



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

2015 ACA Transitional Reinsurance Program

Updating Contributions Filings Manual

Version 1.0

11/16/2015

PRA Disclosure Statement

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

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1 Introduction

The Center for Consumer Information and Information 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 2015 on the Pay.gov website at <https://www.pay.gov>.

This document assists a Contributing Entity, or a TPA or ASO contractor on behalf of the Contributing Entity, in performing the required steps to address common filing discrepancies discovered through reviewing a filed “2015 ACA Transitional Reinsurance Program Annual Enrollment Contributions Form” (Form) and any accompanying Supporting Documentation (if applicable). The discrepancies can be discovered by the Contributing (or Reporting) Entity or by CMS.

2 Background

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

For 2015 and 2016, Contributing Entities (45 CFR 153.20) are defined as health insurance issuers and self-insured group health plans (including a group health plan that is partially self-insured and partially insured, where the health insurance coverage does not constitute major medical coverage) that use a third party administrator 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 third party administrator, 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 third party administrator or administrative services-only 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 2015 (79 FR 13744) for more information regarding this exemption.

Figure 1 identifies key deadlines applicable to the 2015 benefit year.

Figure 1: Key Deadlines for 2015

Date	Activity	Contribution Amount
To Make a Full Contribution in One Payment (Combined Collection):		
No later than November 16, 2015	Submit the Form and schedule payment by due date	
No later than January 15, 2016	Full contribution amount due (single payment)	\$44.00 per covered life
	TOTAL	\$44.00
OR		
To Make a Two-part Contribution (First and Second Collection):		
No later than November 16, 2015	Submit the Form and schedule payment of first collection contribution (by due date) and duplicate the Form and schedule payment of second collection (by due date)	
No later than January 15, 2016	First contribution amount due	\$33.00 per covered life
No later than November 15, 2016	Second contribution amount due	\$11.00 per covered life
	TOTAL	\$44.00

3 Form Updates and Identifying Discrepancies

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

- Scheduling one part of a two-part payment

- ACH debit failure
- Bank account information changes
- Incorrect Annual Enrollment Count on the Form
- Aggregated Annual Enrollment Count on the Form and the aggregated Annual Enrollment Count in the Supporting Documentation do not match (also referred to as a mismatch)
- Supporting Documentation (.CSV) file formatting error



Carefully review your 2015 Form filing(s) to avoid receiving discrepancy notifications from CMS.

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

- A subject line of “Action Required”
- An explanation of the discrepancy discovered by CMS
- Specific instructions on how to resolve the discrepancy

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

3.1 Review 2015 Form Filings

In order to identify a discrepancy, a Contributing or Reporting Entity must review its Form filing(s) on Pay.gov. Use the following steps to access 2015 Form filings.

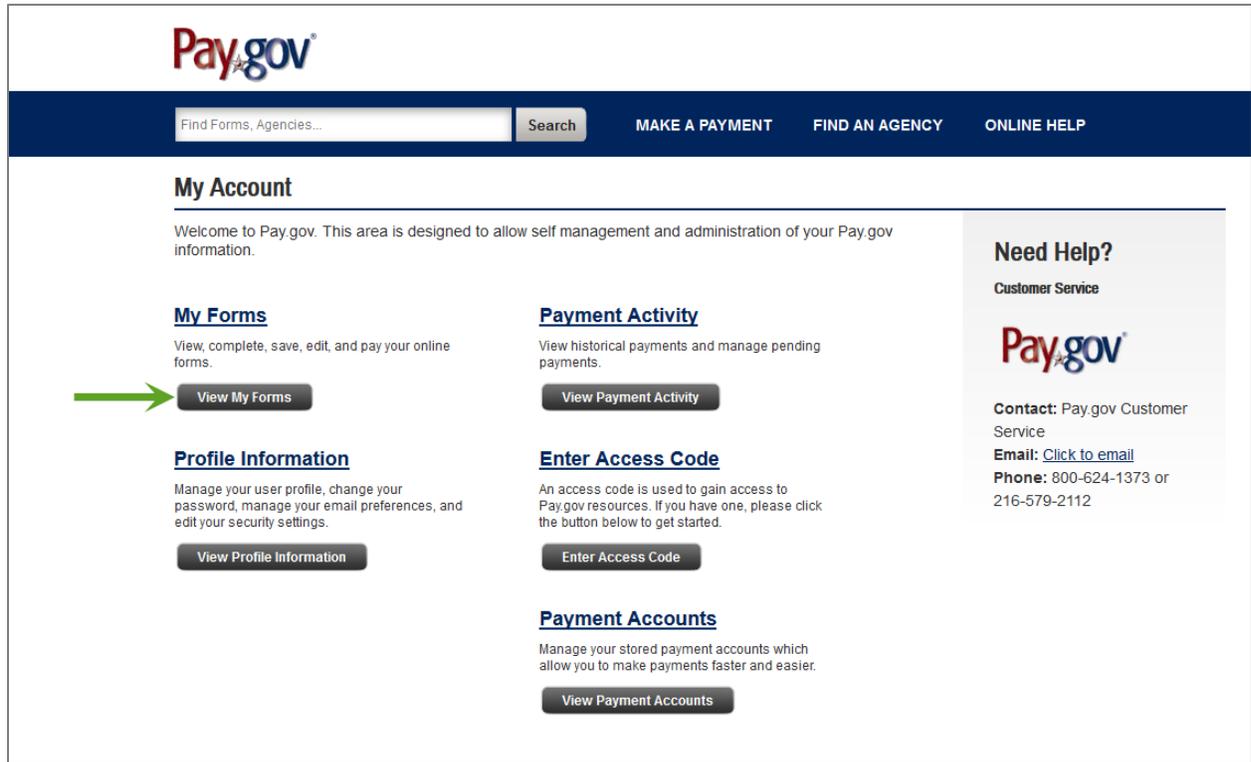
1. Log in to Pay.gov.
2. Select “My Account” from the navigation menu on the top-right of the page.

