

Module 2: 2016 Reinsurance Contributions Counting Methods Overview

September 15, 2016
October 5, 2016
November 2, 2016



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

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

- Define who is required to make reinsurance contributions for the 2016 Benefit Year.
- Provide an overview of the permitted reinsurance contribution counting methods.
- Demonstrate how the 2016 reinsurance contribution amounts are calculated.

Agenda

- Who Is Required to Make Reinsurance Contributions
- Counting Methods Overview
- Calculating the Annual Enrollment Count for Partial Year Coverage
- Applying Exemption Rules
- Consistency Requirements and Aggregation
- Calculation of the 2016 Uniform Reinsurance Contribution Amounts
- Key Deadlines for the 2016 Benefit Year
- Next Steps
- Upcoming Webinars
- Resources

Intended Audience

- Health Insurance Issuers
- Plan Sponsors
- Third Party Administrators (TPAs)
- Administrative Services-Only (ASO) Contractors

Who Is Required to Make Contributions for the 2016 Benefit Year?

Who is Required to Make Reinsurance Contributions for the 2016 Benefit Year

Contributing Entity generally includes:

- A health insurance issuer; or
- A self-insured group health plan (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 uses a TPA 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 PHS Act**

Self-Insured Self-Administered Exemption

- For the 2015 and 2016 Benefit Years, contributions are not required from a self-insured group health plan that **does not** use a TPA in connection with claims processing or claims adjudication (including the management of internal appeals) or plan enrollment.
- However, a self-insured group health plan is permitted to use an unrelated third party for the following without losing its self-administered status:
 - *De minimis* administrative services for medical benefits (5% or less)
 - Leasing of provider networks and related services

Contributions Are Generally Required For...

- Major medical coverage that is part of a commercial book of business
- For the purpose of reinsurance contributions, “major medical coverage” is defined in 45 CFR 153.20 as:
 - A catastrophic plan;
 - An individual or a small group market plan subject to the actuarial value requirements under 45 CFR 156.140 (<http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-av-calculator-final.xlsx>); or
 - Health coverage for a broad range of services and treatments provided in various settings that provides minimum value as defined in 45 CFR 156.145 (<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/mv-calculator-final-4-11-2013.xlsx>)

Counting Methods Overview

Introduction to Counting Methods

The applicable counting method depends upon the following:

- 1) Whether the Contributing Entity is a health insurance issuer or a self-insured group health plan.
- 2) Whether in the case of a group health plan that is a Contributing Entity, the plan offers more than one (1) coverage option.

Counting Methods for Calculating Reinsurance Covered Lives Counts

Counting Method*	Health Insurance Issuers	Self-Insured Group Health Plans
Actual Count	✓	✓
Snapshot Count	✓	✓
Snapshot Factor		✓
Member Months or State Form	✓	
Form 5500		✓

*See 45 CFR 153.405 for a description of each counting method

Actual Count (45 CFR 153.405(d)(1))

How to Calculate: Add the number of covered lives on each day of the month for the first nine (9) months of the benefit year, and divide that total by the number of days in the first nine (9) months.

Applicable to: All Contributing Entities

Sum of lives covered for each day in the first nine (9) months (Jan.-Sept.)

Sum of days in the first nine (9) months of 2016 (274)

= Annual Enrollment Count for Reinsurance Contributions



NOTE

Due to 2016 being a leap year, the sum of days in the first nine (9) months of 2016 is 274.

