Quick Start Guide to the
2016 Transitional Reinsurance Form

Resources

- Download and review all reference materials at:
  - REGTAP, https://www.regtap.info
  - ACA Transitional Reinsurance Program's Reinsurance Contributions webpage

- Select the **Need Help?** link when in the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form (2016 Form) to quickly access resource materials and information.

- Select the blue question mark **?** in the 2016 Form to view a description of the field.

1 Before Getting Started

1. Calculate your Annual Enrollment Count using one (1) of the approved counting methods.

> For more information on approved counting methods for calculating your Annual Enrollment Count, see Module 2: 2016 Reinsurance Contributions Counting Methods Overview (Webinar) and the 2016 Reinsurance Contributions Examples of Counting Methods for Contributing Entities.

2. Prepare Supporting Documentation, if you are reporting for four (4) or more Contributing Entities.

2 Navigate to the 2016 Form on Pay.gov

1. Go to the Pay.gov website at https://pay.gov/.

2. Select **Log in** to log in with your Username and Password. If you do not have an existing account with Pay.gov, select **Register** to create an account.

⚠ You must first register on Pay.gov in order to submit the 2016 Form. For instructions on how to register, see the Module 3: 2016 Reinsurance Contributions Form Completion (Webinar) or visit the Pay.gov website.
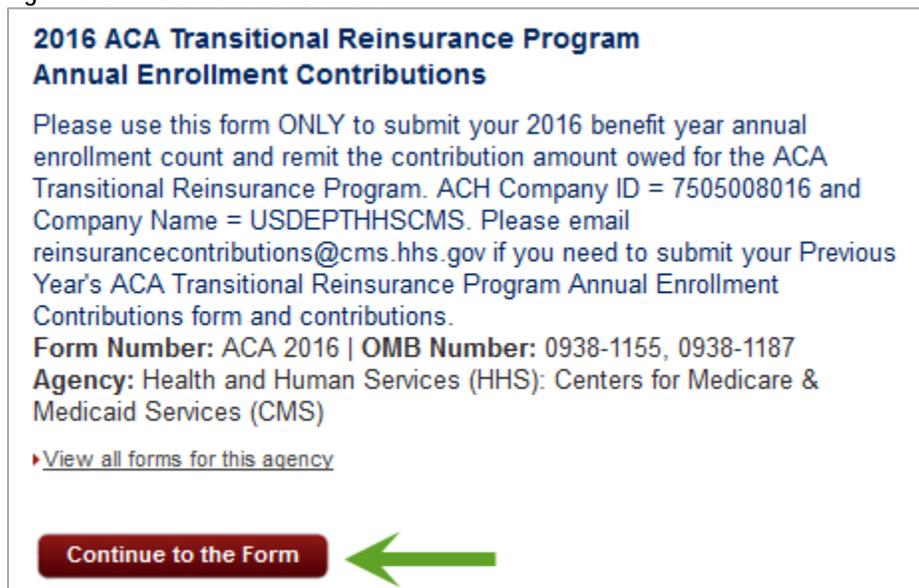
3. In the Search box at the top of the Home page, search for **2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form**, as shown in **Figure 1**.

Figure 1: Search for the 2016 Form

4. On the Search Results page, navigate to the 2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions section and select **Continue to the Form**, as shown in **Figure 2**.

Figure 2: Select Continue to the Form

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

▸View all forms for this agency

[Continue to the Form]

5. On the Acknowledgment of Accepted Payment Methods page, select **Continue to the Form** to acknowledge the accepted payment method of Bank Account (ACH), as shown in **Figure 3**.

Figure 3: Select Continue to the Form to Acknowledge Payment Method

3 Complete Contact Information

1. On the Contact Information page, enter required information (indicated by an asterisk), as shown in **Figure 4**.

Figure 4: Enter Required Contact Information

> 📝 The Billing Contact and Contact for Submission information must be different.

2. Select **Yes** or **No** to the question, "Are you reporting for three (3) or fewer Contributing Entities using this Form?" as shown in **Figure 5**. Then select **Yes** or **No** to the question, "If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?" You may also select the blue question mark **?** for more information.

