SPECIAL TOPIC:
2016 Reinsurance Contributions Supporting Documentation (.CSV File)

September 22, 2016
October 20, 2016

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Session Guidelines

- This is a 90-minute webinar session

- For questions regarding content, please submit inquiries to: ReinsuranceContributions@cms.hhs.gov

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

Purpose

- Identify if a Reporting Entity is required to submit Supporting Documentation (Comma Separated Value [.CSV] file)
- Identify the data needed to create the Supporting Documentation (.CSV file)
- Identify the tools available to complete the Supporting Documentation (.CSV file)
- Use the 2016 Supporting Documentation Job Aid as a tool to create the Supporting Documentation (.CSV file)
- Create the Supporting Documentation (.CSV file)
- Compare the Supporting Documentation (.CSV file) and Form data to ensure consistency

Agenda

- Who Makes Reinsurance (RI) Contributions?
- Who is Required to Submit Supporting Documentation (.CSV file)?
- What Information is Needed to Complete the Supporting Documentation (.CSV file)?
- What Tools are Available to Create the Supporting Documentation (.CSV file)?
- Are You Ready to Submit the Supporting Documentation (.CSV file) with the Form?
- Key Deadlines and Next Steps
- Upcoming Webinars
- Tools and Resources

Intended Audience

- Reporting Entities submitting for four (4) or more Contributing Entities

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Who Makes Reinsurance Contributions?

- Who is a Contributing Entity?

  o For more information on who is required to make Reinsurance Contributions and who is considered a Contributing Entity, please see Module 1: 2016 Reinsurance Contributions Overview

    ▪ Available in the Registration for Technical Assistance Portal (REGTAP) Library (Filter by "Reinsurance Contributions") or the Center for Consumer Information and Insurance Oversight (CCIIO) webpage at the following links:

      ➢ (https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html)

      ➢ https://www.regtap.info/uploads/library/RIC_Slides_091316_100416_110116_v2_5CR_091316.pdf

Who is Required to Submit Supporting Documentation (.CSV file)?

Reporting Entity or Contributing Entity?

Reporting Entity

The organization completing the steps for the RI contributions submission process on Pay.gov on their own behalf or for another Contributing Entity.

> **NOTE**
>
> The Reporting Entity can be the Contributing Entity or a third party on behalf of a Contributing Entity.

OR

Contributing Entity

- Health Insurance Issuers; **or**
- Self-insured group health plans that use a third party administrator in connection with claims processing or adjudication (including the management of internal appeals) or plan enrollment for services other than for pharmacy benefits or excepted benefits within the meaning of section 2791(c) of the Public Health Service (PHS) Act*

Exceptions permit the use of TPAs for: (a) de minimis administrative services for medical benefits; and/or (b) leasing of provider networks and related services.

8

Who is Required to Submit Supporting Documentation?

If you are a Reporting Entity or Contributing Entity filing on behalf of four (4) or more Contributing Entities, Supporting Documentation is **REQUIRED**.

If you are a Reporting Entity or Contributing Entity filing on behalf of three (3) or fewer Contributing Entities, Supporting Documentation is **NOT** required.

What Information is Needed to Complete the Supporting Documentation (.CSV file)?

Needed for the Supporting Documentation: Reporting Entity Information

NOTE

Complete the Supporting Documentation prior to beginning the 2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions Submission Form (Form).

Field Name	Description
Reporting Entity Legal Business Name (LBN)	• No special characters • Reporting Entity LBN must be the name associated with the Federal TIN. Field value will be the same for each Contributing Entity listed in the Supporting Documentation
Reporting Entity Federal Tax Identification Number (TIN)	• NN-NNNNNNN (include the hyphen) • Reporting Entity Federal TIN must match with the TIN on the Form • Field value will be the same for each Contributing Entity listed in the Supporting Documentation

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Needed for the Supporting Documentation: Reporting Entity Information (continued)

Field Name	Description
Contributing Entity Legal Business Name (LBN)	• No special characters • LBN associated with the Contributing Entity's Federal TIN
Contributing Entity Federal Tax ID Number (TIN)	• NN-NNNNNNN (include the hyphen) • Federal TIN associated with the Contributing Entity's LBN

Contributing Entity Organization Type	• Must be one of the following:
	   o 'For Profit'
	   o 'Nonprofit'
	• Organization Status associated with the Contributing Entity's Federal TIN

NOTE: This information must be collected and provided for each Contributing Entity that is reflected in the Supporting Documentation.

Needed for the Supporting Documentation: Reporting Entity Information (continued)

Field Name	Description
Contributing Entity Billing Address – Line 1	• Alphanumeric • Contributing Entity's billing street address
Contributing Entity Billing Address – Line 2 (Optional)	• Alphanumeric • Contributing Entity's billing street address-2 • Although optional, the data layout requires a blank space as recognition of this field when creating a .CSV file.
Contributing Entity Billing Address City	• Omit special characters for the Contributing Entity's billing address city • Contributing Entity's billing address city name
Contributing Entity Billing Address State	• Postal State Abbreviation Code

NOTE This information must be collected and provided for each Contributing Entity that is reflected in the Supporting Documentation.

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Needed for the Supporting Documentation: Contributing Entity Information

Field Name	Description
Contributing Entity Billing Address Zip Code	• NNNNN or NNNNN-NNNN • 5-digit zip code, plus four (4) (if available)

Contributing Entity Domiciliary State	• Postal State Abbreviation Code
	  ○ State of licensure for fully insured plans; or
	  ○ Location of the plan sponsor for the self-insured group health plan

NOTE This information must be collected and provided for each Contributing Entity that is reflected in the Supporting Documentation.

Needed for the Supporting Documentation: 2016 Annual Enrollment Count for Each Contributing Entity

- Annual Enrollment Count is the number of RI covered lives for a specific Contributing Entity.

- The aggregate (or sum) Annual Enrollment Count (for all Contributing Entities reflected in the Supporting Documentation) should not exceed 4,629,629.62 if the entity wants to make two (2) payments.

- The aggregate (or sum) Annual Enrollment Count (for all Contributing Entities reflected in the Supporting Documentation) should not exceed 3,703,703.70 if the entity wants to make one (1) payment.

- Annual Enrollment Count (whether Contributing Entity specific or aggregated for all Contributing Entities reflected in the Supporting Documentation) must be rounded to the nearest hundredth (two [2] decimal places).

Reminder

For information on the types of payments available, please refer to Module 3: 2016 Reinsurance Contributions Form Completion in the REGTAP Library or the CCIIO webpage.

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Needed for the Supporting Documentation: Type of Contributing Entity

Report the "Type of Contributing Entity" for each entity reported from the following:

- 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**

Reminder

For information on selecting the Type of Contributing Entity, please review FAQ 6440a in the REGTAP Library.

What Tools are Available to Create the Supporting Documentation (.CSV file)?