Actual Count Full Year Example

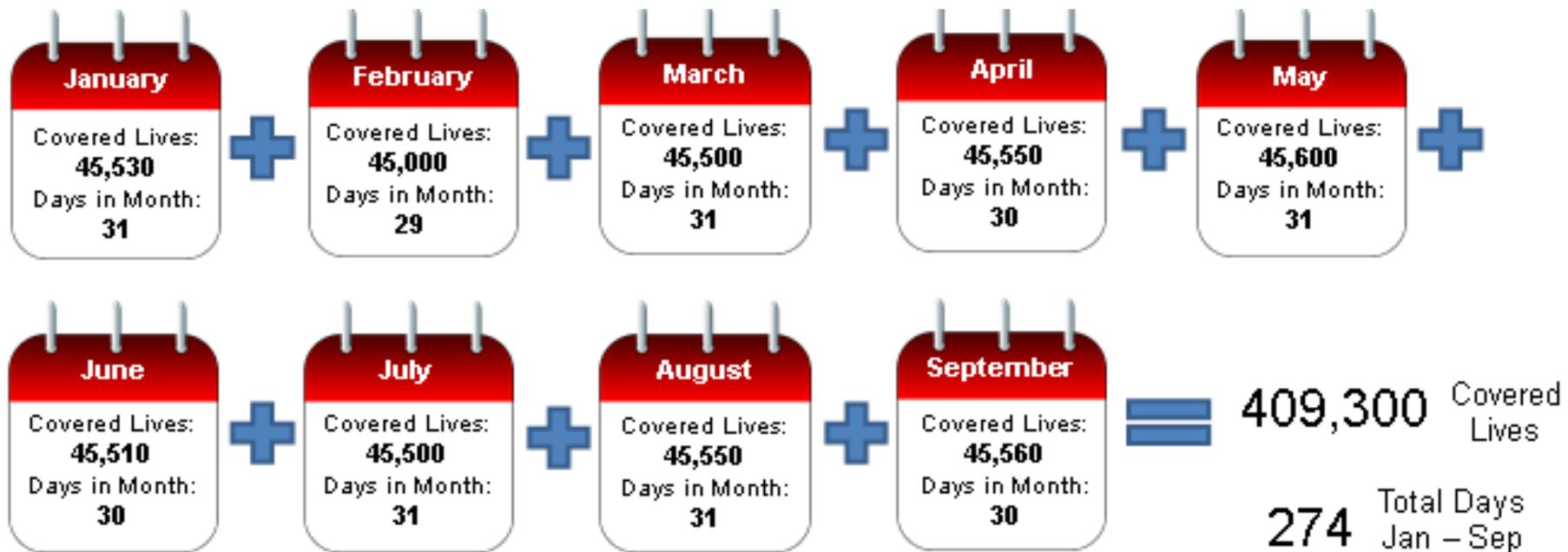
Sum of Covered Lives for Each Day of the Month



To calculate the number of covered lives in a single month, determine the number of covered lives for each day of the month, and add those numbers together.

January = 45,530
Covered Lives

Actual Count Full Year Scenario



$$\frac{409,300 \text{ Covered Lives}}{274 \text{ Total Days Jan - Sep}} = 1493.795620437956$$

1493.80 Annual Enrollment Count

Snapshot Count (45 CFR 153.405(d)(2))

How to Calculate: Add the number of covered lives on any date (or more dates, if an equal number of dates are used for each quarter) during the same corresponding month in each of the first three (3) quarters of the benefit year, and divide that total by the number of dates on which the Covered Lives Count was made.

Applicable to: All Contributing Entities



Snapshot Count Example

January

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

March

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August

S	M	T	W	T	F	S
1	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Sum of lives covered on any date during the same corresponding month in each of the first three (3) quarters of the benefit year (e.g. March 1, 2016, June 1, 2016, September 1, 2016). The date(s) used for the second and third quarters must fall within the **same week of the quarter** as the corresponding date(s) used for the first quarter.

Sum of dates on which the covered lives count was made (3).

= Annual Enrollment Count for Reinsurance Contributions

Snapshot Count Full Year Scenario

Add the number of covered lives for each of the dates selected.



Calculate the sum of dates on which the covered lives count was made.

In this scenario 3 dates were selected. = **3** Selected Dates

Divide the total number of covered lives by the number of dates (3) to determine the Annual Enrollment Count.

$$\frac{4,000 \text{ Covered Lives}}{3 \text{ Selected Dates}} = \mathbf{1,333.33} \text{ Annual Enrollment Count}$$

Snapshot Factor (45 CFR 153.405(e)(2))

How to Calculate:

Sum of the number of participants with **self-only** coverage on any single date during the same corresponding month in each of the first three (3) quarters of the calendar year*

+

Sum of the number of participants with **other than self-only lives** coverage on any date during the same corresponding month in each of the first three (3) quarters of the calendar year multiplied by a factor of 2.35

Sum of dates on which the count was made (3)

= Annual Enrollment Count for Reinsurance Contributions

Applicable to: Self-insured group health plans and multiple group health plans maintained by the same plan sponsor that do not include an insured plan [see 45 CFR 153.405(e)(2) and (g)(4)(ii)].

*The date(s) used for the second and third quarters must fall within the same week of the quarter as the corresponding date(s) used for the first quarter.

Snapshot Factor Example

Add the number of participants with **self-only coverage** for each of the dates selected in the first three (3) quarters of the year.



Add the number of participants with **other than self-only coverage** for each of the dates selected and multiply by a factor of 2.35.



