



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

2016 Reinsurance Contributions
Annual Enrollment and Contributions
Submission Form Manual

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PRA Disclosure Statement

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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, perform the required steps for completing the 2016 reinsurance contributions submission process.

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 10750) for more information regarding this exemption.

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

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 2016 Contributions Submission Process Overview

A Reporting Entity may be a Contributing Entity, or a TPA or ASO contractor, or any other party completing the reinsurance contributions submission process. To begin the submission process, the Reporting Entity must sign in (if an account was already created for the 2014 or 2015 benefit year submission process) or register on the Pay.gov website at <https://www.pay.gov>.

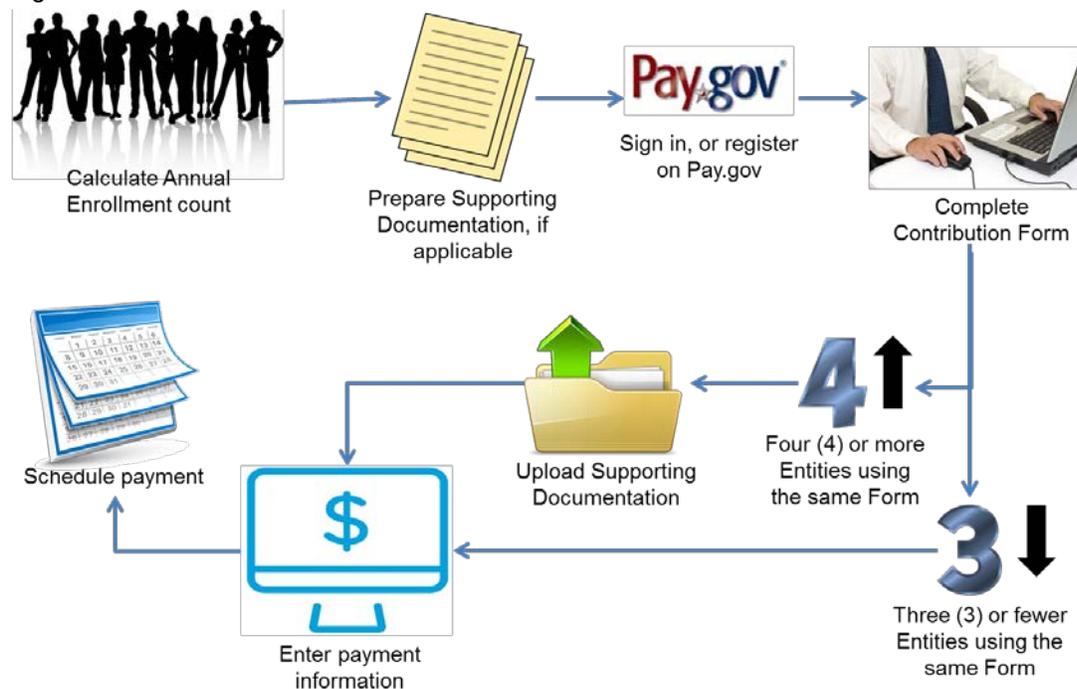


You may register on Pay.gov or confirm your password if you registered for the previous benefit years of the program (2014, 2015).

Once registered on Pay.gov, the Reporting Entity must search for the Form by entering “2016 ACA” in the search box and complete a series of steps to file and schedule the reinsurance contributions payment(s). The annual enrollment submission filings are due no later than Tuesday, November 15, 2016. Refer to Figure 1: Key Deadlines for 2016 of this document for more information regarding filing and remittance due dates.

Figure 2 illustrates the 2016 reinsurance contributions submission process.

Figure 2: 2016 Contributions Submission Process



Steps in the reinsurance contributions submission process are to:

- Calculate the Annual Enrollment Count using one of the permitted counting methods
- Prepare Supporting Documentation, if applicable. For more details, refer to [Appendix D: 2016 Supporting Documentation](#) in this document
- Sign in or register on Pay.gov
- Complete the 2016 Form
- Upload Supporting Documentation, if applicable
- Enter payment information
- Schedule payment



Permitted Counting Methods are in 45 CFR 153.405(d) through (g) and further explained in the “Module 2: 2016 Reinsurance Contributions Counting Methods Overview” (Webinar) or the “2016 Reinsurance Contributions Examples of Counting Methods for Contributing Entities” available in the REGTAP Library or CCIO’s Transitional Reinsurance Program webpage. Refer to [Appendix B: Resources and Regulatory References](#) for website links.

Reporting Entities complete the following steps on Pay.gov:

1. Register on <https://www.pay.gov> to create an account and set a user name and password if not already registered. Some of the information in the user profile is pre-populated into the Form. For more details, review [Section 4: Key Points about Pay.gov Registration](#) in this document.
2. Log onto Pay.gov to search for and select the “2016 ACA Transitional Reinsurance Annual Enrollment and Contributions Submission Form.”
3. Complete the Form by reviewing and entering demographic information for the Reporting Entity; reviewing and entering contact information for billing, submission, and the Authorizing Official; and entering the Annual Enrollment Count.
4. Reporting for four (4) or more Contributing Entities on a single Form requires an upload of Supporting Documentation in a comma-separated value (.CSV) file, in a specific layout, that contains each Contributing Entity’s identifying information and Annual Enrollment Count represented in the Form’s Annual Enrollment Count, which is an aggregate of all Annual Enrollment Counts listed in the Supporting Documentation. For more details, refer to [Appendix D: 2016 Supporting Documentation](#) in this document.



In 2016, a Supporting Documentation (.CSV file) **is not** required if reporting for three (3) or fewer Contributing Entities because up to three (3) Contributing Entities may be entered in one Form. A Supporting Documentation (.CSV file) **is** required if reporting for four (4) or more Contributing Entities per Form.

5. Enter banking information and schedule contribution payment based on the selected payment option. The contribution payment date should be scheduled before the deadline. Refer to Figure 1: Key Deadlines for 2016 of this document for more information regarding filing and remittance due dates.



Depending on the payment option selected, steps 2, 3, and 4 are completed multiple times. Refer to [Section 4: Things to Consider Before Getting Started](#) of this document for further details.

A more detailed version of these steps is included in [Section 6: Locate and Complete the 2016 Form](#).

4 Things to Consider Before Getting Started

4.1 Multiple Form Filings

Reporting Entities determine whether multiple Form submissions are required prior to starting the process within Pay.gov.

A Reporting Entity is required to submit more than one (1) Form in the following scenarios:

1. When selecting “No” as an answer to the Payment Question [“Do you want to make the Full Contribution for 2016 in one payment?”]:

Pay.gov only allows the scheduling of one (1) payment at a time; therefore, a Reporting Entity that chooses to remit two (2) payments needs to submit one (1) Form and associated Supporting Documentation (.CSV file), if applicable, for each payment type (First Collection and Second Collection). These Form filings are required by November 15, 2016. The payments should be scheduled within the regulatory deadlines.

2. When submitting contributions for more enrollees than permitted in a single Pay.gov transaction:
 - In 2016, when making two (2) payments, also called a First Collection and Second Collection, the maximum reportable Annual Enrollment Count is 4,629,629.62 for the Form filing and payment.
 - In 2016, when making one (1) payment, also called a Combined Collection, the maximum reportable Annual Enrollment count is 3,703,703.70 for the Form filing and payment.



Annual Enrollment Count reporting limitations are based on the maximum payment amount outlined on the Pay.gov website. Here is an example of the annual enrollment limitation calculation for 2016:

\$99,999,999.99 = the maximum payment permitted within Pay.gov

\$27.00 = the annual reinsurance contributions amount required for each covered life (one payment or Combined Collection)

\$21.60 = the annual reinsurance contributions portion for the reinsurance payment and administration costs (First Collection)

\$5.40 = the annual reinsurance contributions portion for the General Fund of the U.S. Treasury (Second Collection)

Therefore, when making one (1) payment or a Combined Collection, the Annual Enrollment Count reporting limitation is based on the 2016 payment portion for reinsurance payment and administration, i.e., \$99,999,999.99, divided by \$27.00, which equals 3,703,703.70.

3. When using more than one (1) bank account:

Only a single bank account may be entered per Form. A Reporting Entity choosing to submit contributions from multiple bank accounts must submit a separate Form and related Supporting Documentation, if applicable, for each bank account.

4. When completing more than one (1) Form is a business requirement:

There may be situations where a Reporting Entity is required to use different contacts or is required to group Contributing Entities in a certain manner. This is a business decision between Reporting and Contributing Entities.



A Reporting Entity is an organization carrying out the steps of the reinsurance contributions submission process. We define a Reporting Entity as a Contributing Entity, a TPA, ASO contractor, or any other party filing the reinsurance contributions on behalf of a Contributing Entity.

4.2 Collection of Required Information for Filing

Confirm the following prior to registering on Pay.gov, as noted in Table 1 below.

Table 1: Type of Information Required for Completing the Form

Data Type	Data Required
Reporting Entity Demographics	Legal Business Name (LBN); Federal Tax Identification Number (TIN); Full Billing Address (cannot be post office box)
Billing Contact*	Name, Job Title, Email, and Telephone number for Billing Contact
Billing Address	Address, City, State, and Zip Code
Contact for Submission*	Name, Job Title, Email, and Telephone number

Data Type	Data Required
Annual Enrollment Count(s)	Calculated using one (1) of the permitted counting methods in 45 CFR 153.405 (d) through (g)
Supporting Documentation, if applicable	.CSV file of supporting data, if applicable
Authorizing Official Information	Name, Job Title, Email, and Telephone number for Authorizing Official
Banking Information	Account Holder Name, Account Type (checking or savings), Bank Routing (ABA), and Bank Account Number

*Requires unique contact information

4.3 Review Program Related Information

In addition to the data noted in Table 1, the Reporting Entity can review other program-related materials located on CCIO's Transitional Reinsurance Program webpage at <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html> or on REGTAP at <https://www.regtap.info>. Related documents and Frequently Asked Questions (FAQs) are located on REGTAP by selecting "Library" or "FAQs" on the REGTAP dashboard and filtering by Program Area "Reinsurance-Contributions." REGTAP also allows registrants to sign up for events.

For more details about other program-related resources, refer to [Appendix B: Resources and Regulatory References](#) in this document. Once data is gathered and resources are reviewed, the next step is to register on Pay.gov, if the Reporting Entity's organization is not already registered.

4.4 Know your Deadlines

Figure 1: Key Deadlines for 2016 in [Section 2](#) identifies the key deadlines applicable to the 2016 benefit year.

- The submission of Annual Enrollment Count and scheduling of reinsurance contributions payment(s) is due no later than Tuesday, November 15, 2016.
- There are two (2) separate deadlines for remitting two (2) payments for the 2016 benefit year:
 - The Reporting Entity must schedule the First Collection payment to remit no later than January 17, 2017.
 - The Reporting Entity must also schedule the Second Collection payment to remit no later than November 15, 2017.

- A Reporting Entity may make one (1) payment for the entire \$27 per covered life contribution amount to remit no later than January 17, 2017.

5 Key Points about Pay.gov Registration

The Reporting Entity is required to register and create an account on Pay.gov at <https://www.pay.gov> to complete the reinsurance contributions filing process by the 2016 deadlines noted in Figure 1: Key Deadlines for 2016. If registered for the previous benefit years (2014, 2015), log in using the user name and password created previously. Access to the prior year's Form is not needed to complete the reinsurance contributions submission process for 2016.

It is recommended that one Pay.gov account per Reporting Entity be created. For example: a TPA or ASO Contractor should create only one Pay.gov account for submitting on behalf of one or more Contributing Entities. If an organization was previously registered on Pay.gov but no longer has access to the login information, a new Pay.gov account may be created.

