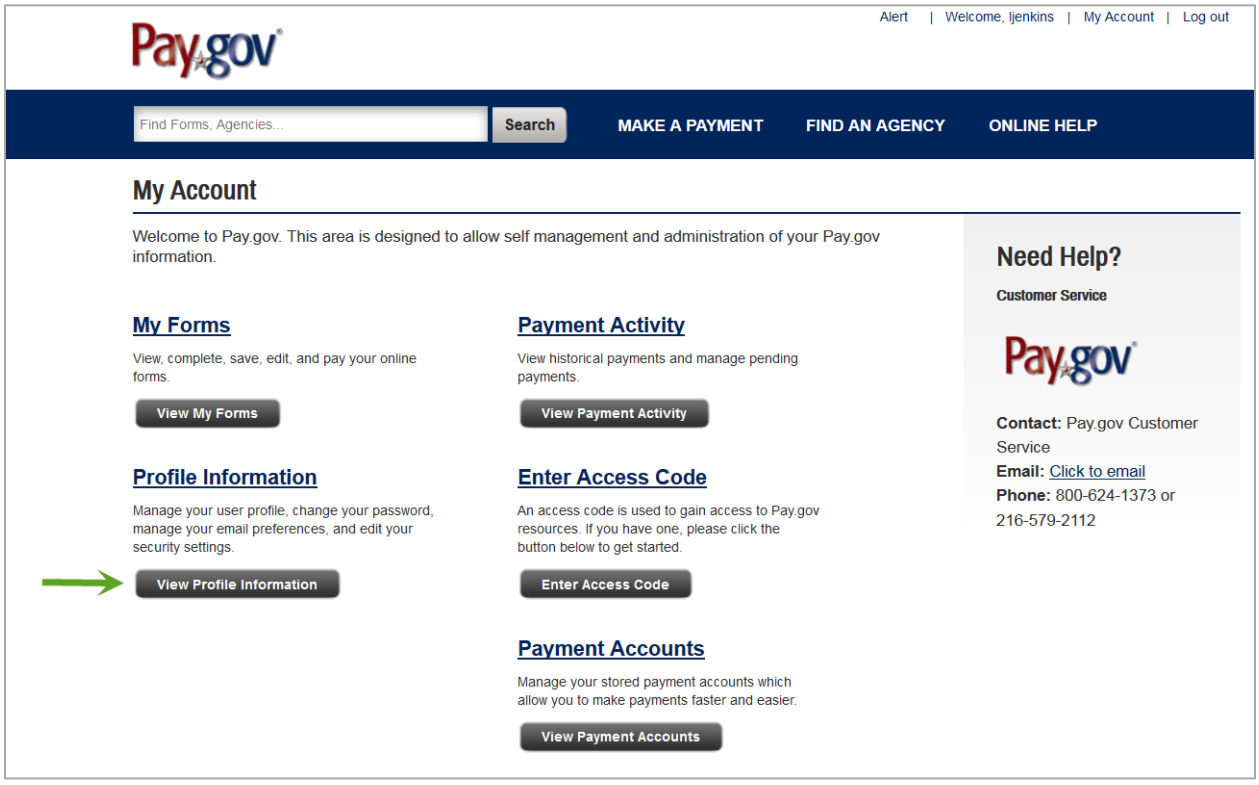


3. Complete the required fields of the registration page.
4. Complete the optional Company Name field and business address information.
5. Select the “Register Account” button.

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 https://www.pay.gov. If you have any issues with Pay.gov registration, contact the Pay.gov helpdesk directly for assistance.

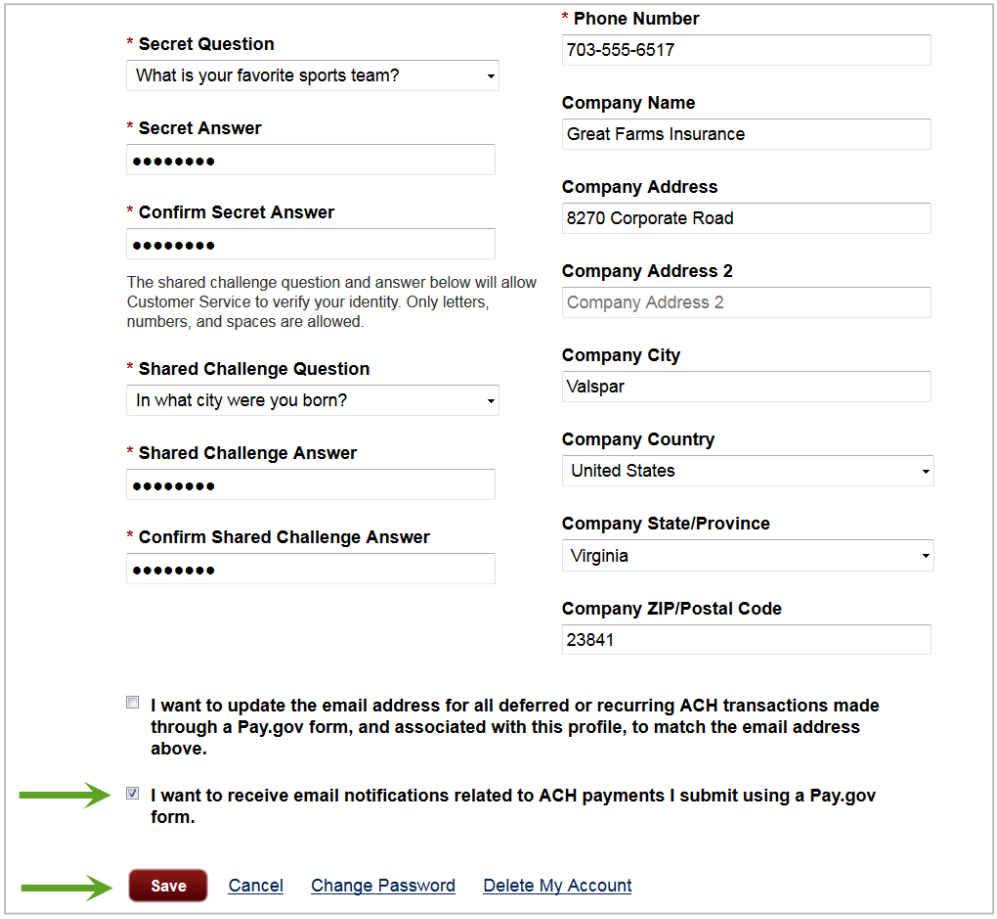
To ensure receipt of email notifications related to your scheduled contribution payments, the Pay.gov profile must be updated, as shown in Figure 5 and described in the steps below.

Figure 5: My Account



6. On the Pay.gov "My Account" page, select the "View Profile Information" button. Profile information displays, as shown in Figure 6.

Figure 6: Profile Information



7. 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.
8. 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.

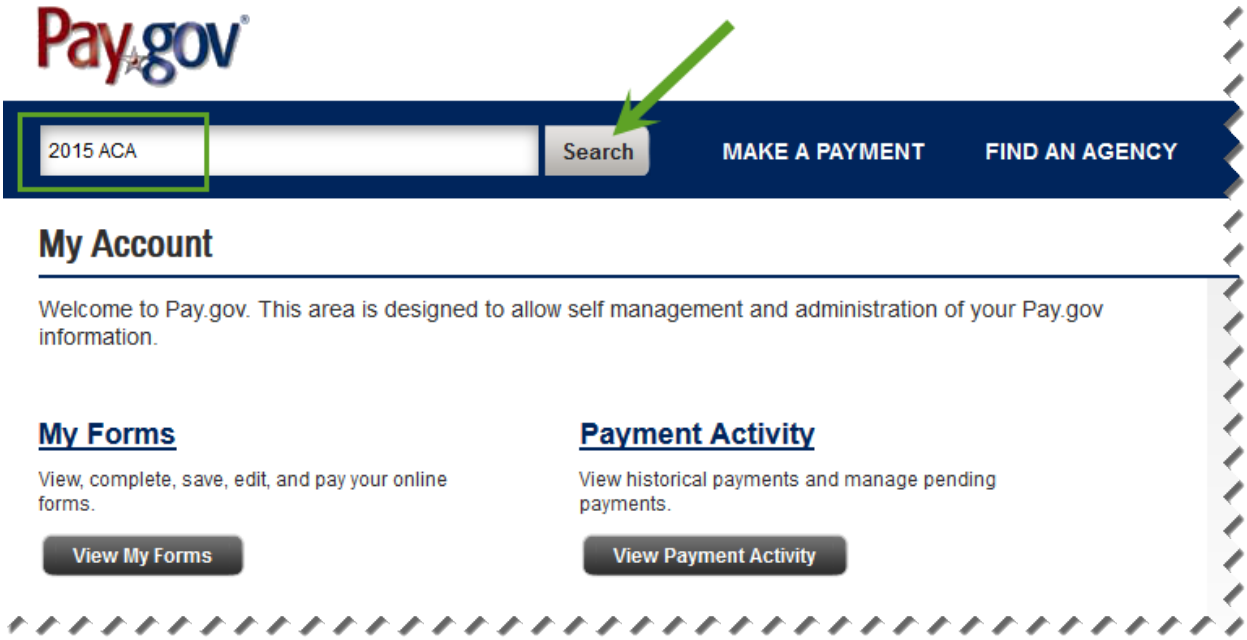
6 Locate and Complete the 2015 Form

Once registered on Pay.gov, access the Form by logging in to Pay.gov with your user name and password.