Snapshot Factor Example (continued)

Add the total number of participants with self-only coverage to the total number of participants with other than self-only coverage, multiplied by a factor of 2.35.

$$\begin{array}{r} 3,275.00 \text{ (Total Self-Only Participants)} \\ +6,215.25 \text{ (Total Other than Self-Only Participants} \times 2.35) \\ \hline 9,490.75 \text{ Summed Total} \end{array}$$

Divide the summed total by the number of dates (3).

$$\frac{9,490.75 \text{ (Summed Total)}}{3 \text{ (Selected Dates)}} = 3,163.58 \text{ Annual Enrollment Count}$$

Member Months or State Form Method (45 CFR 153.405(d)(3))

How to Calculate:

Average number of policies in effect during the first nine months of the benefit year*



Ratio of covered lives per policy in effect*

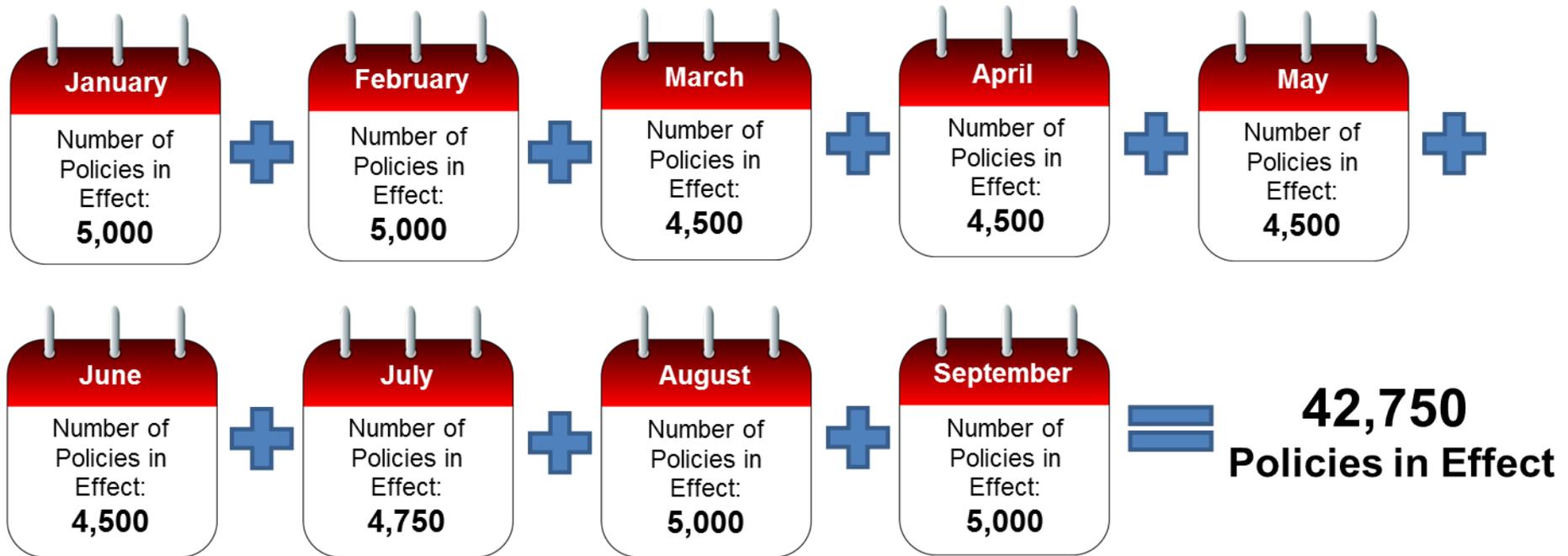
= Annual Enrollment Count for Reinsurance Contributions

Applicable to: Health insurance issuers

*Calculated using the prior National Association of Insurance Commissioners (NAIC) Supplemental Health Care Exhibit (SHCE) or a form filed with the issuer's State of domicile for the most recent time period.

Member Months or State Form Method Example

Add the number of policies in effect for the first nine (9) months (January – September) of the applicable benefit year.



Member Months or State Form Method Example (continued)

Divide the number of policies (42,750) in effect for the first nine (9) months of the applicable benefit year by the number of months (9) to determine the average number of policies in effect.

$$\frac{42,750 \text{ (policies in effect)}}{9 \text{ (first nine months of benefit year)}} = 4,750 \text{ Average Policies in Effect}$$

Member Months or State Form Method Example (continued)

Divide the number of lives from the SHCE (98,875) by the previous year's number of policies from the SHCE (39,550) to determine the ratio.

$$\frac{98,875 \text{ (Number of Lives from SHCE)}}{39,550 \text{ (Number of Policies from SHCE)}} = 2.5 \text{ Ratio of Lives Per Policy in Effect}$$

Multiply the average number of policies in effect (4,750) by the ratio of lives per policy (2.5).

$$4,750 \times 2.5 = \mathbf{11,875} \text{ Annual Enrollment Count}$$

Form 5500 Method (45 CFR 153.405(e)(3))

How to Calculate:

1) Self-Only Coverage

Total participants at the beginning of the plan year



Total participants at the end of the plan year

2

= Annual Enrollment Count for Self-Only Coverage

2) Self-Only & Other Coverage

Total participants at the beginning of the plan year



Total participants at the end of the plan year

= Annual Enrollment Count for Self-Only and Other than Self-Only Coverage

Applicable to: Self-insured group health plans



Form 5500 Method Self-Only Coverage Example

Question: How does a plan with self-only coverage use the Form 5500 method to calculate the Annual Enrollment Count?