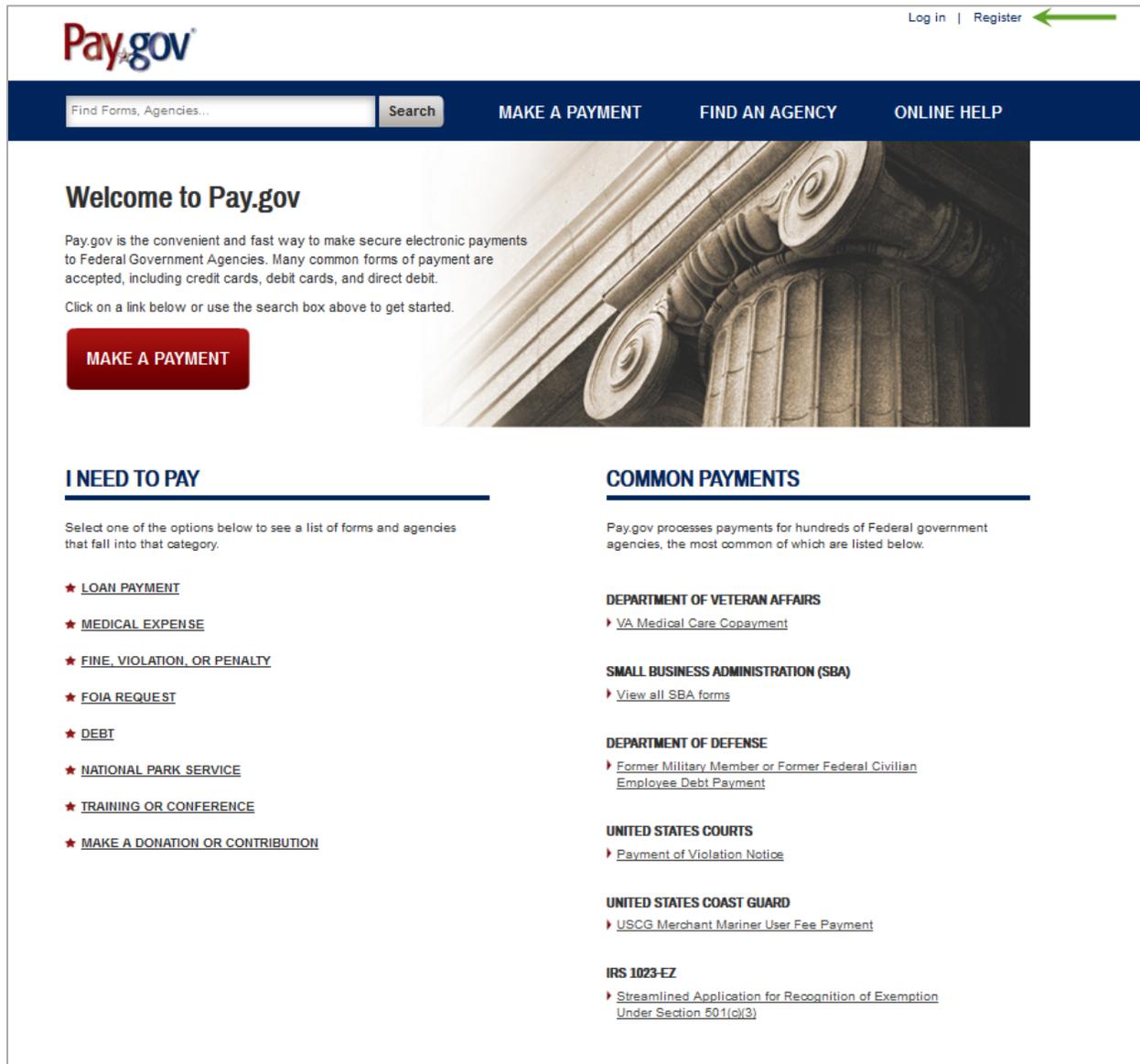
If a Reporting Entity does not have a Pay.gov account, an account must be created on Pay.gov to complete the reinsurance contributions submission process.

Go to the Pay.gov site at <https://www.pay.gov>, as shown in Figure 3.



Pay.gov functions with most current Web Browsers for major operating systems. Supported browsers include: Internet Explorer[®], Mozilla Firefox[®], Safari[®], and Google Chrome[™]. If you have any issues with Pay.gov registration, contact the Pay.gov helpdesk directly for assistance.

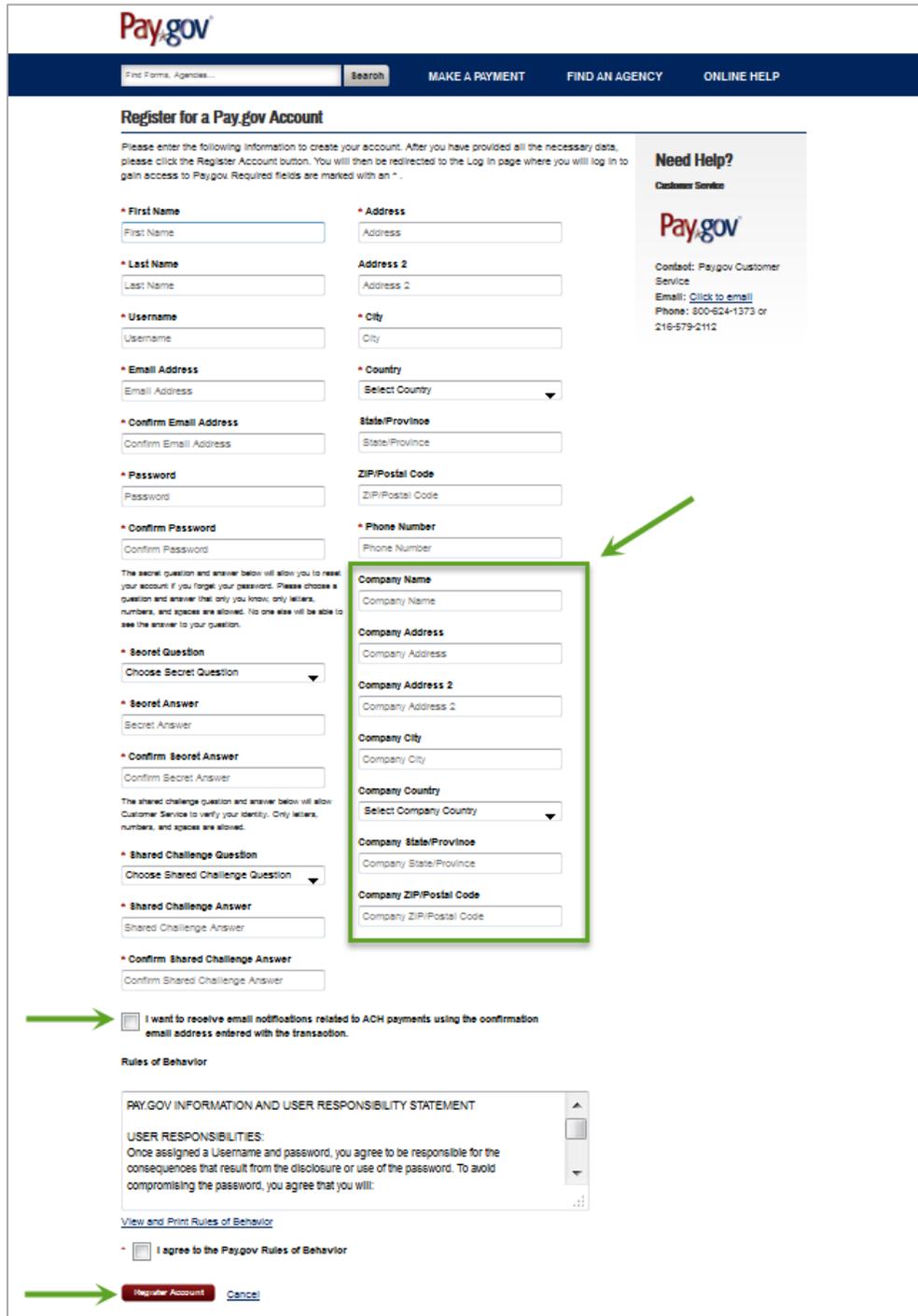
Figure 3: Pay.gov Home Page



1. On the Pay.gov home screen, select the “Register” link in the upper right corner to access the registration page.
 - a) Registration data is used to pre-populate the Form, including:
 - i. Contact for Submission: The user’s name, email address, and telephone number recorded in the Pay.gov profile will pre-populate on the Form as Contact for Submission.
 - ii. Reporting Entity Legal Business Name (LBN): The company name recorded in the Pay.gov profile will pre-populate on the Form as the LBN.

- iii. Reporting Entity Billing Address: The company address recorded in the Pay.gov profile will pre-populate on the Form as the Billing Address. The registration page displays, as shown in Figure 4.

Figure 4: Register for a Pay.gov Account



Register for a Pay.gov Account

Please enter the following information to create your account. After you have provided all the necessary data, please click the Register Account button. You will then be redirected to the Log In page where you will log in to gain access to Paygov. Required fields are marked with an *.

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

Personal Information:

- * First Name: First Name
- * Last Name: Last Name
- * Username: Username
- * Email Address: Email Address
- * Confirm Email Address: Confirm Email Address
- * Password: Password
- * Confirm Password: Confirm Password
- * Address: Address
- * Address 2: Address 2
- * City: City
- * Country: Select Country
- * State/Province: State/Province
- * ZIP/Postal Code: ZIP/Postal Code
- * Phone Number: Phone Number

Security:

- The secret question and answer below will allow you to reset your account if you forget your password. Please choose a question and answer that only you know; only letters, numbers, and spaces are allowed; no one else will be able to see the answer to your question.
 - * Secret Question: Choose Secret Question
 - * Secret Answer: Secret Answer
 - * Confirm Secret Answer: Confirm Secret Answer
- The shared challenge question and answer below will allow Customer Service to verify your identity. Only letters, numbers, and spaces are allowed.
 - * Shared Challenge Question: Choose Shared Challenge Question
 - * Shared Challenge Answer: Shared Challenge Answer
 - * Confirm Shared Challenge Answer: Confirm Shared Challenge Answer

I want to receive email notifications related to ACH payments using the confirmation email address entered with the transaction.

Rules of Behavior

PAY.GOV INFORMATION AND USER RESPONSIBILITY STATEMENT

USER RESPONSIBILITIES:
Once assigned a Username and password, you agree to be responsible for the consequences that result from the disclosure or use of the password. To avoid compromising the password, you agree that you will:

[View and Print Rules of Behavior](#)

I agree to the Pay.gov Rules of Behavior

[Register Account](#) [Cancel](#)

2. Complete the required fields of the registration page.
3. Complete the optional Company Name field and business address information.
4. Select the checkbox to ensure receipt of email notifications related to your scheduled contributions payments.



We recommend that all Reporting Entities make this selection to stay informed about the status of the ACH debit payments made through Pay.gov.

5. Select the “Register Account” button.

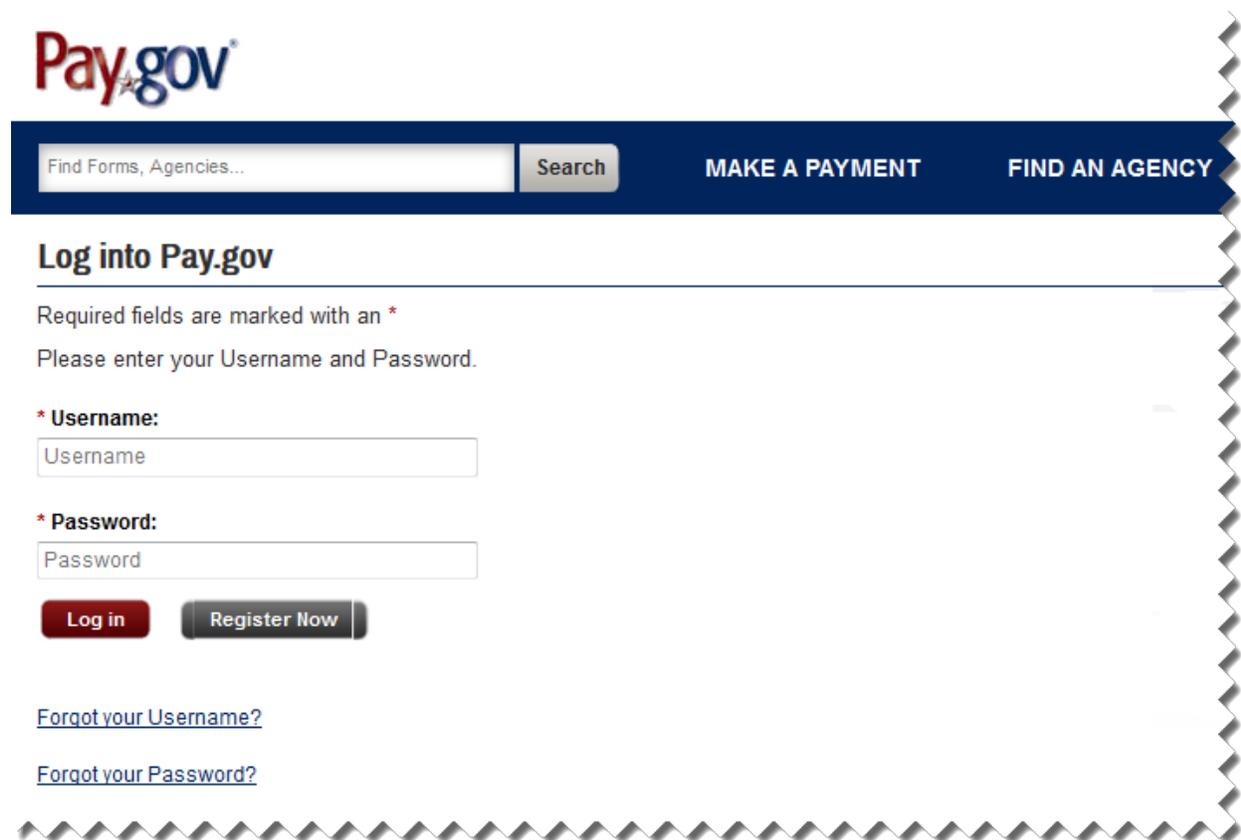
6 Locate and Complete the 2016 Form

Once registered on Pay.gov, access the Form by logging in to Pay.gov with your user name and password.