Tools Available to Create the Supporting Documentation

- Supporting Documentation must be submitted in a (.CSV) file format
- Tools available:
  - 2016 Reinsurance Contributions Supporting Documentation File Layout – details the columns required for the manual creation of a .CSV file.
    - Understanding of the exact file layout requirements will prevent upload failures by those choosing to manually create a .CSV.
  - 2016 Reinsurance Contributions Supporting Documentation Job Aid – a macro-enabled spreadsheet that provides ease of creation of the .CSV file.
    - The Job Aid is not compatible with Mac operating systems.
  - 2016 Reinsurance Contributions Supporting Documentation Job Aid Manual – a document that assists with requirements of the Job Aid tool.

2016 Supporting Documentation Job Aid

The 2016 Job Aid is a macro-enabled Excel file that will allow you to enter Reporting Entity and Contributing Entity information and create a .CSV file by selecting a button within the tool.

The 2016 Job Aid Manual is a tool available to guide you through the process of using the Job Aid.
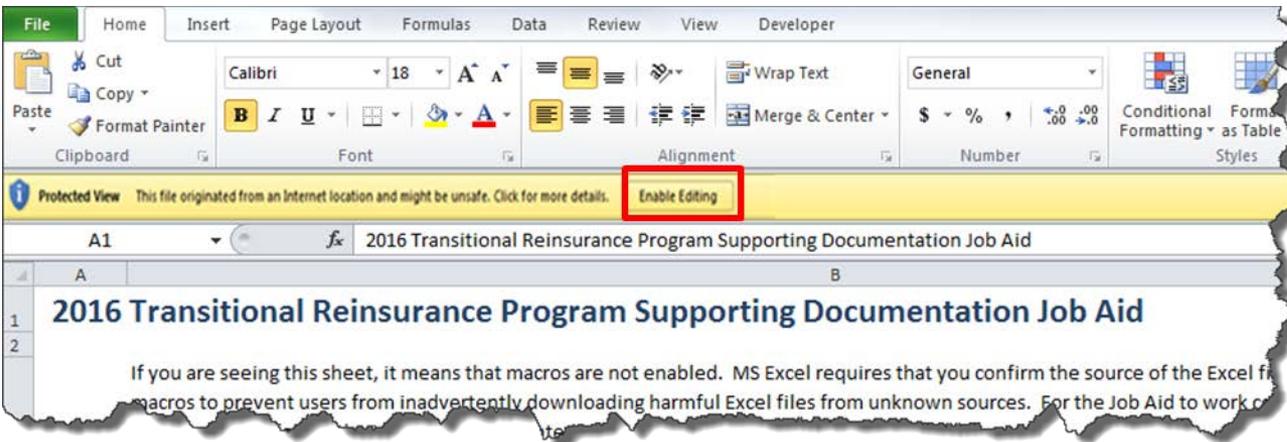
Both are available to download on REGTAP and the CCIIO webpage.
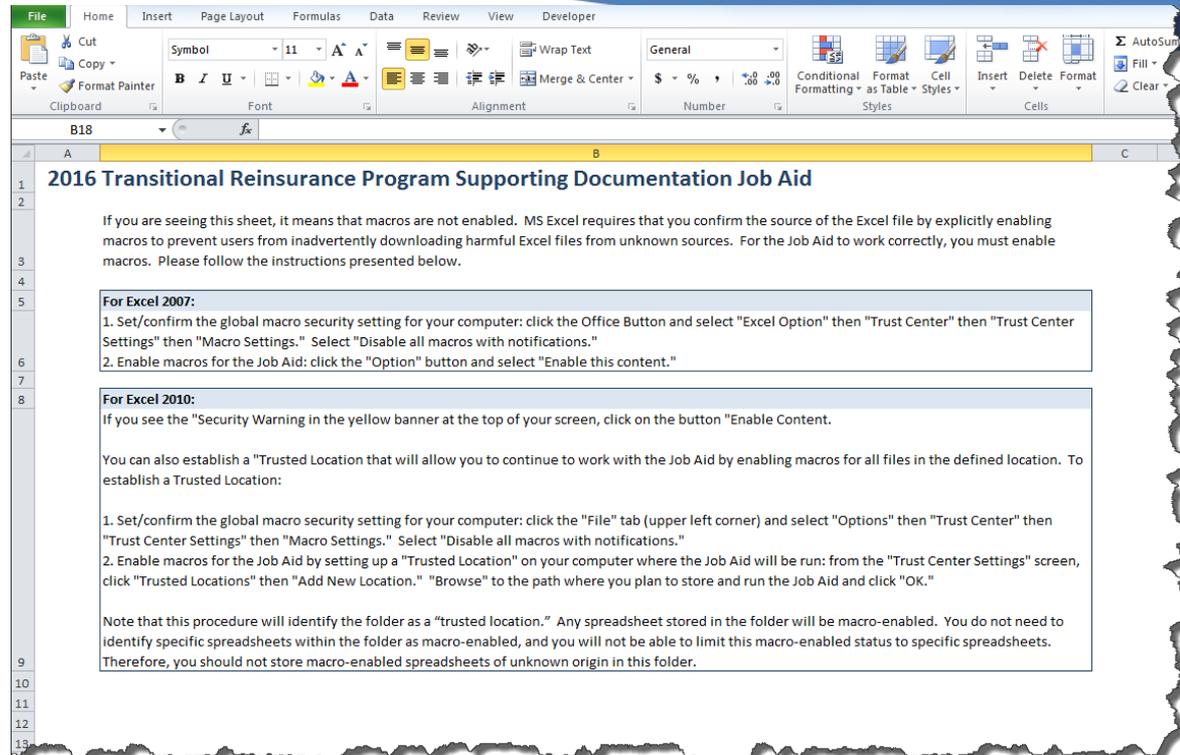
NOTE The Job Aid is not compatible with Mac operating systems. Microsoft Excel 2007 or newer must be used.

2016 Supporting Documentation Job Aid Enablement

Enable Editing:
Select the **Enable Editing** button in the yellow ribbon at the top of the page.

Enable Macros:
Select the **Enable Content** button in the yellow ribbon at the top of the page, or follow the directions on the Start Message page.
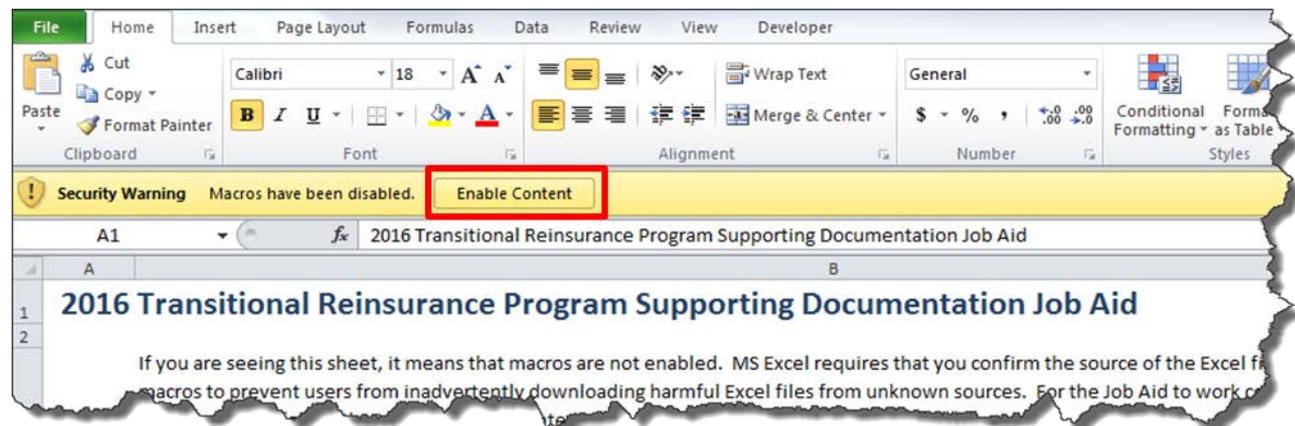
Entering Reporting Entity Information

1. Enter the Reporting Entity Legal Business Name, with no special characters.
2. Enter the Reporting Entity Federal Tax ID Number – format: NN-NNNNNNN.
3. Select one (1) payment or two (2) payments.