Form 5500 (2015)		Page 2	
3a Plan administrator's name, address, telephone number, and e-mail address		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name, address, telephone number, and e-mail address of the sponsor, administrator, or other person responsible for the plan have changed since the beginning of the plan year, provide the name, address, telephone number, and e-mail address of the new person.		4b EIN	
a Sponsor		4c PN	
5 Total number of participants covered at the beginning of the plan year		5	1,000
6 Number of participants covered at the end of the plan year		6a(1)	
a(1) Total		6a(1)	
a(2) Total		6a(2)	1,000
b Retired or separated participants entitled to future benefits		6b	250
c Other retired or separated participants entitled to future benefits		6c	250
d Subtotal. Add lines 6a(2), 6b, and 6c.		6d	1,500

1) When using the Form 5500 method for calculating the Annual Enrollment Count, plans that are self-only coverage will obtain the total number of participants at the beginning of the plan year from line 5 (1,000) and the end of the plan year from line 6(d) (1,500) of Form 5500 to obtain a total of 2,500.

2) Divide the total number of participants covered at the beginning and end of the plan year (2,500) by 2.

$$\frac{2,500}{2} = 1,250$$

Annual Enrollment Count

Form 5500 Method Self-Only and Other Than Self-Only Coverage Example

Question: How does a plan with self-only and other than self-only coverage use the Form 5500 method to calculate the Annual Enrollment Count?

Form 5500 (2015)		Page 2	
3a Plan administrator's name, title, and address	<p>When using the Form 5500 method for calculating the Annual Enrollment Count, plans that are self-only and other than self-only coverage will obtain the total number of participants at the beginning of the plan year from line 5 (1,000) and the end of the plan year from line 6(d) (1,500) of Form 5500 to obtain a total of 2,500.</p> <p>1,000 + 1,500 = 2,500</p> <p>Annual Enrollment Count</p>		3b Administrator's EIN
4 If the name, EIN, and the address of the sponsor or administrator are different from those of the plan, provide the name, EIN, and address of the sponsor or administrator.			3c Administrator's telephone number
a Sponsor's name			4b EIN
5 Total number of participants at the beginning of the plan year			4c PN
6 Number of participants at the end of the plan year			5 1,000
a(1) Total number of self-only participants			6a(1)
a(2) Total number of other than self-only participants			6a(2) 1,000
b Retired or separated participants receiving benefits			6b 250
c Other retired or separated participants entitled to future benefits			6c 250
d Subtotal. Add lines 6a(2), 6b, and 6c			6d 1,500

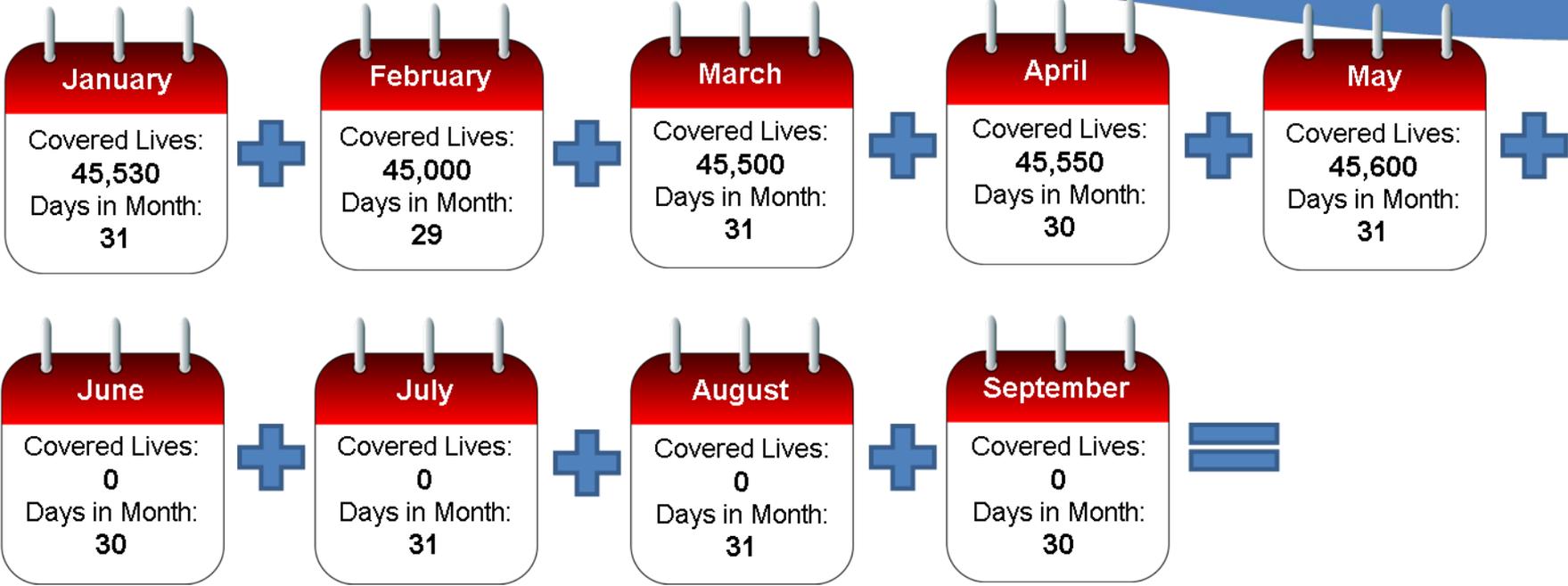
Calculating the Annual Enrollment Count for Partial Year Coverage