Figure 2: Select “My Account”



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

Figure 3: Select “View My Forms”



4. Locate the Form(s) filed and select the appropriate Form by Pay.gov Tracking ID. Select “View PDF” to review all submissions. The “Attachment” link will appear only if a Supporting Documentation (.CSV) file was submitted. Always review the attachment to confirm the Annual Enrollment Count is correct on the Form and in the Supporting Documentation, and to confirm that the Supporting Documentation (.CSV) file is in the proper format.

Figure 4: Select “View PDF”



My Forms

Submitted (1) Saved (2)

Sort by

2015 ACA Transitional Reinsurance Program Annual Enrollment Contributions

Please use this form ONLY to submit your 2015 benefit year annual enrollment count and remit the contribution amount owed for the ACA Transitional Reinsurance Program. ACH Company ID = 7505008015 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 2015 | OMB Number: 0938-1155, 0938-1187
Form Status: Accepted
Pay.gov Tracking ID: 3FP1E18T
Date Submitted: 10/13/2015 13:03:23 PM
Application Name: Transitional Reinsurance Contributions

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

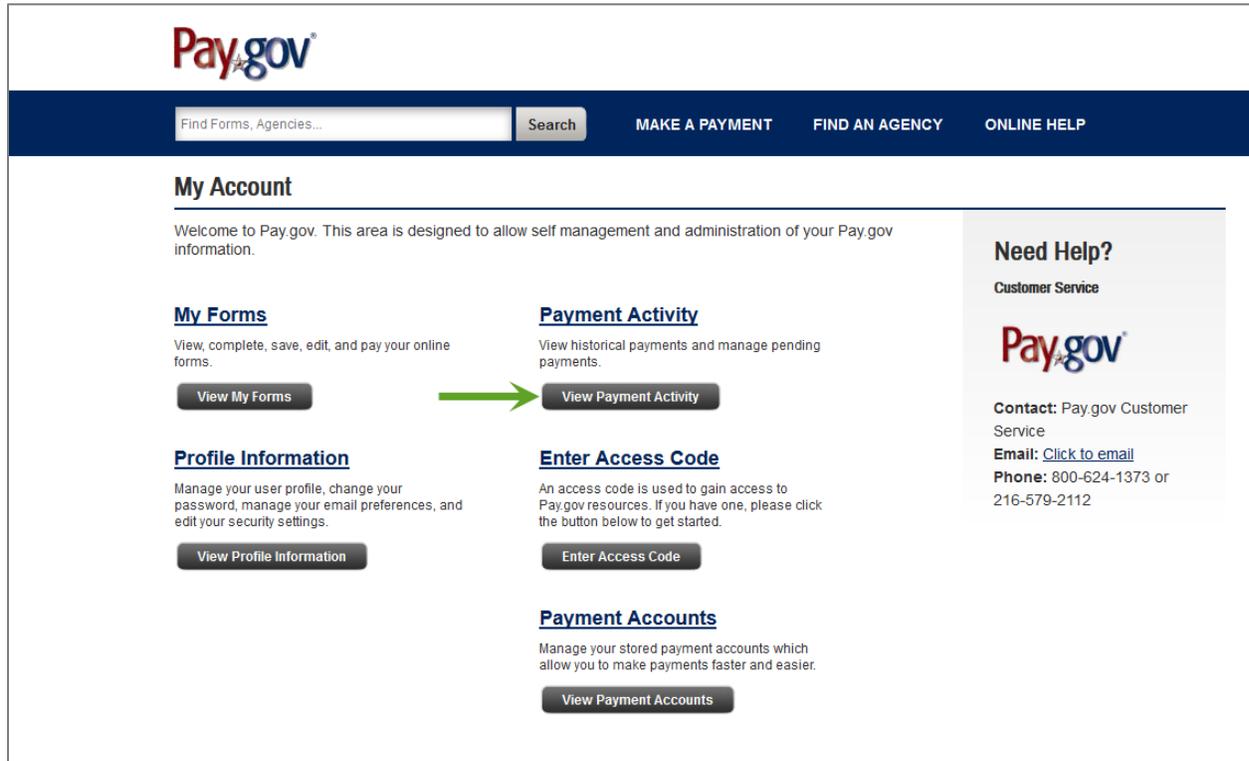
Follow the above steps to review all Form filings. If the two-part collection was selected in the “Type of Payment” option, you must have submitted two Forms: one for the First Collection and one for the Second Collection. There should be two Form filings on the Submitted tab. Review both Form filings to ensure that there are no discrepancies, and confirm that the Annual Enrollment Count matches on both the First Collection and Second Collection Forms.