Figure 5: Answer Yes or No to Contributing Entities 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

3. Select **Continue** to continue with the 2016 Form. You may also **Save** the 2016 Form or select **PDF Preview** to preview the 2016 Form, as shown in **Figure 6.**

Figure 6: Select Continue to Continue with the 2016 Form
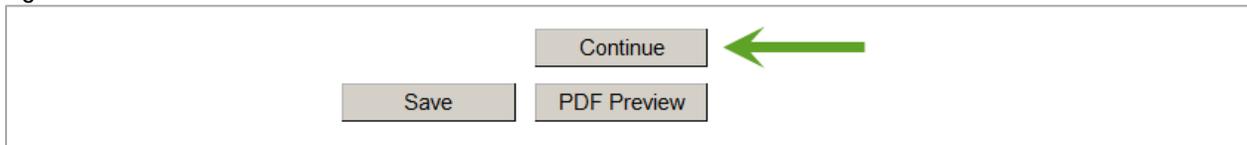
⚠️ If you are reporting for four (4) or more Contributing Entities on a single Form submission, you must complete Supporting Documentation (.CSV file). For instructions on completing Supporting Documentation (.CSV file), see Special Topic: 2016 Reinsurance Contributions Supporting Documentation (.CSV File) (Webinar) or the 2016 Reinsurance Contributions Form Completion, Submission, and Payment web-based training course.

4 Complete Contributing Entity Information

If you selected **Yes** to the question, "Are you reporting for three (3) or fewer Contributing Entities using this Form?" then complete the steps below.

If you selected **No** to the question, "Are you reporting for three (3) or fewer Contributing Entities using this Form?" then go to **Section 5**.

1. Complete the following steps, as shown in **Figure 7**.

📝 Selecting **Yes** to both questions ("Are you reporting for three (3) or fewer Contributing Entities using this Form?" and "If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?") will pre-populate the Contributing Entity 1 section with the company information provided in your Contact Information (you can modify the pre-populated fields, if necessary).

a) Select the Organization Type (For Profit or Nonprofit) from the dropdown list.
b) Select the Domiciliary State from the dropdown list.
c) Enter the Annual Enrollment Count for the applicable benefit year.

d) Select the Type of Contributing Entity from the dropdown list.

Figure 7: Enter Additional Information

2. If applicable, select the radio button next to Contributing Entity 2 and Contributing Entity 3 to enter information, and select **Continue**, as shown in **Figure 8**. You may also **Save**, **Preview** the Contributing Entity Information in PDF, or go **Back** to the previous page.

Figure 8: Select Continue

5 Complete Contributions Information

1. In the Type of Filing section, as shown in **Figure 9**, select the Type of Filing (New, Re-Filing, or Resubmission). Even if you filed a Form in 2014 or 2015, you will need to select **New** for the 2016 Form the first time you submit a 2016 Form.

> Even if you filed a Form in 2014 or 2015, you will need to select **New** for the 2016 Form. You also must select **New** if choosing to make two payments. Select New for the First Collection 2016 Form filing, and select New for the Second Collection 2016 Form filing.

Figure 9: Complete Type of Filing

* Type of Filing **?**			
○ New	○ Re-Filing	○ Resubmission	○ Invoice

2. If you selected **New** or **Re-Filing** as the Type of Filing, the Payment Question is required. Select **Yes** or **No** to the question, "Do you want to make the Full Contribution for 2016 in one payment?" as shown in **Figure 10** You may also select the blue question mark **?** for more information.

Figure 10: Answer Yes or No to Payment Question

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

   a) If you selected **Yes** in answer to the Payment Question, then go to Step 3.
   b) If you selected **No** in answer to the Payment Question, select one of the following options to the follow-up question: "If No, select one of the two payments for which you are filing this Form?", as shown in **Figure 11**. You may also select the blue question mark **?** for more information.

- "(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)"

Figure 11: If "No" to Payment Question, Answer Follow-up 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)

> ⚠️ The 2016 Form will prompt you to complete certain sections as determined by the Type of Filing selected. Complete all sections marked with an asterisk, which indicates a required field.

3. If you selected **New** as the Type of Filing, complete one of the following steps:

    a) If reporting for three (3) or fewer Contributing Entities, the sum of Annual Enrollment Counts will pre-populate from the Contributing Entity Page. Enter the sum of Annual Enrollment Counts in the **Verify the Annual Enrollment Count** field.

    b) If reporting for four (4) or more Contributing Entities, enter and verify the sum of Annual Enrollment Counts from the Supporting Documentation (.CSV file), as shown in **Figure 12**.

    c) The 2016 Form will pre-populate the remaining information based on the Annual Enrollment Count, as shown in **Figure 12**.

