



Centers for Medicare & Medicaid Services
Center for Consumer Information and
Insurance Oversight (CCIIO)

2016 ACA Transitional Reinsurance Program

Updating Contributions Filings Manual

Version 1.0

10/17/2016

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1155 and 0938-1187. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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1 Introduction

The Center for Consumer Information and Insurance Oversight (CCIIO) at the Department of Health and Human Services' (HHS) Centers for Medicare & Medicaid Services (CMS) implemented a streamlined process for the collection of reinsurance contributions for the Affordable Care Act's (ACA) Transitional Reinsurance Program. A Contributing Entity, or a Third Party Administrator (TPA) or Administrative Services Only (ASO contractor) on behalf of the Contributing Entity, completes all required steps for the submission of reinsurance contributions for 2016 on the Pay.gov website at <https://www.pay.gov>.

This document assists a Contributing Entity, or a TPA or ASO contractor on behalf of the Contributing Entity, in performing the required steps to address common filing discrepancies discovered through reviewing a filed "2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions Form" (Form) and any accompanying Supporting Documentation (if applicable). Discrepancies can be discovered by the Contributing (or Reporting) Entity or by CMS.

2 Background

Section 1341 of the Affordable Care Act established a transitional reinsurance program to stabilize premiums in the individual market both inside and outside of the Marketplaces. For the 2014, 2015, and 2016 Benefit (Calendar) Years, the Transitional Reinsurance Program collects contributions from Contributing Entities to fund reinsurance payments to issuers of non-grandfathered, reinsurance-eligible individual market plans, the administrative costs of operating the reinsurance program, and the General Fund of the U.S. Treasury.

For 2015 and 2016, Contributing Entities (45 CFR 153.20) are defined as health insurance issuers and self-insured group health plans (including a group health plan that is partially self-insured and partially insured, where the health insurance coverage does not constitute major medical coverage) that use a TPA in connection with claims processing or adjudication (including the management of internal appeals) or in connection with plan enrollment for services other than for pharmacy benefits or excepted benefits within the meaning of section 2791(c) of the PHS Act.

Notwithstanding the foregoing, a self-insured group health plan that uses an unrelated third party to obtain provider network and related claim repricing services, or uses an unrelated third party for up to 5 percent of claims processing or adjudication or plan enrollment, will not be deemed to use a TPA, based on either the number of transactions processed by the third party, or the value of the claims processing and adjudication and plan enrollment services provided by the third party. A self-insured group health plan that is a Contributing Entity is responsible for the reinsurance

contributions, although it may elect to use a TPA or ASO contractor for transfer of the reinsurance contributions.



In 2015 and 2016, self-insured, self-administered group health plans that **do not** use a TPA in connection with claims processing, claims adjudication, and plan enrollment are not considered a Contributing Entity and, therefore, are not required to make contributions. Please see 45 CFR 153.20 and the HHS Notice of Benefit and Payment Parameters for 2016 (80 FR 10749) for more information regarding this exemption.

Figure 1 identifies key deadlines applicable to the 2016 benefit year.

Figure 1: Key Deadlines for 2016

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

3 Form Updates and Identifying Discrepancies

The Contributing or Reporting Entity or CMS may identify a discrepancy after the submission of a Form. The most common discrepancies include:

Scheduling only one (1) payment when electing to make two (2) payments for the full contribution

ACH debit failure

Bank account information changes

Incorrect Annual Enrollment Count on the 2016 Form

2016 Form and Supporting Documentation (.CSV file) Annual Enrollment Count do not match (also referred to as a mismatch)

Supporting Documentation (.CSV file) formatting error



Carefully review your 2016 Form filing(s) to avoid receiving discrepancy notifications from CMS.

If CMS discovers a discrepancy after reviewing a Form filing and, if applicable, Supporting Documentation (.CSV file), the Contributing or Reporting Entity will receive an “Action Required” email. The email will include the following:

A subject line of “Action Required”

An explanation of the discrepancy discovered by CMS

Specific instructions on how to resolve the discrepancy

If a Contributing or Reporting Entity discovers a discrepancy and understands the resolution steps, then the Contributing or Reporting Entity must take the required steps for a Form Re-Filing or Resubmission to correct the discrepancy. However, if a Contributing or Reporting Entity is uncertain about how to resolve the discrepancy, the entity can send an email requesting assistance to the Transitional Reinsurance Program Support mailbox. The Transitional Reinsurance Program Support mailbox email is reinsurancecontributions@cms.hhs.gov.

3.1 Review 2016 Form Filings

In order to identify a discrepancy, a Contributing or Reporting Entity must review its Form filing(s) on Pay.gov. Use the following steps to access 2016 Form filings:

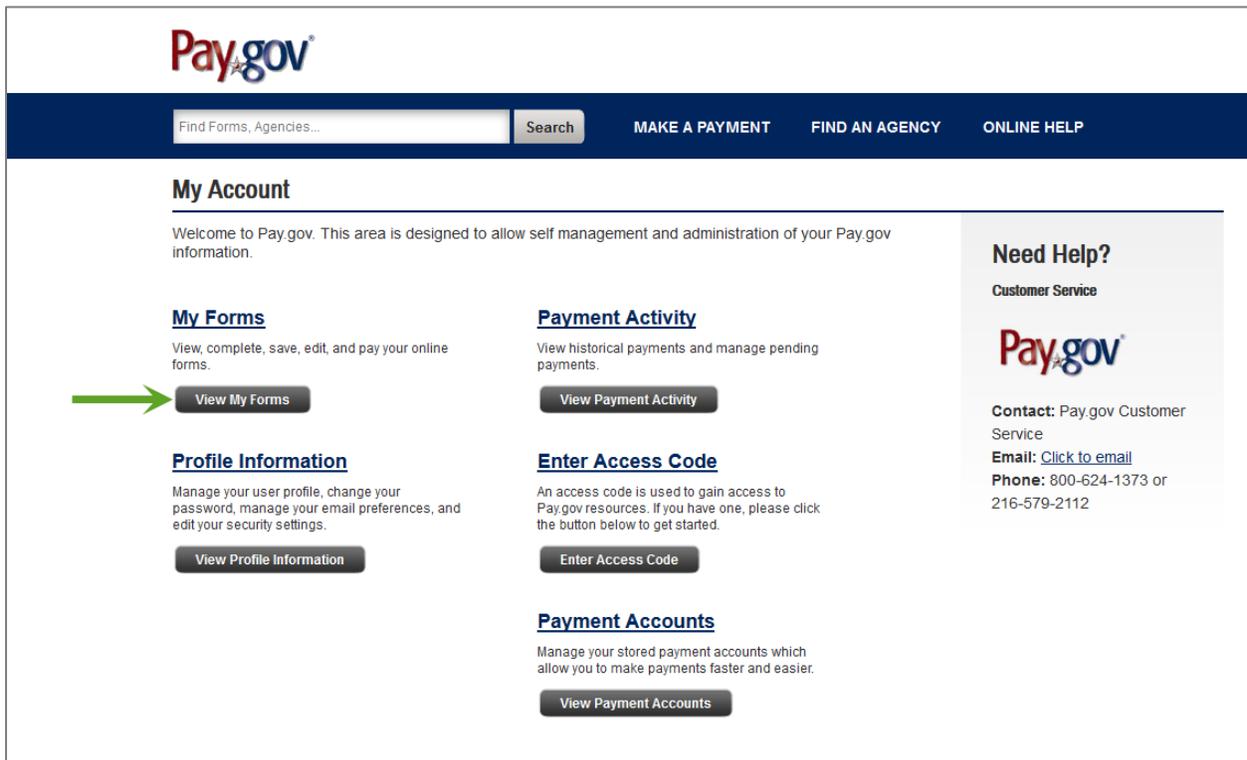
1. Log in to Pay.gov.
2. Select “My Account” from the navigation menu on the top-right of the page.