3.2 Review 2015 Payment Activity

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

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

Figure 5: Select “View Payment Activity”



The “Payment Activity” page includes the following tabs:

- All
- Completed
- Rejected
- Pending

Figure 6: "Payment Activity" Page

Payment Activity

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

Sort by Transaction Date ▼

**2015 ACA Transitional Reinsurance Program
Annual Enrollment Contributions**

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

Pay.gov Tracking ID: 3FP0PDL2

Transaction Date: 08/18/2015 01:59:52 PM EDT

Transaction Amount: \$577,500.00

Payment Type: Bank account (ACH)

Transaction Status: Received

Payment Date: 11/13/2015

Frequency: One Time

 [View Details](#)

 [View Receipt](#)

 [Cancel](#)

Select each tab to review the transaction status of all Form filings. There may be Completed and Pending transactions, as expected for a two-part contribution.



Transaction Status:

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

For example, the First Collection may be settled and included on the "Completed" tab while the Second Collection may not be settled and included on the "Pending" tab.

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

- Has the payment settled?
- Was a payment retired? If so, was it related to an ACH Debit Block?
- What was the "Type of Payment?"

- Does the discrepancy relate to the Form, Annual Enrollment Count, or Supporting Documentation, if applicable?

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



For detailed scenarios, refer to “Module 4: 2015 Reinsurance Contributions: Updating Contributions Filings” webinar slides posted in the REGTAP Library or CCIO’s Transitional Reinsurance Program webpage. For website links, refer to the *Appendix B: Resources and Regulatory References* in the “2015 Reinsurance Contributions Annual Enrollment and Contributions Submission Form Manual.”

4 Two-Part Collection Discrepancy

A two-part collection requires two separate Form filings, each with its own payment. In order to complete a two-part collection filing, a Form must be filed with “First Collection” selected as the “Type of Payment” option. A second Form or companion Form must **also** be filed with “Second Collection” selected as the “Type of Payment” option. The same information should be included in each Form filing, and if applicable, the same Supporting Documentation.

If a Contributing or Reporting Entity submits a Form filing for **only** a First Collection or **only** a Second Collection, this will trigger a discrepancy email from CMS. This discrepancy is resolved by submitting a Form filing for the missing “Type of Payment” required for the two-part collection.

Complete the following steps to resolve a two-part collection discrepancy:

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

Figure 7: Select Duplicate Link



5. Confirm the information on the initial page of the Form is accurate. If not, update this information.
6. Select the “Yes” or “No” radio button for the question, “Are you reporting for more than three (3) Contributing Entities?”
 - a) If “Yes” is selected, proceed to Step 7.
 - b) In “No” is selected, answer the question, “Are you both the Reporting Entity and Contributing Entity?” by selecting “Yes” or “No” and then select “Continue.”
 - i. The “Contributing Entity” page opens with the Contributing Entity 1 information pre-populated with previously entered information.
 - ii. Ensure that the Contributing Entity information is correct.
7. Select “Continue” on the bottom of the page.
8. On the “Type of Filing” page of the Form, select “New” under “Type of Filing.”
9. Under “Type of Payment,” select the missing payment type (First Collection or Second Collection). This selection is determined by the previous Form filing.
 - If you completed the 2015 Form for the First Collection, choose Second Collection under Type of Payment
 - If you completed the 2015 Form for the Second Collection, choose First Collection under Type of Payment

Figure 8: Select Type of Filing and Type of Payment



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

[Need Help?](#)

* Type of Filing ?

New Re-Filing Resubmission Invoice

* Type of Payment ? (All payment types must be filed and scheduled by November 15th of the Benefit Year)

First Collection - Contribution for Program Payments and Program Administration Funds
(Regulatory Payment Due Date - January 15, 2016)

Second Collection - Contribution for General Fund of the US Treasury
(Regulatory Payment Due Date - November 15, 2016)

Combined Collection - First Collection + Second Collection (as described above)
(Regulatory Payment Due Date - January 15, 2016)

10. In the “Annual Enrollment Count” field, complete the following steps:

- a) Confirm that the pre-populated Annual Enrollment Count is correct. If you completed the “Contributing Entity” page, the “Annual Enrollment Count” field will pre-populate with the sum of Annual Enrollment Counts entered on the “Contributing Entity” page.
- b) If you are reporting for four (4) or more Contributing Entities, enter the sum of the Annual Enrollment Counts for all Contributing Entities entered on the Supporting Documentation (.CSV) file, which must be attached to the Form Refiling.