2016 Transitional Reinsurance Program Supporting Documentation Job Aid

Reporting Entity Information:

Legal Business Name	Raven Health ①
Federal Tax ID Number	12-3456789 ②
Type of Payment	③

One (1) Payment
Two (2) Payments

Data entry status: User Controls

NOTE The Reporting Entity section of the 2016 Job Aid must be completed prior to entering any Contributing Entity information.

Entering Contributing Entity Information

For each Contributing Entity:

1. Enter the Contributing Entity Legal Business Name, with no special characters.
2. Enter the Contributing Entity Federal Tax ID Number – format: NN-NNNNNNN.
3. Select the Organization Type (For Profit or Nonprofit) from the drop-down menu.

> **NOTE** Record Number, Reporting Entity Legal Business Name, and Federal Tax ID Number are auto-populated from the information entered in the Reporting Entity fields.

Record Number (pre-filled)	Reporting Entity Legal Business Name (LBN) (pre-filled)	Federal Tax ID Number (TIN) (pre-filled)	Contributing Entity Legal Business Name (LBN) (Maximum 150 characters)	Federal Tax ID Number (TIN) (nn-nnnnnnn)	Organization Type (For Profit or Nonprofit)
1	Raven Health	12-3456789	ABC Company	12-3456788	For Profit
2	Raven Health	12-3456789	XYZ Company	55-1247848	For Profit
3	Raven Health	12-3456789	Josiah Inc	12-0142015	For Profit
4	Raven Health	12-3456789	Axel Corporation	50-2521986	For Profit

Entering Contributing Entity Information (continued)

For each Contributing Entity:

1. Enter the Billing Address Line 1 and Line 2.
2. Enter the Billing Address City.
3. Select the Billing Address State from the drop-down menu.
4. Enter the Billing Address 5- or 9-digit Zip Code.
5. Select the Domiciliary State from the drop-down menu.

Billing Address Line 1 (Maximum 150 characters)	Billing Address Line 2 (Optional) (Maximum 150 characters)	Billing Address: City (Maximum 150 characters)	Billing Address: State (2-letter code)	Billing Address: ZIP Code (5- or 9-digit)	Domiciliary State (2-letter code)
123 Main Street		Boston	MA	02108	CO
55 Test Drive		Beverly Hills	CA	90210	CA
879 West Side Drive		New Orleans	LA	70122	LA
1898 Fifth Avenue		New York	NY	10001	NY

Entering Contributing Entity Information (continued)

For each Contributing Entity:

1. Select the Benefit Year from the drop-down menu (i.e. 2016).

2. Enter the Annual Enrollment Count for the specific Contributing Entity.

3. Select the Type of Contributing Entity from the drop-down menu.

Benefit Year (2016)	Annual Enrollment Count (nnnnnn.nn)	Entity Type (HII, SI, MGHPS, MGHPM, OTHER)
2016	250.00 SI	
2016	150.25 MGHPS	
2016	124.00 SI	
2016	126.48 SI	

Entity Type
- 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 Type (OTHER)

NOTE A call out box will appear when selecting your Contributing Entity's Entity Type with an explanation of each Entity Type.

Auto-Populated Status

Auto-Populated Fields:

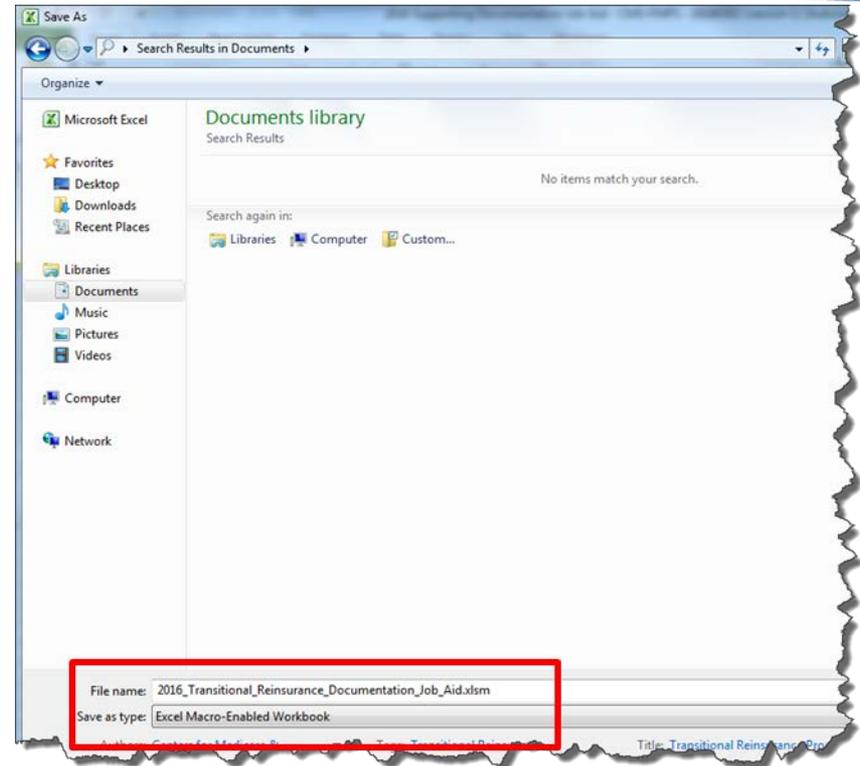- Record Status
- Contrib* Entity Unique TIN?
- Error/Warning Status

*Contrib = Contributing

Record Status (pre-filled)	Contrib Entity Unique TIN? (pre-filled)	Error/Warning Status (pre-filled)
Complete	Unique	
Complete	Unique	
Complete	Unique	
Complete	Unique	

Save Your Work and Check Data Entry Status

- Save file as .xlsm (Excel Macro-Enabled Workbook)

- Check Data Entry Status on Job Aid:
    - Records entered (total, complete)
    - Sum of Annual Enrollment

NOTE

Take note of the Sum of Annual Enrollment for entry into the Form.