Figure 2: Select “My Account”



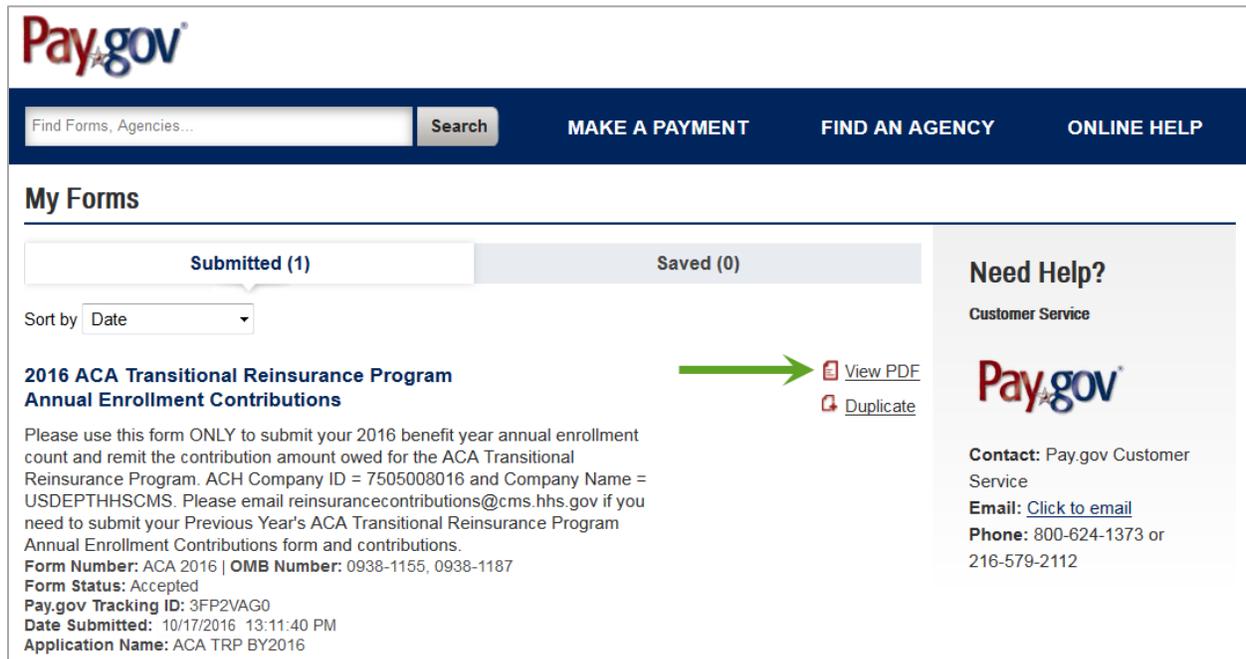
3. From the “My Account” page, select the “View My Forms” button.

Figure 3: Select “View My Forms”



4. Locate the submitted Form(s) filed, and select the appropriate Form by Pay.gov Tracking ID. Select “View PDF” to review a filed Form.
5. The “Attachment” link will appear only if a Supporting Documentation (.CSV file) was submitted. Always review the attachment, if applicable, to confirm the Annual Enrollment Count is correct on the Form and in the Supporting Documentation (.CSV file) and to confirm that the Supporting Documentation (.CSV file) is in the proper format. (See the “2016 Supporting Documentation Job Aid Manual” for instructions on creating, submitting, and viewing the Supporting Documentation (.CSV file).)

Figure 4: Select “View PDF”



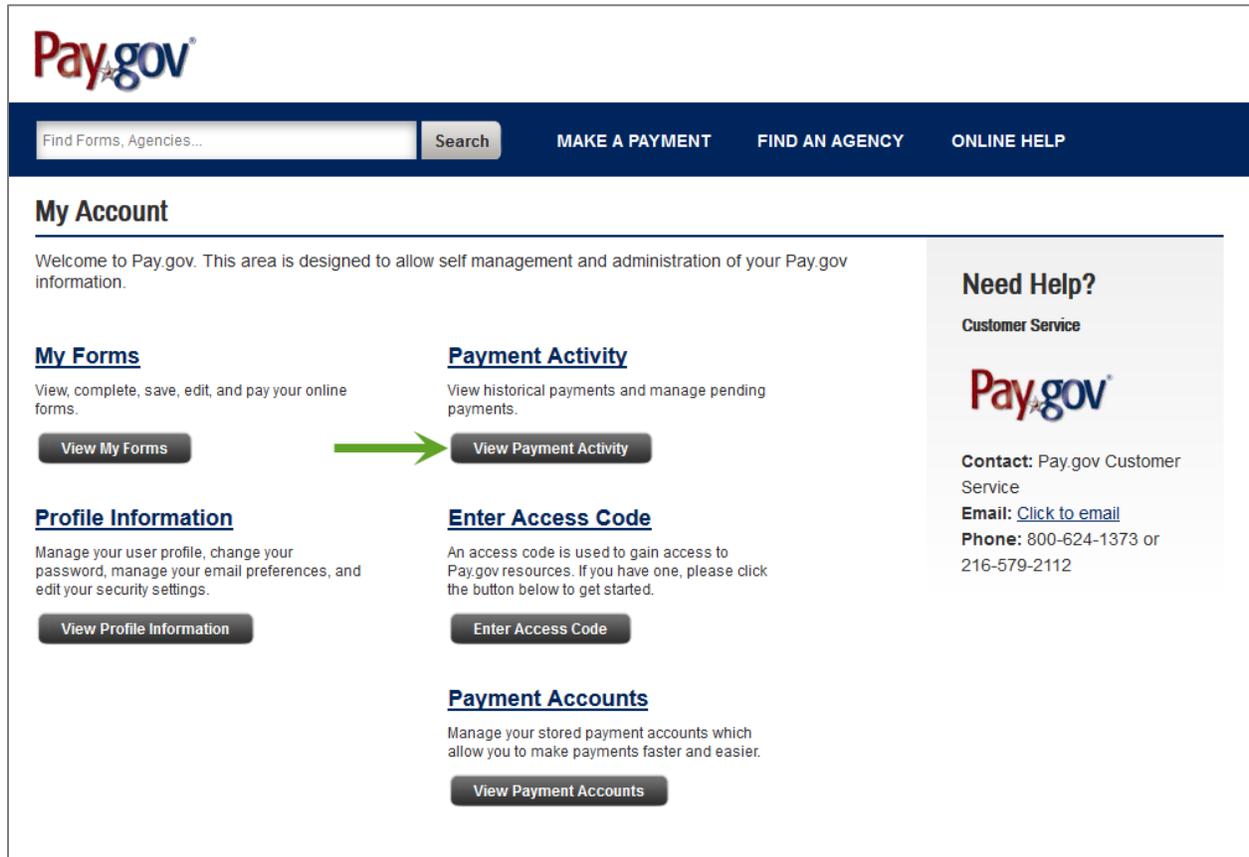
Follow the above steps to review all Form filings. If you elected to make a full contribution in two (2) payments, two (2) Forms must be submitted: one (1) for the First Collection and one (1) for the Second Collection. There will be two (2) Form filings on the Submitted tab. Review both Form filings to confirm that there are no discrepancies, and confirm that the Annual Enrollment Count is the same in both the First Collection and Second Collection Forms.