6.1 Locate the Form

1. Log in to Pay.gov, as shown in Figure 5.

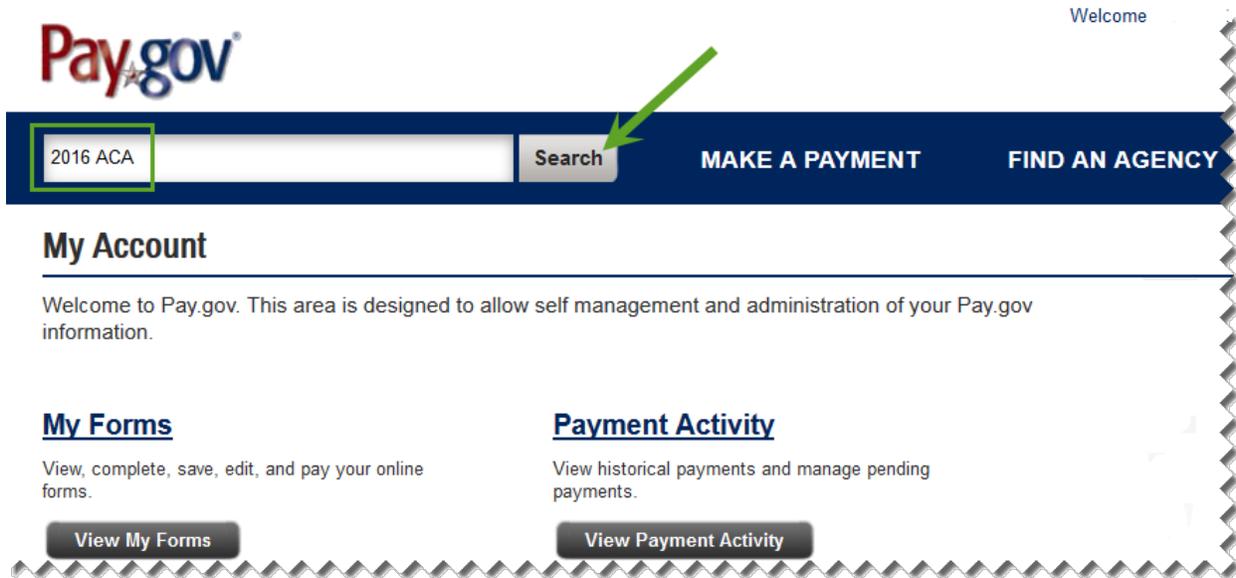
Figure 5: Log into Pay.gov



The screenshot shows the Pay.gov login interface. At the top left is the Pay.gov logo. Below it is a dark blue navigation bar containing a search box with the placeholder text "Find Forms, Agencies..." and a "Search" button. To the right of the search box are two buttons: "MAKE A PAYMENT" and "FIND AN AGENCY". Below the navigation bar is the heading "Log into Pay.gov". Underneath the heading, there is a note: "Required fields are marked with an *". Below this note is the instruction: "Please enter your Username and Password." There are two input fields: one for "Username" and one for "Password". Below the input fields are two buttons: "Log in" (in red) and "Register Now" (in grey). At the bottom of the form, there are two links: "Forgot your Username?" and "Forgot your Password?".

2. Once logged in, the "My Account" page will open, as shown in Figure 6.

Figure 6: My Account



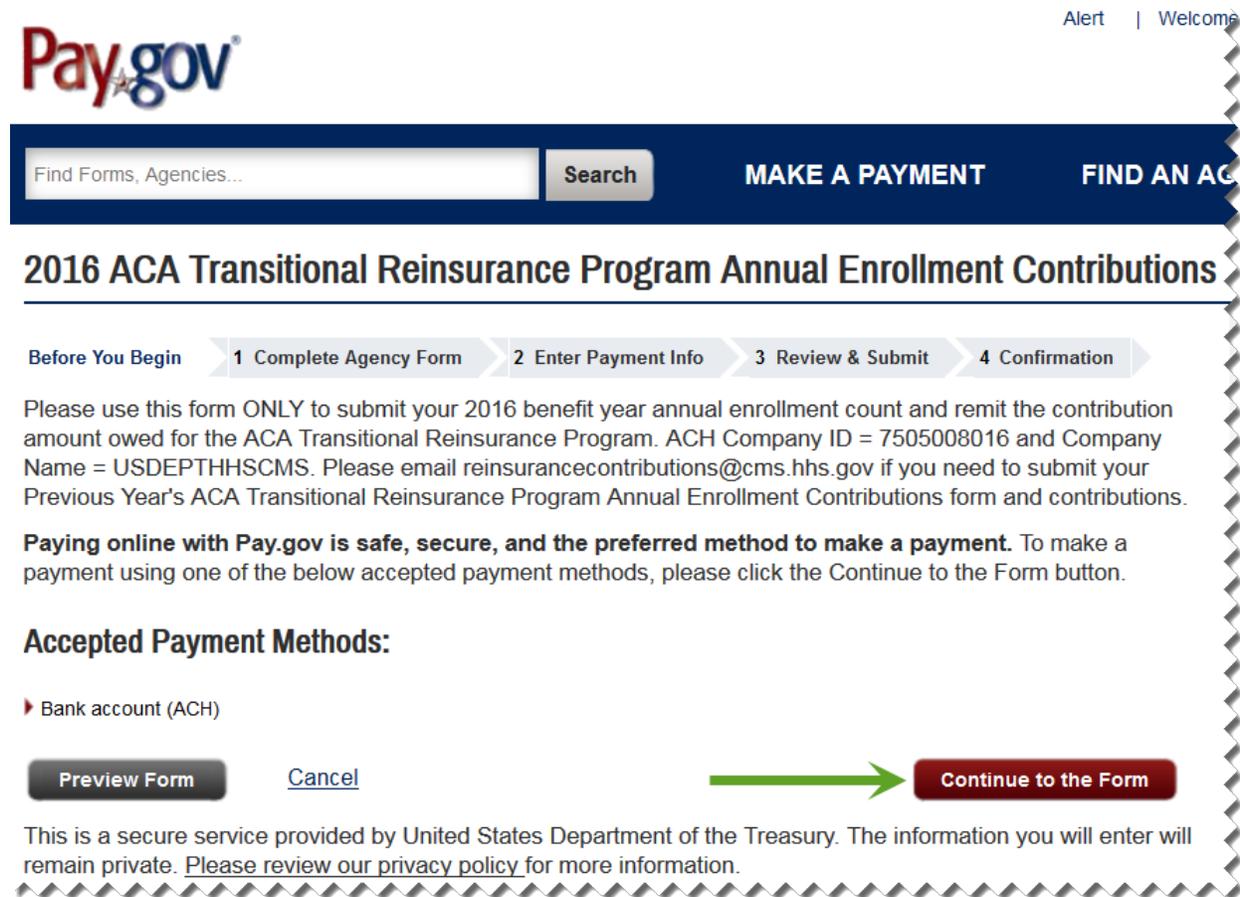
3. Enter “2016 ACA” in the search box on the “My Account” page.
4. Select the “Search” button. Search results display, as shown in Figure 7.

Figure 7: Pay.gov Search Results



5. Select the "Continue to the Form" button on the Search Results screen under "2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions," as shown in Figure 7.
6. Review the information on the "Before You Begin" page, and select the "Continue to the Form" button, as shown in Figure 8.

Figure 8: Before You Begin



The screenshot shows the Pay.gov website interface. At the top right, there are links for "Alert" and "Welcome". The main navigation bar includes a search box with the placeholder text "Find Forms, Agencies...", a "Search" button, and two buttons: "MAKE A PAYMENT" and "FIND AN AGENCY". The main heading is "2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions". Below this, a progress bar shows four steps: "Before You Begin" (selected), "1 Complete Agency Form", "2 Enter Payment Info", "3 Review & Submit", and "4 Confirmation". The main content area contains the following text:

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.

Paying online with Pay.gov is safe, secure, and the preferred method to make a payment. To make a payment using one of the below accepted payment methods, please click the Continue to the Form button.

Accepted Payment Methods:

- ▶ Bank account (ACH)

Below the list, there are three buttons: "Preview Form", "Cancel", and "Continue to the Form". A green arrow points from the "Continue to the Form" button to the right.

This is a secure service provided by United States Department of the Treasury. The information you will enter will remain private. Please review [our privacy policy](#) for more information.

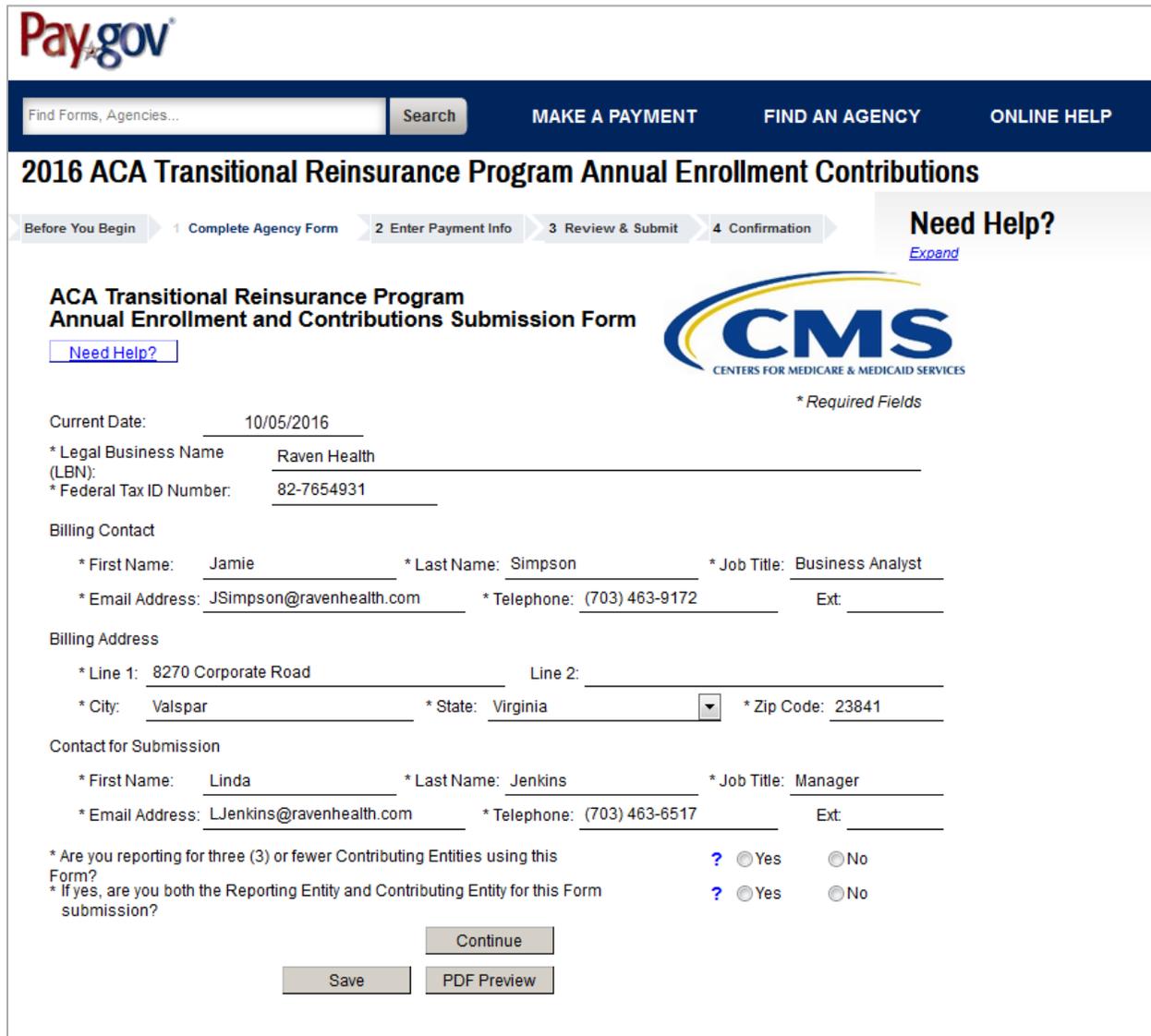


The Pay.gov Form includes roll-over tool tips and help options. Select any blue question mark icon to open a description of a field and its options, if applicable. Use your mouse to point to a field within the Form to reveal roll-over tool tips that provide brief explanations of the field requirements. Selecting the "Need Help?" link opens a document with links to the Transitional Reinsurance Program Resources and FAQs for the Form.

6.2 Enter Reporting Entity Information

The initial page of the Form is pre-populated from the Pay.gov profile with the Reporting Entity's LBN, Billing Address, and Contact for Submission, as shown in Figure 9.