Data entry status:	
Records entered:	Total = 4, Complete = 4
Sum of annual enrollment (maximum 4,629,629.62):	650.73

User Controls – Validate and Create the .CSV File

- Select the **Run Data Validation** button to run a validation check prior to creating the .CSV file
    - o Run Data Validation after completing the Job Aid
    - o Select to go to the first field with invalid format or value
    - o Select to close the dialogue box to correct errors manually

- Select the **Create CSV File** button
    - o Records with errors will be displayed
    - o Auto-format message will display all auto-formatted fields

- Suggested naming convention:
  ReportingEntityLBN_BY2016_SubmissionDate
    - o Save the .csv file to the same directory as the .xlsm file

> **User Controls:** (select or double click on cell below to initiate action)
>
> Run Data Validation
>
> Create CSV File

NOTE
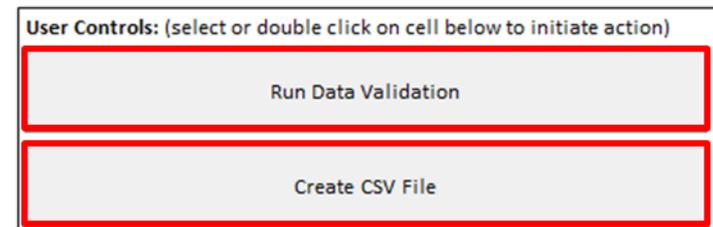
All identified errors must be corrected before the 2016 Job Aid will create the .CSV file.

Saving the spreadsheet using the .CSV file extension will **NOT** create a .CSV file in the required layout and will be too large for upload into Pay.gov. You must select the **Create CSV File** button in the Job Aid to create the .CSV file.

2016 Supporting Documentation Job Aid Manual

- The 2016 RI Contributions Supporting Documentation Job Aid Manual provides step-by-step instructions on how to use the 2016 Job Aid to create a .CSV file and troubleshoot any errors or warnings received.

- The 2016 Reinsurance Contributions Supporting Documentation Job Aid Manual is available to download from the REGTAP Library and the CCIIO webpage.

2016 File Layout

- If you are unable to take advantage of the 2016 Job Aid (i.e. your computer does not meet the system requirements or you want to manually create the .CSV file), the 2016 RI Contributions File Layout document is another available tool.

- The 2016 RI Contributions File Layout document is available to download from the REGTAP Library and the CCIIO webpage.

The .CSV File

The .CSV file below represents four (4) Contributing Entities. Each line of the .CSV file represents all of the fields listed in the 2016 File Layout document and the 2016 Supporting Documentation Job Aid.
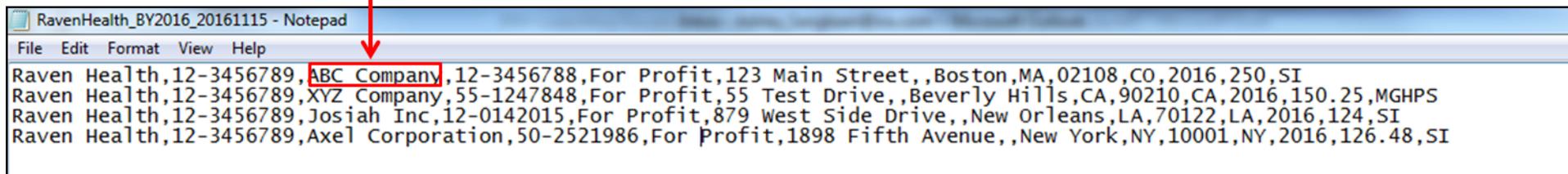
1. Reporting Entity LBN
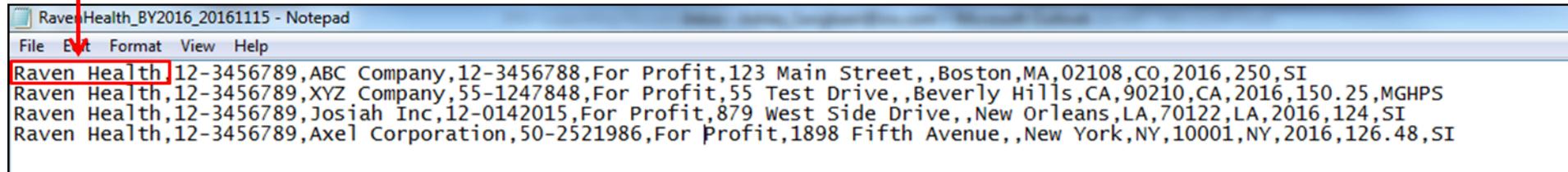
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RavenHealth_BY2016_20161115 - Notepad
File  Edit  Format  View  Help
Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI
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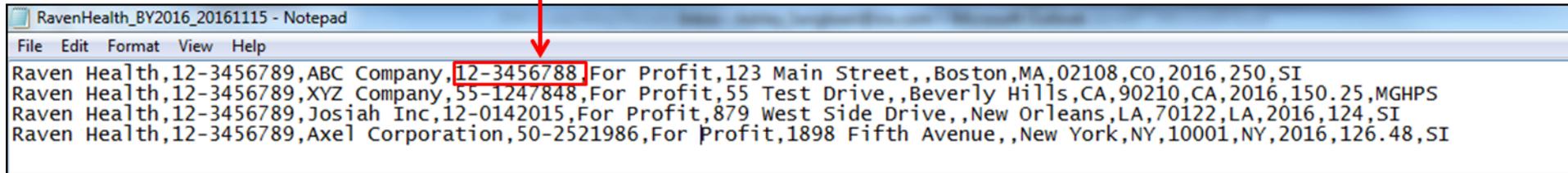
2. Reporting Entity TIN
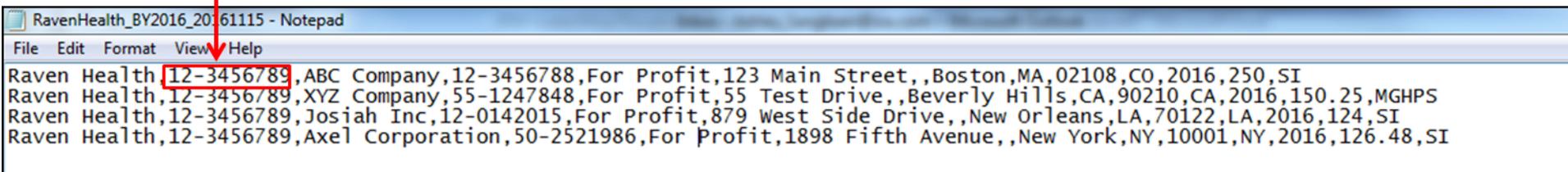
```
RavenHealth_BY2016_20161115 - Notepad
File  Edit  Format  View  Help
Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI
```

The .CSV File (continued)

Following the Reporting Entity LBN and TIN are the Contributing Entity LBN and TIN.