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

Note: All other information on the “Type of Filing” page of the Form should remain unchanged.

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

13. If you are reporting for three (3) or fewer Contributing Entities, proceed to Step 17.

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

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

Note: Ensure that the Aggregated Annual Enrollment Count in the Supporting Documentation matches the Annual Enrollment Count entered on the Form.

- b) Select “Next” on the bottom of the page.

15. On the Payment Page, schedule a payment according to the deadlines listed in Figure 9. The payment amount will prepopulate.

Figure 9: Two-Part Collection Deadlines for 2015

Date	Activity	Contribution Amount
First Collection		
No later than November 16, 2015	Submit Form and schedule payment for the First Collection	
No later than January 15, 2016	Remit first contribution amount	\$33.00 per covered life
Second Collection		
No later than November 16, 2015	Submit Form and schedule payment for the Second Collection	
No later than November 15, 2016	Remit second contribution amount	\$11.00 per covered life
	TOTAL	\$44.00

16. Enter banking information and select “Review and Submit.”

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

5 Re-File and Resubmission Definitions

To resolve a discrepancy, a Contributing or Reporting Entity may be required to complete a Re-Filing or Resubmission. These are included under the “Type of Filing” options available on the 2015 Form.

A Form Re-Filing resolves the following discrepancies:

- ACH debit failure or ACH Debit Block
- Error in Annual Enrollment Count
- Change in Banking Information

A Refiling requires the previous Pay.gov Tracking ID from a previously filed Form.

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



If a discrepancy is discovered by the Contributing or Reporting Entity prior to the scheduled payment date, and the discrepancy is related to something other than Resubmission, cancel the original filing (see *Section 6.3.1: Cancel a 2015 Form*), and then follow the Re-Filing steps. Please note the Pay.gov Tracking ID of the canceled Form, as you will need to enter it when completing a Re-Filing. CMS monitors cancelations and Re-Filings.

6 Refiling Reinsurance Contributions

6.1 ACH Debit Failure

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

1. Complete Steps 1-3 listed in [Section 4: Two-Part Collection Discrepancy](#) to locate the correct Form.
2. Before duplicating the Form, note the Pay.gov Tracking ID, and select the “Duplicate” link.

Figure 10: Locate Pay.gov Tracking ID



**2015 ACA Transitional Reinsurance Program
Annual Enrollment Contributions**

Please use this form ONLY to submit your 2015 benefit year annual enrollment count and remit the contribution amount owed for the ACA Transitional Reinsurance Program. ACH Company ID = 7505008015 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 2015 | OMB Number: 0938-1155, 0938-1187
Form Status: Accepted

Pay.gov Tracking ID: 3FP1E18T

Date Submitted: 10/13/2015 13:03:23 PM
Application Name: Transitional Reinsurance Contributions

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

3. Confirm that the information on the initial page of the Form remains accurate. If not, update this information.
4. Select the “Yes” or “No” radio button for the question, “Are you reporting for more than three (3) Contributing Entities?”

- a) If “Yes” is selected, proceed to Step 5.
- b) If “No” is selected, answer the question, “Are you both the Reporting Entity and Contributing Entity?” by selecting “Yes” or “No” and then select “Continue.”
 - i. The “Contributing Entity” page opens with the Contributing Entity information previously entered
 - ii. Ensure that the Contributing Entity information is correct
5. Select “Continue” on the bottom of the page.
6. On the “Type of Filing” page of the Form, select “Re-Filing” for “Type of Filing.”
7. Under “Type of Payment,” select “First Collection,” “Second Collection,” or “Combined Collection” for the Form and associated payment that was retired for which you are completing a Re-Filing.
8. In the “Annual Enrollment Count” field, complete the following steps:
 - a) Confirm that the pre-populated Annual Enrollment Count is correct. If you completed the “Contributing Entity” page, the “Annual Enrollment Count” field will pre-populate with the sum of Annual Enrollment Counts entered on the “Contributing Entity” page.
 - b) If you are reporting for four (4) or more Contributing Entities, enter the sum of the Annual Enrollment Counts for all Contributing Entities entered on the Supporting Documentation (.CSV) file, which must be attached to the Form Re-filing.
9. Re-enter the sum of Annual Enrollment Counts into the “Verify Annual Enrollment Count” field; this entry must match the “Annual Enrollment Count” field.
10. Enter the Pay.gov Tracking ID from the originally filed Form in the “Previous Pay.gov Tracking ID” field.
11. Verify the remaining information on the page, and select “Continue.”
12. If you are reporting for three (3) or fewer Contributing Entities, proceed to Step 14.
13. If you are reporting for four (4) or more Contributing Entities:
 - a) On the “Add Attachment” page, upload the same Supporting Documentation (.CSV file) uploaded for the First Collection, Second Collection, or Combined Collection (if it was accepted and in the proper format) and select “Attach.”

Note: Ensure that the Annual Enrollment Count in the Supporting Documentation matches the Annual Enrollment Count entered on the Form.

 - b) Select “Next” on the bottom of the page.
14. Schedule payment within the deadlines (see Figure 1), and enter the **correct** ACH debit information.
15. Enter banking information and select “Review and Submit.”