3.2 Review 2016 Payment Activity

A Contributing or Reporting Entity can review its payment activity on Pay.gov. The payment activity section on Pay.gov tracks the transaction status of a Form filing and allows for payment cancellation. Use the following steps to access the payment activity:

1. Log in to Pay.gov.
2. Select “My Account” from the navigation menu on the top-right of the page.
3. From the “My Account” page, select the “View Payment Activity” button.

Figure 5: Select “View Payment Activity”



The “Payment Activity” page includes the following tabs:

- All
- Completed
- Rejected
- Pending

Figure 6: "Payment Activity" Page



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: 3FP2VAG0

Transaction Date: 10/17/2016 01:11:40 PM EDT

Transaction Amount: \$2,700.00

Payment Type: Bank account (ACH)

Transaction Status: Received

Payment Date: 01/03/2017

Frequency: One Time

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

Select each tab to review the transaction status of all Form filings. There may be Completed and Pending transactions, as expected when making a full contribution in two (2) payments.



Transaction Status:

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

When making a full contribution in two (2) payments, the First Collection is settled and included on the "Completed" tab while the Second Collection is not settled and included on the "Pending" tab.

If a Contributing or Reporting Entity discovers a discrepancy while reviewing its Form filing(s) and payment activity on Pay.gov, the following should be considered prior to taking action:

Has the payment settled?

Was a payment retired? If so, was it related to an ACH Debit Block or incorrect banking information?

What was the "Type of Payment?"

Does the discrepancy relate to the Form, Annual Enrollment Count, or Supporting Documentation (.CSV file), if applicable?

If there is uncertainty surrounding a discovered discrepancy, email the Transitional Reinsurance Program Support mailbox. The Transitional Reinsurance Program Support mailbox email is reinsurancecontributions@cms.hhs.gov.



For detailed scenarios, refer to “Module 4: 2016 Reinsurance Contributions: Updating Contributions Filings” webinar slides posted in the REGTAP Library or CCIO’s Transitional Reinsurance Program webpage. For website links, refer to *Appendix B: Resources and Regulatory References* in the “2016 Reinsurance Contributions Annual Enrollment and Contributions Submission Form Manual.”

4 Two Payment Collection Discrepancy

Making a full contribution in two (2) payments requires two separate Form filings by the regulatory filing date, each with its own payment. In order to complete a full contribution in two (2) payments filing, the first Form must be filed with the following Payment Question answer.

Table 1: First Collection Form Filing Payment Question Selection

Payment Question	Selection
Do you want to make the Full Contribution for 2016 in one payment?	No
If No, select one of the two payments for which you are filing this Form.	First Collection - \$21.60 per covered life.

A second Form must **also** be filed, by the regulatory filing date, with the following Payment Question answer.

Table 2: Second Collection Form Filing Payment Question Selection

Payment Question	Selection
Do you want to make the Full Contribution for 2016 in one payment?	No

Payment Question	Selection
If No, select one of the two payments for which you are filing this Form.	Second Collection - \$5.40 per covered life.

Include the same information for each Form filing. If filing for four (4) or more Contributing Entities include the same Supporting Documentation (.CSV file) for each Form filing.

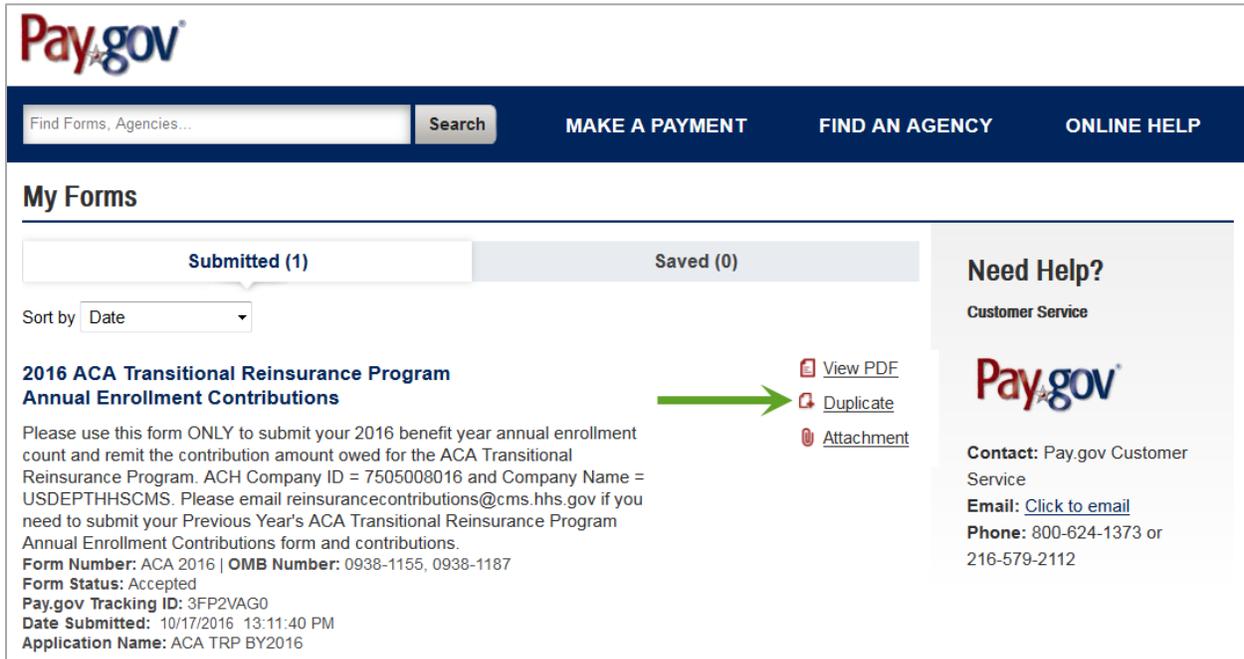


If a Contributing or Reporting Entity submits a Form filing for **only** a First Collection or **only** a Second Collection, this will trigger a discrepancy email from CMS. This discrepancy is resolved by submitting the missing Form filing, either the First Collection or Second Collection.

Complete the following steps to resolve a discrepancy for scheduling only one (1) payment when electing to make a full contribution in two (2) payments:

1. Log in to Pay.gov.
2. Select the “View My Forms” button on the “My Account” page. See Figure 3.
3. Under the “Submitted” tab, find the Form for the First Collection or Second Collection, whichever you filed previously.
4. Select the “**Duplicate**” link to proceed with filing the missing Form.

Figure 7: Select “Duplicate” Link



5. Confirm the information on the initial page of the Form is accurate. If not, update this information. The answers to the Contributing Entity questions (see Figure 8) should remain the same.

Figure 8: Contributing Entity Questions

* 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

6. Select “Continue” on the bottom of the page.
7. If the Form was submitted for four (4) or more Contributing Entities, proceed to Step 10.
8. If the Form was submitted for three (3) or fewer Contributing Entities, the “Contributing Entity” page will open.
 - i. Review the previously entered Contributing Entity information, and confirm it is correct.
 - ii. Select “Continue” on the bottom of the page.
9. In the “Type of Filing” section of the Form, select “New” under “Type of Filing.”