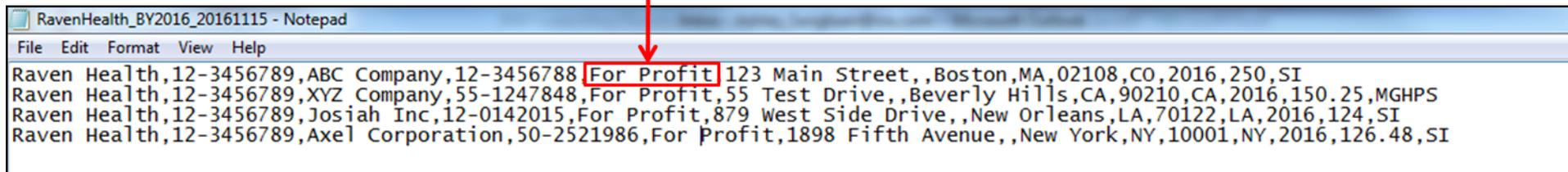**3. Contributing Entity LBN**

RavenHealth_BY2016_20161115 - Notepad

File Edit Format View Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI

4. Contributing Entity TIN

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File Edit Format View Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI

The .CSV File (continued)

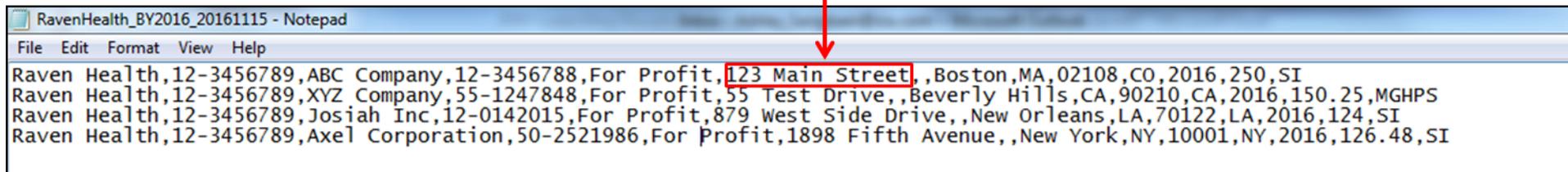Next are the Contributing Entity Organization Type and Contributing Entity Billing Address – Line 1.

5. Contributing Entity Organization Type

RavenHealth_BY2016_20161115 - Notepad

File   Edit   Format   View   Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI
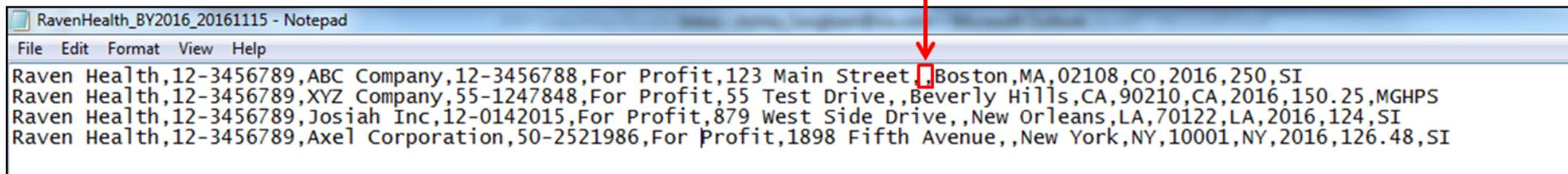
6. Contributing Entity Billing Address – Line 1

RavenHealth_BY2016_20161115 - Notepad

File   Edit   Format   View   Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI

The .CSV File (continued)

The Contributing Entity Billing Address – Line 2 may have data or may be left blank. In the example below, there is no data for this field.

7. Contributing Entity Billing Address – Line 2

RavenHealth_BY2016_20161115 - Notepad

File Edit Format View Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI
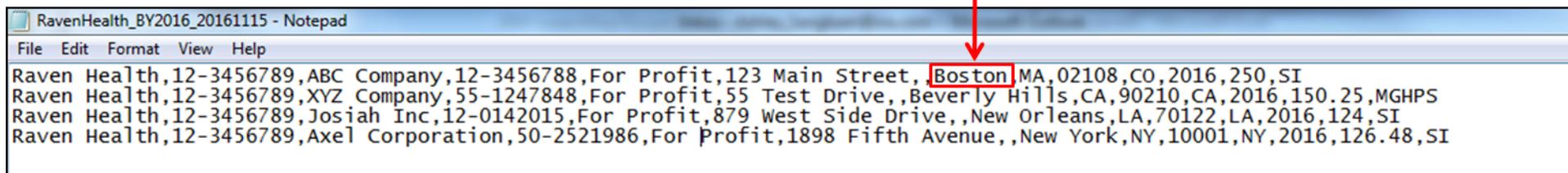
NOTE

When left blank, the Contributing Entity Billing Address – Line 2 data element is represented by a blank space and a comma. Data for this field should always be present, even if there is no data, which is represented by a single blank space and a comma.

The .CSV File (continued)

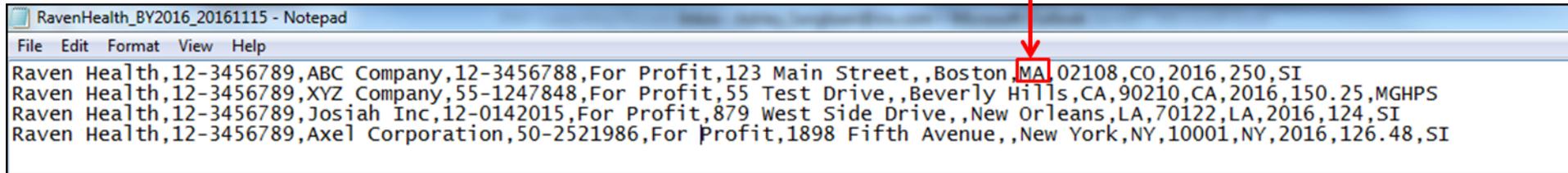Next are the Contributing Entity Address City and State.

8. Contributing Entity Billing Address City

RavenHealth_BY2016_20161115 - Notepad

File Edit Format View Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI

9. Contributing Entity Billing Address State
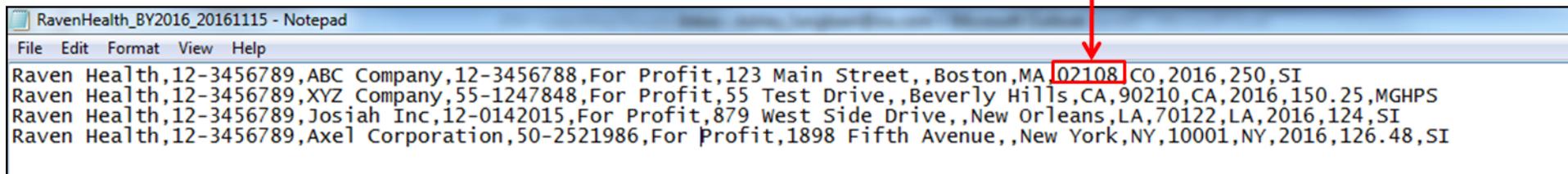
RavenHealth_BY2016_20161115 - Notepad

File Edit Format View Help

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Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI

The .CSV File (continued)

The Contributing Entity Billing Address Zip Code (five (5) or nine (9) digits) and Domiciliary State follow.

