

Module 4: 2016 Reinsurance Contributions Updating Contributions Filings

October 18, 2016
November 8, 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

- This presentation will provide information on how to update and refile the 2016 Reinsurance Contributions Form

Agenda

- Contributions Submission Process
- Discovery and Remediation of Discrepancies
- How to Review 2016 Form Filings
- How to Resolve Payment Discrepancies
- How to Update 2016 Form Filings using Resubmission or Re-filing
- Correct Automated Clearing House (ACH) Debit Transaction Failures
- Form and Supporting Documentation Mismatch
- Correct the Supporting Documentation (.CSV file)
- Misapplication of a Counting Method
- Key Deadlines

Intended Audience

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

Contributions Submission Process

Contributions Submission Process



Calculate Annual Enrollment count



Prepare Supporting Documentation, if applicable



Sign in, or register on Pay.gov



Complete Contribution Form



Schedule payment



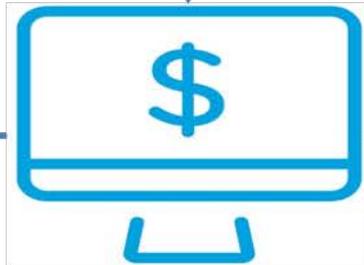
Upload Supporting Documentation

4 ↑

Four (4) or more Entities using the same Form

3 ↓

Three (3) or fewer Entities using the same Form



Enter payment information

Discovery of Discrepancies

Discovery of Discrepancies

CMS Discovery

- CMS will specify the type(s) of discrepancies discovered via email
- The e-mail identifies the discrepancy in your filing
- The email includes “Action Required” in the subject line
- Specific instructions to resolve the discrepancy are provided

Contributing (or Reporting) Entity Discovery

- Review these slides and other applicable guidance relevant to your discrepancy
- Re-file or resubmit the Form as appropriate for your discrepancy
- For further assistance and guidance, email reinsurancecontributions@cms.hhs.gov and provide details regarding your discrepancy

Discovery of Discrepancies (continued)

- When CMS identifies a 2016 Form filing discrepancy, the Contributing or Reporting Entity (as applicable) will receive an **Action Required** email. The most common discrepancies include:
 - Scheduling only one (1) payment when electing to make two (2) separate payments
 - ACH debit failures, e.g., account not identified, no account, or unauthorized transaction by customer
 - If reporting for four (4) or more Contributing Entities, 2016 Form and Supporting Documentation (.CSV file) mismatch
 - If reporting for four (4) or more Contributing Entities, improperly formatted Supporting Documentation (.CSV file)

Discrepancy Remediation

You can remediate receiving 2016 Form discrepancy notifications from CMS by thoroughly reviewing the Form filing for the following:

- When opting to make two (2) payments, confirm that you scheduled both the First Collection and the Second Collection
- Confirm that the banking information entered in Pay.gov is accurate
- Contact the bank to remove the ACH Debit Block by adding the ALC+2 (7505008016), and the ACH Company ID (USDEPTHHSCMS) to the account

Discrepancy Remediation (continued)

You should also thoroughly review the 2016 Form discrepancy for the following:

- Review the Annual Enrollment Count calculated and entered in the 2016 Form to confirm that it accurately reflects the covered lives in the plan
- If reporting for four (4) or more Contributing Entities, confirm that the sum of the Annual Enrollment Counts included in the Supporting Documentation (.CSV file) matches the total Annual Enrollment Count entered in the 2016 Form
- If reporting for four (4) or more Contributing Entities, confirm that the Supporting Documentation is in the correct .CSV file format and layout



CMS conducts a thorough review of submitted Forms and will notify you if an issue is discovered.

How to Review 2016 Form Filings in Pay.gov



[HTTPS://WWW.REGTAP.INFO/](https://www.regtap.info/)

Review 2016 Form Filings

Navigate to your previous 2016 Form filings by logging into Pay.gov



Log into Pay.gov

Required fields are marked with an *
Please enter your Username and Password.

* Username:

* Password:

Log in using the user name and password used to complete the 2016 Form

My Account Section

From the menu at the top of the screen, select **My Account**



Alert | Welcome, jabbott | **My Account** | Log out



My Account

Welcome to Pay.gov. This area is designed to allow you to view and manage your account information.

My Forms

View, complete, save, edit, and pay your online forms.

View My Forms



Payment Activity

View historical payments and manage payments.