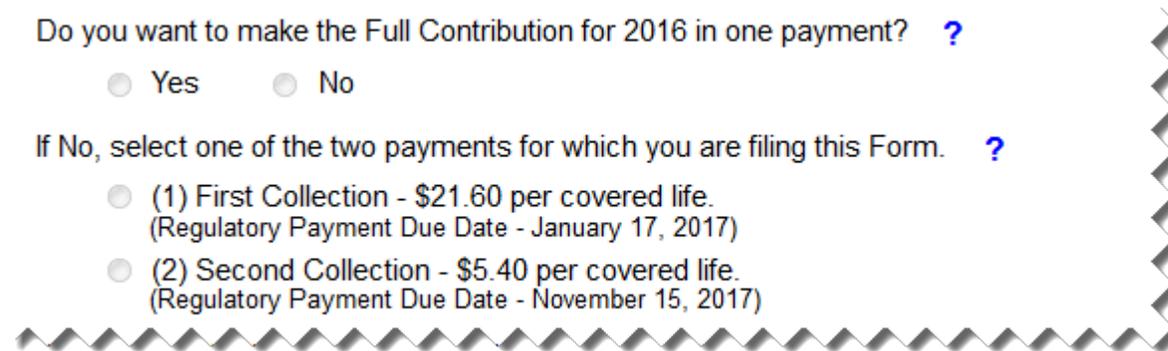
10. Answer “No” to the Payment Question: “Do you want to make the Full Contribution for 2016 in one payment?”

11. Use the following criteria to select either “First Collection” or “Second Collection.”

If you completed the 2016 Form for the First Collection, select “Second Collection”

If you completed the 2016 Form for the Second Collection, select “First Collection”

Figure 9: Payment Question



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)

12. In the “Annual Enrollment Count” field, complete one of the following steps:

- i. If you entered Contributing Entity information on the Form, the “Annual Enrollment Count” field will pre-populate with the sum of Annual Enrollment Counts entered for each Contributing Entity. Confirm that the pre-populated Annual Enrollment Count is correct.
- ii. If you reported for four (4) or more Contributing Entities, enter the sum of the Annual Enrollment Counts for all Contributing Entities entered in the Supporting Documentation (.CSV file), which must be attached to the Form.

13. Re-enter the sum of Annual Enrollment Counts into the “Verify Annual Enrollment Count” field; this entry must match the “Annual Enrollment Count” field.

Note: All other information remains unchanged.

14. Select “Continue” on the bottom of the page.

15. If reporting for three (3) or fewer Contributing Entities, proceed to Step 18.

16. If reporting for four (4) or more Contributing Entities, complete the following steps:

- i. On the “Add Attachment” page, upload the same Supporting Documentation (.CSV file) uploaded for the First Collection (if it was accepted and in the proper format), and select “Attach.”



Confirm that the sum of Annual Enrollment Counts in the Supporting Documentation (.CSV file) matches the Annual Enrollment Count entered on the Form.

ii. Select “Next” on the bottom of the page.

17. On the “Payment” page, schedule the payment according to the deadlines listed in Figure 10. The payment amount pre-populates for the transaction.



The payment date defaults to one week from the filing date but not beyond the regulatory payment due date.

Figure 10: Make a Full Contribution in Two Payments for 2016

Date	Activity	Contribution Amount
To Make a Full Contribution in Two Payments (First and Second Collection):		
First Collection		
File no later than November 15, 2016	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		
File no later than November 15, 2016	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

18. Enter banking information, and select “Review and Submit.”

19. Review your scheduled payment date and payment information, agree to the Pay.gov terms, and select “Submit.”

5 Re-File and Resubmission Definitions

To resolve a discrepancy, a Contributing or Reporting Entity may be required to complete a Re-Filing or Resubmission. These options are included under the “Type of Filing” options available on the 2016 Form.

A Form Re-Filing resolves the following discrepancies:

- ACH debit failure or ACH Debit Block
- Change in Banking Information
- Annual Enrollment Count calculation error changes approved by CMS

A Re-Filing requires the Pay.gov Tracking ID from a previously filed Form.

A Form Resubmission is used **only** to correct or resubmit the Supporting Documentation (.CSV file) for a Form. A Resubmission requires the Pay.gov Tracking ID from a previously filed Form.



If a discrepancy is discovered by the Contributing or Reporting Entity prior to the scheduled payment date and the discrepancy is related to something other than a Supporting Documentation (.CSV file) correction (or Resubmission), cancel the original filing (see [Section 6.3.1: Cancel a 2016 Form](#)), and then follow the Re-Filing steps. Please note the Pay.gov Tracking ID of the canceled Form, as you will need to enter it when completing a Re-Filing. CMS monitors cancellations and Re-Filings.

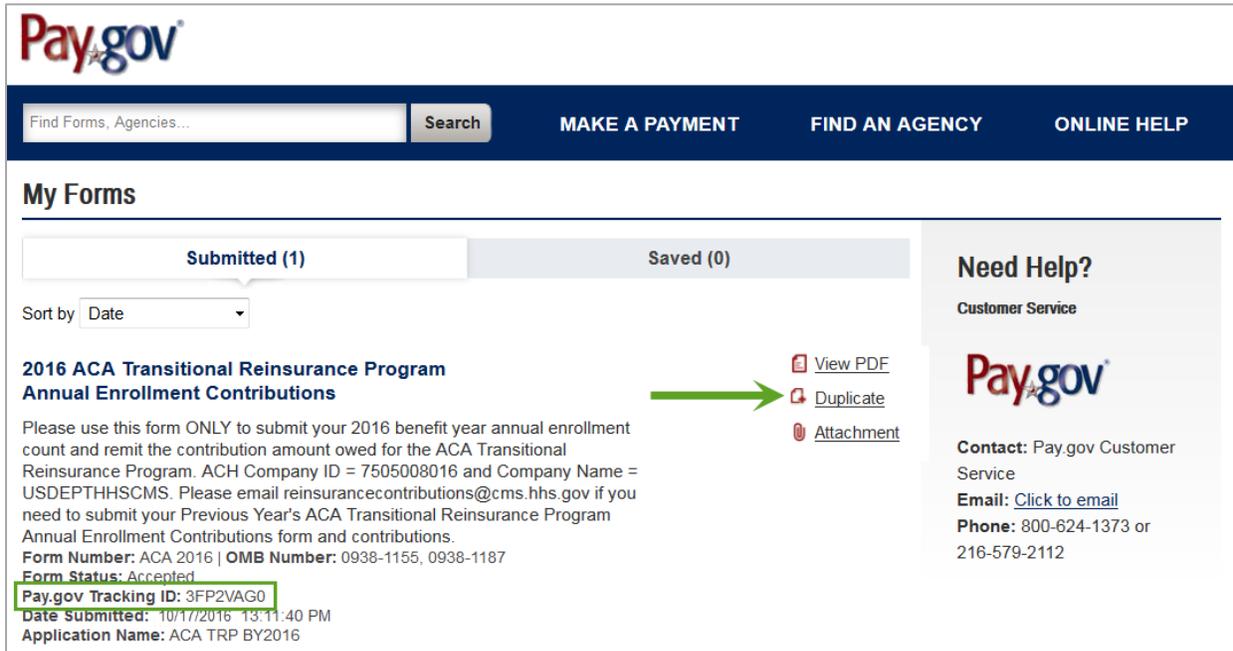
6 Re-Filing Reinsurance Contributions

6.1 ACH Debit Failure

If a discrepancy is related to ACH debit failure, the “Form Status” on Pay.gov will indicate “Retired.” Complete the following steps to make corrections due to ACH debit failure:

1. Complete Steps 1-3 listed in [Section 4: Two Payment Collection Discrepancy](#) to locate the correct Form.
2. Select “View PDF,” and note the payment option (one (1) payment or two (2) payments).
3. Note the Pay.gov Tracking ID, and select the “Duplicate” link (see Figure 11).