6.1 Locate the Form

1. Log in to Pay.gov, as shown in Figure 7.

Figure 7: My Account

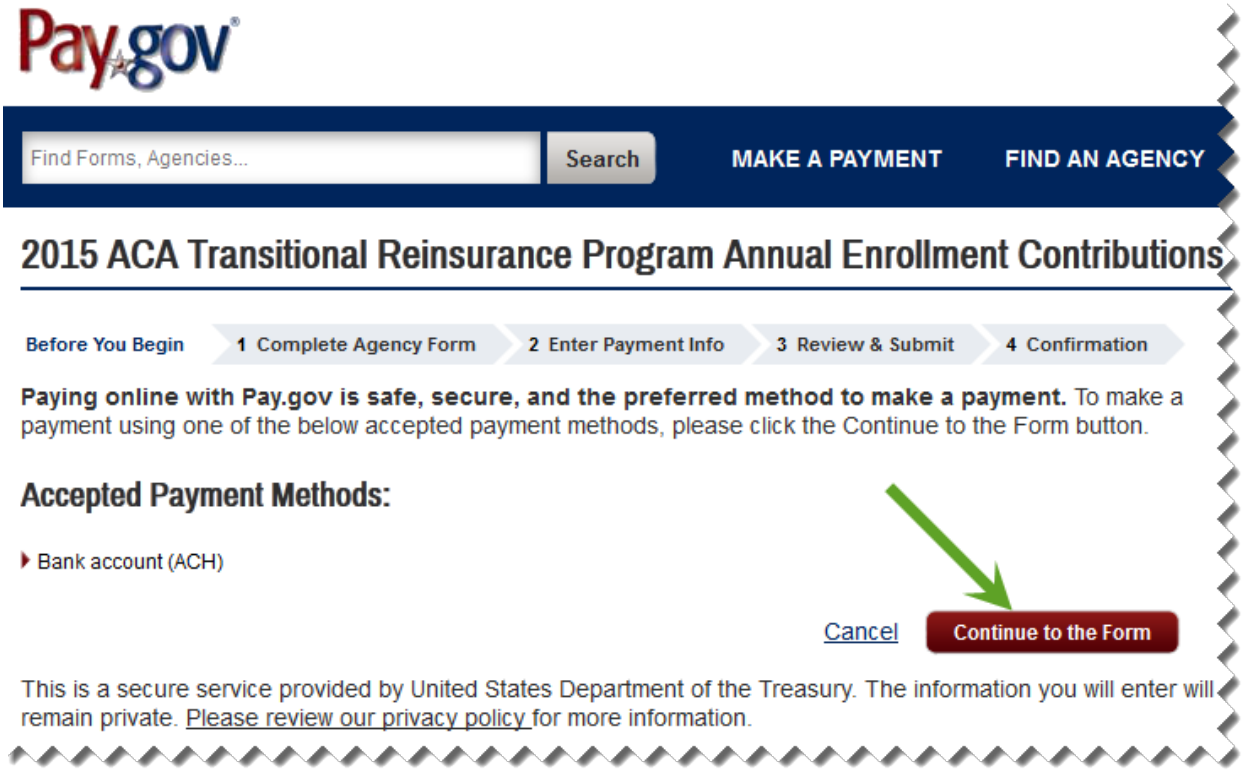


2. Enter “2015 ACA” in the search box on the “My Account” page.
3. Select the “Search” button. Search results display, as shown in Figure 8.

Figure 8: Pay.gov Search Results

4. Select the “Continue to the Form” button on the Search Results screen under “2015 ACA Transitional Reinsurance Program Annual Enrollment Contributions,” as shown in Figure 9.

Figure 9: Before You Begin



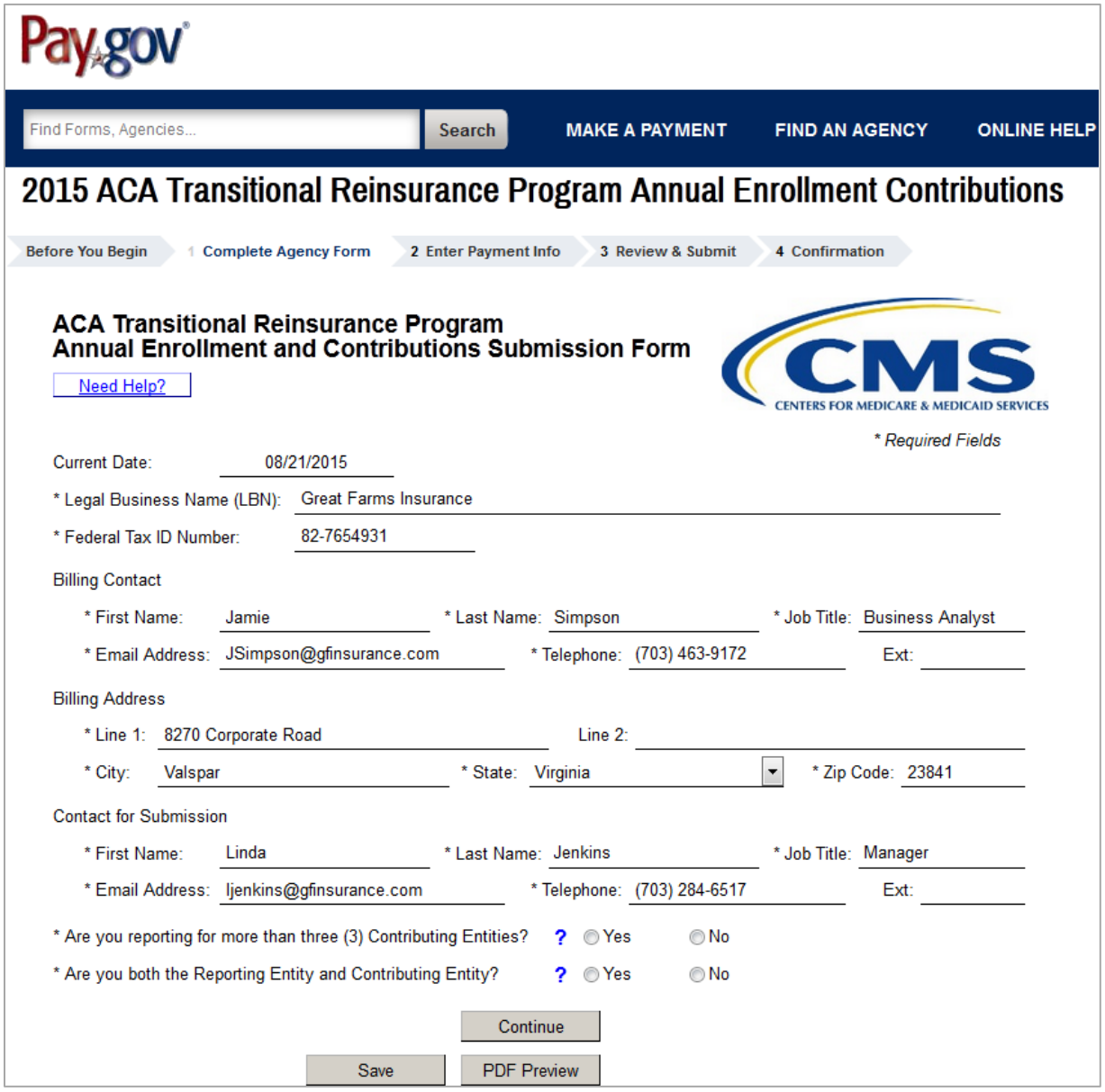
5. Review the information on the "Before You Begin" page, and select the "Continue to the Form" button.

> The Pay.gov Form includes roll-over tool tips and help options. Select any blue question mark icon to open a description of a field and its options, if applicable. Also, use your mouse to point to a field within the Form to reveal roll-over tool tips that provide brief explanations of the field requirements. Selecting the "Need Help?" link opens a document with links to the Transitional Reinsurance Program Resources and FAQs for the Form.

6.2 Enter Reporting Entity Information

The initial page of the Form is pre-populated from the Pay.gov profile with the Reporting Entity's LBN, Billing Address, and Contact for Submission, as shown in Figure 10.

Figure 10: 2015 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form



CMS may need to communicate with any of the contacts; therefore, the contacts must be able to discuss the information submitted in the Form and the Supporting Documentation, if applicable. The contacts must be different people.

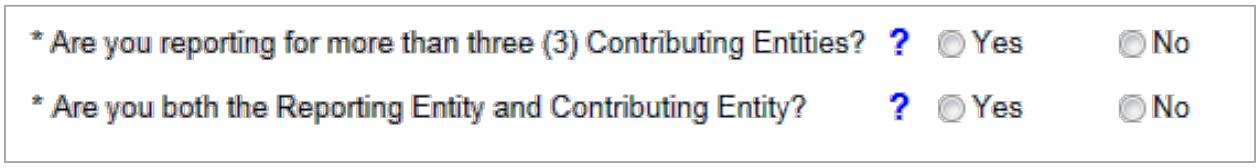
1. Review the pre-populated Reporting Entity LBN, and update the data, if necessary.

2. Enter the Reporting Entity TIN. This is the TIN affiliated with the Reporting Entity LBN entered in the previous field.
3. Enter Billing Contact First Name, Last Name, Job Title, Email Address, and Telephone number.
4. Review pre-populated Reporting Entity Billing Address information and update as necessary.
5. Review pre-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.

6.3 2015 Form Questions

The 2015 Form includes the following questions, shown in Figure 11, which determine if Supporting Documentation is required for a submission and drive the ordering of how information is entered within the Form.

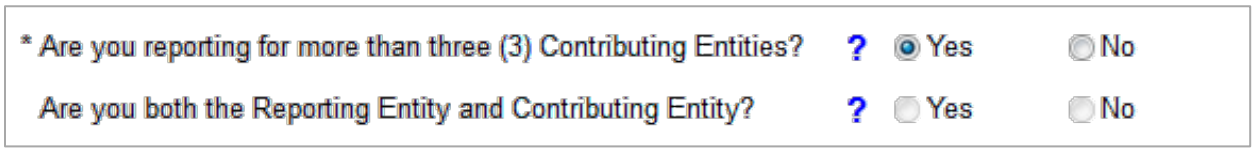
Figure 11: 2015 Form Questions



1. Answer the first Question: "Are you reporting for more than three (3) Contributing Entities?" by selecting "Yes" or "No," as shown in Figure 12.
   a) If reporting for four (4) or more Contributing Entities:
      i. Select "Yes" for the first question.
         Note: A Supporting Documentation (.CSV) file **is** required
      ii. The second question **is not** required if reporting for four (4) or more Contributing Entities.
      iii. Select "Continue" to advance to the "Type of Filing" section of the Form.

If reporting for four (4) or more Contributing Entities, skip to Section 6.5: Type of Filing.

Figure 12: 2015 Form Questions Answer Options



b) If reporting for three (3) or fewer Contributing Entities:

i. Select "No" for the first question.

Note: A Supporting Documentation (.CSV) file **IS NOT** required.

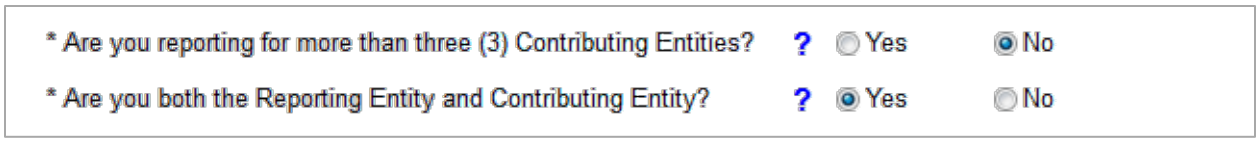
ii. Move to the second Form Question.

2. Answer the second Question: "Are you both the Reporting Entity and Contributing Entity?" by selecting "Yes" or "No," as shown in Figure 13.

a) If the Reporting Entity and the Contributing Entity are the same, select "Yes" for the second question.