Figure 12: Enter Information for New Filing

* Benefit Year for Reporting Annual Enrollment Count	2016	
Total Applicable Benefit Year Contribution Rate	27.00	
* Annual Enrollment Count	150.00	?
* Verify Annual Enrollment Count	150.00	?
Contribution Rate for Program Payments and Program Administration Funds	21.60	?
Contribution Amount Due for Program Payments and Program Administration Funds	3,240.00	?
Contribution Rate for General Fund of the US Treasury	5.40	?
Contribution Amount Due for General Fund of the US Treasury	810.00	?
Total Contributions Due for the Applicable Benefit Year	4,050.00	?

4. If you selected **Re-Filing** as the Type of Filing, answer the Payment Question(s), enter and verify the Annual Enrollment Count, and enter your Previous Pay.gov Tracking ID, as shown in **Figure 13.** The 2016 Form will pre-populate the remaining information based on the Annual Enrollment Count.

Figure 13: Enter Information for Re-File Filing

* Benefit Year for Reporting Annual Enrollment Count	2016	
Total Applicable Benefit Year Contribution Rate	27.00	
* Annual Enrollment Count	150.00	?
* Verify Annual Enrollment Count	150.00	?
Contribution Rate for Program Payments and Program Administration Funds	21.60	?
Contribution Amount Due for Program Payments and Program Administration Funds	3,240.00	?
Contribution Rate for General Fund of the US Treasury	5.40	?
Contribution Amount Due for General Fund of the US Treasury	810.00	?
Total Contributions Due for the Applicable Benefit Year	4,050.00	?
* Previous Pay.gov Tracking ID	[Tracking ID]	?

5. If you selected **Resubmission** as the Type of Filing, enter your Previous Pay.gov Tracking ID, and enter and verify your Annual Enrollment Count at the bottom of the 2016 Form, as shown in **Figure 14**.

Figure 14: Enter Information for Resubmission Filing

* Previous Pay.gov Tracking ID	[Tracking ID]	?
Invoice Number		?
Verify Invoice Number		?
Invoice Payment Amount		
* Annual Enrollment Count	150.00	?
* Verify Annual Enrollment Count	150.00	?

6. Select the checkboxes to confirm that the Annual Enrollment Count entered matches the sum of Annual Enrollment Count by entity in the Supporting Documentation, if applicable, and acknowledge and certify that all entered data are true, as shown in **Figure 15**.

Figure 15: Select Checkboxes

☑ The Annual enrollment count entered in this Form is accurate and matches the aggregate enrollment count by entity in ? the Supporting Documentation, if applicable.

☑ Acknowledgment: My acknowledgment is on behalf of my organization and the contributing entity or entities for which the data and accompanying payment(s) are being submitted. My acknowledgment legally and financially binds my organization and each contributing entity to the applicable laws, regulations and program instructions of the Affordable Care Act (ACA). By my submission, I certify that the data are true, correct and complete. If my organization or any contributing entity becomes aware that data are untrue, incorrect or incomplete, CMS shall be promptly informed. If CMS identifies a discrepancy or has questions about the data being submitted, I agree to be the contact for responding to such questions. I acknowledge that the provisions of the Affordable Care Act specifically make payments made by or in connection with an Exchange subject to the False Claims Act if those payments include any Federal funds. This includes, but is not limited to, the transitional reinsurance program established under Section 1341 of the Affordable Care Act.

7. Enter the Authorizing Official for Reporting Entity's Acknowledgment contact information, as shown in **Figure 16**.

8. Select **Continue** to continue with the 2016 Form, as shown in **Figure 16**. A pop-up window will display a message prompting you to change the Payment Date on the Payment page. You can also **Save**, **Preview** the information in PDF, or go **Back** to the previous page.

Figure 16: Enter Authorizing Official Information and Select Continue

Authorizing Official for Reporting Entity's Acknowledgment

* First Name: Jamie   * Last Name: Simpson   * Job Title: Business Analyst

* Email Address: JSimpson@gfinsurance.com   * Telephone: (703) 463-9172   Ext:

Back

Save   PDF Preview   Continue

6 Upload Supporting Documentation (If Applicable)

If you selected **Yes** to the following question, "Are you reporting for three (3) or fewer Contributing Entities using this Form?" then go to **Section 7.**

If you selected **No** to the following question, "Are you reporting for three (3) or fewer Contributing Entities using this Form?" then follow the steps below, see **Figure 17.**

1. Select **Browse** to search for your Supporting Documentation and select your file.
2. Select **Attach** to attach it to the 2016 Form.
3. When you have attached the file, select **Next**.