10. Contributing Entity Billing Address Zip Code

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RavenHealth_BY2016_20161115 - Notepad
File  Edit  Format  View  Help
Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI
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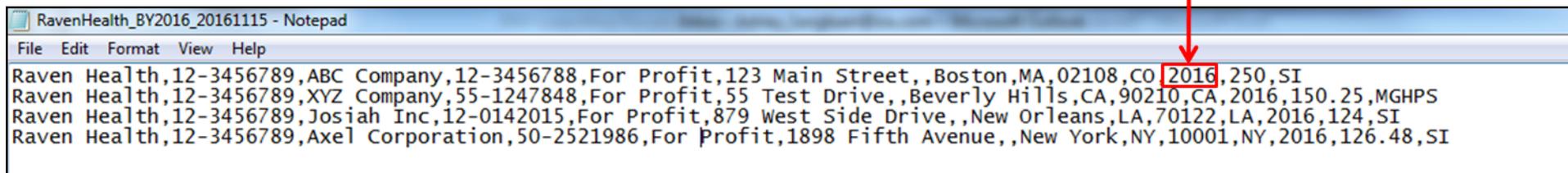**11. Contributing Entity Domiciliary State**
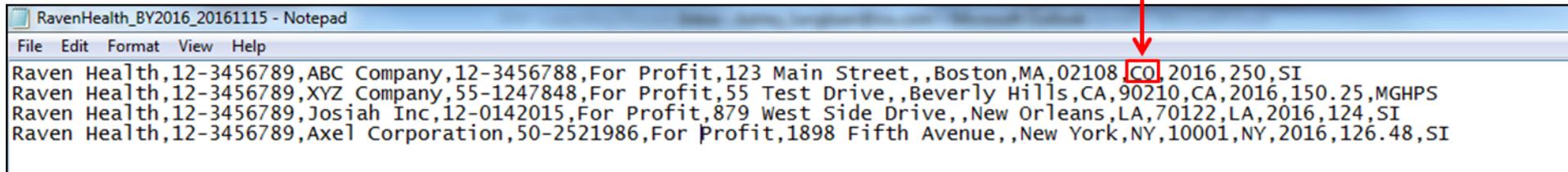
```
RavenHealth_BY2016_20161115 - Notepad
File  Edit  Format  View  Help
Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI
```

The .CSV File (continued)

Next is the Benefit Year, which should be 2016, and the Annual Enrollment Count for the Contributing Entity.
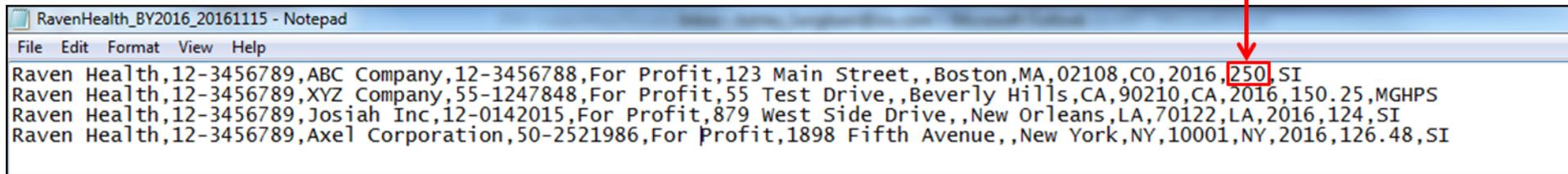
12. Benefit Year

RavenHealth_BY2016_20161115 - Notepad
File Edit Format View Help
Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI

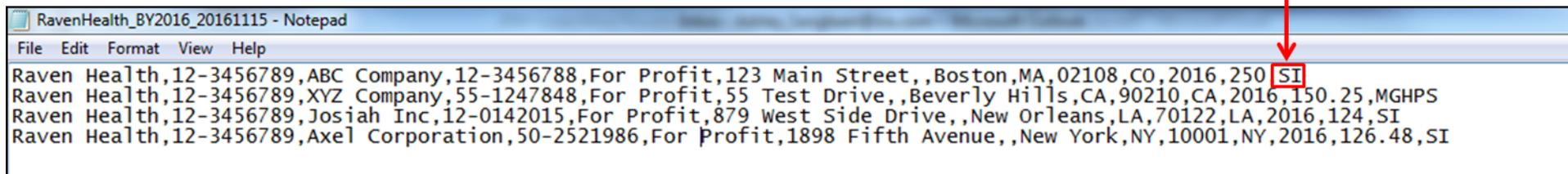**13. Annual Enrollment Count**

RavenHealth_BY2016_20161115 - Notepad
File Edit Format View Help
Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2016,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2016,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2016,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2016,126.48,SI

The .CSV File (continued)

The Type of Contributing Entity is the final field and should **not** be followed by a comma.

14. Type of Contributing Entity

> **NOTE**
>
> Completed Supporting Documentation .CSV files should have a total of 14 data elements and four (4) or more lines of Contributing Entity data and no headers within the file.

Are You Ready to Submit the Supporting Documentation (.CSV file) with the Form?

Aggregate Annual Enrollment Counts for All Contributing Entities

Annual Enrollment Count – Also referred to as RI Covered Lives Count. The total number of lives subject to RI contributions calculated using an approved counting method pursuant to 45 CFR 153.405 (d)-(g) for a benefit year.

- If you are using the 2016 Job Aid, the Data Entry Status will help to aggregate the Annual Enrollment Count for your four (4) or more Contributing Entities.

- If you are manually creating your Supporting Documentation, you will need to aggregate the Annual Enrollment Count for all of the Contributing Entities on your own.

Entering the Annual Enrollment Count into the Form

After aggregating the Annual Enrollment Counts for all Contributing Entities in the Supporting Documentation, enter the same amount into the Form, and then verify it.

* Annual Enrollment Count	?
* Verify Annual Enrollment Count	?

NOTE: Be sure the Annual Enrollment Count entered in the Form matches with the Aggregate Annual Enrollment Count in the 2016 Supporting Documentation .CSV file. If the 2016 Job Aid was used, this would be the Sum of Annual Enrollment in the Data Entry Status section of the Job Aid.

What to Check Before Uploading the Supporting Documentation

- Ensure that there are no special characters in the file name of the .CSV file or it will be rejected.

- Do not view the document in Excel as all leading zeros within the .CSV file will be dropped and cause an error when brought into the CMS system.