View Payment Activity

Under My Account > My Forms, select the **View My Forms** button

View or Duplicate the Form



Review the submitted 2016 Form(s) by the Pay.gov Tracking ID; this ensures the proper Form is viewed or duplicated

My Forms

Submitted (1) Saved (1)

Sort by

2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

[View PDF](#)
[Duplicate](#)

Please use this form ONLY to submit your 2016 benefit year annual enrollment count and remit the contribution amount owed for the ACA Transitional Reinsurance Program. ACH Company ID = 7505008016 and Company Name = USDEPTHHSCMS. Please email reinsurancecontributions@cms.hhs.gov if you need to submit your Previous Year's ACA Transitional Reinsurance Program Annual Enrollment Contributions form and contributions.

Form Number: ACA 2016 | OMB Number: 0938-1155, 0938-1187
Form Status: Accepted
Pay.gov Tracking ID: 3F33S10

From this section of Pay.gov, you can:

- **View** the 2016 Form as a PDF
- **Duplicate** the 2016 Form to Re-file or complete a Resubmission



If a discrepancy is discovered while reviewing the completed 2016 Form, email reinsurancecontributions@cms.hhs.gov and provide detailed information regarding the discrepancy. CMS will reply with steps to reconcile the discrepancy

Verify Transaction Status

Under My Account > Payment Activity,
select the **View Payment Activity** button

My Account

Welcome to Pay.gov. This area is designed to allow self management and administrative information.

My Forms

View, complete, save, edit, and pay your online forms.

[View My Forms](#)

Payment Activity

View historical payments and manage payments.

[View Payment Activity](#)

Verify Transaction Status (continued)

Payment Activity

All (1)	Completed (0)	Rejected (0)	Pending (1)
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Sort by

**2016 ACA Transitional Reinsurance Program
Annual Enrollment Contributions**

Health and Human Services (HHS): Centers for Medicare & Medicaid Services (CMS)

Pay.gov Tracking ID: 3FP2SI10

Transaction Date: 04/20/2016 04:53:10 PM EDT

Transaction Amount: \$59,400.00

Payment Type: Bank account (ACH)

Transaction Status: Received

Payment Date: 01/10/2017

Frequency: One Time

[View Details](#)
[View Receipt](#)
[Cancel](#)

Transaction Status:

- Received – Scheduled, but not paid
- Settled – Payment in transit or paid
- Retired – Transaction failed processing

Resolve Payment Discrepancies

Discrepancy Scenario #1

Scheduling only one (1) payment when electing to make two (2) payments:

- Failing to file and schedule both payments for two (2) payments causes a filing discrepancy
- To resolve this discrepancy, duplicate the 2016 Form previously filed for the 2016 Benefit Year



The user selects the 2016 Form by the Pay.gov Tracking ID to confirm the proper Form is duplicated

Discrepancy Scenario #1 (continued)

Discrepancy #1	Scheduling one (1) payment when electing to make two (2) payments
Resolution	<ol style="list-style-type: none">1) Log in to Pay.gov2) Select My Account from the menu at the top of the screen3) Select the View My Forms button under My Account > My Forms4) Navigate to the Submitted tab, and view the PDF of the 2016 Form with the Pay.gov Tracking ID provided in your Pay.gov receipt5) Determine if First Collection or Second Collection was selected for the submitted 2016 Form6) Once the collection type of the submitted 2016 Form is determined, return to the My Forms section, and select the Duplicate option next to the Form with the same Pay.gov Tracking ID7) Confirm that the information in the duplicated Form is correct and proceed to the Type of Filing page

Discrepancy Scenario #1 (continued)

Ensure **New** is selected as the Type of Filing.

* 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)

- Select **New** under Type of Filing
- Answer “No” to the Payment question: “Do you want to make the Full Contribution for 2016 in one payment?”
- Select the missing payment under the statement: “If No, select one of the two payments for which you are filing this Form.”
Select **First Collection** to file a missing First Collection contribution or **Second Collection** to file a missing Second Collection contribution
- Verify all information on the 2016 Form, and schedule payment



Reminder

When duplicating the 2016 Form, the Payment question **must be answered** to update the payment amount and prevent a duplicate payment