Figure 9: 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form



Pay.gov

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

2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

Before You Begin | 1 Complete Agency Form | 2 Enter Payment Info | 3 Review & Submit | 4 Confirmation | **Need Help?** [Expand](#)

ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form  *** Required Fields**

[Need Help?](#)

Current Date: 10/05/2016

* Legal Business Name (LBN): Raven Health

* Federal Tax ID Number: 82-7654931

Billing Contact

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

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

Billing Address

* Line 1: 8270 Corporate Road Line 2: _____

* City: Valspar * State: Virginia * Zip Code: 23841

Contact for Submission

* First Name: Linda * Last Name: Jenkins * Job Title: Manager

* Email Address: LJenkins@ravenhealth.com * Telephone: (703) 463-6517 Ext: _____

* 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



CMS may need to communicate with any of the contacts; therefore, the contacts must be able to discuss the information submitted in the Form and the Supporting Documentation, if applicable. The contacts must be different people.

1. Review the pre-populated Reporting Entity LBN, and update the data, if necessary.
2. Enter the Reporting Entity TIN. This is the TIN affiliated with the Reporting Entity LBN entered in the previous field.
3. Enter Billing Contact First Name, Last Name, Job Title, Email Address, and Telephone number.
4. Review the pre-populated Reporting Entity Billing Address information and update as necessary.
5. Review the pre-populated Contact for Submission information. If this information is not correct, go to the “My Profile” page within Pay.gov and make the necessary corrections.

6.3 2016 Form Contributing Entity Questions

The 2016 Form initial page includes the following questions, shown in Figure 10, which determine if Supporting Documentation is required for a submission and drive the ordering of how information is entered within the Form.

Figure 10: 2016 Form Contributing Entities Questions

- | | | | |
|---|---|---------------------------|--------------------------|
| * Are you reporting for three (3) or fewer Contributing Entities using this Form? | ? | <input type="radio"/> Yes | <input type="radio"/> No |
| * If yes, are you both the Reporting Entity and Contributing Entity for this Form submission? | ? | <input type="radio"/> Yes | <input type="radio"/> No |

1. Answer the first Question: “Are you reporting for three (3) or fewer Contributing Entities using this Form?” by selecting “Yes” or “No.”
 - a) If reporting for three (3) or fewer Contributing Entities, as shown in Figure 11:
 - i. Select “Yes” for the first question.



A Supporting Documentation (.CSV file) **IS NOT** required.

- ii. Move to the second Contributing Entity Question (see number two below).

Figure 11: 2016 Form Contributing Entities Questions Answer Options

* Are you reporting for three (3) or fewer Contributing Entities using this Form?	?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
* If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?	?	<input type="radio"/> Yes	<input type="radio"/> No

b) If reporting for four (4) or more Contributing Entities using the same Form:

i. Select “No” for the first question.



A Supporting Documentation (.CSV file) **IS** required.

ii. The second question **is not** required if reporting for four (4) or more Contributing Entities using the same Form.

iii. Select “Continue” to advance to the “Type of Filing” section of the Form.



If reporting for four (4) or more Contributing Entities, skip to [Section 6.5: Type of Filing](#).

2. Answer the second Question: “If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?” by selecting “Yes” or “No.”

a) If the Reporting Entity and the Contributing Entity are the same, select “Yes” for the second question, as shown in Figure 12.

b) Select “Continue” to advance the Form to the “Contributing Entity” page.

Figure 12: 2016 Form Contributing Entities Questions Alternate Answer Options

* Are you reporting for three (3) or fewer Contributing Entities using this Form?	?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
* If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?	?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

c) If the Reporting Entity is not the Contributing Entity, select “No” for the second question, as shown in Figure 13.

Figure 13: 2016 Form Contributing Entities Questions Alternate Answer Options

* Are you reporting for three (3) or fewer Contributing Entities using this Form?	?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
* If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?	?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

- d) Select “Continue” to advance the Form to the “Contributing Entity” page.

6.4 Contributing Entity Page

1. When reporting for three (3) or fewer Contributing Entities using the same Form, the “Contributing Entity” page will open, as shown in Figure 14.
 - a) If the Reporting Entity and Contributing Entity are the same, review the pre-populated “Contributing Entity 1” information. “Contributing Entity 2” and “Contributing Entity 3” will be blank.
 - b) It is possible to enter up to two (2) additional Contributing Entities on this page.



Select the checkbox beside “Contributing Entity 2” and “Contributing Entity 3” to report for additional Contributing Entities. If deselected, all data entered will be cleared for Contributing Entity 2 and 3.

2. If the Reporting Entity and Contributing Entity **is not** the same, enter the information for up to three (3) Contributing Entities on this page.
3. The benefit year pre-populates to “2016” and cannot be changed.

The Contributing Entity page requires the information in Table 2 for up to three (3) Contributing Entities.

Table 2: Data Checklist

Form Fields Per Contributing Entity Being Reported	Data Required Per Contributing Entity Being Reported
Contributing Entity LBN	Legal Business Name (LBN) of each Contributing Entity
Contributing Entity TIN	The nine-digit Federal TIN associated with the Contributing Entity’s LBN.
Contributing Entity Organization Type	Contributing Entity Organization status associated with each Contributing Entity’s TIN. For self-insured group health plans, it is the organization type of the plan sponsor. Options include: <ul style="list-style-type: none"> • For Profit • Nonprofit Note: Government entities are Nonprofit

Form Fields Per Contributing Entity Being Reported	Data Required Per Contributing Entity Being Reported
Contributing Entity Billing Address	Contributing Entity Billing Address, City, State, and Zip Code (cannot be post office box)
Contributing Entity Domiciliary State	Contributing Entity postal State where the plan sponsor of the self-insured group health is located or, if fully insured, the applicable State of licensure.
Benefit Year	Pre-populates with "2016"
Annual Enrollment Count	Calculated using one (1) of the permitted counting methods in 45 CFR 153.405 (d) through (g)
Contributing Entity Type	Type of Contributing Entity for whom you are submitting the Annual Enrollment Count. Value options: <ul style="list-style-type: none"> • Health Insurance Issuer (HII) • Self-Insured Group Health Plan (SI) • MGHPS - Multiple Group Health Plan (single plan treatment) • MGHPM - Multiple Group Health Plan (multiple plan treatment) • OTHER if other, please explain

Figure 14: Blank Contributing Entity Page

2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

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

Need Help?
[Expand](#)

**ACA Transitional Reinsurance Program
Annual Enrollment and Contributions Submission Form**

[Need Help?](#)



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Contributing Entity 1:

- * Legal Business Name (LBN): _____
- * Federal Tax ID Number: _____ * Organization Type: _____

Billing Address

- * Line 1: _____ Line 2: _____
- * City: _____ * State: _____ * Zip Code: _____
- * Domiciliary State: _____
- * Benefit Year: 2016 * Annual Enrollment Count for the applicable benefit year: _____
- * Indicate Type of Contributing Entity: _____ ?
Other Type: _____

Contributing Entity 2 ?

- Legal Business Name (LBN): _____
- Federal Tax ID Number: _____ Organization Type: _____

Billing Address

- Line 1: _____ Line 2: _____
- City: _____ State: _____ Zip Code: _____
- Domiciliary State: _____
- Benefit Year: 2016 Annual Enrollment Count for the applicable benefit year: _____
- Indicate Type of Contributing Entity: _____ ?
Other Type: _____

Contributing Entity 3 ?

- Legal Business Name (LBN): _____
- Federal Tax ID Number: _____ Organization Type: _____

Billing Address

- Line 1: _____ Line 2: _____
- City: _____ State: _____ Zip Code: _____
- Domiciliary State: _____
- Benefit Year: 2016 Annual Enrollment Count for the applicable benefit year: _____
- Indicate Type of Contributing Entity: _____ ?
Other Type: _____

6.5 Type of Filing

The “Type of Filing” page, shown in Figure 15, opens upon completion of the Contributing Entity page and selecting “Continue.” When reporting for four (4) or more Contributing Entities, the “Type of Filing” page opens after selecting “Continue” from the initial page of the Form.

Figure 15: Type of Filing



* Type of Filing ?

New Re-Filing Resubmission Invoice

The “Type of Filing” options include:

1. New
 - Select **New** when completing the 2016 Form for the first time.
2. Re-Filing
 - Select **Re-Filing** only when correcting a previously filed Form for any payment option.



Step-by-step instructions for filing a Re-Filing are located in the 2016 Updating Reinsurance Contributions Filings Manual.

3. Resubmission
 - Select **Resubmission** when submitting a corrected Supporting Documentation (.CSV file); this “Type of Filing” will not require the scheduling of a reinsurance contributions payment.



Step-by-step instructions for filing a Resubmission are located in the 2016 Updating Reinsurance Contributions Filings Manual.

4. Invoice
 - Select **Invoice** if you receive a formal invoice notice from CMS.



Step-by-step instructions for filing an Invoice are located in the 2016 Updating Reinsurance Contributions Filings Manual.

6.6 Payment Options and Benefit Year

The 2016 Form offers two (2) payment options: make one (1) payment (Combined Collection) or make two (2) payments. The answer to the Payment Question, as shown in Figure 16, determines the payment option.

Figure 16: Payment Question

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

Yes No

Payment Option 1:

One (1) Payment (Combined Collection) = First Collection + Second Collection (\$27 per covered life).

- 2016 Regulatory Payment Due Date – January 17, 2017.
- Payment option 1 is a full payment of the annual contribution amount and requires filing no later than November 15, 2016, with payment remitted by January 17, 2017, reflecting \$27.00 per covered life.
- To select this option, answer “Yes” to the Payment Question: “Do you want to make the Full Contribution for 2016 in one payment?” as shown in Figure 17.

Figure 17: Payment Question Answer “Yes”

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

Yes No

- The statement, which follows the Payment question **is not** required if selecting to make one (1) payment.

Payment Option 2:

Two (2) Payments – referred to on the Form as First Collection and Second Collection.

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

- Requires duplication of First Collection Form and Supporting Documentation, if applicable.
- Payment option 2 allows for two (2) payments, which are scheduled by submitting two (2) Form filings using Pay.gov.
- To select this option, answer “No” to the Payment Question: “Do you want to make the Full Contribution for 2016 in one payment?” as shown in Figure 18.

Figure 18: Payment Question Answer “No”

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

Yes No

- Select one of the two options below the statement: “If No, select one of the two payments for which you are filing this Form.” as shown in Figure 19.

Figure 19: Second Payment Question, required for two payments

* 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 “(1) First Collection - \$21.60 per covered life. (Regulatory Payment Due Date – January 17, 2017)” to schedule the first payment.
- Submit the First Collection Form no later than the November 15, 2016, with payment remittance due by January 17, 2017, reflecting \$21.60 per covered life.
 - a) Making two (2) payments requires duplication of the Form used for the First Collection and submission of the duplicated Form as the Second Collection.
 - When submitting the duplicated second payment Form, which is required to make two (2) payments, select **New** for “Type of Filing” and answer “No” to the Payment Question: “Do you want to make the Full Contribution for 2016 in one payment?”
 - Select “(2) Second Collection - \$5.40 per covered life. (Regulatory Payment Due Date – November 15, 2017)” to schedule the second payment.
 - Submit the Second Collection Form no later than November 15, 2016, with payment remittance due by November 15, 2017, reflecting \$5.40 per covered life.

- b) Both the First Collection and Second Collection must be scheduled no later than the November 15, 2016. See [Section 7: Second Collection Filing](#) for instructions.

Benefit year:

The benefit year pre-populates with “2016” and cannot be changed, as shown in Figure 20.

Figure 20: Benefit Year for Reporting Enrollment Count

* Benefit Year for Reporting Annual Enrollment Count 2016



Refer to [Appendix E: 2016 Reinsurance Contribution Rate](#) for Program Contribution Rates.

6.7 Enter Annual Enrollment Count and Verify Annual Enrollment Count

1. If reporting for three (3) or fewer Contributing Entities, the Annual Enrollment Count field pre-populates with the sum of the Annual Enrollment Counts entered on the Contributing Entity Page.
2. If reporting for four (4) or more Contributing Entities, this field will be blank, as shown in Figure 21.
 - a) If a Reporting Entity is filing on behalf of multiple Contributing Entities, enter the sum of the Annual Enrollment Counts for all Contributing Entities included in the Supporting Documentation. This number is the aggregate of the Annual Enrollment Counts (calculated using a permitted counting method) for all Contributing Entities included in the Supporting Documentation. For example, if the Supporting Documentation includes information for twelve (12) Contributing Entities that totals 650 reinsurance covered lives, enter 650 as the Annual Enrollment Count on the Form.
 - b) Be mindful of the Annual Enrollment Count limitations of the Form. See [Section 4: Things to Consider Before Getting Started](#) for details on these limitations.