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



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

ALC+2 value: 7505008015

Company ID: USDEPTHHSCMS

Refile and schedule payment of the Form after accommodating the necessary time for the bank to clear the ACH debit block.

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

6.2 ACH Debit Reminder Notices

A Contributing or Reporting Entity should update its Pay.gov profile (as recommended in Section 5: Key Points about Pay.gov Registration of the “2015 Reinsurance Contributions Annual Enrollment and Contributions Submission Form Manual”) to indicate if they want to receive email notifications about payments made using forms on Pay.gov. By making that selection, the Contributing or Reporting Entity will receive a reminder notice that an ACH debit payment is going to be withdrawn for the scheduled payment date.

CMS recommends that the Account Owner monitor its bank account after it receives the reminder email to ensure that the payment goes through successfully. If a bank account has insufficient funds, three (3) attempts will be made to obtain the funds. If an Account Owner receives an insufficient funds notice, the Account Owner is to deposit money into the account immediately.

If an Account Owner does not see the payment go through within five (5) business days of its scheduled payment date, contact Pay.gov for assistance.

The transaction originator for the reinsurance contribution is USDEPTHHSCMS.

6.3 Annual Enrollment Count Correction

If a Contributing or Reporting Entity discovers that the Annual Enrollment was entered incorrectly on the 2015 Form or in the Supporting Documentation (.CSV) file, and the payment (or transaction status) is **not** Settled or Retired (status = Received), a Form filing must be cancelled and Re-Filed. Since the payment was scheduled but not settled,

the Supporting Documentation (.CSV) file can be corrected and submitted as a Form Re-Filing.



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

6.3.1 Cancel a 2015 Form

Complete the following steps to cancel a 2015 Form:

1. Confirm the payment status of the Form filing is “Received” before cancelling.
2. Log in to Pay.gov.
3. Select the “View Payment Activity” button on the “My Account” page. See Figure 5 above.
4. Select the “Pending” tab to locate the scheduled payment(s). Note the Pay.gov Tracking ID associated with the pending transaction for cancellation; the Pay.gov Tracking ID is needed to complete the Re-Filing process steps.
5. Select the “Cancel” button, to cancel the scheduled payment (see Figure 11).