- The completed .CSV file should **only** be opened using Notepad or WordPad.
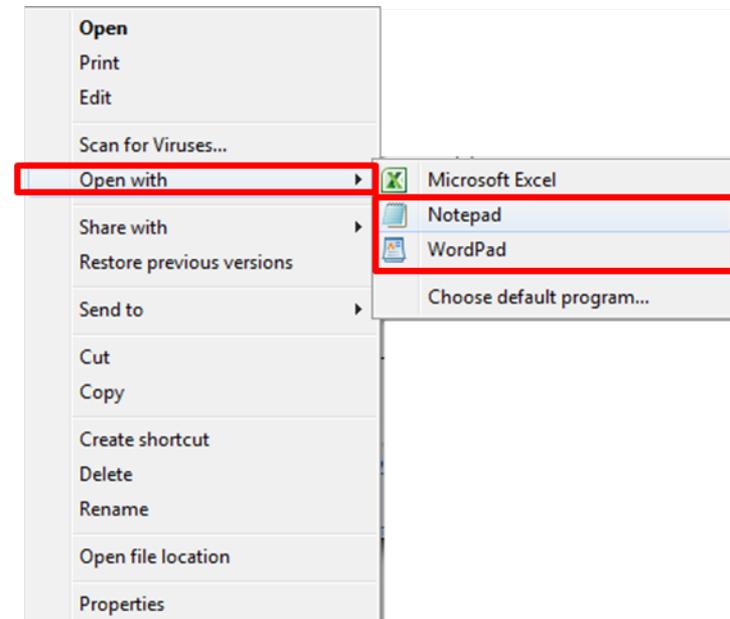
Where to Upload the Supporting Documentation on the Form

NOTE

If "No" is selected for the "Are you reporting for three (3) or fewer Contributing Entities using this Form?" question on the initial page of the Form, you will be directed to an Attachment page prior to submitting payment information.

* Are you reporting for three (3) or fewer Contributing Entities using this Form?   ? ○ Yes   ● No

* If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?   ? ○ Yes   ○ No

Attachment uploaded

2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

Before You Begin | 1 Complete Agency Form | 2 Enter Payment Info | 3 Review & Submit | 4 Confirmation

Add Attachment

This form is configured to allow one file attachment. Please browse and attach a file. The file must have a file extension of CSV and cannot exceed a size of 2MB.

Attach File: [Browse...] No file selected.   [Attach]

RavenHealth_BY2016_20161115.csv 🗑

Need Help?

ACA TRP BY2016

Contact: Transitional Reinsurance Contributions
Email: Click to email
Phone: 877-292-6978 or 1-855-CMS-1515
Website: Click to visit site

Cancel   [Next]

Key Deadlines for the 2016 Benefit Year

Date	Activity	Contribution Amount
To Make a Full Contribution in One Payment (Combined Collection) for the 2016 BY:		
File no later than November 15, 2016	Submit the Form and schedule payment	
Remit no later than January 17, 2017	Pay full contribution amount due (one payment)	**$27.00** per covered life
	TOTAL	**$27.00**
OR		
To Make a Full Contribution in Two Payments (First and Second Collection) for the 2016 BY:		
File no later than November 15, 2016	Submit the Form and schedule payment of first collection contribution and duplicate the Form and schedule payment of second collection	
Remit no later than January 17, 2017	Pay first contribution amount due	**$21.60** per covered life
Remit no later than November 15, 2017	Pay second contribution amount due	**$5.40** per covered life
	TOTAL	**$27.00**

Next Steps

- **NOW**
  - Calculate the Annual Enrollment Count for each Contributing Entity
  - Download and review the 2016 Supporting Documentation Job Aid Manual
  - Complete the 2016 Supporting Documentation .csv file
  - Register on Pay.gov to complete the Form, if you have not already done so
  - Complete the Form

- **LATER**
  - Attend future webinars
  - Submit inquiries to reinsurancecontributions@cms.hhs.gov

Upcoming Webinars

2016 Module Title	Date	Content
Module 1: 2016 Reinsurance Contributions Overview	September 13 October 4 November 1	• Defines a Contributing Entity in 2016 • Summarizes exempted organizations in 2016 • 2016 Uniform Contribution Rate • 2016 Key Deadlines • Provides an overview of the 2016 submission process
Module 2: 2016 Reinsurance Contributions Counting Methods Overview	September 15 October 5 November 2	• Defines a Contributing Entity in 2016 and defines major medical • Provides a walk through of each Counting Method • Consistency Requirements and Aggregation • Calculation of Contribution Amounts • 2016 Key Deadlines
Module 3: 2016 Reinsurance Contributions Form Completion	September 20 October 6 November 3	• Provides an overview of the 2016 Form submission process • Notable Form Updates for the 2016 Benefit Year • Data needed to complete the Form for the 2016 Benefit Year • Registering on Pay.gov • Provides a walk through of the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form
Module 4: 2016 Reinsurance Contributions Updating Contributions Filings	October 18 November 8	• Demonstrates how to locate previous Form filings to make updates • Reviews the process of making updates to previous Form filings • Explains the types of communication a Contributing Entity may receive after filing the Form • Differentiates between Re-Filing and Re-Submission of the Form • Provides an overview of the various resources available

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Upcoming Webinars

2016 Module Title	Date	Content
Special Topic: 2016 Reinsurance Contributions Supporting Documentation (.CSV file)	September 22 October 20	• Who is required to submit Supporting Documentation (.CSV file)? • What information is needed to complete Supporting Documentation (.CSV file)? • Tools available to create the Supporting Documentation (.CSV file) • 2016 Key Deadlines and Next Steps

Upcoming 2016 Reinsurance Contributions Review and Discussion Session

Reinsurance Contributions Review and Discussion Session:
This session will provide Contributing Entities and Reporting Entities with a review of the topics covered during the Modules 1-4 webinars, as well as information related to 2016 updates and user challenges. Time will be allotted for specific attendee questions.

Date	Time
Monday, November 7, 2016	3:30 p.m. – 5:00 p.m. ET
Monday, November 14, 2016	1:00 p.m. – 2:30 p.m. ET

You must register on REGTAP for each session separately.

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Upcoming 2016 Reinsurance Contributions Submission Help Line

<u>Reinsurance Contributions Submission Help Line:</u>

CMS will host a help line to assist Contributing (or Reporting) Entities in completing the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form. This will provide open Q&A during the dates and times specified. All entities dialed into the help line can benefit from questions asked and answered.

Date	Time
Wednesday, November 9, 2016	1:00 p.m. – 5:00 p.m. ET
Thursday, November 10, 2016	1:00 p.m. – 5:00 p.m. ET
Friday, November 11, 2016	1:00 p.m. – 5:00 p.m. ET
Monday, November 14, 2016	3:00 p.m. – 6:00 p.m. ET
Tuesday, November 15, 2016	10:00 a.m. – 5:00 p.m. ET

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Questions?