Figure 21: Annual Enrollment Count

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



For more information, review the following documents: “Module 2: 2016 Reinsurance Contributions Counting Methods Overview” (Webinar) and “2016 Reinsurance Contributions Examples of Counting Methods for Contributing Entities” in the REGTAP library or CCIIO’s Transitional Reinsurance Program webpage. Refer to [Appendix B: Resources and Regulatory References](#) for website links.

3. Verify the Annual Enrollment Count, which requires re-entering the Annual Enrollment Count, as shown in Figure 22. Both counts must match.
 - a) After verifying the Annual Enrollment Count, the Form will pre-populate the Contribution Amount Due for Program Payments and Program Administration Funds and the Contribution Amount Due for General Fund of the U.S. Treasury fields and will provide the Total Contributions Due for the Applicable Benefit Year.

Figure 22: Verify Annual Enrollment Count

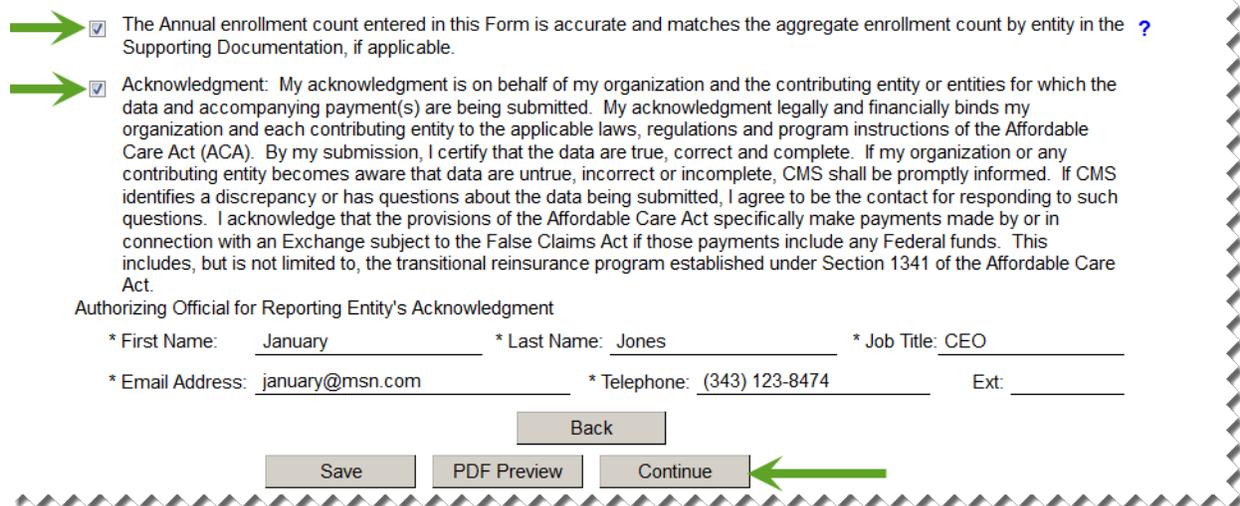
* Benefit Year for Reporting Annual Enrollment Count	2016		2016
Total Applicable Benefit Year Contribution Rate	27.00		27.00
* Annual Enrollment Count	100.00		100.00
* Verify Annual Enrollment Count			100.00
Contribution Rate for Program Payments and Program Administration Funds	21.60		21.60
Contribution Amount Due for Program Payments and Program Administration Funds			2,160.00
Contribution Rate for General Fund of the US Treasury	5.40		5.40
Contribution Amount Due for General Fund of the US Treasury			540.00
Total Contributions Due for the Applicable Benefit Year			2,700.00

- b) The calculated amounts cannot be edited. They serve as notification of Reinsurance Contributions Due under 45 CFR 153.405(c).

6.8 Complete Acknowledgment Statement and Authorizing Official Information

Complete the Verification and Acknowledgment checkboxes and provide authorizing official information, as shown in Figure 23.

Figure 23: Verification and Acknowledgment



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.

Authorizing Official for Reporting Entity's Acknowledgment

* First Name: January * Last Name: Jones * Job Title: CEO
 * Email Address: january@msn.com * Telephone: (343) 123-8474 Ext: _____

1. Select the checkbox next to the statement, “The Annual Enrollment count entered in this form is accurate and matches the aggregate enrollment count by entity in the Supporting Documentation, if applicable.”
2. Select the checkbox next to “Acknowledgement” as agreement to the statement.
3. Enter Authorizing Official First Name, Last Name, Job Title, Email Address, and Telephone number.
4. Select the “Continue” button to proceed.



If a TPA, ASO contractor or other third party completing the reinsurance contributions filing for a single or group of affiliated Contributing Entities, it remains a business decision between the third party and the Contributing Entity to decide whom to list as the Authorizing Official. It is possible that the name entered in this section is not the name of the person completing the Form but the name of an individual with authority to financially and legally obligate the entities listed in the Form.

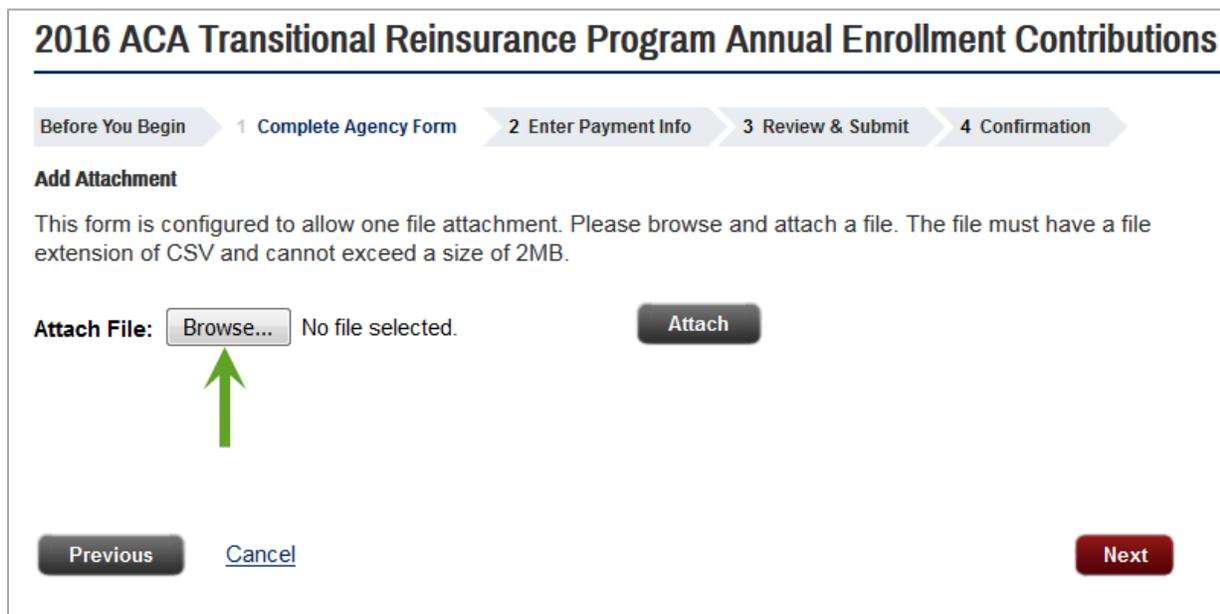
6.9 Upload Supporting Documentation

Upload Supporting Documentation, as shown in Figure 24.



If you are reporting for three (3) or fewer Contributing Entities, you will not be directed to this page.

Figure 24: Add Attachment Page



2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

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

Add Attachment

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

Attach File: No file selected.

[Cancel](#)

1. The “Add Attachment” page will open to Reporting Entities filing for four (4) or more Contributing Entities.
2. Select the “Browse” button to locate the Supporting Documentation (.CSV file), previously created and saved.

- a) The Supporting Documentation (.CSV file) contains Contributing Entities' information and their Annual Enrollment Counts.
 - b) For more details about the Supporting Documentation (.CSV file), refer to [Appendix D: 2016 Supporting Documentation](#) in this document.
3. Select the "Attach" button to upload the Supporting Documentation (.CSV file). Then select the "Next" button, as shown in Figure 25.

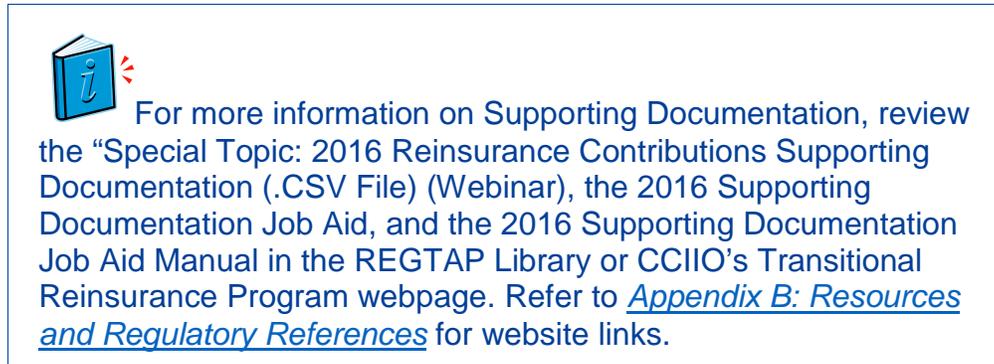
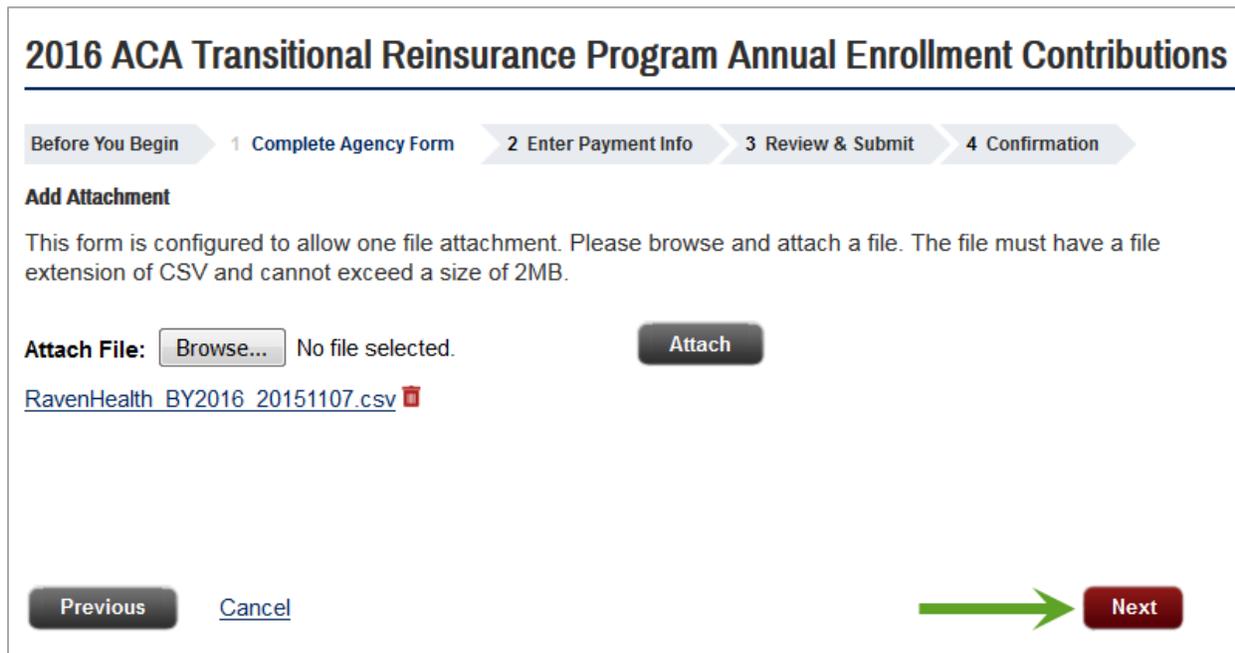


Figure 25: Attach File



2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

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

Add Attachment

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

Attach File: No file selected.

[RavenHealth BY2016 20151107.csv](#) 

[Cancel](#) 

4. The Supporting Documentation file name is listed on the screen. Select the "Next" button to proceed.



If the wrong file is attached, select the “Trash Can” icon next to the file name to delete the attachment. Select the “Browse” button to attach a different file.

6.10 Schedule Contribution Payment

1. Enter payment information, as shown in Figure 26.
2. The Payment Amount pre-populates based on how the Payment Question is answered and the calculated contribution amount on the Form. Review this amount for accuracy and confirm that it corresponds with the selected payment option. If it is other than expected, select the “Return to Form” button to return to the initial page of the Form. Review all information, and change the response to the Payment Question, if applicable.



Payment information, including the Payment Date, must be re-entered if the “Return to Form” button is selected.

3. Enter or select the Payment Date.
 - a) Enter or use the calendar feature to select the Payment Date.
 - o If you are scheduling one payment (Combined Collection) or a First Collection payment, select a date no later than January 17, 2017.
 - o If you are scheduling the Second Collection payment, select a date no later than November 15, 2017.