Partial Year Coverage

- A health plan or coverage may be established, terminated, or change funding mechanisms during the first nine (9) months of a benefit year.
- If coverage changes from a fully insured plan to a self-insured plan or self-insured to fully insured during the first nine (9) months of 2016, the following rules apply:
 - The issuer of the fully insured plan would be responsible for paying the per covered life contribution amount for reinsurance contribution enrollees for the portion of the calendar year they are enrolled in the fully insured plan.
 - The self-insured plan would be responsible for paying the per covered life contribution amount for reinsurance contribution enrollees for the portion of the year they are enrolled in the self-insured plan.
 - As a result, both plans would be responsible for paying a portion of the fee using one of the permitted counting methods in 45 CFR 153.405(d) and 45 CFR 153.405(e), as applicable, based on the portion of the year these covered lives were enrolled in the self-insured and fully-insured plans.

Actual Count Partial Year Example

Fully-Insured Calculation



$$\frac{227,180 \text{ Covered Lives}}{274 \text{ Total Days Jan - Sept}} = 829.12 \text{ Fully-Insured Annual Enrollment Count}$$

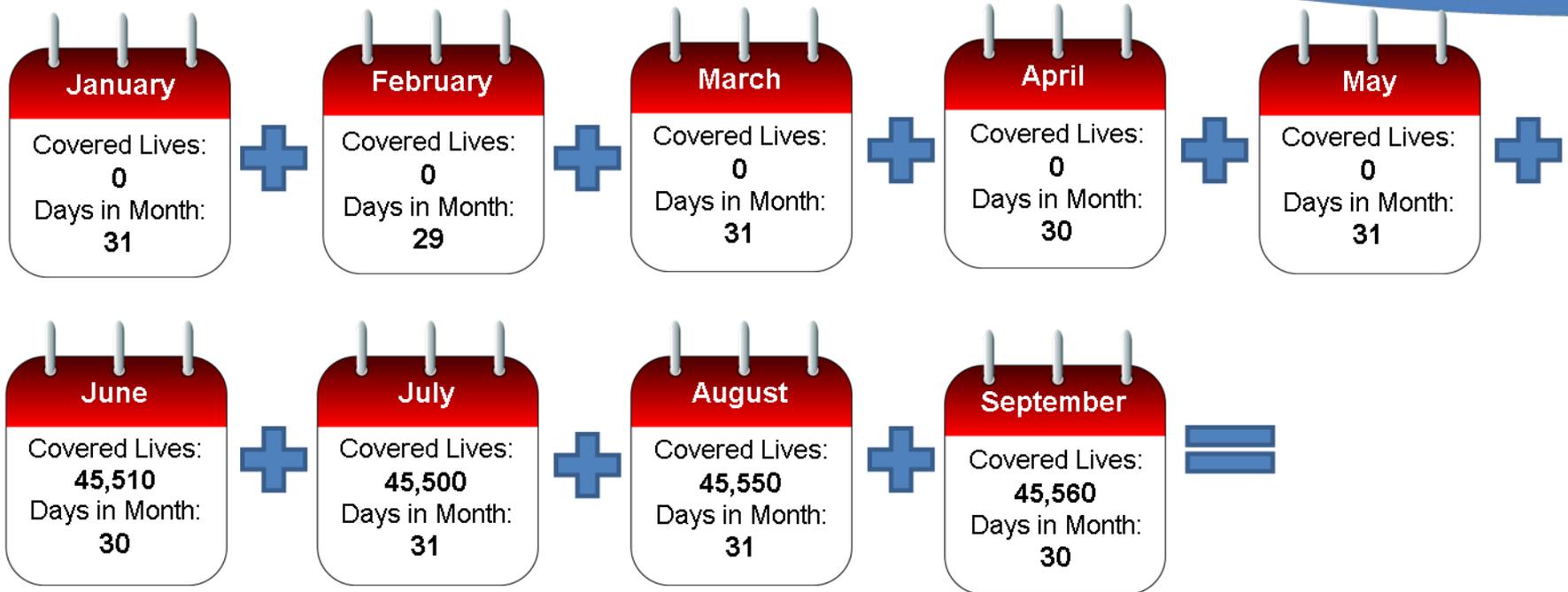


Due to 2016 being a leap year, the sum of days in the first nine (9) months of 2016 is 274.