Two Payment Collection Deadlines for the 2016 Benefit Year

Date	Activity	Contribution Amount
To Make a Full Contribution in Two Payments (First and Second Collection):		
First Collection for the 2016 BY:		
File no later than <u>November 15, 2016</u>	Submit the Form and schedule payment for the First Collection	
Remit no later than January 17, 2017	Remit first contribution amount	\$21.60 per covered life
AND		
Second Collection for the 2016 BY:		
File no later than <u>November 15, 2016</u>	Submit the Form and schedule payment for the Second Collection	
Remit no later than November 15, 2017	Remit second contribution amount	\$5.40 per covered life
	TOTAL	\$27.00

How to Update 2016 Form Filings with a Form Resubmission or a Form Re-Filing in Pay.gov



[HTTPS://WWW.REGTAP.INFO/](https://www.regtap.info/)

Resubmission vs. Re-Filing

Before making updates to 2016 Form filings, it is important to understand the difference between Resubmission and Re-filing

Resubmission

Used to correct errors in previously submitted Supporting Documentation (.CSV file) filed with errors

Re-filing

Used to replace a previously existing payment filing under the following circumstances:

- ACH debit failure
- Banking information change
- Error in Annual Enrollment Count



In some instances, cancellation of the original filing may be necessary prior to Re-filing

Cancel the Filing

A 2016 Form filing in “Received” status can be canceled, when necessary. Select **Cancel** to cancel the payment

Payment Activity

- All (1)
- Completed (0)
- Rejected (0)
- Pending (1)

Sort by Transaction Date

2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

Health and Human Services (HHS): Centers for Medicare & Medicaid Services (CMS)

Pay.gov Tracking ID: 3FP2SI10

Transaction Date: 04/20/2016 04:53:10 PM EDT

Transaction Amount: \$59,400.00

Payment Type: Bank account (ACH)

Transaction Status: Received

Payment Date: 01/10/2017

Frequency: One Time

-  [View Details](#)
-  [View Receipt](#)
-  [Cancel](#)



Re-filing the Form

To Re-file a 2016 Form filing, duplicate the Form, and select **Re-Filing** under 'Type of Filing'

* Type of Filing



New



Re-Filing

Resubmission

Invoice

Re-filing the Form (continued)

Follow the directions for duplicating a 2016 Form, and then:

- 1) Select **Re-Filing** under 'Type of Filing'
- 2) Update and verify the **Annual Enrollment Count**
- 3) Enter the cancelled or original Form's **Pay.gov Tracking ID**
- 4) Schedule payment

* Type of Filing

New **Re-Filing** Resubmission Invoice

* Annual Enrollment Count

* Verify Annual Enrollment Count

* Previous Pay.gov Tracking ID

Resolve ACH Debit Transaction Failures

Discrepancy Scenario #2

Discrepancy #2	Bank rejects ACH debit transaction
Resolution	<ol style="list-style-type: none">1) Duplicate the original 2016 Form, and select Re-filing under 'Type of Filing'2) Include the previous Pay.gov Tracking ID of the rejected Form3) Enter corrected ACH debit information (i.e. routing number and/or account number) and schedule payment<ul style="list-style-type: none">• If ACH failure is due to ACH debit block, you must first contact the bank and provide the following:<ul style="list-style-type: none">» ALC+2 value 7505008016» Company ID USDEPTHHSCMS• Re-file and schedule the 2016 Form payment; schedule payment to allow for the bank to clear the ACH debit block, approximately two (2) weeks



Payment cancelation of previous 2016 Form is not necessary

Discrepancy Scenario #2 (continued)

My Forms

Submitted (1)

Saved (1)

Sort by

2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

Please use this form ONLY to submit your 2016 benefit year annual enrollment count and remit the contribution amount owed for the ACA Transitional Reinsurance Program. ACH Company ID = 7505008016 and Company Name = USDEPTHHSCMS. Please email reinsurancecontributions@cms.hhs.gov if you need to submit your Previous Year's ACA Transitional Reinsurance Program Annual Enrollment Contributions form and contributions.

Form Number: ACA 2016 | OMB Number: 0938-1155, 0938-1187

Form Status: Accepted

Pay.gov Tracking ID: 3FP2S110

Date Submitted: 04/20/2016 16:53:10 PM

Application Name: ACA TRP BY2016

 [View PDF](#)

 [Duplicate](#)

- Note the **Pay.gov Tracking ID**
- Select **Duplicate** in the My Forms section

Select **Re-Filing** under 'Type of Filing'

ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

[Need Help?](#)

* Type of Filing ?