The payment date will pre-populate with the date of the following week, but not later than the regulatory due date for the selected payment type.

4. Enter the bank Account Holder Name.
5. Select the appropriate Account Type from the drop-down list.
6. Enter the bank Routing Number (ABA) to identify the financial institution from which payment will be withdrawn.
7. Enter the bank Account Number associated with the Bank Routing Number from which payment will be withdrawn.
8. Confirm the bank Account Number.
 - You will have the option to save banking information to your profile at this time, for ease of use during multiple submissions
9. Select the “Review and Submit Payment” button to proceed.



Confirm that sufficient funds are available in the account for the scheduled payment date to avoid bank charges and that any ACH Debit Blocks are removed prior to the payment date.

ACH Debit Block and Agency Location Code (ALC+2)

Automatic debits to your business account may be blocked by the bank. This security feature is called an ACH Debit Block, ACH Positive Pay, or ACH Fraud Prevention Filter. An ACH Debit Block is removed by providing an allowed list of ACH codes; this list enables allowable automatic debits.

When working with the U.S. Government, these codes are referred to as the Agency Location Code (ALC +2). Contact your bank to have the ALC+ 2 added to a list of approved automated debit transactions.

The Transitional Reinsurance Program’s ALC+2 is 7505008016.
The company name is USDEPTHHSCMS

6.11 Submit the Payment

Review and submit the payment, as shown in Figure 27.

1. Review the data listed under Payment Information and Account Information.
2. Select the checkbox next to “I would like to receive an email confirmation of this transaction.”

Figure 27: Review & Submit

2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

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

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

Payment Information

Payment Type: Bank account (ACH)
 Payment Amount: \$2,700.00
 Payment Date: 01/03/2017

Account Information

Account Holder Name: Raven Health
 Routing Number: *****
 Account Number: *****0006

 I would like to receive an email confirmation of this transaction.

*** Enter Email Address:**

*** Confirm Email Address:**

CC:

You may enter multiple email addresses in this field. Separate email addresses with a comma.

Authorization and Disclosure Statement

Authorization and Disclosure--Consumers and Businesses

The debit transaction(s) to which you are agreeing are handled on behalf of Federal agencies by "Pay.gov," which consists of services offered by the U.S. Treasury Department's Bureau of the Fiscal Service. As used in this document, "we" or "us" refers to the Bureau of the Fiscal Service and its agents and contractors operating Pay.gov. "You" refers to the end-user reading this document and agreeing to it prior to engaging in a debit transaction

[Printable version](#)

 *** I agree to the Pay.gov authorization and disclosure statement**

Previous
Return to Form
Cancel


Submit Payment

3. Enter the submitter's email address.
4. Re-enter the email address above in the Confirm Email Address field.
5. Enter one (1) or more email addresses to be carbon copied (CC) in the CC field, if desired. Separate each email address by a comma.

6. Select the checkbox next to the “I agree to the Pay.gov authorization and disclosure statement.”
7. Select the “Submit Payment” button to proceed. The Payment Confirmation page displays, as shown in Figure 28.

Figure 28: Payment Confirmation

Payment Confirmation - 2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions

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

Payment Confirmation

Your payment is complete

Pay.gov Tracking ID: 3FP2VKQ9
Agency Tracking ID: 120027364015
Form Name: 2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions
Application Name: ACA TRP BY2016

Payment Information

Payment Type: Bank account (ACH)
Payment Amount: \$2,700.00
Transaction Date: 10/17/2016 12:54:47 PM EDT
Payment Date: 01/03/2017

Account Information

Account Holder Name: Raven Health
Routing Number: *****
Account Number: *****0006

Email Confirmation Receipt

Confirmation Receipts have been emailed to:
ljenkins@raven.com

▶ [View this payment on the Payment Activity page.](#)

▶ [View this form on the My Forms page.](#)

▶ [Print Receipt](#)

Need Help?

ACA TRP BY2016

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

8. Select the “Print Receipt” link to print a copy of the scheduled payment information for the Reporting Entity’s records.

7 Second Collection Filing

Choosing to make two (2) payments requires a “No” response to the Payment Question: “Do you want to make the Full Contribution for 2016 in one payment?” “First Collection” should have been selected, and the First Collection Form must be duplicated to schedule payment for the Second Collection.

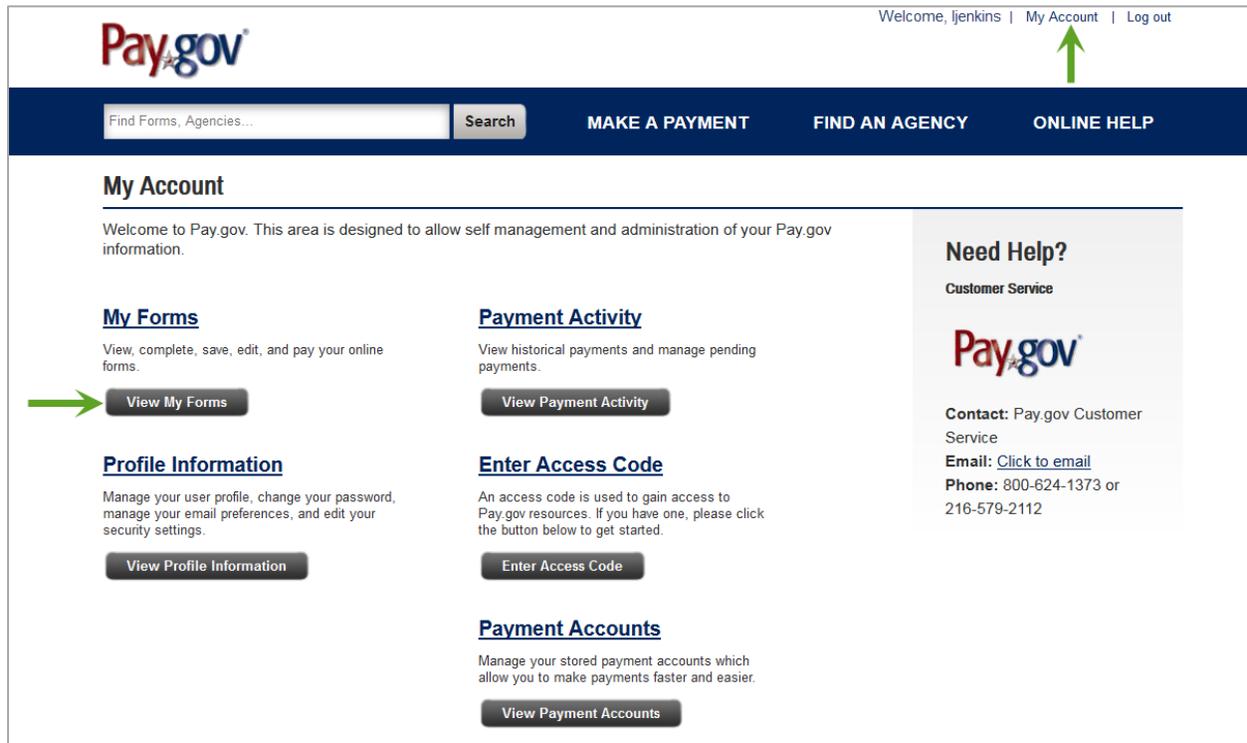


A Second Collection Form filing to schedule payment must be completed immediately after submitting a First Collection Form filing to be considered complete and avoid discrepancy emails. Making two (2) payments requires two (2) Form filings: the first Form filing is required for the First Collection and a second Form filing is required for the Second Collection.

7.1 Locate and Duplicate Form

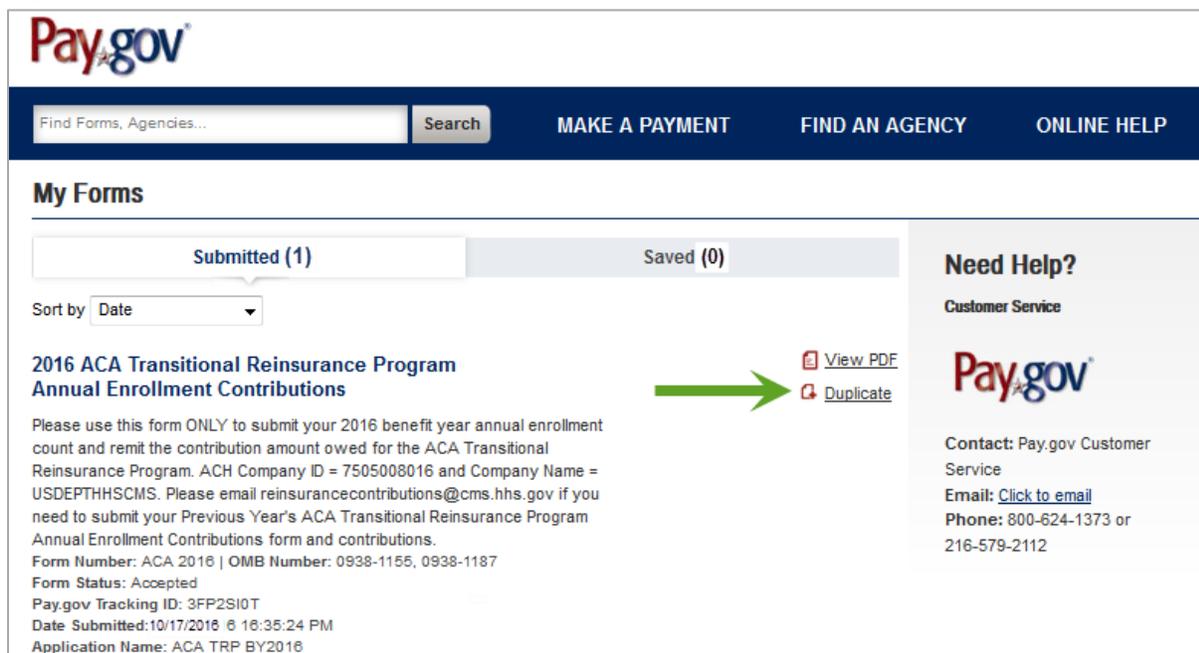
1. Locate and duplicate the Form by selecting the “My Account” link in the upper right corner on Pay.gov, as shown in Figure 29.
2. Select the “My Account” link in the upper right corner to navigate to the “My Account” page, as shown in Figure 29.

Figure 29: Select “View My Forms”



3. Select the “View My Forms” button. The “My Forms” page displays, as shown in Figure 30.

Figure 30: Duplicate the Submitted Form



4. Locate the Form previously completed and select the “Duplicate” link. This can be identified by the Pay.gov Tracking ID provided on the receipt of the First Collection.

7.2 Review and Update Duplicated Form

1. Review the Reporting Entity Information for accuracy and select “Continue.”



Filing for three (3) or fewer Contributing Entities requires that you review the information on the “Contributing Entity” page, and select “Continue” to proceed to the Type of Filing” page.

2. On the “Type of Filing” page, select “New.”
3. Select “No” for the Payment Question: “Do you want to make the Full Contribution for 2016 in one payment?”
4. Select “(2) Second Collection – \$5.40 per covered life. (Regulatory Payment Due Date - November 15, 2017).”
5. The benefit year pre-populates with “2016” and cannot be changed.

7.3 Upload Supporting Documentation, if applicable

Using the same steps as in the First Collection filing, attach the same Supporting Documentation, if applicable. Use the same steps in [Section 6.9: Upload Supporting Documentation](#).

7.4 Schedule Second Collection

Use the same steps in [Section 6.10: Schedule Contribution Payment](#) and [Section 6.11: Submit the Payment](#) to complete the Payment Information, and review and submit the Second Collection. Print the receipt on the Confirmation page.

Appendix A: ACH Debit Considerations

Federal Holiday Schedule

The Pay.gov site is available 24 hours a day, seven (7) days a week, (holidays included), for users to schedule payments with the exception of a maintenance window every Sunday from 2:00 AM to 6:00 AM Eastern Time. ACH debit payment processing follows the Federal Reserve holiday schedule; payments will not settle on the holidays listed in Table 3 or on weekends.

Table 3: Federal Holiday Schedule¹

Holiday ¹	2016	2017
New Year's Day	January 1	January 1
Martin Luther King, Jr. Day	January 18	January 16
Presidents' Day	February 15	February 20
Memorial Day	May 30	May 29
Independence Day	July 4	July 4
Labor Day	September 5	September 4
Columbus Day	October 10	October 9
Veteran's Day	November 11	November 11
Thanksgiving Day	November 24	November 23
Christmas Day	December 26	December 25

ACH Debit Block and Agency Location Code (ALC+2)

Automatic debits to your business account may be blocked by the bank. This security feature is called an ACH Debit Block, ACH Positive Pay, or ACH Fraud Prevention Filter. An ACH Debit Block is removed by providing an allowed list of ACH codes; this list enables allowable automatic debits.

When working with the U.S. Government, these codes are referred to as the Agency Location Code (ALC +2). Contact your bank to have the ALC+ 2 added to a list of approved automated debit transactions.