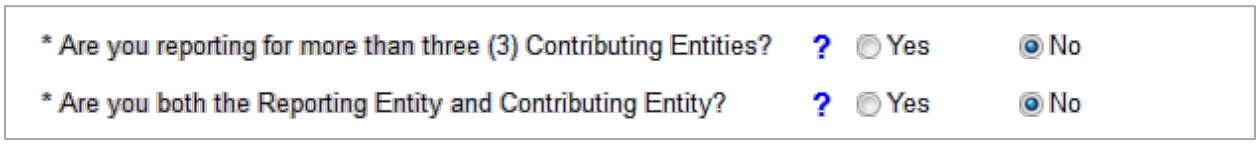
b) Then select "Continue" to advance the Form to the "Contributing Entity" page.

Figure 13: 2015 Form Questions Alternate Answer Options



c) If the Reporting Entity is not the Contributing Entity, select "No" for the second question, as shown in Figure 14.

Figure 14: 2015 Form Questions Alternate Answer Options



d) Then select "Continue" to advance the Form to the "Contributing Entity" page.

6.4 Contributing Entity Page

1. When reporting for three (3) or fewer Contributing Entities, the "Contributing Entity" page will open, as shown in Figure 15.

a) If the Reporting Entity and Contributing Entity is the same, review pre-populated "Contributing Entity 1" information. "Contributing Entity 2" and "Contributing Entity 3" will be blank.

b) It is possible to enter up to two (2) additional Contributing Entities on this page.

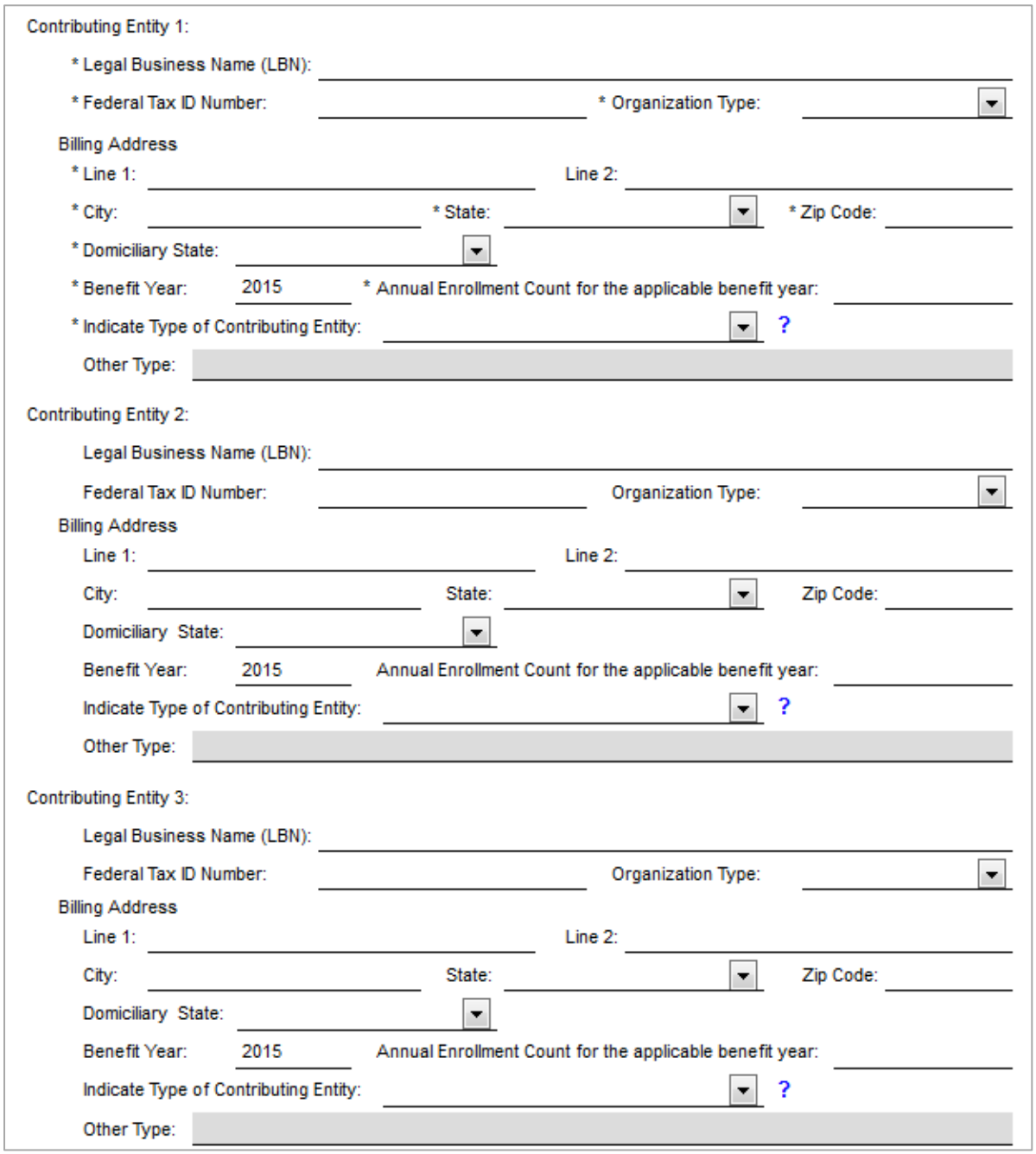
2. If the Reporting Entity and Contributing Entity **is not** the same, enter the information for up to three (3) Contributing Entities on this page.
3. The benefit year pre-populates to "2015" and cannot be changed.

The Contributing Entity page requires the following information in Table 2 for up to three (3) Contributing Entities.

Table 2: Data Checklist

Form Fields Per Contributing Entity Being Reported	Data Required Per Contributing Entity Being Reported
Contributing Entity LBN	Legal Business Name (LBN) of each Contributing Entity
Contributing Entity TIN	The 9 digit Federal TIN associated with the Contributing Entity's LBN.
Contributing Entity Organization Type	Contributing Entity Organization status associated with Contributing Entity 1's TIN. For self-insured group health plans, it is the organization type of the plan sponsor. Options include: • For Profit • Nonprofit **Note**: Government entities are Nonprofit
Contributing Entity Billing Address	Contributing Entity Address, City, State, and Zip Code (cannot be Post Office Box)
Contributing Entity Domiciliary State	Contributing Entity postal State where the plan sponsor of the self-insured group health is located or, if fully insured, the applicable State of licensure.
Benefit Year	Pre-populates with "2015"
Annual Enrollment Count	Calculated using one (1) of the permitted counting methods in 45 CFR 153.405 (d) through (g)
Contributing Entity Type	Type of Contributing Entity for whom you are submitting the annual enrollment count. Value options: • Health Insurance Issuer (HII) • Self-Insured Group Health Plan (SI) • Multiple Group Health Plan (Single plan treatment) (MGHPS) • Multiple Group Health Plan (Multiple plan treatment) (MGHPM) • OTHER, if other please explain

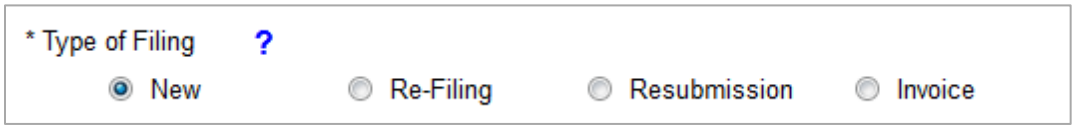
Figure 15: Blank Contributing Entity Page



6.5 Type of Filing

The "Type of Filing" page, shown in Figure 16, opens upon completion of the Contributing Entity page and selecting "Continue." When reporting for four (4) or more Contributing Entities, the "Type of Filing" page opens after selecting "Continue" from the initial page of the Form.

Figure 16: Type of Filing



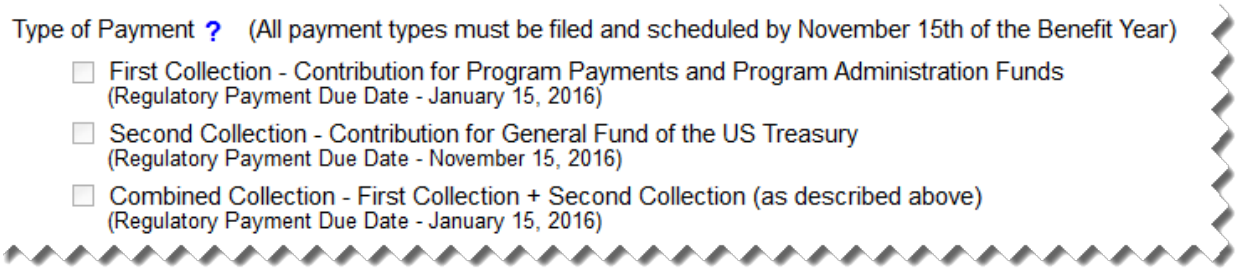
The "Type of Filing" options include:

1. New
   - Select **New** when completing the 2015 Form for the first time for any "Type of Payment" that requires the scheduling of a reinsurance contribution payment.
   - "Type of Payment": First Collection, Second Collection, or Combined Collection.
2. Re-Filing
   - Select Re-Filing only when correcting a previously filed Form for any "Type of Payment" that requires the scheduling of a reinsurance contribution payment.
   - Step-by-step instructions for filing a Re-Filing are located in the 2015 ACA Transitional Reinsurance Program: Updating Transitional Reinsurance Filings Manual.
3. Resubmission
   - Select Resubmission when submitting a corrected Supporting Documentation (.CSV) file; this "Type of Filing" will not require the scheduling of a reinsurance contribution payment.
   - Step-by-step instructions for filing a Resubmission are in the 2015 ACA Transitional Reinsurance Program: Updating Transitional Reinsurance Filings Manual.
4. Invoice
   - Select Invoice if you receive a formal invoice notice from CMS.
   - Step-by-step instructions for filing an Invoice are in the 2015 ACA Transitional Reinsurance Program: Updating Transitional Reinsurance Filings Manual.

6.6 Type of Payment and Benefit Year

The 2015 Form offers two (2) payment options, as shown in Figure 17: the Two-part Collection and the Combined Collection.