New

Re-Filing

Resubmission

Invoice

Discrepancy Scenario #2 (continued)

Previous Pay.gov Tracking ID

- Enter the Pay.gov Tracking ID of the failed transaction; CMS links the filings to avoid discrepancies

Please provide the payment information below. Required fields are marked with an * .

* Payment Amount:

* Payment Date (mm/dd/yyyy)

Please select a payment date between 04/27/2016 and 01/17/2017.

* Account Holder Name

* Please select a payment account:

Business Checking *****0015

I want to enter a new account

[Cancel](#)

- If the banking information is correct, select the **Review and Submit Payment** button
- If the original banking information was incorrect, select the radio button next to **I want to enter a new account** to enter the correct banking information



The bank may take up to two (2) weeks to clear an ACH debit block

Resolve Annual Enrollment Count Discrepancies

Discrepancy Scenario #3(a)

Discrepancy #3(a)	The Annual Enrollment Count was entered incorrectly on the 2016 Form due to an Annual Enrollment Count mismatch between the Form and Supporting Documentation when reporting for four (4) or more Contributing Entities	
Resolution	If	Then
	The transaction status has not settled,	<ol style="list-style-type: none"> 1) Update the Supporting Documentation (.CSV file) 2) Log in to Pay.gov, and Cancel the original 2016 Form filing 3) Duplicate the 2016 Form (note the Pay.gov Tracking ID) 4) Select Re-Filing under Type of Filing 5) Update and verify the Annual Enrollment Count 6) Enter the previous Pay.gov Tracking ID from the canceled Form filing 7) Upload the updated Supporting Documentation (.CSV file)
	The Annual Enrollment Count in the 2016 Form was calculated incorrectly resulting in an under-reporting (under payment),	<ol style="list-style-type: none"> 1) Update the Supporting Documentation (.CSV file) to reflect the difference in the Annual Enrollment Count 2) Log in to Pay.gov, and duplicate the 2016 Form (note the Pay.gov Tracking ID) 3) Select Re-Filing under Type of Filing 4) Enter the difference in the Annual Enrollment Count field and verify 5) Enter the previous Pay.gov Tracking ID associated with the original filed Form 6) Upload the updated Supporting Documentation (.CSV file)
	The Annual Enrollment Count was calculated incorrectly resulting in an overpayment,	<ol style="list-style-type: none"> 1) Review the “Transitional Reinsurance Program – Timing of Contributions Refund Requests Due to Annual Enrollment Count Misreporting” April 2015 guidance 2) Email reinsurancecontributions@cms.hhs.gov for further assistance and include the Pay.gov Tracking ID associated with the Form filing in question

Discrepancy Scenario #3(b)

Discrepancy #3(b)	2016 Form and Supporting Documentation mismatch with the Annual Enrollment Count entered incorrectly in the Supporting Documentation (.CSV file) when reporting for four (4) or more Contributing Entities
Resolution	<ol style="list-style-type: none">1) Update the Supporting Documentation (.CSV file)2) Duplicate the Form (note the Pay.gov Tracking ID)3) Select Resubmission under 'Type of Filing'4) Enter the previous Pay.gov Tracking ID5) Update and verify the Annual Enrollment Count6) Upload the updated Supporting Documentation (.CSV file)

* Type of Filing ?

New

Re-Filing

Resubmission

Invoice

Correct the Supporting Documentation (.CSV file)

Discrepancy Scenario #4

Discrepancy #4	The Supporting Documentation (.CSV file) was rejected due to a formatting issue when reporting for four (4) or more Contributing Entities
Resolution	<ol style="list-style-type: none">1) Update the Supporting Documentation (.CSV file) format and layout2) Duplicate the 2016 Form (note the Pay.gov Tracking ID)3) Select Resubmission under 'Type of Filing'4) Enter the previous Pay.gov Tracking ID5) Update and verify the Annual Enrollment Count6) Upload the updated Supporting Documentation (.CSV file)

* Type of Filing ?

New

Re-Filing



Resubmission

Invoice

Misapplication of a Counting Method

Misapplication of a Permissible Counting Method

- A misapplication of a permissible counting method is a **calculation error** of a permissible counting method made by a Contributing Entity in determining the Annual Enrollment Count reported for the benefit year
- Examples:
 - Using 12 months to provide an average enrollment count instead of the required nine (9) months
 - Double counting of enrollment; i.e. spousal coverage under two (2) different health plans for both spouses

Counting Method Calculation Error

Example of a counting method calculation error for a 2016 Form filing:

- Incorrectly applying an approved counting method – for example, calculating the total number of covered lives using all 12 months and not the first nine (9) months of the 2016 Benefit Year

Actual Count Calculation Error Example:

Sum of lives covered for each day
in all 12 months (Jan. – Dec.)