The Transitional Reinsurance Contribution Program's ALC+2 is 7505008016. The company name is USDEPTHHSCMS.

¹ For holidays falling on Saturday, Federal Reserve Banks and Branches will be open the preceding Friday; however, the Board of Governors will be closed. For holidays falling on Sunday, all Federal Reserve offices will be closed the following Monday.

Appendix B: Resources and Regulatory References

Resources

There are several beneficial sources of information on the Transitional Reinsurance Program. Reporting Entities are encouraged to access the following:

- **REGTAP** <https://www.regtap.info>
 Communications regarding the Transitional Reinsurance Contributions Process will be made through REGTAP: The Registration for Technical Assistance Portal. Please monitor REGTAP emails for announcements about Form availability, upcoming events, and other program information. Access to program related documents and FAQs on REGTAP are obtained by selecting “Library” or “FAQ” on the REGTAP dashboard and filtering by Program Area “Reinsurance-Contributions.” REGTAP also allows registrants to sign up for events. If not already a REGTAP user, please visit <https://www.regtap.info>, and select “Register as a New User.”
- **The Transitional Reinsurance Program Webpage**
<http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html>
- **The Transitional Reinsurance Program Support Mailbox:** email reinsurancecontributions@cms.hhs.gov
- **Pay.gov website:** <https://www.pay.gov>
- **Pay.gov Customer Support:** For Pay.gov customer or agency questions, concerns, or technical issues, or for more information about Pay.gov collections, Forms, or billing services, please refer to Table 4 below.

Table 4: Pay.gov Customer Support

Customer Support	Contact and Hours
Pay.gov Customer Support:	Call: 800-624-1373 (toll-free, Option #1) 216-579-2112 (Option #2) Or email: pay.gov.clev@clev.frb.org
Hours (ET):	7:00 AM - 7:00 PM, Monday - Friday

Additional Resources:

- **U. S. Department of Health & Human Services:** <https://www.hhs.gov>
- **The Center for Consumer Information and Insurance Oversight (CCIIO) Website:** <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium->

[Stabilization-Programs/index.html](http://www.cms.gov/Regulatory-and-Policy-Advisory-and-Compliance-Activities/Policy-Initiatives/Stabilization-Programs/index.html). This website offers guidance on the Premium Stabilization Program, as well other resources

Regulatory References

This list of regulatory references offers additional information and details on the Transitional Reinsurance Program:

- 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>

Appendix C: Form Field Description

Table 5 outlines the field names and required information on the Form.

Table 5: Form Fields

(An asterisk (*) denotes a required field.)

Field Name	Information
Current Date	Pre-populated with current date.
* Legal Business Name (LBN)	The name associated with the Reporting Entity's Tax Identification Number. May pre-populate from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
* Federal Tax Identification Number (TIN)	The nine-digit Federal TIN associated with the LBN.
* Billing Contact – First Name	The Reporting Entity's billing contact first name.
* Billing Contact – Last Name	The Reporting Entity's billing contact last name.
* Billing Contact – Job Title	The Reporting Entity's billing contact job title.
* Billing Contact – Email Address	The Reporting Entity's billing contact email address.
* Billing Contact – Telephone	The Reporting Entity's billing contact telephone number.
Billing Contact – Ext	Optional. The Reporting Entity's billing contact telephone number Extension.
* Billing Address – Line 1	Pre-populated from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections (cannot be post office box).
Billing Address – Line 2 (optional)	Optional.
* Billing Address – City	Pre-populated from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.

Field Name	Information
* Billing Address – State	Pre-populated from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
* Billing Address – Zip Code	Pre-populated from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
* Contact for Submission – First Name	Pre-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
* Contact for Submission – Last Name	Pre-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
* Contact for Submission – Job Title	Job title of Contact who registered within Pay.gov.
* Contact for Submission – Email Address	Pre-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
* Contact for Submission – Telephone	Pre-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
Contact for Submission – Ext	Optional. The Reporting Entity’s submission contact phone extension.
* Form Contributing Entities Questions	<p>Are you reporting for three (3) or fewer Contributing Entities using this Form?</p> <p>Answer Options:</p> <ul style="list-style-type: none"> • Yes • No <p>If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?</p> <p>Answer Options:</p> <ul style="list-style-type: none"> • Yes • No

Field Name	Information
Contributing Entity Page – When reporting for three (3) or fewer Contributing Entities (Entered as “Contributing Entity 1,” “Contributing Entity 2,” and “Contributing Entity 3”)	Page opens only if reporting for three (3) or fewer Contributing Entities.
* Contributing Entity 1 – LBN	Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity. The name associated with Contributing Entity 1’s Federal Tax Identification Number.
* Contributing Entity 1 – TIN	Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity. The nine-digit Federal TIN associated with Contributing Entity 1’s LBN.
* Contributing Entity 1 Organization Type	Organization status associated with Contributing Entity 1’s TIN. For self-insured group health plans, it is the organization type of the plan sponsor. Options include: <ul style="list-style-type: none"> • For Profit • Nonprofit
* Contributing Entity 1 – Billing Address Line 1	Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity. Contributing Entity 1’s billing street address (cannot be post office box). For self-insured group health plans, it is the billing address of the plan sponsor.
Contributing Entity 1 – Billing Address Line 2	Optional.

Field Name	Information
<p>* Contributing Entity 1 – Billing Address City</p>	<p>Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity. Contributing Entity 1’s billing address city name. For self-insured group health plans, it is the billing address city name of the plan sponsor.</p>
<p>* Contributing Entity 1 – Billing Address State</p>	<p>Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity. Contributing Entity 1’s postal State. For self-insured group health plans, it is the billing address State of the plan sponsor.</p>
<p>* Contributing Entity 1 – Billing Address Zip Code</p>	<p>Pre-populated if the Reporting Entity is the Contributing Entity. Blank if the Reporting Entity is not the Contributing Entity. Contributing Entity 1’s five-digit zip code. For self-insured group health plans, it is the billing address zip code of the plan sponsor.</p>
<p>* Contributing Entity 1 – Domiciliary State</p>	<p>Contributing Entity 1’s postal State where the plan sponsor of the self-insured group health is located or, if fully insured, applicable State of licensure.</p>
<p>Contributing Entity 1 – Benefit Year</p>	<p>Pre-populated to 2016. Benefit year applicable to the annual enrollment count reported. This field cannot be changed.</p>
<p>*Contributing Entity 1 – Annual Enrollment Count for the applicable benefit year</p>	<p>Contributing Entity 1’s Annual Enrollment Count. Must not exceed 3,703,703.70 if remitting one (1) payment or 4,629,629.62 if remitting two (2) payments.</p>

Field Name	Information
* Contributing Entity 1 – Indicate Type of Contributing Entity	<p>Type of Contributing Entity for whom you are submitting the annual enrollment count.</p> <p>Value options:</p> <ul style="list-style-type: none"> • Health Insurance Issuer (HII) • Self-Insured Group Health Plan (SI) • MGHPS - Multiple Group Health Plan (single plan treatment) • MGHPM - Multiple Group Health Plan (multiple plan treatment) • OTHER if other, please explain
* Other Type	<p>If “OTHER” is selected for Contributing Entity 1’s Type, enter an explanation of the Type of Contributing Entity.</p>
* Contributing Entity 2 – LBN	<p>The name associated with Contributing Entity 2’s Federal Tax Identification Number.</p>
* Contributing Entity 2 – TIN	<p>The nine-digit Federal TIN associated with the Contributing Entity 2’s LBN.</p>
* Contributing Entity 2 – Organization Type	<p>Organization status associated with Contributing Entity 2’s TIN. For self-insured group health plans, it is the organization type of the plan sponsor.</p> <p>Options include:</p> <ul style="list-style-type: none"> • For Profit • Nonprofit
* Contributing Entity 2 – Billing Address Line 1	<p>Contributing Entity 2’s billing street address (cannot be post office box). For self-insured group health plans, it is the billing address of the plan sponsor.</p>
Contributing Entity 2 – Billing Address Line 2 (optional)	<p>Optional.</p>
* Contributing Entity 2 – Billing Address City	<p>Contributing Entity 2’s billing address city name. For self-insured group health plans, it is the billing address city name of the plan sponsor.</p>
* Contributing Entity 2 – Billing Address State	<p>Contributing Entity 2’s postal State. For self-insured group health plans, it is the billing address State of the plan sponsor.</p>

Field Name	Information
* Contributing Entity 2 – Billing Address Zip Code	Contributing Entity 2’s five-digit zip code. For self-insured group health plans, it is the billing address zip code of the plan sponsor.
* Contributing Entity 2 – Domiciliary State	Contributing Entity 2’s postal State where the plan sponsor of the self-insured group health is located or, if fully insured, applicable State of licensure.
Contributing Entity 2 – Benefit Year	Pre-populated to 2016. Benefit year applicable to the annual enrollment count reported. This field cannot be changed.
* Contributing Entity 2 – Annual Enrollment Count for the applicable benefit year	Contributing Entity 2’s Annual Enrollment Count. Must not exceed 3,703,703.70 if remitting one (1) payment or 4,629,629.62 if remitting two (2) payments.
* Contributing Entity 2 – Indicate Type of Contributing Entity	Type of Contributing Entity for whom you are submitting the annual enrollment count. Value options: <ul style="list-style-type: none"> • Health Insurance Issuer (HII) • Self-Insured Group Health Plan (SI) • MGHPS - Multiple Group Health Plan (single plan treatment) • MGHPM - Multiple Group Health Plan (multiple plan treatment) • OTHER if other, please explain
* Contributing Entity 2 – Other Type	If “OTHER” is selected for Contributing Entity 2’s Type, enter an explanation of the Type of Contributing Entity.
* Contributing Entity 3 – LBN	The name associated with Contributing Entity 3’s Federal Tax Identification Number.
* Contributing Entity 3 – TIN	The nine-digit Federal TIN associated with the Contributing Entity 3’s LBN.
* Contributing Entity 3 – Organization Type	Organization status associated with Contributing Entity 3’s TIN. For self-insured group health plans, it is the organization type of the plan sponsor. Options include: <ul style="list-style-type: none"> • For Profit • Nonprofit

Field Name	Information
* Contributing Entity 3 – Billing Address Line 1	Contributing Entity 3’s billing street address (cannot be post office box). For self-insured group health plans, it is the billing address of the plan sponsor.
Contributing Entity 3 – Billing Address Line 2 (optional)	Optional.
* Contributing Entity 3 – Billing Address City	Contributing Entity 3’s billing address city name. For self-insured group health plans, it is the billing address city name of the plan sponsor.
* Contributing Entity 3 – Billing Address State	Contributing Entity 3’s postal State. For self-insured group health plans, it is the billing address State of the plan sponsor.
* Contributing Entity 3 – Billing Address Zip Code	Contributing Entity 3’s five-digit zip code. For self-insured group health plans, it is the billing address zip code of the plan sponsor.
* Contributing Entity 3 – Domiciliary State	Contributing Entity 3’s postal State where the plan sponsor of the self-insured group health is located or, if fully insured, applicable State of licensure.
Contributing Entity 3 – Benefit Year	Pre-populated to 2016. Benefit year applicable to the annual enrollment count reported. This field cannot be changed.
* Contributing Entity 3 – Annual Enrollment Count for the applicable benefit year	Contributing Entity 3’s Annual Enrollment Count. Must not exceed 3,703,703.70 if remitting one (1) payment or 4,629,629.62 if remitting two (2) payments.
* Contributing Entity 3 – Indicate Type of Contributing Entity	Type of Contributing Entity for whom you are submitting the annual enrollment count. Value options: <ul style="list-style-type: none"> • Health Insurance Issuer (HII) • Self-Insured Group Health Plan (SI) • MGHPS - Multiple Group Health Plan (single plan treatment) • MGHPM - Multiple Group Health Plan (multiple plan treatment) • OTHER if other, please explain

Field Name	Information
* Contributing Entity 3 – Other Type	If “OTHER” is selected for Contributing Entity 3’s Type, enter an explanation of the Type of Contributing Entity.
* Type of Filing	<p>Filing Type options:</p> <ul style="list-style-type: none"> • New <ul style="list-style-type: none"> ○ Select for a new 2016 Form submission ○ Select for a 2016 Second Collection Form submission ○ Select “New” even if a Form was filed for 2014 or 2015 • Re-Filing <ul style="list-style-type: none"> ○ Select to re-file a previous 2016 Form ○ The previous Pay.gov tracking ID is required • Resubmission <ul style="list-style-type: none"> ○ Select only to resubmit Supporting Documentation (.CSV file), which is required for four (4) or more Contributing Entities ○ The previous Pay.gov tracking ID is required • Invoice <ul style="list-style-type: none"> ○ Select only if CMS has sent an invoice for reinsurance contributions ○ Selecting this radio button will NOT generate an invoice for reinsurance contributions