Figure 11: Locate Pay.gov Tracking ID



Pay.gov

Find Forms, Agencies... Search MAKE A PAYMENT FIND AN AGENCY ONLINE HELP

My Forms

Submitted (1) Saved (0)

Sort by Date

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: 3FP2VAG0
 Date Submitted: 10/17/2016 13:11:40 PM
 Application Name: ACA TRP BY2016

View PDF Duplicate Attachment

Need Help?
 Customer Service
Pay.gov
 Contact: Pay.gov Customer Service
 Email: [Click to email](#)
 Phone: 800-624-1373 or 216-579-2112

4. Confirm that the information on the initial page of the Form remains accurate. If not, update this information.
5. The answers to the Contributing Entity questions should remain the same (see Figure 8).
 - i. If the Form was submitted for four (4) or more Contributing Entities, proceed to Step 10.
 - ii. If the Form was submitted for three (3) or fewer Contributing Entities, the “Contributing Entity” page will open.

Review the previously entered Contributing Entity information, and confirm it is correct
6. Select “Continue” on the bottom of the page.
7. In the “Type of Filing” section of the Form, select “Re-Filing” under “Type of Filing.”
8. Answer the Payment questions.
 - i. Answer the Payment Question (“Do you want to make the Full Contribution for 2016 in one payment?”) to select the one (1) payment (Combined Collection) or two (2) payment option.
 - ii. If selecting to make two payments, select the same payment option that was chosen for the “Retired” Form for which you are completing a Re-Filing.

9. In the “Annual Enrollment Count” field, complete one (1) the following steps:
 - i. If reporting for three (3) or fewer Contributing Entities, confirm that the pre-populated Annual Enrollment Count is correct. If you completed the “Contributing Entity” page, the “Annual Enrollment Count” field will pre-populate with the sum of Annual Enrollment Counts entered on the “Contributing Entity” page.
 - ii. If reporting for four (4) or more Contributing Entities, enter the sum of the Annual Enrollment Counts for all Contributing Entities entered in the Supporting Documentation (.CSV file), which must be attached to the Form Re-Filing.
10. Re-enter the sum of Annual Enrollment Counts into the “Verify Annual Enrollment Count” field; this entry must match the “Annual Enrollment Count” field.
11. Enter the Pay.gov Tracking ID from the originally filed Form in the “Previous Pay.gov Tracking ID” field.
12. Verify the remaining information on the page, and select “Continue.”
13. If you are reporting for three (3) or fewer Contributing Entities, proceed to Step 15.
14. If you are reporting for four (4) or more Contributing Entities:
 - i. On the “Add Attachment” page, upload the same Supporting Documentation (.CSV file) uploaded for the First Collection, Second Collection, or Combined Collection (if it was accepted and in the proper format), and select “Attach.”



Confirm that the sum of Annual Enrollment Counts in the Supporting Documentation (.CSV file) matches the Annual Enrollment Count entered on the Form.

- ii. Select “Next” on the bottom of the page.
15. Schedule payment by selecting a payment date within the regulatory deadline due dates (see Figure 1), and enter the **correct** ACH debit information.



The payment date defaults to one week from the filing date but not beyond the deadline date.

16. Enter banking information, and select “Review and Submit.”
17. Review your scheduled payment date and payment information, agree to the Pay.gov terms, and select “Submit.”



If bank rejection is due to ACH Debit Block, first contact the bank and provide the following:

ALC+2 value: 7505008016

Company ID: USDEPTHHSCMS

Re-file the Form and schedule payment after accommodating the necessary time for the bank to clear the ACH debit block.

Confirm that the banking information, both the ABA and Account number, are correct. An incorrect ABA or bank routing number will result in an unidentified account, which will result in an ACH Debit Failure.

The Re-Filing process must be completed for a First Collection Form **and** a Second Collection Form (for two (2) payments) when resolving a discrepancy for a bank rejection failure, if both payments are retired.

6.2 ACH Debit Reminder Notices

A Contributing or Reporting Entity updates its Pay.gov profile (as recommended in Section 5: Key Points about Pay.gov Registration of the “2016 Reinsurance Contributions Annual Enrollment and Contributions Submission Form Manual”) to receive email notifications about payments made using forms on Pay.gov. By making this selection, the Contributing or Reporting Entity will receive a reminder notice that an ACH debit payment will be withdrawn for the scheduled payment date.

CMS recommends that the Account Owner monitor its bank account to confirm that the payment goes through as scheduled.

If the payment is not processed within five (5) business days of the scheduled payment date, contact Pay.gov for assistance.

The transaction originator for the reinsurance contribution is USDEPTHHSCMS.

6.3 Annual Enrollment Count Correction

Corrections to Annual Enrollment Counts are permitted prior to the November 15, 2016 regulatory Form filing deadline date. This includes key stroke errors, misapplication of counting methods (calculation errors), and changes in counting methods. After the Form filing deadline, misapplications of counting methods (calculation errors) are submitted to

CMS for review and approval. Changes in Counting Methods, i.e., changing from Actual Count Method to Snapshot Method **is not** permitted after the November 15, 2016 regulatory Form filing due date.

When a Contributing or Reporting Entity discovers that the Annual Enrollment Count was entered incorrectly on the 2016 Form prior to the regulatory Form filing deadline **and** the payment status is in “Received” and **not** “Settled” or “Retired” status, the Form filing is canceled, and a corrected Annual Enrollment count is submitted using a Form Re-Filing. Since the payment was scheduled but not settled, the Annual Enrollment Count in the 2016 Form may be corrected.



To cancel a Form, the “Form Status” on Pay.gov must be “Received.”

6.3.1 Cancel a 2016 Form

Complete the following steps to cancel a 2016 Form:

1. Log in to Pay.gov.
2. Select the “View Payment Activity” button on the “My Account” page. See Figure 5 above.
3. Confirm the payment status of the Form filing is “Received” before canceling.
4. Select the “Pending” tab to locate the scheduled payment(s).



Take note of the Pay.gov Tracking ID associated with the pending transaction for cancellation. This Pay.gov Tracking ID is needed to complete the Re-Filing process steps.

5. Select the “Cancel” button to cancel the scheduled payment (see Figure 12).

Figure 12: Cancel a 2016 Form

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: 3FP2VAG0

Transaction Date 10/17/2016 01:11:40 PM EDT

Transaction Amount: \$2,700.00

Payment Type: Bank account (ACH)

Transaction Status: Received

Payment Date: 01/03/2017

Frequency: One Time

 [View Details](#)

 [View Receipt](#)

  [Cancel](#)

6.3.2 Correcting the Supporting Documentation (.CSV file)

Correct the Supporting Documentation (.CSV file) using one of the following methods, if applicable:

- Create a new Supporting Documentation (.CSV file) using the 2016 Job Aid.
- Refer to the 2016 Job Aid Manual for instructions on how to open a .CSV file without corrupting the file, and then update the Supporting Documentation (.CSV file).