Total Days Jan. – Dec.

=

Calculation Error for Annual
Enrollment Count for
Reinsurance Contributions

Changing Counting Methods

Changing one (1) permissible counting method for another, **after** the filing deadline is **NOT** a misapplication of a permissible counting method



Prior to the regulatory filing deadline of November 15, 2016, an entity may change counting methods as long as the 2016 Form is filed by November 15, 2016

Counting Method Calculation Error Discovered Before the Form Filing Deadline

If a calculation error is discovered **prior** to the 2016 Form filing deadline (November 15, 2016), the error is corrected by doing the following:

- Cancel the original Form filing
- Re-file to correct the counting method calculation error



Reporting Entities Re-Filing on behalf of four (4) or more Contributing Entities require a corrected Supporting Documentation (.CSV file). Confirm that the sum of Annual Enrollment Counts in the Supporting Documentation (.CSV file) matches the Annual Enrollment Count entered in the Form

Discrepancy Scenario #5

Discrepancy #5	Incorrect Annual Enrollment Count is entered on the 2016 Form	
Resolution	If	Then
	The transaction status has not settled,	<ol style="list-style-type: none"> 1) Cancel the original filing 2) Re-file, entering the correct Annual Enrollment Count. 3) Enter the previous Pay.gov Tracking ID associated with the canceled Form filing
	The transaction has settled, AND the Annual Enrollment Count was calculated incorrectly resulting in under-reporting (under payment),	<ol style="list-style-type: none"> 1) Re-file 2) Enter the difference in the Annual Enrollment Count field and verify 3) Enter the previous Pay.gov Tracking ID associated with the original filed Form
	The transaction has settled, AND the Annual Enrollment Count was calculated incorrectly resulting in an overpayment,	<ol style="list-style-type: none"> 1) Review the “Transitional Reinsurance Program – Timing of Contributions Refund Requests Due to Annual Enrollment Count Misreporting” April 2015 guidance to determine if you within the timeframe to refile the annual enrollment count and/or request a refund 2) Email reinsurancecontributions@cms.hhs.gov for further assistance and include the Pay.gov Tracking ID associated with the Form filing in question

Re-Filing the Form to Correct Annual Enrollment Count

Follow the directions for duplicating a 2016 Form, and then:

- 1) Select **Re-Filing** under 'Type of Filing'
- 2) Update and verify the **Annual Enrollment Count**
- 3) Enter the cancelled or original Form's Pay.gov Tracking ID
- 4) Schedule payment