6.3.2 Correcting Supporting Documentation

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

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

Figure 11: Cancel a 2015 Form



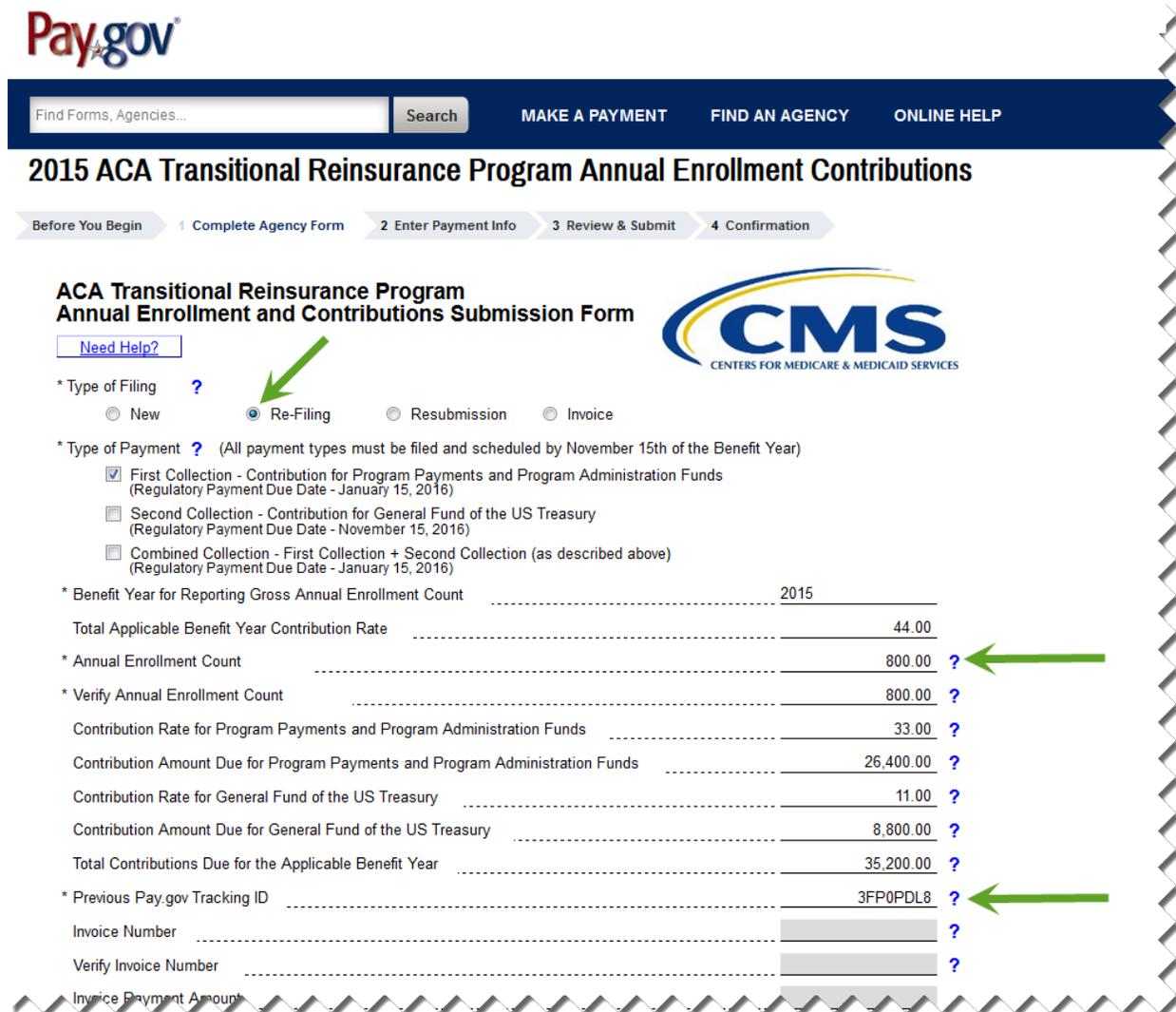
6.3.3 Re-File a 2015 Form

Complete the following steps to Re-File a 2015 Form:

1. Select the “My Account” link in the upper right corner to navigate to the “My Account” page.
2. Select the “View My Forms” button.
3. Select the “Submitted” tab to view the list of submitted Forms.
4. Locate the Form associated with the cancelled filing, and note the Pay.gov Tracking ID.
5. Select the “Duplicate” link.
6. Confirm the information on the initial page of the Form, and select “Continue.”
7. If reporting for four (4) Contributing Entities, skip to Step 11.
8. On the Contributing Entity page, correct the Annual Enrollment Count for Contributing Entity one through three, as needed.
9. Under “Type of Filing,” select the “Re-Filing” option.
10. Leave “Type of Payment” unchanged.
11. Confirm or correct the Annual Enrollment Count, and enter the same number in the “Verify Annual Enrollment Count” field.

12. Enter the Pay.gov Tracking ID of the cancelled payment transaction into the “Previous Pay.gov Tracking ID” field.

Figure 12: Select “Re-Filing” and Update Annual Enrollment Count



Pay.gov

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

2015 ACA Transitional Reinsurance Program Annual Enrollment Contributions

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

ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

[Need Help?](#)

* Type of Filing ?

New Re-Filing Resubmission Invoice

* Type of Payment ? (All payment types must be filed and scheduled by November 15th of the Benefit Year)

First Collection - Contribution for Program Payments and Program Administration Funds (Regulatory Payment Due Date - January 15, 2016)

Second Collection - Contribution for General Fund of the US Treasury (Regulatory Payment Due Date - November 15, 2016)

Combined Collection - First Collection + Second Collection (as described above) (Regulatory Payment Due Date - January 15, 2016)

* Benefit Year for Reporting Gross Annual Enrollment Count 2015

Total Applicable Benefit Year Contribution Rate 44.00

* Annual Enrollment Count 800.00 ?

* Verify Annual Enrollment Count 800.00 ?

Contribution Rate for Program Payments and Program Administration Funds 33.00 ?

Contribution Amount Due for Program Payments and Program Administration Funds 26,400.00 ?

Contribution Rate for General Fund of the US Treasury 11.00 ?

Contribution Amount Due for General Fund of the US Treasury 8,800.00 ?

Total Contributions Due for the Applicable Benefit Year 35,200.00 ?

* Previous Pay.gov Tracking ID 3FP0PDL8 ?

Invoice Number ?

Verify Invoice Number ?

Invoice Payment Amount

13. Select the “Continue” button to proceed.

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



Use the same steps as in the “2015 Reinsurance Contributions Annual Enrollment and Contributions Submission Form Manual” Section 6.9: Upload Supporting Documentation to attach the corrected Supporting Documentation. This will not be the same Supporting Documentation used during initial filing. Confirm that the Annual Enrollment Count on the Form and the sum of all Annual Enrollment Counts on the Supporting Documentation match.

15. Schedule payment within the deadlines (see Figure 1).
16. Enter banking information and select “Review and Submit.”
17. Review your scheduled payment date and payment information, agree to the Pay.gov terms, and select “Submit.”

If a Second Collection payment was scheduled, and also contains an error or needs to be updated, follow the above steps to cancel the Second Collection payment. Note that the Second Collection payment has a different Pay.gov Tracking ID; this information is needed to complete the Re-Filing process steps.

6.4 Form and Supporting Documentation Annual Enrollment Count Error on the 2015 Form

In an instance in which the Contributing or Reporting Entity or CMS identifies a mismatch between the Annual Enrollment Count entered on the 2015 Form and the Supporting Documentation, the action taken is dependent upon the transaction status.