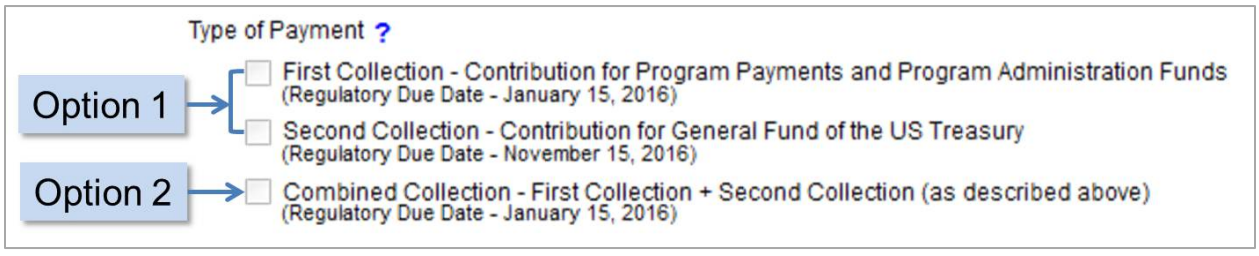
Figure 17: Type of Payment



The Type of Payment options, as shown in Figure 18, are:

1. First Collection – Contribution for Program Payments and Program Administration Funds ($33 per covered life)
   - 2015 Regulatory Payment Due Date – January 15, 2016
2. Second Collection – Contribution for General Fund of the U.S. Treasury ($11 per covered life)
   - 2015 Regulatory Payment Due Date – November 15, 2016
   - Requires duplication of First Collection Form and Supporting Documentation, if applicable
3. Combined Collection – First Collection + Second Collection (as described above) ($44 per covered life)
   - 2015 Regulatory Payment Due Date – January 15, 2016

Figure 18: Payment Options



Select the Type of Payment using the following steps:

1. **Payment Option One** is a Two-part Contribution for which payment is scheduled as two separate Form filings for the 2015 benefit year and includes a First Collection and a Second Collection.

a) Schedule the First Collection no later than the November 16, 2015, with payment remittance due by January 15, 2016, reflecting $33.00 per covered life for Program Payments and Program Administration Funds.

b) Schedule the Second Collection no later than the November 16, 2015, with payment remittance due by November 15, 2016, reflecting $11.00 per covered life for General Fund of the U.S. Treasury.

- Both the First Collection and Second Collection must be scheduled no later than the November 16, 2015.
- A Two-part Contribution requires duplication of the Form used for the First Collection on Pay.gov and a second Form submission as the Second Collection. You must also change the "Type of Payment" to Second Collection.

2. **Payment Option Two** is a Combined Collection (full payment of the annual contribution amount), and requires filing no later than the November 16, 2015, with payment remitted by January 15, 2016, reflecting $44.00 per covered life.

- A Combined Collection equals the First Collection plus the Second Collection.

3. Select the checkbox next to the preferred Type of Payment option.
4. The benefit year pre-populates with "2015" and cannot be changed (see Figure 19).

Figure 19: Benefit Year for Reporting Enrollment Count

Refer to *Appendix F: 2015 Reinsurance Contribution Rate* for Program Contribution Rates.

6.7 Enter Annual Enrollment Count and Verify Annual Enrollment Count

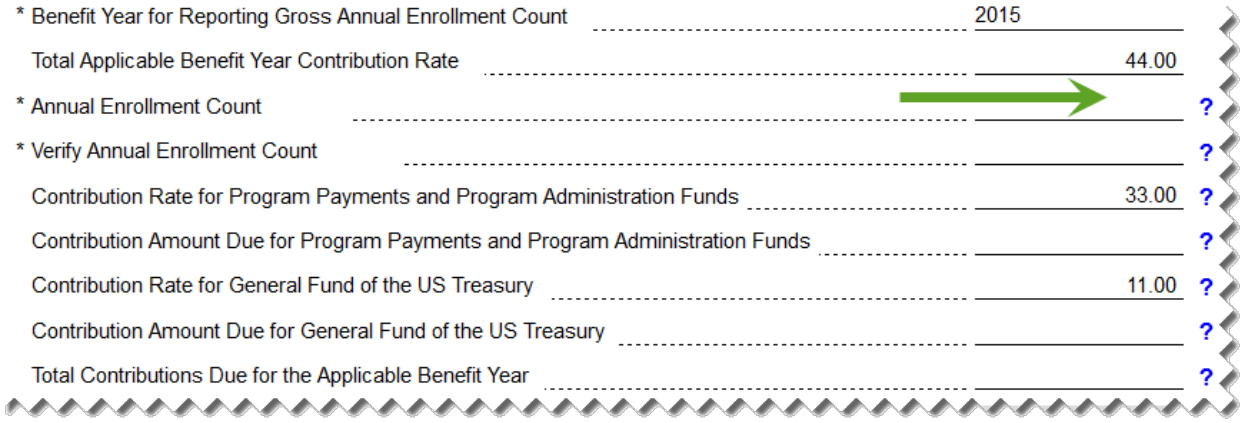
1. If reporting for three (3) or fewer Contributing Entities, the Annual Enrollment Count field pre-populates with the sum of the Annual Enrollment Counts entered on the Contributing Entity Page.
2. If reporting for four (4) or more Contributing Entities, this field will be blank, as shown in Figure 20.

a) If a Reporting Entity is filing on behalf of multiple Contributing Entities, enter the sum of the Annual Enrollment Counts for all Contributing Entities included in the Supporting Documentation. This number is the aggregate of the Annual Enrollment Counts (calculated using a permitted counting method) for all Contributing Entities included in the Supporting Documentation. For example, if the Supporting Documentation includes information for 12 Contributing Entities

that totals 650 reinsurance covered lives, enter 650 as the Annual Enrollment Count on the Form.

b) Be mindful of the Annual Enrollment Count limitations of the Form. See *Section 4: Things to Consider Before Getting Started* for details on these limitations.

Figure 20: Annual Enrollment Count

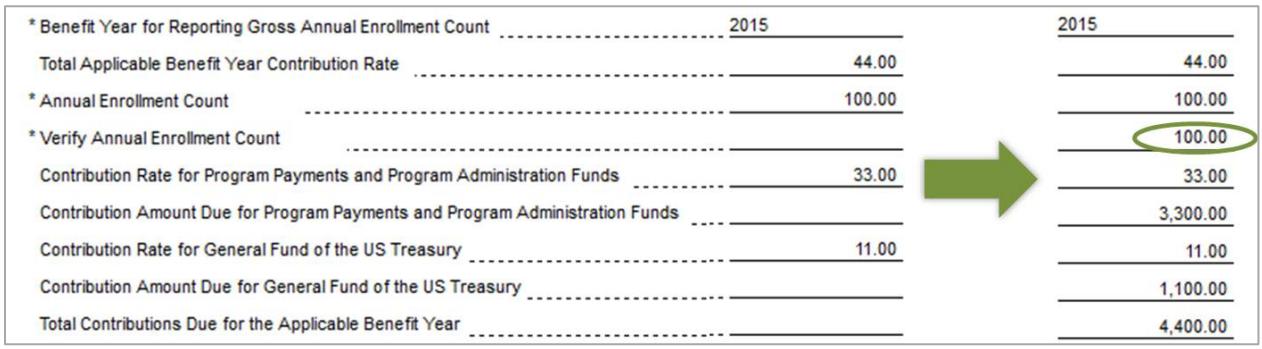


For more information, review the following documents: "2015 Benefit Year - Module 2: 2015 Reinsurance Contributions Counting Methods Overview" and "2015 Benefit Year - RIC: Examples of Counting Methods for Contributing Entities" in the REGTAP library or CCIIO's Transitional Reinsurance Program webpage. Refer to *Appendix B: Resources and Regulatory References* for website links.

3. Verify the Annual Enrollment Count, which requires re-entering the Annual Enrollment Count again, as shown in Figure 21. Both counts must match.

   a) After verifying the Annual Enrollment Count, the Form will pre-populate the Contribution Amount Due for Program Payments and Program Administration Funds and the Contribution Amount Due for General Fund of the U.S. Treasury fields, and will provide the Total Contributions Due for the Applicable Benefit Year.

Figure 21: Verify Annual Enrollment Count



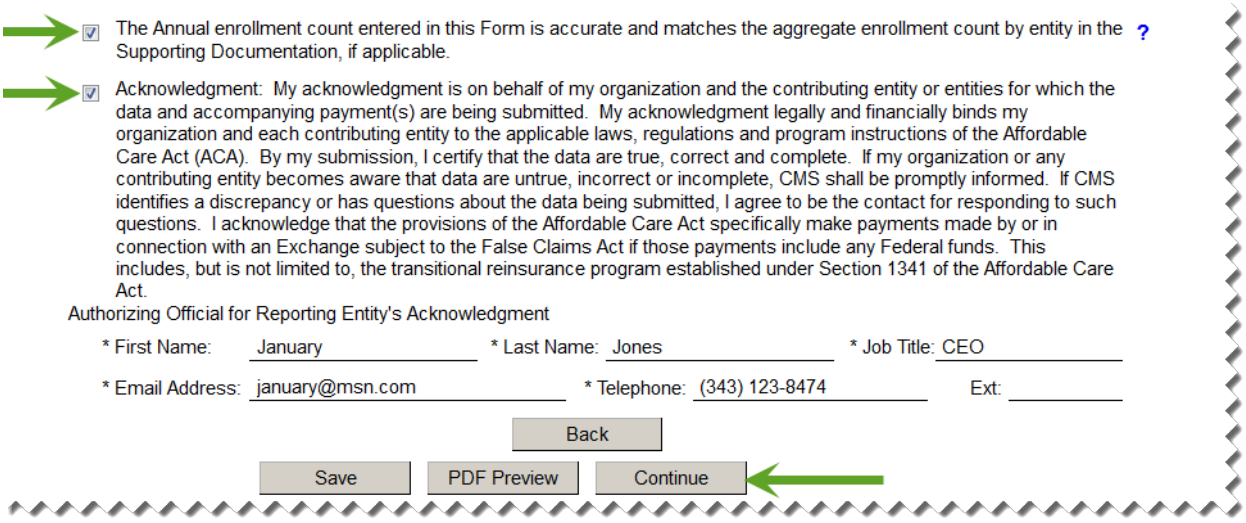
	2015	2015
* Benefit Year for Reporting Gross Annual Enrollment Count		
Total Applicable Benefit Year Contribution Rate	44.00	44.00
* Annual Enrollment Count	100.00	100.00
* Verify Annual Enrollment Count		100.00
Contribution Rate for Program Payments and Program Administration Funds	33.00	33.00
Contribution Amount Due for Program Payments and Program Administration Funds		3,300.00
Contribution Rate for General Fund of the US Treasury	11.00	11.00
Contribution Amount Due for General Fund of the US Treasury		1,100.00
Total Contributions Due for the Applicable Benefit Year		4,400.00

b) The calculated amounts cannot be edited. They serve as notification of Reinsurance Contributions Due under 45 CFR 153.405(c).

6.8 Complete Acknowledgment Statement and Authorizing Official Information

Complete the Verification and Acknowledgment checkboxes and provide authorizing official information, as shown in Figure 22.