Actual Count Partial Year Example

(continued)

Self-Insured Calculation

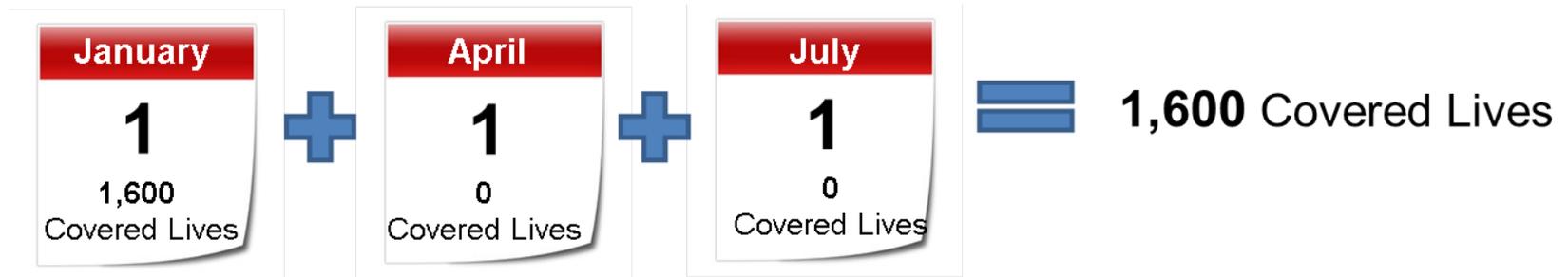


$$\frac{182,120 \text{ Covered Lives}}{274 \text{ Total Days Jan - Sept}}$$

$$= 664.67 \text{ Self-Insured Annual Enrollment Count}$$

Snapshot Count Partial Year Example

- A Contributing Entity only has reinsurance covered lives through March 31, 2016.



- Calculate the sum of dates on which the covered lives count was made. In this scenario 3 dates were selected.
- Divide the total number of covered lives by the number of dates (3) to determine the Annual Enrollment Count.

$$\frac{1,600 \text{ Covered Lives}}{3 \text{ Selected Dates}} = 533.33 \text{ Annual Enrollment Count}$$

Applying Exemption Rules

Reinsurance Contribution Exempted Lives

For a list of all plans or coverage that are exempt from the requirement to make reinsurance contributions, please see:

Module 1: 2016 Reinsurance Contributions Overview available in the REGTAP Library



Apply Exemption Rules – Actual Count and Snapshot Count Methods

Actual Count Method (45 CFR 153.405(d)(1))

1. Subtract any exempted lives from the total for each day, **prior** to adding the total number of lives covered for each day of the first nine (9) months of the benefit year.
2. Divide the total by the number of days in the first nine (9) months.



Due to 2016 being a leap year, the sum of days in the first nine (9) months of 2016 is 274.

Snapshot Count Method (45 CFR 153.405(d)(2))

1. Subtract any exempted lives from the total for each date(s) on which a count is taken in a quarter, prior to adding the total number of lives covered on any date (or more dates, if an equal number of dates are used for each quarter) during the same corresponding month in each of the first three (3) quarters of the benefit year.
2. Divide that total by the number of dates on which a count was made.

Apply Exemption Rules – Snapshot Factor Method and State Form/Member Months Method

Snapshot Factor Method (45 CFR 153.405(e)(2))

1. Calculate using the snapshot factor method.
2. Subtract the number of exempted lives from the total number of lives covered.

State Form or Member Months Method (45 CFR 153.405(d)(3))

1. Calculate using the state form or member months method.
2. Subtract the number of exempted lives from the total number of lives covered.



Apply Exemption Rules – Form 5500 Method

Form 5500 Method (45 CFR 153.405(e)(3))

1. Calculate using the Form 5500 method.
2. Subtract the number of exempted lives from the total number of lives covered.



Consistency Requirements and Aggregation

Consistency Requirements

- A Contributing Entity must use the same counting method for an entire calendar year.
- When a plan sponsor that maintains multiple group health plans is calculating the average number of reinsurance covered lives across two (2) or more plans, the same counting method **must** be used across all of the plans because the plans would be treated as a single plan for counting purposes.
 - However, a plan sponsor that maintains multiple group health plans can treat its plans as separate group health plans if the sponsor determines the number of covered lives under each plan as if the separate group health plan provided major medical coverage.
- Consistency in counting methods is **NOT** required between the enrollment count calculated under the Patient-Centered Outcomes Research Trust Fund (PCORTF) Rule and the count calculated for reinsurance purposes.