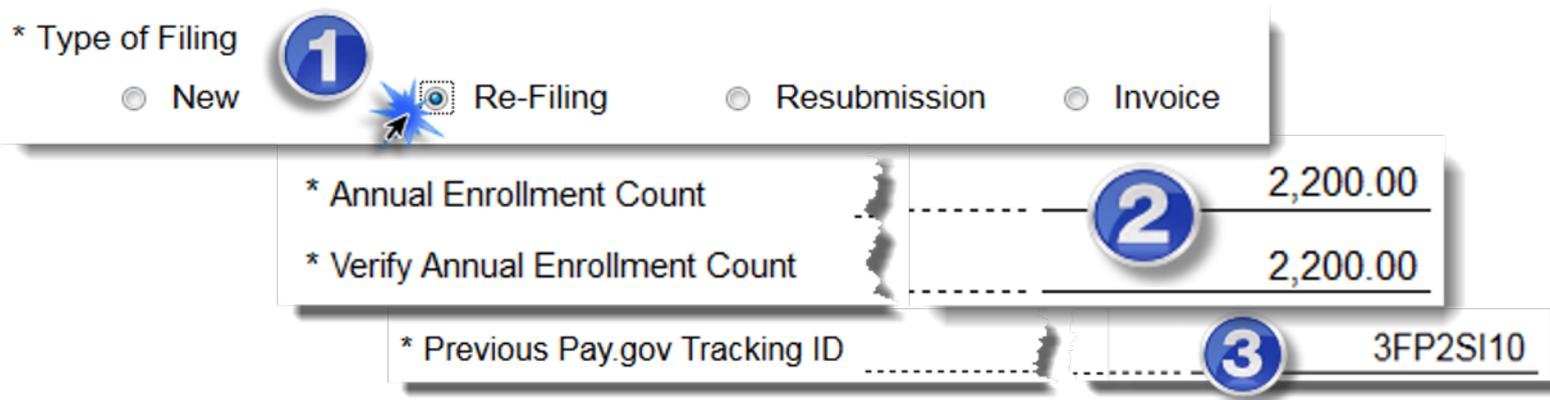
* Type of Filing

New **Re-Filing** Resubmission Invoice

* Annual Enrollment Count 2,200.00

* Verify Annual Enrollment Count 2,200.00

* Previous Pay.gov Tracking ID 3FP2SI10



Counting Method Calculation Error Discovered After the Form Filing Deadline

Instructions and scenarios for correcting filings based on calculation errors associated with misreporting an Annual Enrollment Count discovered **after** the 2016 Form filing deadline (November 15, 2016) are included in the “2016 ACA Transitional Reinsurance Program Updating Contributions Filings Manual”



The “2016 ACA Transitional Reinsurance Program Updating Contributions Filings Manual” is posted on REGTAP and the CCIIO website

Annual Enrollment Count Changes Before and After November 15, 2016

Form filing deadline is Tuesday, November 15, 2016



Counting method changes are **not permitted after** the filing deadline

Null	Before Deadline	After Deadline*	90 days from Form filing date
Change a correctly applied approved counting method	✓	✗	✗
Correct calculation error of an approved counting method	✓	✓	✗
Correct for the inclusion of exempt enrollees in the Annual Enrollment Count	✓	✓	✗
Correct reinsurance contributions paid more than once for the same covered life	✓	✓	✓

*Please review the “2016 ACA Transitional Reinsurance Program Updating Contributions Filings Manual” for instructions

CMS Issued Guidance

On April 14, 2015, CMS issued the following guidance: Transitional Reinsurance Program – Timing of Contributions Refund Requests Due to Annual Enrollment Count Misreporting

- » Available at: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/RIC-Guidance-Refund-Request-Deadline-final-.pdf>
- Corrections to a misapplied counting method after the regulatory filing deadline of November 15, 2016 must be made within 90 days of the original (or first) 2016 Form submission
- Requests must be sent to: reinsurancecontributions@cms.hhs.gov
- Timing does not apply when a request is made due to payment of reinsurance contributions more than once for the same covered life

Refund Requests for Transitional Reinsurance Contributions

To request a refund within the applicable timeframe, Contributing Entities must email reinsurancecontributions@cms.hhs.gov and provide the following information and documentation:

- Initial Annual Enrollment Count calculation documentation and support
- Corrected Annual Enrollment Count calculation documentation and support
- Identification of the counting methods used for the initial Annual Enrollment Count and the corrected Annual Enrollment Count
- Pay.gov Form Tracking ID(s), if fully insured or if another entity filed on your behalf

Upon receipt of the Contributing Entity's documentation, CMS will respond via email as to the supported findings of the request including any next steps

Refund Option for Reinsurance Contributions

- In accordance with CMS' guidance, all refund requests must be submitted **within 90 days** of the Form's original submission date with exception to duplicate payments
- A refund may be processed using:
 - Vendor Management Process, which requires a Bank Verification Letter, FIT Completion, and TIN Matching with IRS
 - ACH Transaction Reversal (R06), which requires an entity's financial institution to submit ACH reversal information to Pay.gov for CMS approval before the actual reversal can be completed

Next Steps

Next Steps

NOW

- Complete the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form no later than Tuesday, November 15, 2016, the filing deadline
- Contact your bank to remove ACH debit blocker
- Review Form filings and if necessary, make updates and corrections
- Review your REGTAP emails for updates (<https://www.regtap.info/>)
- Monitor the CCIIO web page: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html>

LATER

- Respond promptly to all Action Required emails from CMS

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

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

Upcoming Webinars



2016 Module Title	Date	Content
Module 1: 2016 Reinsurance Contributions Overview	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	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	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	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)	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

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

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 CCIO 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 CCIO 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 CCIO 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 CCIO 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 CCIO website