Figure 22: Verification and Acknowledgment



1. Select the checkbox next to the statement, “The Annual Enrollment Count entered in this form matches the aggregate enrollment count by entity in the supporting documentation.”
2. Select the checkbox next to “Acknowledgement” as agreement to the statement.
3. Enter Authorizing Official First Name, Last Name, Job Title, Email Address, and Telephone number.

4. Select the “Continue” button to proceed.

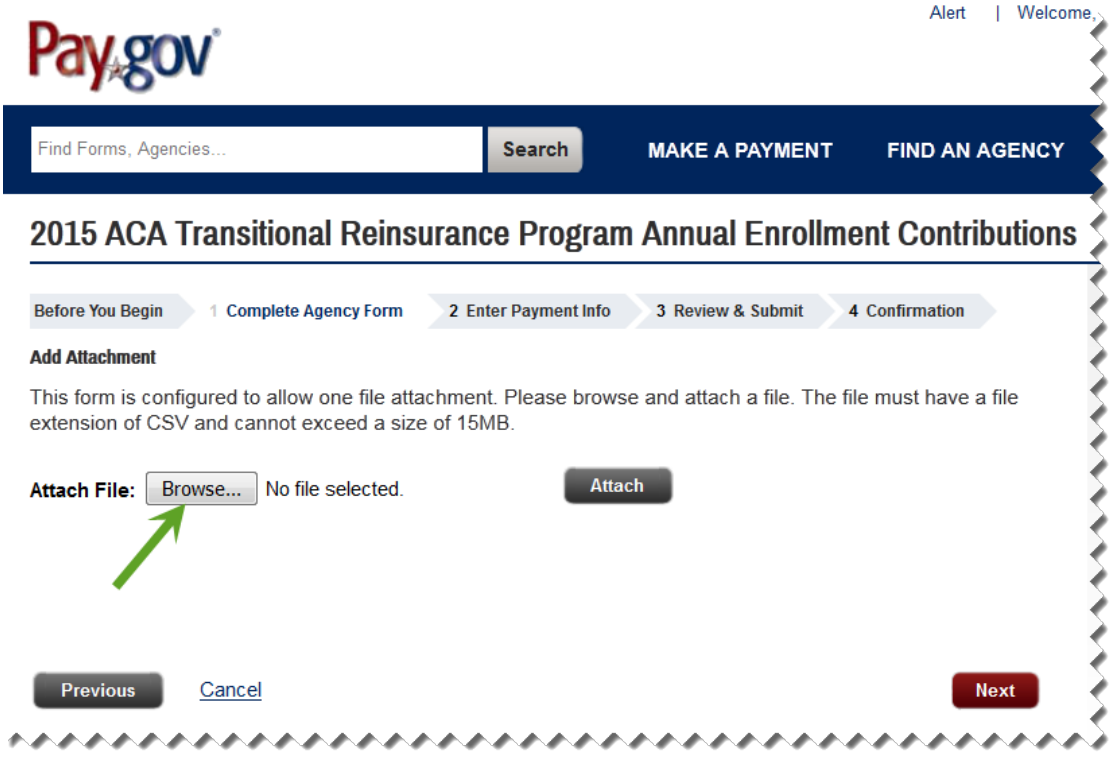
> If a TPA, ASO contractor or other third party completing the reinsurance contribution filing for a single or group of affiliated Contributing Entities, it remains a business decision between the third party and the Contributing Entity to decide whom to list as the Authorizing Official. It is possible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

6.9 Upload Supporting Documentation

Upload Supporting Documentation, as shown in Figure 23.

> If you are reporting for three (3) or fewer Contributing Entities, you will not be directed to this page.

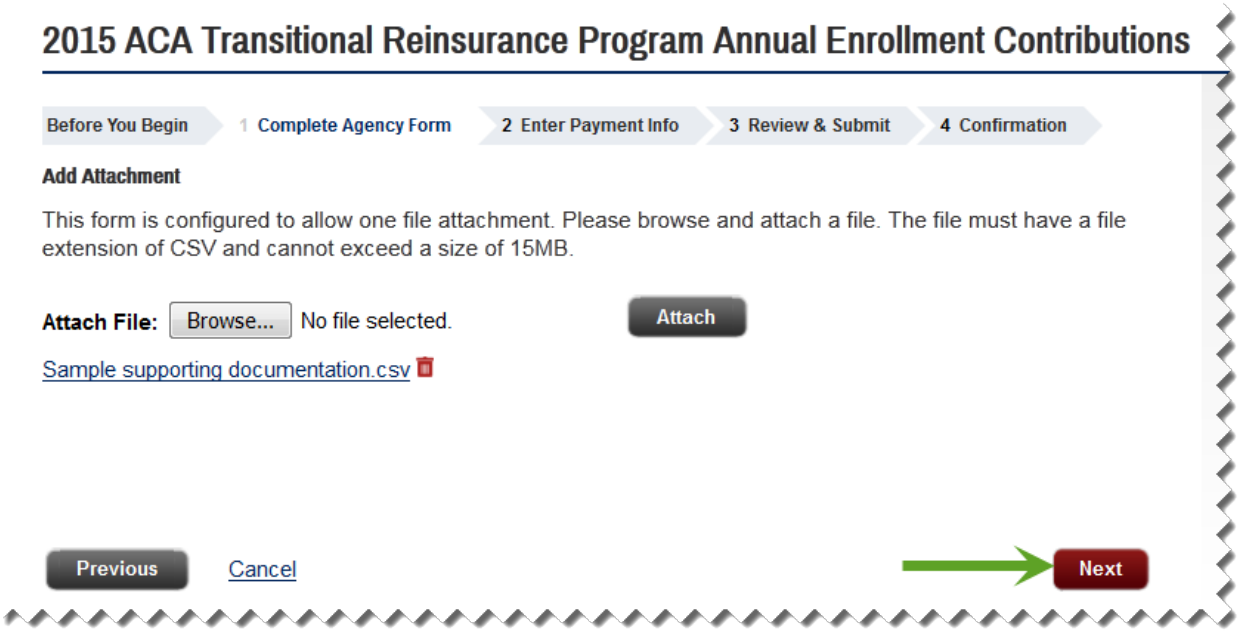
Figure 23: Add Attachment Page



1. The “Add Attachment” page will open to Reporting Entities filing for four (4) or more Contributing Entities.
2. Select the Browse button to locate the .CSV Supporting Documentation, previously created and saved, for the Annual Enrollment Count entered on the 2015 Form.
   a) The Supporting Documentation contains Contributing Entities’ information and their Annual Enrollment Counts.
   b) For more details about the Supporting Documentation, refer to *Appendix D: 2015 Supporting Documentation* in this document.
3. Select the Attach button to upload the Supporting Documentation, as shown in Figure 24.

For more information on Supporting Documentation, review the “Special Topic – Successful Completion of the 2015 Reinsurance Contributions Supporting Documentation (.CSV File)” webinar slides, the 2015 Supporting Documentation Job Aid, and the 2015 Supporting Documentation Job Aid Manual in the REGTAP Library or CCIIO’s Transitional Reinsurance Program webpage. Refer to *Appendix B: Resources and Regulatory References* for website links.

Figure 24: Attach File



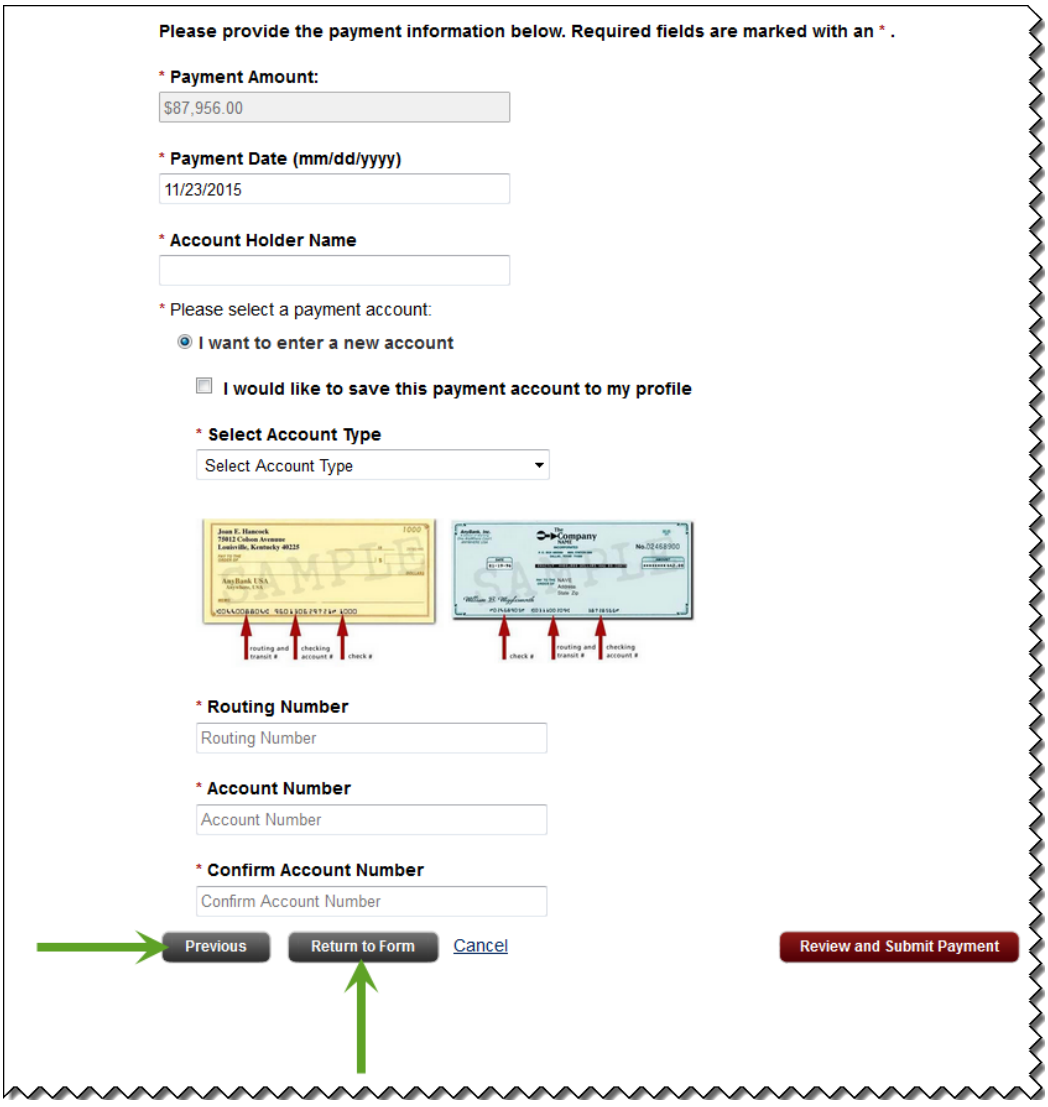
4. The Supporting Documentation file name is listed on the screen. Select the “Next” button to proceed.