Use Table 1 below to determine the actions necessary when the Annual Enrollment Count entered in the 2015 Form has been entered incorrectly:

Table 1: Actions for Incorrect Annual Enrollment Count

If	Then
The transaction status has not settled.	Cancel the original filing and Re-File. Enter the correct Annual Enrollment Count and upload the accurate Supporting Documentation. Be sure to include the prior Pay.gov Tracking ID associated with the canceled Form filing.
The transaction has settled, and the Annual Enrollment Count on the Form was calculated incorrectly, resulting in an under-reporting	Re-File and enter the difference in the Annual Enrollment Count field, and then upload the accurate Supporting Documentation. Be sure to include the prior Pay.gov Tracking ID associated

If	Then
(under-payment).	with the prior Form filing.
The transaction has settled, and the Annual Enrollment Count was calculated incorrectly, resulting in an overpayment.	Review the “2015 Transitional Reinsurance Program - Timing of Contributions Refunds Requests” posted on REGTAP for guidance. Email reinsurancecontributions@cms.hhs.gov for further assistance. Be sure to include the Pay.gov Tracking ID associated with the Form filing in question.

Figure 13: Enter Re-Filing Information

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

[Need Help?](#)

* Type of Filing ?

New
 Re-Filing
 Resubmission
 Invoice

* Type of Payment ? (All payment types must be filed and scheduled by November 15th of the Benefit Year)

First Collection - Contribution for Program Payments and Program Administration Funds
(Regulatory Payment Due Date - January 15, 2016)

Second Collection - Contribution for General Fund of the US Treasury
(Regulatory Payment Due Date - November 15, 2016)

Combined Collection - First Collection + Second Collection (as described above)
(Regulatory Payment Due Date - January 15, 2016)

* Benefit Year for Reporting Gross Annual Enrollment Count 2015

Total Applicable Benefit Year Contribution Rate 44.00

* Annual Enrollment Count 1,500.00 ?

* Verify Annual Enrollment Count 1,500.00 ?

Contribution Rate for Program Payments and Program Administration Funds 33.00 ?

Contribution Amount Due for Program Payments and Program Administration Funds 49,500.00 ?

Contribution Rate for General Fund of the US Treasury 11.00 ?

Contribution Amount Due for General Fund of the US Treasury 16,500.00 ?

Total Contributions Due for the Applicable Benefit Year 66,000.00 ?

* Previous Pay.gov Tracking ID 3FP0PDI2 ?



6.5 Change in Banking Information

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

Banking information can only be changed if the filing is in a “Received” transaction status and has not yet “Settled.” If the transaction status of the filing is “Retired,” the Contributing or Reporting Entity does not need to cancel the filing; only complete the Re-Filing steps as described in [Section 6.1: ACH Debit Failure](#).

7 Resubmission Filing

In a situation where a Contributing or Reporting Entity or CMS identify an error that only relates to the Supporting Documentation, an entity would complete a Resubmission.

A Resubmission is used to correct Supporting Documentation when the Supporting Documentation has the wrong annual enrollment count or the Supporting Documentation is submitted in an incorrect format.