Aggregation Rules for Group Health Plans with a Self-Insured Coverage Option and an Insured Coverage Option

No Aggregation

If the group health plan determines the number of reinsurance covered lives under each coverage option separately as if each provided major medical coverage, the group health plan may use any of the counting methods specified for health insurance issuers or self-insured group health plans, as applicable to each coverage option.

- For any fully-insured plans, the group health plan may use the following counting methods: actual count, snapshot count, and Member Months or State Form.
- For any self-insured plans, the group health plan may use the following counting methods: actual count, snapshot count, snapshot factor, or Form 5500.

Aggregation

If the group health plan chooses to aggregate the multiple group health plans and at least one is an insured plan, the plan sponsor must use the actual count or snapshot count counting method.

Aggregation Rules for Multiple Group Health Plans Maintained by Same Plan Sponsor

The following aggregation rules apply if there are multiple group health plans maintained by the same plan sponsor (including one (1) or more group health plans that provide health insurance coverage) that collectively provide major medical coverage for the same reinsurance covered lives simultaneously.

No Aggregation

If the plan sponsor determines the number of reinsurance covered lives under each separate group health plan as if the separate group health plan provided major medical coverage, the plan sponsor may treat the multiple plans as separate group health plans.

- For any fully-insured plans, the plan sponsor may use the following counting methods: actual count, snapshot count, and Member Months or State Form.
- For any self-insured plans, the plan sponsor may use the following counting methods: actual count, snapshot count, snapshot factor, or Form 5500.

Aggregation Rules for Multiple Group Health Plans Maintained by Same Plan Sponsor

(continued)

Aggregation

- If the plan sponsor chooses to aggregate the multiple group health plans and at least one is an insured plan, the plan sponsor must use the actual count or snapshot count counting method.
- If the plan sponsor chooses to aggregate the multiple group health plans and none of the plans are an insured plan, the plan sponsor must use the actual count, snapshot count, or snapshot factor counting method.

Calculation of the 2016 Uniform Reinsurance Contribution Amounts

2016 Uniform Reinsurance Contribution Rate

Reinsurance contribution amounts are calculated by multiplying a Contributing Entity's Annual Enrollment Count by the 2016 Uniform Reinsurance Contribution rate of **\$27.00**.

The Uniform Reinsurance Contribution Rate for 2016 was finalized in the 2016 Payment Notice at **\$27.00** per covered life.



When entering the Annual Enrollment Count into the Form, the contribution amount owed will be calculated automatically.

Auto-Calculated Contribution Amounts: Form Example

2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

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

Need Help?

[Expand](#)

ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

[Need Help?](#)



* Type of Filing ?

New Re-Filing Resubmission Invoice

* Do you want to make the Full Contribution for 2016 in one payment? ?

Yes No

* If No, select one of the two payments for which you are filing this Form. ?

- (1) First Collection - \$21.60 per covered life.
(Regulatory Payment Due Date - January 17, 2017)
- (2) Second Collection - \$5.40 per covered life.
(Regulatory Payment Due Date - November 15, 2017)

* Benefit Year for Reporting Annual Enrollment Count	.....	2016	
Total Applicable Benefit Year Contribution Rate	.....	27.00	
* Annual Enrollment Count	.....	120.00	?
* Verify Annual Enrollment Count	.....	120.00	?
Contribution Rate for Program Payments and Program Administration	.....	21.60	?
Funds Contribution Amount Due for Program Payments and Program Administration	.....	2,592.00	?
Funds Contribution Rate for General Fund of the US Treasury	.....	5.40	?
Contribution Amount Due for General Fund of the US Treasury	.....	648.00	?
Total Contributions Due for the Applicable Benefit Year	.....	3,240.00	?

$$\begin{array}{r}
 120 \text{ Annual Enrollment Count} \\
 \times \$27.00 = \\
 \hline
 \$3,240.00 \\
 \text{(auto-calculated)}
 \end{array}$$

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**

- Review the counting methods set forth in 45 CFR 153.405(d) through (g).
- Review these slides and “Transitional Reinsurance Program Operational Guidance: Examples of Counting Methods for Contributing Entities – UPDATED FOR THE 2016 BENEFIT YEAR” to calculate your annual enrollment count.
- Review your REGTAP emails for updates and monitor the CCIO web page.
- Register on Pay.gov or confirm your password if you were a registered user for the previous year.

- **LATER**

- Attend future trainings.
- Complete the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form, which will be available on <https://pay.gov/public/home> in October 2016.

- For questions regarding Contributions, please contact us at ReinsuranceContributions@cms.hhs.gov.

Upcoming Webinars



2016 Module Title	Date	Content
Module 1: 2016 Reinsurance Contributions Overview	September 13 October 4 November 1	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

Upcoming Webinars (continued)



2016 Module Title	Date	Content
Special Topic: 2016 Reinsurance Contributions Supporting Documentation (.CSV file)	September 22 October 20	<ul style="list-style-type: none">• 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)• 2016 Key Deadlines and Next Steps

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)	<ul style="list-style-type: none"> • 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

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.