Field Name	Information
* Payment Question	<p>Do you want to make the Full Contribution for 2016 in one payment?</p> <p>Answer Options:</p> <ul style="list-style-type: none"> • Yes • No <p>Answer “Yes” to select payment option 1 (requires one (1) Form filing):</p> <ul style="list-style-type: none"> • One Payment – \$27.00 per covered life. (Regulatory Payment Due Date - November 15, 2017) <p>Answer “No” to select payment option 2 (requires two (2) Form filings. Select the collection period for which you are filing. Select “First Collection” for the first Form filing. Duplicate the Form, and then select “Second Collection” for the second Form filing.</p> <ul style="list-style-type: none"> • First Collection – \$21.60 per covered life. (Regulatory Payment Due Date - January 17, 2017) • Second Collection – \$5.40 per covered life. (Regulatory Payment Due Date - November 15, 2017)
Benefit Year for Reporting Annual Enrollment	Pre-populated.
Total Applicable Benefit Year Contribution Rate	Pre-populated with the 2016 Contribution Rate of \$27.00 per covered life.
* Annual Enrollment Count	<p>Pre-populates with the sum of all Annual Enrollment Counts for up to three (3) Contributing Entities.</p> <p>Entry required if Supporting Documentation is applicable. Enter the sum of all the Annual Enrollment Counts included in the Supporting Documentation.</p> <p>Must not exceed 3,703,703.70 if remitting one (1) payment or 4,629,629.62 if remitting two (2) payments.</p>
* Verify Annual Enrollment Count	Re-enter Annual Enrollment Count

Field Name	Information
Contribution Rate for Program Payments and Program Administration Funds	Pre-populates with the Reinsurance Program Payments and Program Administration Funds portion of the 2016 benefit year's total contribution rate (\$21.60 per covered life). If selecting to make two (2) payments, this is the rate charged in the First Collection.
Contribution Amount Due for Program Payments and Program Administration Funds	Pre-populates with the amount due for the Transitional Reinsurance Program Payments and Program Administration Funds. If selecting to make two (2) payments, this is the amount due in the First Collection.
Contribution Rate for General Fund of the U.S. Treasury	Pre-populates with the General Fund of the U.S. Treasury portion of the 2016 benefit year's total contribution rate (\$5.40 per covered life). If selecting to make two (2) payments, this is the rate charged in the Second Collection.
Contribution Amount Due for General Fund of the U.S. Treasury	Pre-populates with the amount due for the General Fund of the U.S. Treasury. If selecting to make two (2) payments, this amount is due in the Second Collection.
Total Contributions Due for the Applicable Benefit Year	Pre-populates with the amount of total contributions due for the 2016 benefit year. The amount due If selecting to make one (1) payment.
Previous Pay.gov Tracking ID	The Pay.gov Tracking ID associated with a previous 2016 Form filing. This field is not completed during a New filing. Required when submitting a Re-Filing, Resubmission, or Invoice.
Invoice Number	For reinsurance contributions purposes, an invoice results when a data or payment issue has been determined and is sent by CMS. An "Invoice Number" will begin with the letter "P."
Verify Invoice Number	Re-enter Invoice Number. Applicable when payment type is "Invoice"; must match "Invoice Number."
Invoice Payment Amount	Dollar amount on the invoice you received. Applicable when payment type is "Invoice."

Field Name	Information
Annual Enrollment Count	Must not exceed 3,703,703.70 if remitting one payment or 4,629,629.62 if remitting two (2) payments. (Applicable when Type of Filing is “Invoice” or “Resubmission – File Attachment”)
Verify Annual Enrollment Count	Re-enter Annual Enrollment Count. (Applicable when Type of Filing is “Invoice” or “Resubmission – File Attachment”)
* Acknowledgement of Annual Enrollment Count accuracy and Supporting Documentation accuracy, if applicable	Select the checkbox.
* Acknowledgement of Accuracy	Select the checkbox.
* Authorizing Official – First Name	The Authorizing Official’s first name.
* Authorizing Official – Last Name	The Authorizing Official’s last name.
* Authorizing Official – Job Title	The Authorizing Official’s job title.
* Authorizing Official – Email Address	The Authorizing Official’s email address.
* Authorizing Official – Telephone	The Authorizing Official’s telephone number.
Authorizing Official – Ext	Optional. The Authorizing Official’s phone extension.

Appendix D: 2016 Supporting Documentation

Supporting Documentation is limited to certain field lengths based on the requirements of the database and to the following constraints:

- It must not contain the following special characters in Figure 31.

Figure 31: Special Characters

*	<	>	\	/	%	^	,	+	?	"
`	{	}	[]	!	~	&	=	#	

- It must not exceed 2MB.
- It must be a Comma Separated Value (.CSV) file.
- It should contain one (1) row for each contributing entity. Each row will contain reporting entity information.
- The total of all Annual Enrollment Counts in the file must not exceed 3,703,703.70 if remitting one (1) payment or 4,629,629.62 if remitting two (2) payments.

Table 6 outlines the field names and required Contributing Entity information in the Supporting Documentation.

Table 6: Supporting Documentation Fields

Field Name ²	Max Length	Description and Constraints
* Reporting Entity Legal Business Name (LBN)	150	<ul style="list-style-type: none"> • Legal business name (LBN) associated with the Reporting Entity's Federal Tax Identification Number (TIN). • Must match the LBN on the corresponding Form submission. • Field value is the same for each Contributing Entity listed in the Supporting Documentation file. • Valid Format: If the Reporting Entity's LBN includes special characters, omit them for the purposes of the Supporting Documentation file.

² An asterisk (*) indicates a required field.

Field Name ²	Max Length	Description and Constraints
* Reporting Entity Federal Tax Identification Number (TIN)	10	<ul style="list-style-type: none"> Federal TIN associated with the Reporting Entity's LBN. Must match the TIN on the corresponding Form submission. Field value is the same for each Contributing Entity listed in the Supporting Documentation file. Valid Format: include the hyphen. NN-NNNNNNN
* Contributing Entity Legal Business Name (LBN)	150	<ul style="list-style-type: none"> Legal business Name (LBN) associated with the Contributing Entity's Federal Tax Identification Number (TIN). Valid Format: If the Contributing Entity's LBN includes special characters, omit them for the purposes of the Supporting Documentation file.
* Contributing Entity Federal Tax Identification Number (TIN)	10	<ul style="list-style-type: none"> Federal TIN associated with the Contributing Entity's LBN. For self-insured group health plans, it is the TIN of the plan sponsor. Valid Format: include the hyphen. NN-NNNNNNN
* Contributing Entity Organization Type	10	<ul style="list-style-type: none"> Organization status associated with the Contributing Entity's Federal TIN. For self-insured group health plans, it is the organization type of the plan sponsor. Value must be one of the following: <ul style="list-style-type: none"> o "For Profit" o "Nonprofit"
* Contributing Entity Billing Address – Line 1	150	<ul style="list-style-type: none"> Contributing Entity's billing street address (cannot be post office box). For self-insured group health plans, it is the billing address of the plan sponsor. Valid Format: Alphanumeric

Field Name ²	Max Length	Description and Constraints
Contributing Entity Billing Address – Line 2	150	<ul style="list-style-type: none"> Contributing Entity’s billing street address 2. For self-insured group health plans, it is the billing address of the plan sponsor. Optional Valid Format: Alphanumeric
* Contributing Entity Billing Address City	150	<ul style="list-style-type: none"> Contributing Entity’s billing address city name. For self-insured group health plans, it is the billing address city name of the plan sponsor. Valid Format: If the Contributing Entity’s billing address city name includes special characters; omit them for the purposes of the Supporting Documentation file.
* Contributing Entity Billing Address State	2	<ul style="list-style-type: none"> Postal state abbreviation. For self-insured group health plans, it is the billing address State of the plan sponsor. Value Format: Must be one of the State Abbreviations listed in Table 7: Valid Postal State Abbreviations.
* Contributing Entity Billing Address Zip Code plus 4	10	<ul style="list-style-type: none"> Five-digit zip code, plus 4 (if available). For self-insured group health plans, it is the billing address zip code of the plan sponsor. Valid Format: NNNNN-NNNN or NNNNN
* Contributing Entity Domiciliary State	2	<ul style="list-style-type: none"> Postal state abbreviation where the plan sponsor of the self-insured group health plan is located or, if fully insured, applicable State of licensure for providing coverage. Value Format: Must be one of the postal state abbreviations listed in Table 7: Valid Postal State Abbreviations.
* Benefit Year	4	<ul style="list-style-type: none"> Benefit year applicable to the annual enrollment count reported. Value “2016.”
* Annual Enrollment Count	10	<ul style="list-style-type: none"> Total number of lives subject to reinsurance contributions calculated using an approved counting method pursuant to 45 CFR 153.405 (d)-(g) for a benefit year. Valid Format: NNNNNNN.NN

Field Name ²	Max Length	Description and Constraints
* Type of Contributing Entity³	5	Type of Contributing Entity for whom you are submitting the annual enrollment count. Value must be one of the following: <ul style="list-style-type: none"> • “HI” = Health Insurance Issuer • “SI” = Self-Insured Group Health Plan • “MGHPS” = Multiple Group Health Plan (single plan treatment) • “MGHPM” = Multiple Group Health Plan (multiple plan treatment) • “OTHER” = Other type

Table 7 lists valid postal State abbreviations.

Table 7: Valid Postal State Abbreviations

Valid Abbreviation	State
Value “AL”	Alabama
Value “AK”	Alaska
Value “AZ”	Arizona
Value “AR”	Arkansas
Value “CA”	California
Value “CO”	Colorado
Value “CT”	Connecticut
Value “DE”	Delaware
Value “DC”	District Of Columbia
Value “FL”	Florida
Value “GA”	Georgia
Value “HI”	Hawaii
Value “ID”	Idaho
Value “IL”	Illinois
Value “IN”	Indiana
Value “IA”	Iowa
Value “KS”	Kansas
Value “KY”	Kentucky

³ For more information on selecting the Type of Contributing Entity, please see the Module 1: 2016 Reinsurance Contributions Overview (Webinar) located in the REGTAP library (<https://www.regtap.info/>)

Valid Abbreviation	State
Value "LA"	Louisiana
Value "ME"	Maine
Value "MD"	Maryland
Value "MA"	Massachusetts
Value "MI"	Michigan
Value "MN"	Minnesota
Value "MS"	Mississippi
Value "MO"	Missouri
Value "MT"	Montana
Value "NE"	Nebraska
Value "NV"	Nevada
Value "NH"	New Hampshire
Value "NJ"	New Jersey
Value "NM"	New Mexico
Value "NY"	New York
Value "NC"	North Carolina
Value "ND"	North Dakota
Value "OH"	Ohio
Value "OK"	Oklahoma
Value "OR"	Oregon
Value "PA"	Pennsylvania
Value "RI"	Rhode Island
Value "SC"	South Carolina
Value "SD"	South Dakota
Value "TN"	Tennessee
Value "TX"	Texas
Value "UT"	Utah
Value "VT"	Vermont
Value "VA"	Virginia
Value "WA"	Washington
Value "WV"	West Virginia
Value "WI"	Wisconsin
Value "WY"	Wyoming
Value "AS"	American Samoa

Valid Abbreviation	State
Value "GU"	Guam
Value "MP"	Northern Mariana Islands
Value "PR"	Puerto Rico
Value "VI"	Virgin Islands

Acronyms

Table 8 lists some common acronyms and their terms that the Reporting Entity may encounter when completing the ACA Transitional Reinsurance Contributions and Annual Submission Form.

Table 8: Acronyms

Acronym	Term
ACA	Affordable Care Act
ACH	Automated Clearing House
ASO Contractor	Administrative Services-Only Contractor
BY	Benefit Year
CCIO	The Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare and Medicaid Services
CSV	Comma Separated Value
HHS	U.S. Department of Health and Human Services
HII	Health Insurance Issuer
LBN	Legal Business Name
MGHPS	Multiple Group Health Plan – single plan treatment
MGHPM	Multiple Group Health Plan – multiple plan treatment
REGTAP	Registration for Technical Assistance Portal
SI	Self-Insured
TIN	Federal Tax Identification Number
TPA	Third Party Administrator

Appendix E: 2016 Reinsurance Contribution Rate

The Transitional Reinsurance Program requires submission of reinsurance contributions for 2014, 2015, and 2016. The annual per capita contribution rate for 2016 is listed in Table 9, and is to be submitted per covered life.

Table 9: Reinsurance Contribution Rates

Activity	2016
First Collection	\$21.60
Second Collection	\$5.40
Total	\$27.00

The Transitional Reinsurance Program's contributions collection amounts are outlined in Section 1341 of the Affordable Care Act. It specifies the collection of reinsurance contributions for the 2016 benefit year as \$4 billion for the reinsurance payment pool and \$1 billion for the General Fund of the U.S. Treasury, and permits the collection of additional amounts for reinsurance administrative expenses.