7.1 Review and Update Duplicated Form

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

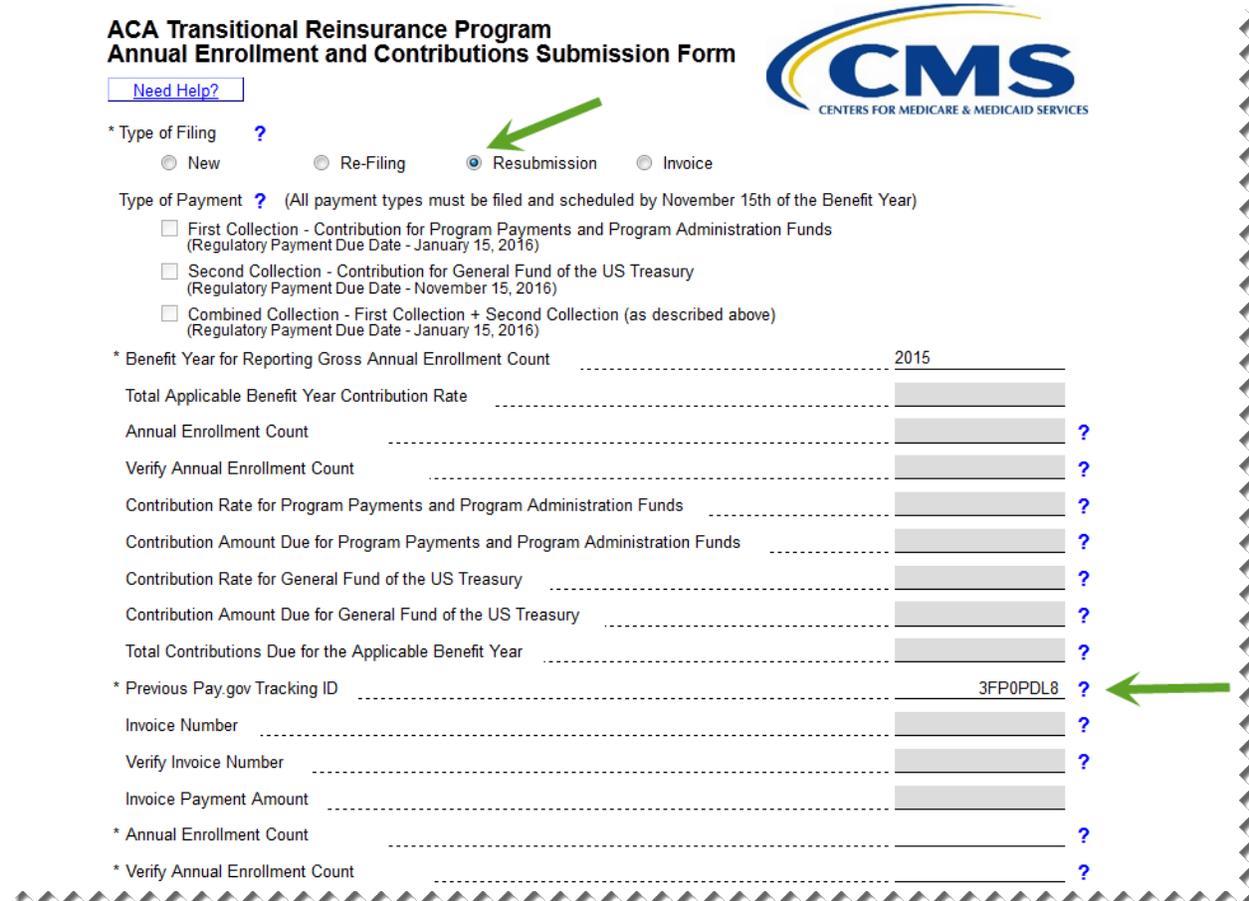
1. Correct the Supporting Documentation (.CSV) file, and save the file in the proper format.
2. Refer to Figure 9 in [Section 4: Two-Part Collection Discrepancy](#) to find the Pay.gov Tracking ID and how to duplicate the Form.
3. Ensure that the information on the initial page of the Form remains the same.
4. Select “Yes” for the question, “Are you reporting for more than three (3) Contributing Entities?”

Note: You are reporting for four (4) or more Contributing Entities because a Supporting Documentation file was submitted.

5. Select “Continue” at the button of the page.
6. On the “Type of Filing” page of the Form, select “Resubmission” under “Type of Filing.”

Note: All of the fields between “Benefit Year for Reporting Gross Annual Enrollment Count” and “Previous Pay.gov Tracking ID” are shaded and cannot be edited.

Figure 14: Enter Pay.gov Tracking ID and Enrollment Count



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

[Need Help?](#)

* Type of Filing ?
 New Re-Filing Resubmission Invoice

Type of Payment ? (All payment types must be filed and scheduled by November 15th of the Benefit Year)
 First Collection - Contribution for Program Payments and Program Administration Funds (Regulatory Payment Due Date - January 15, 2016)
 Second Collection - Contribution for General Fund of the US Treasury (Regulatory Payment Due Date - November 15, 2016)
 Combined Collection - First Collection + Second Collection (as described above) (Regulatory Payment Due Date - January 15, 2016)

* Benefit Year for Reporting Gross Annual Enrollment Count	2015
Total Applicable Benefit Year Contribution Rate	
Annual Enrollment Count	
Verify Annual Enrollment Count	
Contribution Rate for Program Payments and Program Administration Funds	
Contribution Amount Due for Program Payments and Program Administration Funds	
Contribution Rate for General Fund of the US Treasury	
Contribution Amount Due for General Fund of the US Treasury	
Total Contributions Due for the Applicable Benefit Year	
* Previous Pay.gov Tracking ID	3FP0PDL8
Invoice Number	
Verify Invoice Number	
Invoice Payment Amount	
* Annual Enrollment Count	
* Verify Annual Enrollment Count	

7. Enter the Pay.gov Tracking ID from the original transaction in the “Previous Pay.gov Tracking ID” field.
8. Enter the sum of Annual Enrollment Counts in the “Annual Enrollment Count” field, and re-enter that number in the “Verify Annual Enrollment Count” field.
Note: These fields may be pre-populated. If so, ensure that the pre-populated amounts are correct. Both fields should match, and the count entered on the Form must match the sum of the counts entered in the Supporting Documentation.
9. Do not change any other information on the “Type of Filing” page of the Form.
10. Select “Continue” on the bottom of the page.

7.2 Upload Corrected Supporting Documentation

Use the same steps as in Section 6.9: Upload Supporting Documentation of the “2015 Reinsurance Contributions Annual Enrollment and Contributions Submission Form Manual” to attach the appropriate Supporting Documentation. Confirm that the Annual

Enrollment Count on the Form and the sum of all Annual Enrollment Counts on the Supporting Documentation match.

7.3 Submit Resubmission

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

You will not be prompted to enter banking information during a Resubmission. If you are taken to the Payment Page, go back to the “Type of Filing” page of the Form and make sure you have selected “Resubmission” under “Type of Filing” at the top of the page.

8 Updating Form Contacts

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