Upcoming 2016 Reinsurance Contributions Submission Help Line

Reinsurance Contributions Submission Help Line:

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

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



WWW.REGTAP.INFO

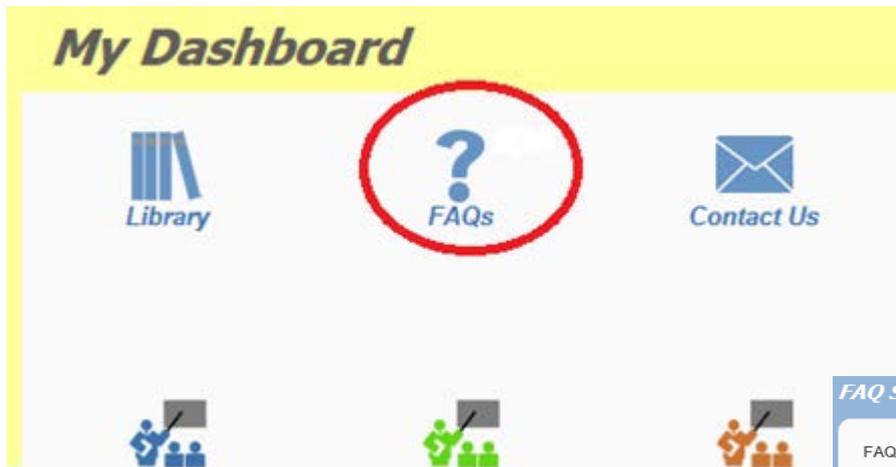
Resources

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

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

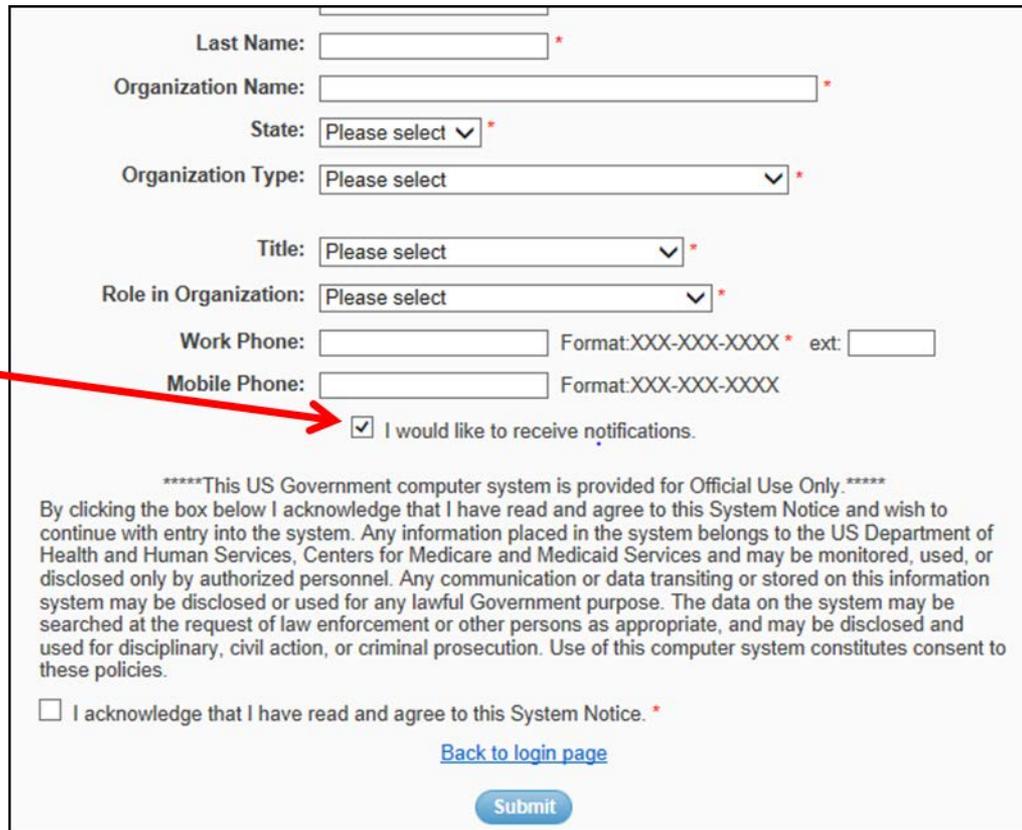
Benefit Year Select All

Publish Date
Start Date 22 End Date 22

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

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.”



The screenshot shows a registration form with the following fields:

- Last Name: *
- Organization Name: *
- State: *
- Organization Type: *
- Title: *
- Role in Organization: *
- 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](#)

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.

Closing Remarks