6.3.3 Re-file a 2016 Form

Complete the following steps to Re-file a 2016 Form:

1. Select the “My Account” link in the upper right corner to navigate to the “My Account” page.
2. Select the “View My Forms” button.
3. Select the “Submitted” tab to view the list of submitted Forms.
4. Locate the Form associated with the canceled filing, and note the Pay.gov Tracking ID. See Figure 12 above.
5. Select the “Duplicate” link.

6. Confirm the information on the initial page of the Form. Answers to the Contributing Entity questions should remain the same.
7. Select “Continue.”
8. If reporting for four (4) or more Contributing Entities, proceed to Step 11.
9. On the “Contributing Entity” page, correct the Annual Enrollment Count for each Contributing Entity entered, as necessary.
10. Under the “Type of Filing,” select the “Re-Filing” option (see Figure 13).
11. Answer the Payment Questions.
12. Confirm that the pre-populated Annual Enrollment Count is correct or enter the correct Annual Enrollment Count, and re-enter that number in the “Verify Annual Enrollment Count” field.

Figure 13: Select “Re-Filing” and Update Annual Enrollment Count



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2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

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ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

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* Type of Filing ?
 New Re-Filing Resubmission Invoice

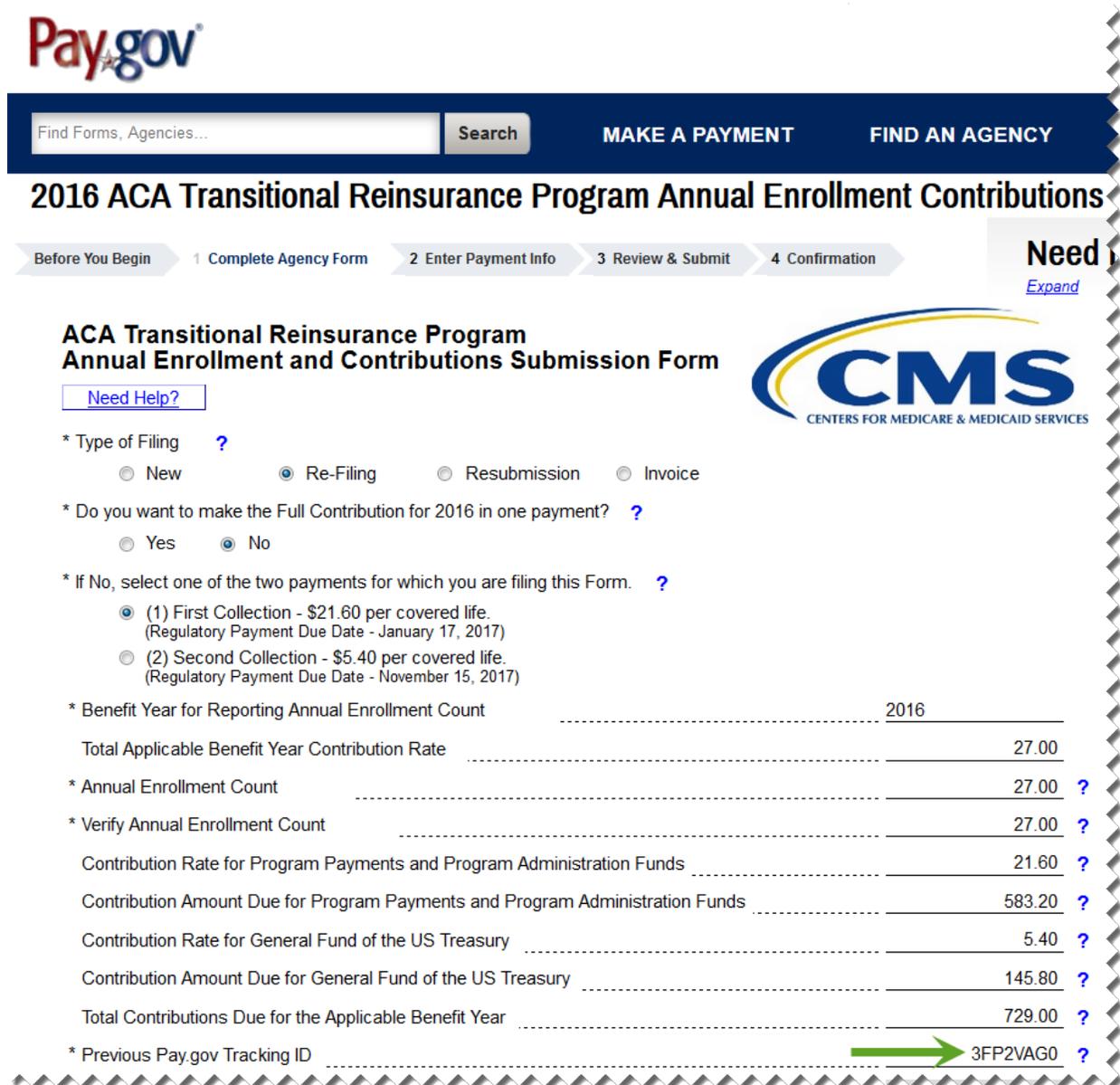
* Do you want to make the Full Contribution for 2016 in one payment? ?
 Yes No

* 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	.....	27.00 ?
* Verify Annual Enrollment Count	<input type="text"/> ?

13. Enter the Pay.gov Tracking ID of the canceled Form into the “Previous Pay.gov Tracking ID” field (see Figure 14).

Figure 14: Enter Canceled Form Pay.gov Tracking ID



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* 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	.....	27.00	?
* Verify Annual Enrollment Count	.....	27.00	?
Contribution Rate for Program Payments and Program Administration Funds	.....	21.60	?
Contribution Amount Due for Program Payments and Program Administration Funds	.....	583.20	?
Contribution Rate for General Fund of the US Treasury	.....	5.40	?
Contribution Amount Due for General Fund of the US Treasury	.....	145.80	?
Total Contributions Due for the Applicable Benefit Year	.....	729.00	?
* Previous Pay.gov Tracking ID	.....	3FP2VAG0	?

14. Select the “Continue” button to proceed.

15. Upload the corrected Supporting Documentation (.CSV file), if applicable.



Follow the same steps as in Section 6.9: Upload Supporting Documentation of the “2016 Reinsurance Contributions Annual Enrollment and Contributions Submission Form Manual” to attach the corrected Supporting Documentation (.CSV file). This is not the same Supporting Documentation (.CSV file) initially filed with the Form. Confirm that the Annual Enrollment Count on the Form and the sum of all Annual Enrollment Counts in the new Supporting Documentation (.CSV file) match.

16. Schedule payment within the deadlines (see Figure 1).



The payment date defaults to one week from the filing date but not beyond the deadline date.

17. Enter banking information, and select “Review and Submit.”

18. Review your scheduled payment date and payment information, agree to the Pay.gov terms, and select “Submit.”

If a Second Collection payment was scheduled, follow the above steps to cancel the Second Collection payment and Re-file the Second Collection Form. Note that the Second Collection payment has a different Pay.gov Tracking ID; this Pay.gov Tracking ID is needed to complete the Re-Filing process steps.

6.4 Form and Supporting Documentation (.CSV file) Annual Enrollment Count Error on the 2016 Form

In an instance in which the Contributing or Reporting Entity or CMS identifies a mismatch between the Annual Enrollment Count entered on the 2016 Form and the Supporting Documentation (.CSV file), the action taken is dependent upon the transaction status.