> If the wrong file is attached, select the “Trash Can” icon next to the file name to delete the attachment. Select the “Browse” button to attach a different file.

6.10 Schedule Contribution Payment

Schedule contribution payment, as shown in Figure 25.

Figure 25: Enter Payment Information



1. The Payment Amount pre-populates based on the “Type of Payment” selection and the calculated contribution amount on the Form. Review this amount for accuracy and ensure that it corresponds with the “Type of Payment” being scheduled. If it is other than expected, select the “Return to Form” button to return to the initial page of the Form. Review all information and make the necessary change to the “Type of Payment” desired on the “Type of Filing” page.

   Note: Payment information, including the Payment Date, must be re-entered if the “Return to Form” button is selected.

2. Enter or select the Payment Date.

   a) Enter or use the calendar feature to select the Payment Date.

      - If you are scheduling the First Collection or a Combined Collection payment, select a date no later than January 15, 2016.
      - If you are scheduling the Second Collection payment, select a date no later than November 15, 2016.

3. Enter the Bank Account Holder Name.
4. Select the appropriate Account Type from the drop-down list.
5. Enter the Bank Routing Number (ABA) to identify the financial institution from which payment will be withdrawn.
6. Enter the Bank Account Number associated with the Bank Routing Number from which payment will be withdrawn.
7. Confirm the Bank Account Number.

   a) You will have the option to save banking information to your profile 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 and that any ACH Debit Blocks are removed prior to the payment date.

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.

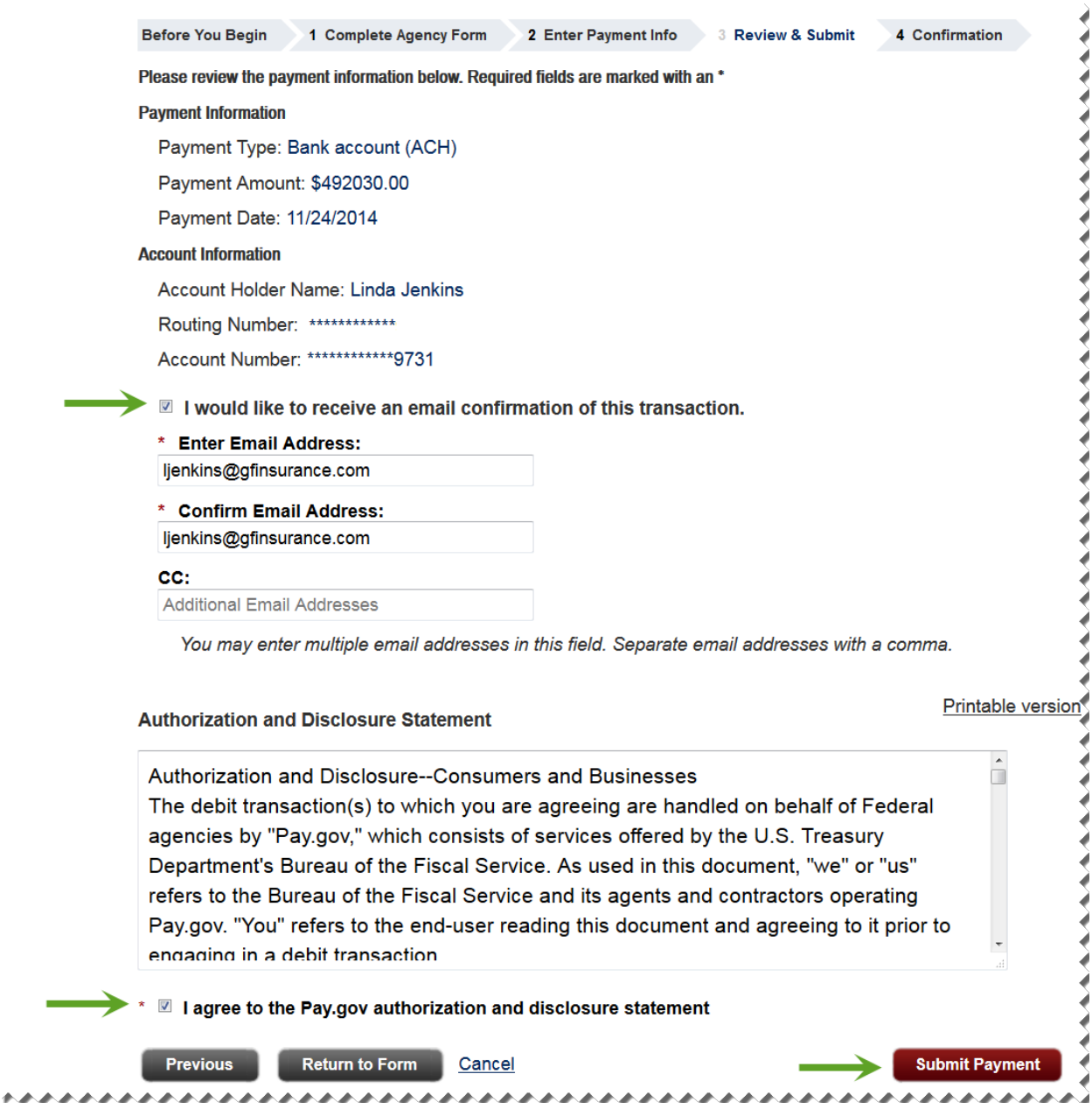
When working with the U.S. Government, these codes are referred to as the Agency Location Code (ALC +2). Contact your bank to have added the ALC+ 2 added to a list of approved automated debit transactions.

The Transitional Reinsurance Contribution Program's ALC+2 is 7505008015. The company name is USDEPTHHSCMS.

6.11 Submit the Payment

Submit the payment, as shown in Figure 26.

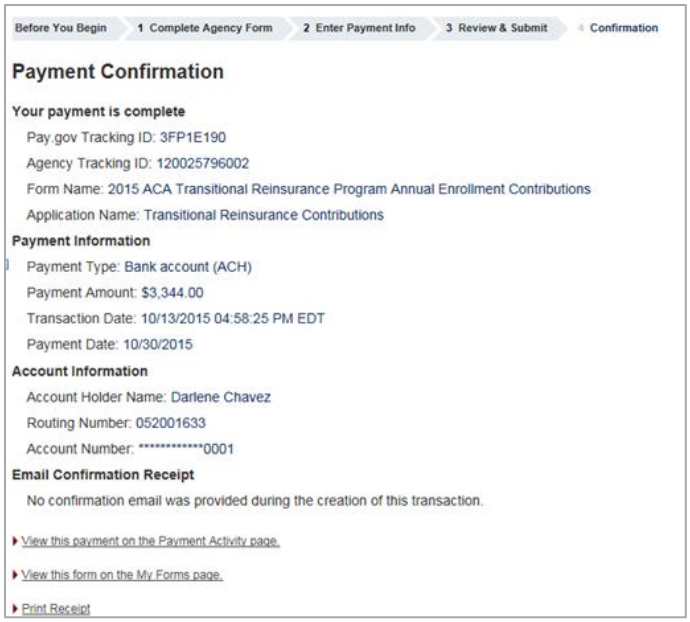
Figure 26: Review & Submit



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. The Confirmation page displays, as shown in Figure 27.

Figure 27: Confirmation



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

7 Second Collection Filing

If "First Collection" was selected for the "Type of Payment," duplicate the First Collection Form filing to schedule payment for the Second Collection.

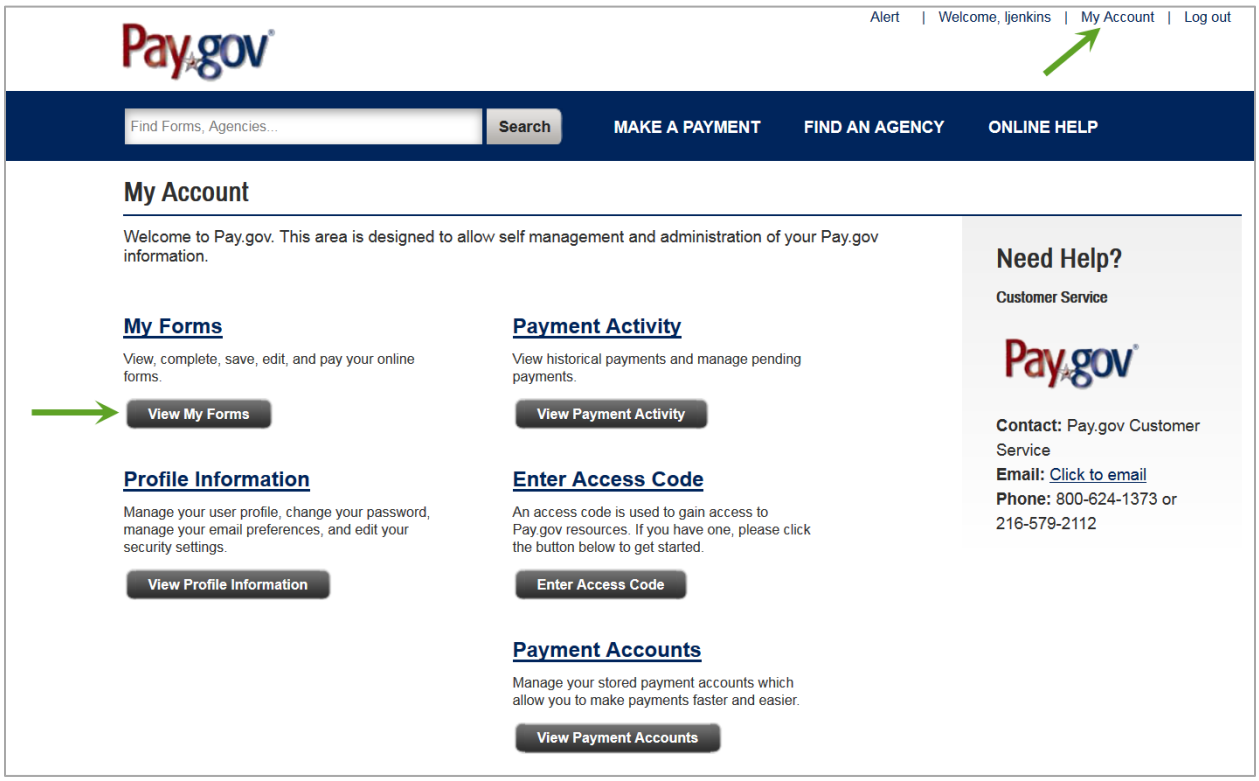
> A Second Collection Form filing to schedule payment must be completed immediately after submitting a First Collection Form filing to be considered complete and avoid discrepancy emails. The two-part payment option requires two (2) Form filings: one Form filing for the First Collection and a second Form filing for the Second Collection.