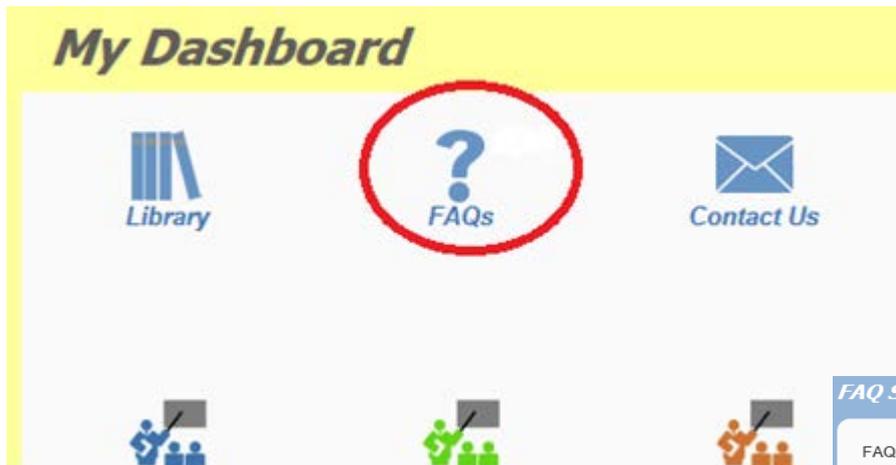
Resources

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) 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

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

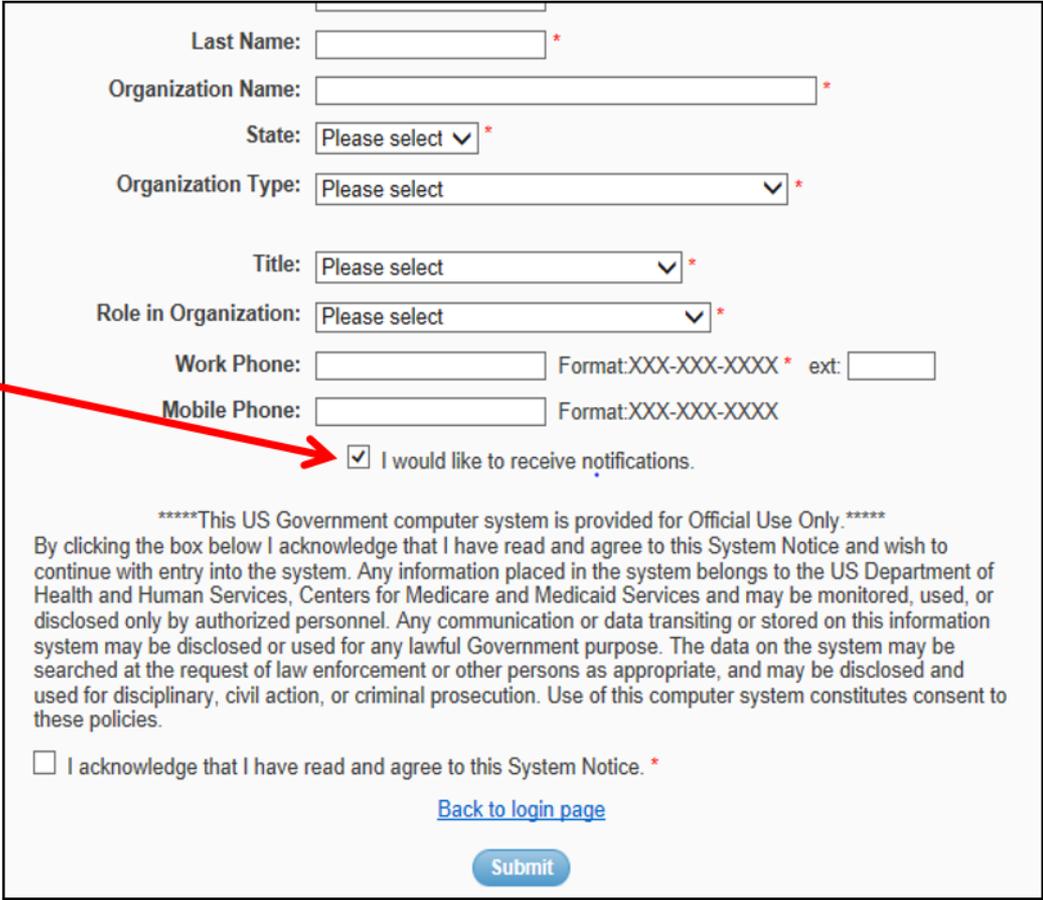
Benefit Year Select All

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