Use Table 1 below to determine the actions necessary when the Annual Enrollment Count entered in the 2016 Form has been entered incorrectly:

Table 3: Actions for Incorrect Annual Enrollment Count

If	Then
The transaction status has not settled.	Cancel the original filing and re-file. Enter the correct Annual Enrollment Count, and upload the accurate Supporting Documentation (.CSV file). Include the Pay.gov Tracking ID associated with the canceled Form filing.
The transaction has “Settled” and the Annual Enrollment Count on the Form was calculated incorrectly, resulting in an under-reporting (under-payment).	Re-file and enter the difference in the “Annual Enrollment Count” field, and then upload the accurate Supporting Documentation (.CSV file). Include the Pay.gov Tracking ID associated with the prior Form filing.
The transaction has “Settled,” and the Annual Enrollment Count was calculated incorrectly, resulting in an overpayment.	Review the “2015 Transitional Reinsurance Program - Timing of Contributions Refunds Requests” posted on REGTAP for guidance. Email reinsurancecontributions@cms.hhs.gov for further assistance. Include the Pay.gov Tracking ID associated with the Form filing in question.

6.5 Change in Banking Information

Follow the steps in [Section 6.3 Annual Enrollment Count Correction](#) to make a change in banking information. Pay special attention to the “Payment Information” page and make updates to the banking information as necessary.

If the transaction status of the filing is “Retired,” the Contributing or Reporting Entity does not need to cancel the filing, only complete the Re-Filing steps as described in [Section 6.1: ACH Debit Failure](#). Confirm that the banking information is correct, both the ABA and Account number. An incorrect ABA or bank routing number will result in an unidentified account, which will result in an ACH Debit Failure.

7 Resubmission Filing

In a situation where a Contributing or Reporting Entity or CMS identify an error that only relates to the Supporting Documentation (.CSV file), an entity completes a Resubmission.

A Resubmission is used to correct the Supporting Documentation (.CSV file) when the Supporting Documentation (.CSV file) has the wrong Annual Enrollment Count or the Supporting Documentation (.CSV file) is submitted in an incorrect format.

7.1 Review and Update Duplicated Form

Complete the following steps to review and update a duplicated Form:

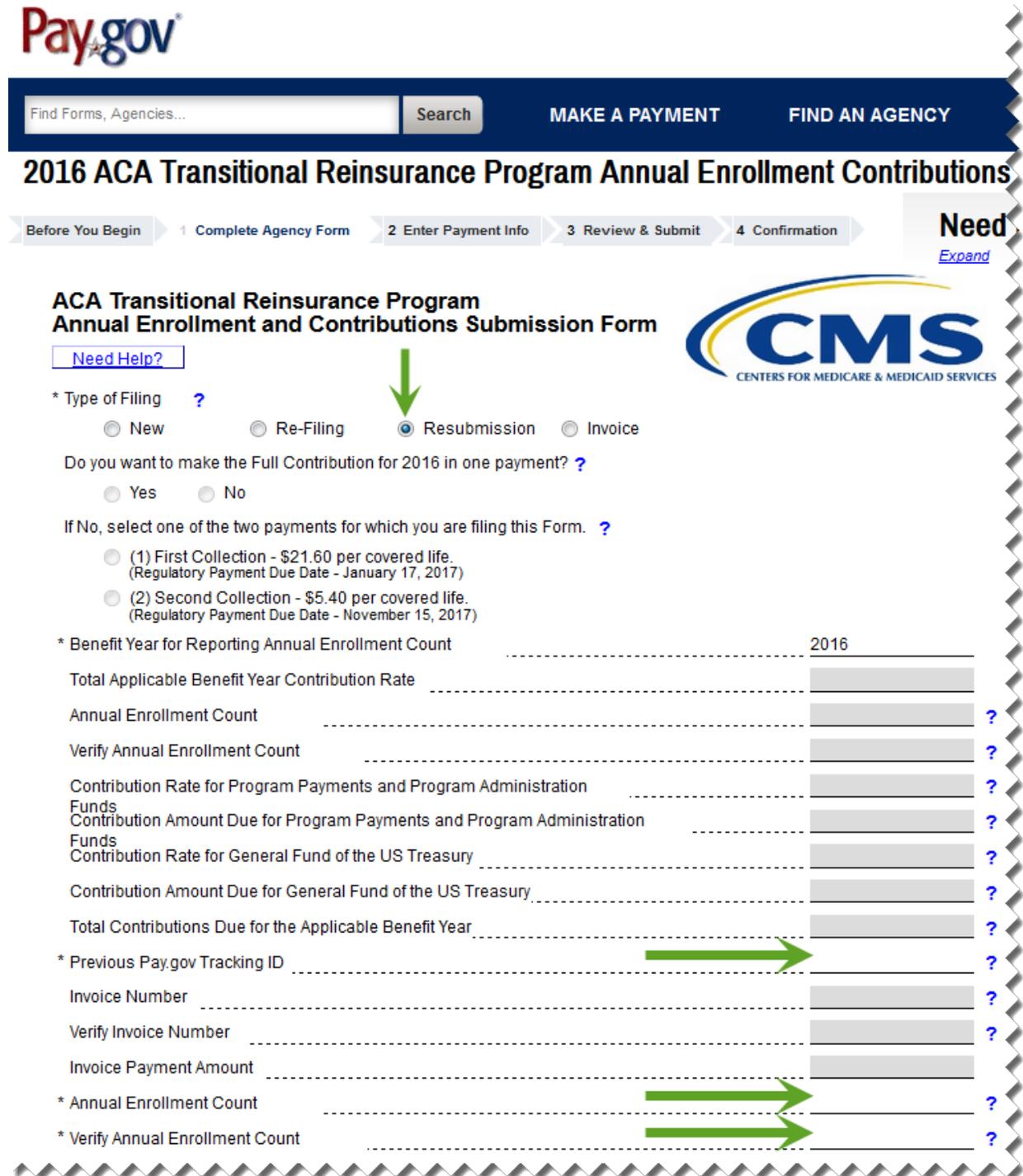
1. Correct the Supporting Documentation (.CSV file), and save the file in the proper format.
2. Refer to Figure 10 in [Section 4: Two Payment Collection Discrepancy](#) to find the Pay.gov Tracking ID and for instructions on how to duplicate the Form.
3. Confirm the information on the initial page of the Form.
4. Under “Type of Filing,” select “Resubmission.”
5. The Payment question is **not** editable.



The Form fields from the “Benefit Year for Reporting Annual Enrollment Count” through the “Total Contributions Due for the Applicable Benefit Year” field are shaded and cannot be edited. See Figure 15.

6. Enter the Pay.gov Tracking ID from the original transaction in the “Previous Pay.gov Tracking ID” field.
7. Enter the sum of Annual Enrollment Counts from the Supporting Documentation (.CSV file) in the “Annual Enrollment Count” field, and re-enter that number in the “Verify Annual Enrollment Count” field.
8. Select “Continue” on the bottom of the page.

Figure 15: Enter Pay.gov Tracking ID and Annual Enrollment Count



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* 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

Annual Enrollment Count ?

Verify Annual Enrollment Count ?

Contribution Rate for Program Payments and Program Administration Funds ?

Contribution Amount Due for Program Payments and Program Administration Funds ?

Contribution Rate for General Fund of the US Treasury ?

Contribution Amount Due for General Fund of the US Treasury ?

Total Contributions Due for the Applicable Benefit Year ?

* Previous Pay.gov Tracking ID ?

Invoice Number ?

Verify Invoice Number ?

Invoice Payment Amount ?

* Annual Enrollment Count ?

* Verify Annual Enrollment Count ?