If “Combined Collection” was selected for the “Type of Payment,” only one (1) Form filing is required.

7.1 Locate and Duplicate Form

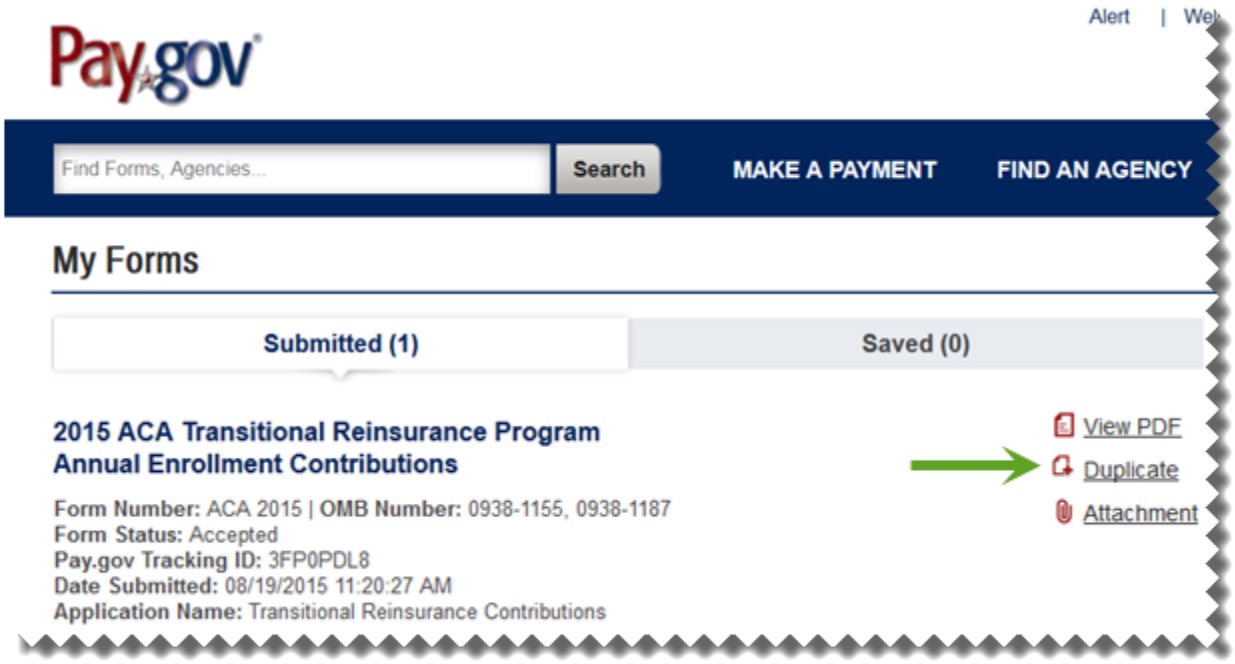
Locate and duplicate the Form, as shown in Figure 28.

Figure 28: Select “View My Forms”



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. The My Forms page displays, as shown in Figure 29.

Figure 29: Duplicate the Submitted Form



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.”

   Note: Filing for three (3) or fewer Contributing Entities requires that you review the information on the “Contributing Entity” page, and select “Continue” to proceed to the Type of Filing” page.

2. On the “Type of Filing” page 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, if applicable

Using the same steps as in the First Collection filing, attach the same Supporting Documentation, if applicable. Use the same steps in *Section 6.9: Upload Supporting Documentation*.

7.4 Schedule Second Collection

Use the same steps in *Section 6.10: Schedule Contribution Payment* and *Section 6.11: Submit the Payment* to complete the Payment Information, and review and submit the Second Collection. Print the receipt on the Confirmation page.

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 in Table 3 or on weekends.

Table 3: Federal Holiday Schedule

Holiday[1]	2015	2016
New Year's Day	January 1	January 1
Martin Luther King, Jr. Day	January 19	January 18
Presidents' Day	February 16	February 15
Memorial Day	May 25	May 30
Independence Day	July 4 (Saturday)	July 4
Labor Day	September 7	September 5
Columbus Day	October 12	October 10
Veteran's Day	November 11	November 11
Thanksgiving Day	November 26	November 24
Christmas Day	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 +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. 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** https://www.regtap.info/ricontributions.php
  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 https://www.regtap.info, 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 reinsurancecontibutions@cms.hhs.gov
- **Pay.gov website**: https://www.pay.gov
- **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: http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/index.html

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)
  http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf
- Exchange and Insurance Market Standards for 2015 and Beyond (79 FR 30240)
  http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf
- HHS Notice of Benefit and Payment Parameters for 2016 (80 FR 10750)
  http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf

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 pre-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.
***Federal 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 – Job Title Name**	The Reporting Entity's billing contact job title.
***Billing Contact – Email Address**	The Reporting Entity's billing contact email address.
***Billing Contact – Telephone Number**	The Reporting Entity's billing contact telephone number.
***Billing Address Line 1**	Pre-populated 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**	Pre-populated 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**	Pre-populated 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**	Pre-populated 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.
*** Contact for Submission – First Name**	Pre-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
*** Contact for Submission– Last Name**	Pre-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
*** Contact for Submission– Job Title**	Job title of Contact who registered within Pay.gov.
*** Contact for Submission– Email Address**	Pre-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
*** Contact for Submission – Phone Number**	Pre-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
Contact for Submission – Extension	Optional. The Reporting Entity's submission contact phone extension.
Form Questions	Are you reporting for more than three (3) Contributing Entities? Answer Options: • Yes • No Are you both the Reporting Entity and Contributing Entity? Answer Options: • Yes • No
Contributing Entity Page – **When reporting for three (3) or fewer Contributing Entities (Entered as "Contributing Entity 1," "Contributing Entity 2," and "Contributing Entity 3)**	Page opens only if reporting for three (3) or fewer Contributing Entities:

Field Name	Information
***Contributing Entity 1 LBN**	Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity. The name associated with Contributing Entity 1's Federal Tax Identification Number.
***Contributing Entity 1 Federal Tax Identification Number (TIN)**	Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity. The 9 digit Federal TIN associated with the Contributing Entity 1's LBN.
***Contributing Entity 1 Organization Type**	Organization status associated with Contributing Entity 1's TIN. For self-insured group health plans, it is the organization type of the plan sponsor. Options include: • For Profit • Nonprofit
***Contributing Entity 1 – Billing Address Line 1**	Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity 1. Contributing Entity 1's billing street address (cannot be Post Office Box). For self-insured group health plans, it is the billing address of the plan sponsor.
Contributing Entity 1 – Billing Address Line 2 (optional)	This data is optional.
***Contributing Entity 1 – Billing City**	Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity 1. Contributing Entity 1's billing address city name. For self-insured group health plans, it is the billing address city name of the plan sponsor.

Field Name	Information
***Contributing Entity 1 – Billing State**	Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity 1. Contributing Entity 1's postal State. For self-insured group health plans, it is the billing address State of the plan sponsor.
***Contributing Entity 1 – Billing Zip Code**	Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity 1. Contributing Entity 1's 5-digit zip code. For self-insured group health plans, it is the billing address zip code of the plan sponsor.
***Contributing Entity 1 – Domiciliary State**	Contributing Entity 1's postal State where the plan sponsor of the self-insured group health is located or, if fully insured, applicable State of licensure.
Contributing Entity 1 – Benefit Year	Pre-populated to 2015. Benefit year applicable to the annual enrollment count reported. (This field cannot be changed.)
***Contributing Entity 1 – Annual Enrollment Count for the applicable benefit year**	Contributing Entity 1's Annual Enrollment Count. Must not exceed 2,272,727.27 if remitting a combined collection or 3,030,303.00 if remitting a two-part collection. (Applicable when payment type is "First Collection" or "Second Collection" or "Combined Collection).
***Contributing Entity 1 – Indicate Type of Contributing Entity**	Type of Contributing Entity for whom you are submitting the annual enrollment count. Value options: • Health Insurance Issuer • Self-Insured Group Health Plan • Multiple Group Health Plan (Single Plan Treatment) • Multiple Group Health Plan (Multiple Plan Treatment) • OTHER, if other please explain

Field Name	Information
***Contributing Entity 1 – Other Type**	If "OTHER" is selected for Contributing Entity 1's Type, enter an explanation of the Type of Contributing Entity.
***Contributing Entity 2 – LBN**	The name associated with Contributing Entity 2's Federal Tax Identification Number.
***Contributing Entity 2 – Federal Tax Identification Number (TIN)**	The 9 digit Federal TIN associated with the Contributing Entity 2's LBN.
***Contributing Entity 2 – Organization Type**	Organization status associated with Contributing Entity 2's TIN. For self-insured group health plans, it is the organization type of the plan sponsor. Options include: • For Profit • Nonprofit
***Contributing Entity 2 – Billing Address Line 1**	Contributing Entity 2's billing street address (cannot be Post Office Box). For self-insured group health plans, it is the billing address of the plan sponsor.
Contributing Entity 2 – Billing Address Line 2 (optional)	This data is optional.
***Contributing Entity 2 – Billing City**	Contributing Entity 2's billing address city name. For self-insured group health plans, it is the billing address city name of the plan sponsor.
***Contributing Entity 2 – Billing State**	Contributing Entity 2's postal State. For self-insured group health plans, it is the billing address State of the plan sponsor.
***Contributing Entity 2 – Billing Zip Code**	Contributing Entity 2's 5-digit zip code. For self-insured group health plans, it is the billing address zip code of the plan sponsor.
***Contributing Entity 2 – Domiciliary State**	Contributing Entity 2's postal State where the plan sponsor of the self-insured group health is located or, if fully insured, applicable State of licensure.
Contributing Entity 2 – Benefit Year	Pre-populated to 2015. Benefit year applicable to the annual enrollment count reported. (This field cannot be changed.)