To submit or withdraw questions by phone:

- *Dial ***#** (star-pound) on your phone's keypad to ask a question*

    - *Dial ***#** (star-pound) on your phone's keypad to withdraw your question*

To submit questions by webinar:

- *Type your question in the text box under the 'Q&A' tab*

Resources

Reinsurance Contributions Resources

| Resource	Type/Location
2016 Reinsurance Contributions Form Completion, Submission, and Payment WBT	Web-based training to explain how to complete the 2016 Form Posted on REGTAP
2016 Transitional Reinsurance Form Quick Start Guide	Provide instructions on completing the 2015 Form Posted on REGTAP and the CCIIO website
Special Topic: 2016 Reinsurance Contributions Supporting Documentation (.CSV file)	• Who is Required to Submit the Supporting Documentation (.CSV file)? • What Information is Needed to Complete the Supporting Documentation (.CSV file)? • Tools Available to Create the Supporting Documentation (.CSV file) • Key Deadlines and Next Steps Posted on REGTAP and the CCIIO website
2016 Reinsurance Contributions Supporting Documentation Job Aid	Job aid tool to assist in the creation of the Supporting Documentation (.CSV File) Posted on REGTAP and the CCIIO website
2016 Reinsurance Contributions Supporting Documentation Job Aid Manual	Manual to assist in the completion of the Job Aid Tool used to create the Supporting Documentation (.CSV File) Posted on REGTAP and the CCIIO website
2016 Reinsurance Contributions Supporting Documentation File Layout	Document to explain the required data elements to create the Supporting Documentation (.CSV File) Posted on REGTAP and the CCIIO website

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Resources

Resource	Link/Contact Information
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://www.cms.gov/cciio
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info
Registration and Form on Pay.gov	https://pay.gov/paygov/

Regulatory References

Resource	Link/Contact Information
Standards Related to Reinsurance, Risk Corridors and Risk Adjustment (77 FR 17220) provided a regulatory framework	http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf
HHS Notice of Benefit and Payment Parameters for 2014 (78 FR 15410)	http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf
Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards (78 FR 65046) established oversight standards	http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf
HHS Notice of Benefit and Payment Parameters for 2015 (78 FR 13744)	http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf
Exchange and Insurance Market Standards for 2015 and Beyond (79 FR 30240)	http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf
HHS Notice of Benefit and Payment Parameters for 2016 (80 FR 10750)	http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf
HHS Notice of Benefit and Payment Parameters for 2017 (81 FR 12204)	https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf

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FAQ Database on REGTAP
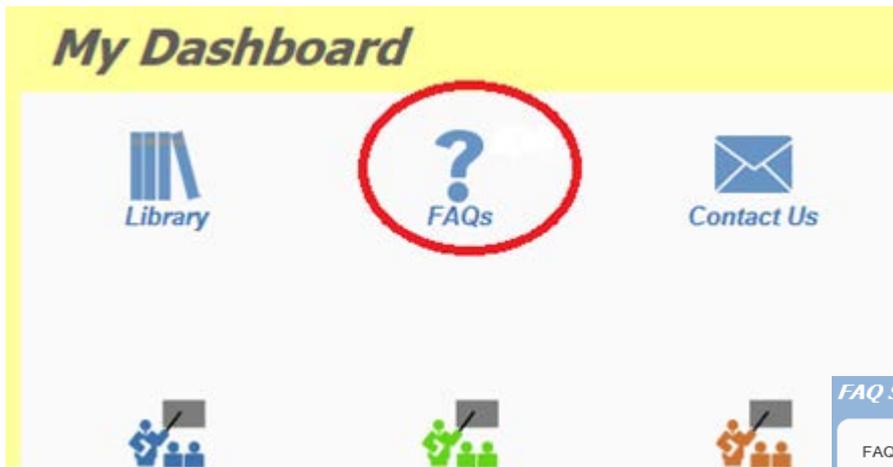
The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary Categories, Benefit Year, Retired and Current FAQs and Publish Date.

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

FAQ Search

FAQ ID [ ] Enter single FAQ ID or multiple IDs (1-10 or 15,18,87)

Keyword/Phrase [ ]

Program Area
Select All
ACA Financial Appeals
Agent Broker
Distributed Data Collection for RI and RA/Edge Server
Enrollment and Eligibility

Primary Category [▼]

Secondary Category [▼]

Benefit Year [Select All ▼]

Publish Date
Start Date   End Date
[ ]   [ ]

FAQs to Display:
◉ Current FAQs Only
○ Retired FAQs Only
○ All FAQs (Current and Retired)

[Search] [Clear Search]

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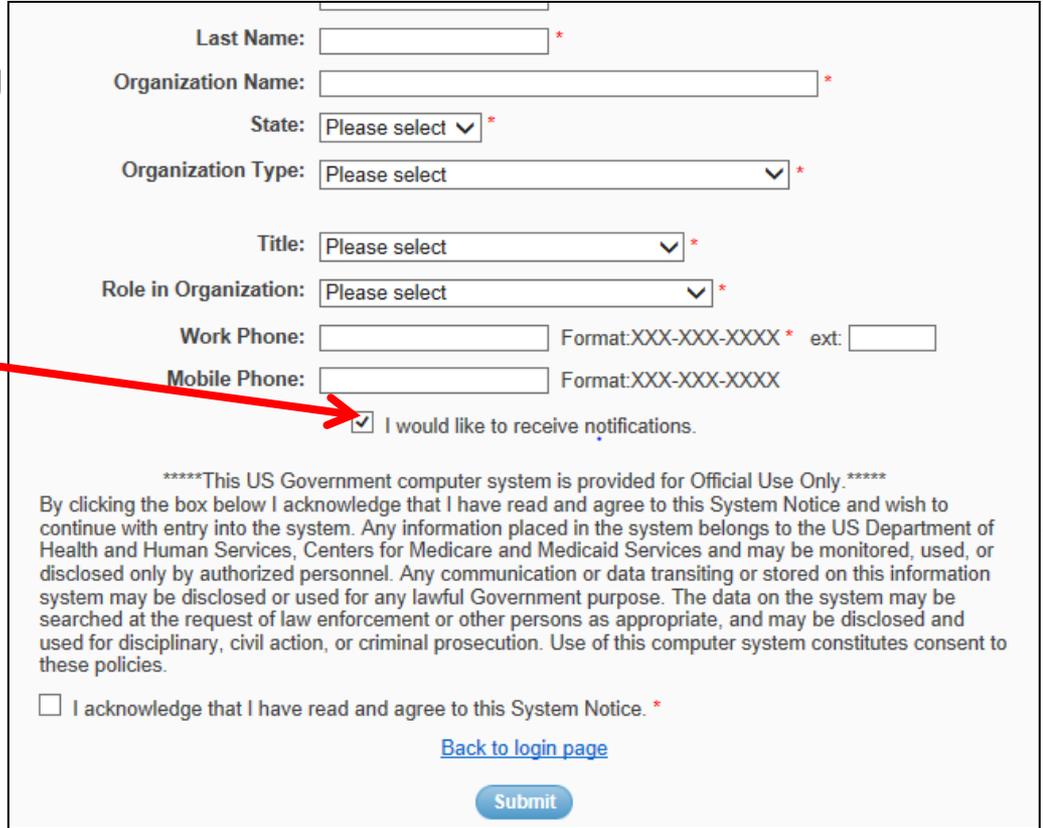
Last Name:	[_____] *
Organization Name:	[_____] *
State:	Please select ▾ *
Organization Type:	Please select ▾ *
Title:	Please select ▾ *
Role in Organization:	Please select ▾ *
Work Phone:	[_____] Format:XXX-XXX-XXXX * ext: [____]
Mobile Phone:	[_____] Format:XXX-XXX-XXXX

☑ 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 www.REGTAP.info to change notification preference.

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Closing Remarks