7.2 Upload Corrected Supporting Documentation (.CSV file)

Follow the same steps as in Section 6.9: Upload Supporting Documentation of the “2016 Reinsurance Contributions Annual Enrollment and Contributions Submission Form Manual” to attach the appropriate Supporting Documentation (.CSV file). Confirm that the Annual Enrollment Count on the Form and the sum of all Annual Enrollment Counts in the Supporting Documentation (.CSV file) match.

7.3 Submit Resubmission

Select the “Next” button to submit the corrected Supporting Documentation (.CSV file) and complete the Resubmission process.

You will not be prompted to enter banking information during a Resubmission. If you are taken to the “Payment” page, go back to the “Type of Filing” section of the Form and make certain that “Resubmission” is selected under “Type of Filing.”

8 Updating Form Contacts

Changes to contacts listed on the Form (Billing Contact, Submitter Contact, or Authorizing Official) or the billing information after a Contributing or Reporting Entity submits a Form require CMS notification through email. Changes to the contacts do not require Re-Filing steps, but CMS must be informed so the appropriate individuals are contacted, if necessary. The Transitional Reinsurance Program Support mailbox email is reinsurancecontributions@cms.hhs.gov.

9 Invoice Filing

Invoices (Dunning Letters) are issued to the entity responsible for the Reinsurance Contributions under Section 1341 of the Affordable Care Act. Therefore, the Contributing Entity (not the Reporting Entity) receives the invoice (letter), since any debt associated with reinsurance contributions lies with the Contributing Entity. If a Reporting Entity filed the Form on behalf of multiple Contributing Entities, CMS will contact the Reporting Entity to determine which Contributing Entity to invoice. The satisfaction of an invoice (letter) can be made by the Reporting Entity; however, this is a business decision between the Contributing Entity and Reporting Entity. The Contributing Entity is the responsible party for paying the Reinsurance Contributions.

CMS will assess interest, administrative costs, and late payment penalties on any debts not paid within 30 calendar days from the Invoice (Dunning Letter) date.



The only method for payment of invoices is ACH debit transaction on Pay.gov.

9.1 Invoice Received

The Invoice option in the 2016 Form is only applicable if a Dunning Letter is sent to a Contributing Entity by CMS. Dunning Letters are mailed by U.S. mail.

If notification is received, it will be accompanied by an email with a Pay.gov Tracking ID and detailed instructions on how to satisfy the debt using Pay.gov. CMS encourages you to follow the email instructions.

Use the Invoice Amount and Uniform Contribution Rate for the applicable Benefit Year to determine the Annual Enrollment Count, which is a required to complete the Form (see Table 4).

Table 4: Uniform Contribution Rate by Benefit Year

Contribution Rate	2014	2015	2016
First Collection	\$52.50	\$33.00	\$21.60
Second Collection	\$10.50	\$11.00	\$5.40
Combined Collection	\$63.00	\$44.00	\$27.00

9.2 Invoice Process Steps

Review the notice, and use the Pay.gov Tracking ID included in the email to log in to Pay.gov and locate the Form affiliated with the notice.

Use the following steps to process the required payment:

1. Log in to Pay.gov.
 - i. If a Pay.gov account was previously created, log in using the user name and password.
 - ii. If your organization previously registered on Pay.gov but no longer has access to the login information, a new Pay.gov account must be created.
2. Select “My Account” from the navigation menu on the top-right of the page (see Figure 2).
3. From the “My Account” page, select the “View My Forms” button (see Figure 3).
4. Select the Submitted tab, and locate the Form associated with the Pay.gov Tracking ID provided in the email.



If you cannot locate the Form associated with the invoice, use the Search option to access the ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form using the Form name and Benefit Year. **A Form exists for each Benefit Year (2014, 2015, and 2016).**

5. Select “View PDF” to review the Form (see Figure 4).
6. Select the Pay.gov “My Forms” browser tab to return the “View My Forms” section.
7. Select the “Duplicate” option for the Form associated with the invoice.
8. Review and update the initial page of the Form.
 - i. For the 2014 Form, select the “Continue” button
 - ii. For the 2015 Form or 2016 Form, answer the Contributing Entity questions, and select the “Continue” button
 - If reporting for three or fewer Contributing Entities, complete the Contributing Entity page, and select “Continue”
 - If reporting for four or more Contributing Entities, proceed to the next step



The Supporting Documentation (.CSV file) **is** required for the 2014 Form and for the 2015 Form and 2016 Form when reporting for four (4) or more Contributing Entities using a single Form.

The 2015 Form and 2016 Form include a Contributing Entity page, which allows for the entry of three (3) or fewer Contributing Entities using a single Form.

9. Select “Invoice” as the “Type of Filing” (see Figure 16).



The Form fields from the “Benefit Year for Reporting Annual Enrollment Count” through the “Total Contributions Due for the Applicable Benefit Year” are shaded and cannot be edited. See Figure 15.

Figure 16: Select “Invoice” as the “Type of Filing”

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Before You Begin
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3 Review & Submit
4 Confirmation

Need Help?
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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)







The Payment Question cannot be edited when selecting “Invoice” under the “Type of Filing.”

10. Complete the editable Form Fields (see Figure 17):

- i. Enter the Pay.gov Tracking ID (provided in the invoice email)
- ii. Enter the Invoice Number
- iii. Verify Invoice Number
- iv. Enter the Payment Amount in the “Invoice Payment Amount” field and include any fees and interest if applicable
- v. Enter the Annual Enrollment Count

Note: If reporting for three (3) or fewer Contributing Entities, the sum of Annual Enrollment Counts entered on the Contributing Entity page will pre-populate this field. If applicable, confirm that the pre-populated field is correct.
- vi. Verify Annual Enrollment Count

Figure 17: Complete the Editable Fields

* Benefit Year for Reporting Annual Enrollment Count	2016	
Total Applicable Benefit Year Contribution Rate		
Annual Enrollment Count		?
Verify Annual Enrollment Count		?
Contribution Rate for Program Payments and Program Administration Funds		?
Contribution Amount Due for Program Payments and Program Administration Funds		?
Contribution Rate for General Fund of the US Treasury		?
Contribution Amount Due for General Fund of the US Treasury		?
Total Contributions Due for the Applicable Benefit Year		?
* Previous Pay.gov Tracking ID		?
* Invoice Number		?
* Verify Invoice Number		?
* Invoice Payment Amount		?
* Annual Enrollment Count		?
* Verify Annual Enrollment Count		?

11. Complete the Verification and Acknowledgment checkboxes and provide authorizing official information.

12. Select the “Continue” button to proceed.

9.3 Upload Supporting Documentation (.CSV file), if applicable

Use the steps in Section 6.9: Upload Supporting Documentation of the “2016 Reinsurance Contributions Annual Enrollment and Contributions Submission Form Manual” to attach the appropriate Supporting Documentation (.CSV file). Confirm that the Annual Enrollment Count on the revised Form and the sum of all Annual Enrollment Counts in the Supporting Documentation (.CSV file) match.

9.4 Schedule Payment of Invoice

Use the same steps as in Section 6.10: Schedule Contribution Payment and Section 6.11: Submit the Payment of the “2016 Reinsurance Contributions Annual Enrollment and Contributions Submission Form Manual” to complete the “Payment Information,” review and submit the collection, and print the receipt on the “Confirmation” page.

Invoice payments must be made by ACH debit transaction within 30 calendar days from the date on the invoice. Print the receipt on the “Confirmation” page.