Figure 17: Upload Supporting Documentation

7 Complete Payment Information

1. On the Payment page, use the calendar feature to select a Payment Date, enter the Account Holder Name, select "I want to enter a new account," and select the Account Type, as shown in **Figure 18.**

> ⚠ The payment deadline for the First Collection and for making the Full Contribution for 2016 in one payment is January 17, 2017, and the payment deadline for the Second Collection is November 15, 2017; however, 2016 Form filings are required by November 15, 2016.

Figure 18: Enter Account Holder Name and Account Type

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

* Payment Amount:

$4,050.00

* Payment Date (mm/dd/yyyy)

08/11/2016

Please select a payment date between 04/29/2016 and 01/17/2017.

* Account Holder Name

Jamie Simpson

* Please select a payment account:

◉ I want to enter a new account

☑ I would like to save this payment account to my profile

* Select Account Type

Business Checking ▼

Select Account Type
Business Checking
Business Savings
Personal Checking
Personal Savings

2. Enter the Routing Number, enter and confirm the Account Number, and select **Review and Submit Payment,** as shown in **Figure 19**. You may also go to the **Previous** page, or **Return to Form**.

Figure 19: Enter Routing and Account Number and Select Review and Submit

8   Review and Submit Payment

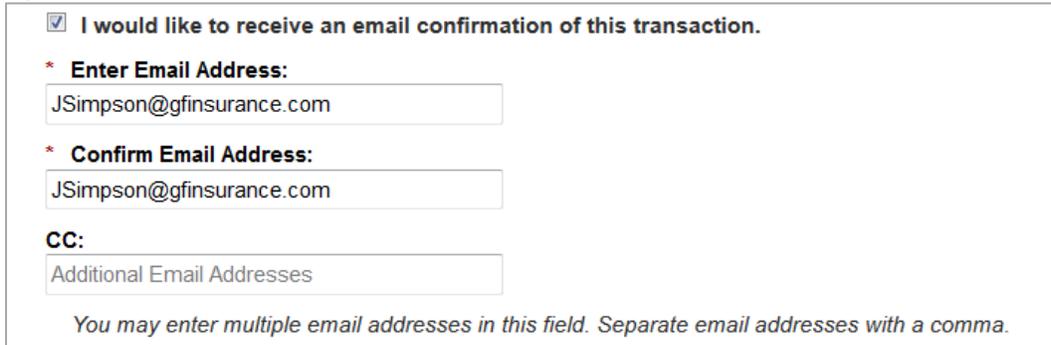1. Review your Payment and Account Information, as shown in **Figure 20**.

Figure 20: Review Payment and Account Information

2. If you wish to receive an email confirmation of your transaction, select the checkbox and enter and confirm your email address, as shown in **Figure 21**.

Figure 21: Select to Receive Email Confirmation

3. Review the Pay.gov Authorization and Disclosure Statement, select the checkbox to agree to the statement, and select Submit Payment as shown in **Figure 22**.

Figure 22: Review Authorization and Disclosure Statement and Submit Payment

4. Review your Payment Confirmation, as shown in **Figure 23**. You may select to View the payment on the Payment Activities page, View the 2016 Form in the My Forms page, and/or Print a Receipt.

Figure 23: Review your Submission

Your payment is complete

    Pay.gov Tracking ID: 3FP2VHBU

    Agency Tracking ID: 120027340722

    Form Name: 2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

    Application Name: ACA TRP BY2016

Payment Information

    Payment Type: Bank account (ACH)

    Payment Amount: $4,050.00

    Transaction Date: 04/22/2016 02:30:01 PM EDT

    Payment Date: 08/11/2016

Account Information

    Account Holder Name: Jamie Simpson

    Routing Number: 052001633

    Account Number: ************0001

Email Confirmation Receipt

    No confirmation email was provided during the creation of this transaction.

▶ View this payment on the Payment Activity page.

▶ View this form on the My Forms page.

▶ Print Receipt

⚠ Automatic debits to a business account may be blocked by the bank through a security feature called an ACH Debit Block, ACH Positive Pay, or ACH Fraud Prevention Filter. To remove the ACH Debit Block, an organization must provide a list of allowed ACH Company IDs to enable automatic debits from authorized companies. When working with the U.S. Government, these ACH Company IDs are referred to as the Agency Location Code (ALC+2). Contributing Entities must contact their bank to add the ALC+2 to their list of allowed ACH company IDs for debit transactions. The Transitional Reinsurance Program's ALC+2 is **7505008016** and the company name is **USDEPTHHSCMS**.