Field Name	Information
***Contributing Entity 2 – Annual Enrollment Count for the applicable benefit year**	Contributing Entity 2's Annual Enrollment Count. Must not exceed 2,272,727.27 if remitting a combined collection or 3,030,303.00 if remitting a two-part collection. (Applicable when payment type is "First Collection" or "Second Collection" or "Combined Collection).
***Contributing Entity 2 – Indicate Type of Contributing Entity**	Type of Contributing Entity for whom you are submitting the annual enrollment count. Value options: • Health Insurance Issuer • Self-Insured Group Health Plan • Multiple Group Health Plan (Single Plan Treatment) • Multiple Group Health Plan (Multiple Plan Treatment) • OTHER, if other please explain
***Contributing Entity 2 – Other Type**	If "OTHER" is selected for Contributing Entity 2's Type, enter an explanation of the Type of Contributing Entity.
***Contributing Entity 3 – LBN**	The name associated with Contributing Entity 3's Federal Tax Identification Number.
***Contributing Entity 3 – Federal Tax Identification Number (TIN)**	The 9 digit Federal TIN associated with the Contributing Entity 3's LBN.
***Contributing Entity 3 – Organization Type**	Organization status associated with Contributing Entity 3's TIN. For self-insured group health plans, it is the organization type of the plan sponsor. Options include: • For Profit • Nonprofit
***Contributing Entity 3 – Billing Address Line 1**	Contributing Entity 3's billing street address (cannot be Post Office Box). For self-insured group health plans, it is the billing address of the plan sponsor.
Contributing Entity 3 – Billing Address Line 2 (optional)	This data is optional.

Field Name	Information
***Contributing Entity 3 – Billing City**	Contributing Entity 3's billing address city name. For self-insured group health plans, it is the billing address city name of the plan sponsor.
***Contributing Entity 3 – Billing State**	Contributing Entity 3's postal State. For self-insured group health plans, it is the billing address State of the plan sponsor.
***Contributing Entity 3 – Billing Zip Code**	Contributing Entity 3's 5-digit zip code. For self-insured group health plans, it is the billing address zip code of the plan sponsor.
***Contributing Entity 3 – Domiciliary State**	Contributing Entity 3's postal State where the plan sponsor of the self-insured group health is located or, if fully insured, applicable State of licensure.
Contributing Entity 3 – Benefit Year	Pre-populated to 2015. Benefit year applicable to the annual enrollment count reported. (This field cannot be changed.)
***Contributing Entity 3 – Annual Enrollment Count for the applicable benefit year**	Contributing Entity 3's Annual Enrollment Count. Must not exceed 2,272,727.27 if remitting a combined collection or 3,030,303.00 if remitting a two-part collection. (Applicable when payment type is "First Collection" or "Second Collection" or "Combined Collection).
***Contributing Entity 3 – Indicate Type of Contributing Entity**	Type of Contributing Entity for whom you are submitting the annual enrollment count. Value options: • Health Insurance Issuer • Self-Insured Group Health Plan • Multiple Group Health Plan (Single Plan Treatment) • Multiple Group Health Plan (Multiple Plan Treatment) • OTHER, if other please explain
***Contributing Entity 3 – Other Type**	If "OTHER" is selected for Contributing Entity 3's Type, enter an explanation of the Type of Contributing Entity.

Field Name	Information

*** Type of Filing**	Filing Type options:
	• New
	  o Select for a new 2015 Form submission
	  o Select "New" even if a Form was filed for 2014
	• Re-Filing
	  o To re-file a previous 2015 Form
	  o The previous Pay.gov tracking ID is required
	• Resubmission
	  o Select only to resubmit Supporting Documentation (.CSV file), which is required for four (4) or more Contributing Entities
	  o The previous Pay.gov tracking ID is required
	• Invoice
	  o Only if CMS has sent an invoice for reinsurance contributions
	  o Selecting this radio button will NOT generate an invoice for reinsurance contributions

*** Type of Payment**	Payment Type Selection Payment Option 1 (requires two (2) form filings: • First Collection – Program Payments and Administration Contribution • Second Collection – U.S. Treasury General Fund Contribution Payment Option 2 (requires one (1) form filing: • Combined Collection = First Collection + Second Collection (as described above)
Benefit Year for Reporting Annual Enrollment	Pre-populated.
Total Applicable Benefit Year Contribution Rate	Pre-populated with the 2015 Contribution Rate of $44.00 per covered life.

Field Name	Information
Annual Enrollment Count	Sum of all Annual Enrollment Counts for up to three (3) Contributing Entities or the sum of all the Annual Enrollment Counts included in the Supporting Documentation, if applicable. Must not exceed 2,272,727.27, if remitting a combined collection or 3,030,303.00, if remitting a two-part collection. Applicable when payment type is “First Collection” or “Second Collection” or “Combined Collection.
Verify Annual Enrollment Count	Re-enter Annual Enrollment Count *(*Noted above*. Applicable when payment type is “First Collection” or “Second Collection” or “Combined Collection”.)*
Contribution Rate for Program Payments and Program Administration Funds	Pre-populates with the Reinsurance Program Payments and Program Administration Funds portion of the 2015 benefit year's total contribution rate ($33.00 per covered life). If selecting to pay in two-parts, this is the rate charged in the First Collection.
Contribution Amount Due for Program Payments and Program Administration Funds	Pre-populates with the amount due for the Transitional Reinsurance Program Payments and Program Administration Funds. If selecting to pay in two-parts, this is the amount due in the First Collection.
Contribution Rate for General Fund of the U.S. Treasury	Pre-populates with the General Fund of the U.S. Treasury portion of the 2015 benefit year's total contribution rate ($11.00 per covered life). If selecting to pay in two-parts, this is the rate charged in the Second Collection.
Contribution Amount Due for General Fund of the U.S. Treasury	Pre-populates with the amount due for the General Fund of the U.S. Treasury. If selecting to pay in two parts, this amount is due in the Second Collection.
Total Contributions Due for the Applicable Benefit Year	Pre-populates with the amount of total contributions due for 2015 benefit year. If selecting to pay in one payment, this amount is due in the Combined Collection.

Field Name	Information
Previous Pay.gov Tracking ID	The Pay.gov Tracking ID associated with a previous 2015 form filing. This field is not completed during a New filing. Required when submitting a Re-Filing, Resubmission, or Invoice.
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"
Annual Enrollment Count	Must not exceed 2,272,727.27, if remitting a combined collection or 3,030,303.00, if remitting a two-part payment. (Applicable when payment is "Invoice" or "Resubmission –File Attachment")
Verify Annual Enrollment Count	Reenter Enrollment Count. (Applicable when payment is "Invoice" or "Resubmission –File Attachment")
***Acknowledgement of Annual Enrollment Count accuracy and Supporting Documentation accuracy, if applicable**	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 – Job Title**	The Authorizing Official's job title.
***Authorizing Official – Email Address**	The Authorizing Official's email address.
***Authorizing Official – Telephone**	The Authorizing Official's telephone number.
Authorizing Official – Extension	Optional. The Authorizing Official's phone extension.

Appendix D: 2015 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 in Figure 30.

Figure 30: Special Characters

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

- It must not exceed 2MB.
- It must be a Comma Separated Value (.CSV) file.
- It should contain one row for each contributing entity. Each row will contain reporting entity information.
- The total of all Annual Enrollment Counts in the file must not exceed 2,272,727.27, if remitting a combined collection or 3,030,303.00, if remitting a two-part collection.

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

Table 6: Supporting Documentation Fields

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.

[2] An asterisk (*) indicates a required field.

Field Name[2]	Max Length	Description and Constraints
***Reporting Entity Federal Tax Identification Number (TIN)**	10	• Federal TIN associated with the Reporting Entity's LBN. • 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 (TIN)**	10	• Federal TIN associated with the Contributing Entity's LBN. For self-insured group health plans, it is the TIN of the plan sponsor. • Valid Format: include the hyphen. NN-NNNNNNN
***Contributing Entity Organization Type**	10	• Organization status associated with the Contributing Entity's Federal TIN. For self-insured group health plans, it is the organization type of the plan sponsor. • Value must be one of the following: o Value "For Profit" o Value "Nonprofit"
***Contributing Entity Billing Address – Line 1**	150	• Contributing Entity's billing street address (cannot be Post Office Box). For self-insured group health plans, it is the billing address of the plan sponsor. • Valid Format: Alphanumeric

Field Name[2]	Max Length	Description and Constraints
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 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 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
***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 of the Postal State Abbreviations listed in *Table 7: Valid Postal State Abbreviations*.
***Benefit Year**	4	• Benefit year applicable to the annual enrollment count reported. • Value "2015"
***Annual Enrollment Count**	10	• Total number of lives subject to reinsurance contributions calculated using an approved counting method pursuant to 45 CFR 153.405 (d)-(g) for a benefit year. • Valid Format: NNNNNNN.NN

Field Name[2]	Max Length	Description and Constraints
***Type of Contributing Entity**[3]	5	Type of Contributing Entity for whom you are submitting the annual enrollment count. Value must be one of the following: • Value “HII” = Health Insurance Issuer • Value “SI” = Self-Insured • Value “SISA” = Self-Insured, Self-Administered • Value “MGHPS” = Multiple Group Health Plan (Single Plan Treatment) • Value “MGHPM” = Multiple Group Health Plan (Multiple Plan Treatment) • Value “OTHER” = Other type

Table 7 lists valid postal State abbreviations.

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

[3] For more information on selecting the Type of Contributing Entity, please see the 2015 Benefit Year - Module 1: Transitional Reinsurance Program Contributions Overview located in the REGTAP library (https://www.regtap.info/)

Valid Abbreviation	State
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
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

Valid Abbreviation	State
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

Acronyms

Table 8 lists some common acronyms and their terms that the Reporting Entity may encounter when completing the ACA Transitional Reinsurance Contribution and Annual Submission Form.

Table 8: Acronyms

Acronym	Term
ACA	Affordable Care Act
ACH	Automated Clearing House
ASO Contractor	Administrative Services-Only Contractor
CCIIO	The Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare and Medicaid Services
CSV	Comma Separated Value
HHS	U.S. Department of Health and Human Services
HII	Health Insurance Issuer
LBN	Legal Business Name
MGHPS	Multiple Group Health Plan – single group health plan
MGHPM	Multiple Group Health Plan – multiple plan treatment
REGTAP	Registration for Technical Assistance Portal
SI	Self-Insured
TIN	Federal Tax Identification Number
TPA	Third Party Administrator

Appendix E: 2015 Reinsurance Contribution Rate

The Transitional Reinsurance Program requires submission of reinsurance contributions for 2014, 2015, and 2016. The annual per capita contribution rate for 2015 is listed in Table 9, and is to be submitted per covered life.

Table 9: Reinsurance Contribution Rates

Activity	2015
First Collection	$33.00
Second Collection	$11.00
Total	$44.00

The Transitional Reinsurance Program's contributions collection amounts are outlined in Section 1341 of the Affordable Care Act. It specifies the collection of reinsurance contributions for the 2015 benefit year as $6 billion for the reinsurance payment pool and $2 billion for the General Fund of the U.S. Treasury, and permits the collection of additional amounts for reinsurance administrative expenses.