SPECIAL TOPIC: Successful Completion of the 2015 Reinsurance Contributions Supporting Documentation (.CSV File)

Applicable when Reporting Four or More Contributing Entities

October 5 and 7, 2015

Payment Policy & Financial Management Group, Division of Reinsurance Operations Training Series

WWW.REGTAP.INFO

Session Guidelines

- This is a 90-minute webinar session

- For questions regarding content, please submit inquiries to: reinsurancecontributions@cms.hhs.gov

- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520

Purpose

- Identify if a Reporting Entity is required to submit Supporting Documentation (.CSV file)
- Identify the data needed to create a Supporting Documentation (.CSV file)
- Identify the tools available to complete the Supporting Documentation (.CSV file)
- Use the 2015 Supporting Documentation Job Aid as a tool to create the Supporting Documentation (.CSV file)
- Create the Supporting Documentation (.CSV file)
- Compare Supporting Documentation (.CSV file) and Form data to ensure consistency

3

Agenda

- Who Makes Reinsurance Contributions?
- Who is Required to Submit Supporting Documentation (.CSV file)?
- What Information is Needed to Complete Supporting Documentation (.CSV file)?
- What Tools are Available to Create the Supporting Documentation (.CSV file)?
- Are You Ready to Submit the Supporting Documentation (.CSV file) with the Form?
- Key Deadlines and Next Steps
- Upcoming Webinars
- Tools and Resources

Intended Audience

- Reporting Entities submitting for four (4) or more Contributing Entities

  – Health Insurance Issuers

  – Self-insured Group Health Plans

  – Third Party Administrators (TPAs)

  – Administrative Services-Only (ASO) Contractors

Who Makes Reinsurance Contributions?

- Who is a Contributing Entity?

    – For more information on who is required to make Reinsurance Contributions and who is considered a Contributing Entity, please see Module 1: Transitional Reinsurance Program Contributions Overview for 2015 Benefit Year

        » Available in the REGTAP library (Filter by Reinsurance Contributions) or the CCIIO webpage (https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html)

Who is Required to Submit Supporting Documentation (.CSV file)?

Reporting Entity or Contributing Entity?

Reporting Entity

The organization completing the steps for the reinsurance contributions submission process on Pay.gov on their own behalf or for another Contributing Entity.

NOTE The Reporting Entity can be the Contributing Entity or a third party on behalf of a Contributing Entity.

OR

Contributing Entity

- Health Insurance Issuers; **or**
- Self-insured group health plans that use a third party administrator in connection with claims processing or adjudication (including the management of internal appeals) or plan enrollment for services other than for pharmacy benefits or excepted benefits within the meaning of section 2791(c) of the PHS Act*

Exceptions permit the use of TPAs for: (a) de minimis administrative services for medical benefits; and/or (b) leasing of provider networks and related services.

Who is Required to Submit Supporting Documentation?

If you are a Reporting Entity or Contributing Entity filing on behalf of four (4) or more Contributing Entities, Supporting Documentation is **REQUIRED**

If you are a Reporting Entity or Contributing Entity filing on behalf of three (3) or fewer Contributing Entities, Supporting Documentation is **NOT** required

What Information is Needed to Complete Supporting Documentation (.CSV file)?

Prepare for Supporting Documentation: Reporting Entity Information

Complete the Supporting Documentation prior to beginning the 2015 ACA Transitional Reinsurance Program Annual Enrollment Contributions Submission Form (Form).

Field Name	Description
Reporting Entity Legal Business Name (LBN)	No special characters Reporting Entity LBN must be the name associated with the Federal TIN. Field value will be the same for each Contributing Entity listed in the Supporting Documentation
Reporting Entity Federal Tax Identification Number (TIN)	NN-NNNNNNN (include the hyphen) Reporting Entity Federal TIN must match with the TIN on the Form Field value will be the same for each Contributing Entity listed in the Supporting Documentation

Prepare for Supporting Documentation: Reporting Entity Information (continued)

Field Name	Description
Contributing Entity Legal Business Name (LBN)	• No special characters • LBN associated with the Contributing Entity's Federal TIN
Contributing Entity Federal Tax ID Number (TIN)	• NN-NNNNNNN (include the hyphen) • Federal TIN associated with the Contributing Entity's LBN

Contributing Entity Organization Type	• Must be one of the following:
	   o 'For Profit'
	   o 'Nonprofit'
	• Organization Status associated with the Contributing Entity's Federal TIN

Note: This information must be collected and provided for each contributing entity that is reflected in the Supporting Documentation.

Prepare for Supporting Documentation: Reporting Entity Information (continued)

Field Name	Description
Contributing Entity Billing Address – Line 1	• Alphanumeric • Contributing Entity's billing street address
Contributing Entity Billing Address – Line 2 (Optional)	• Alphanumeric • Contributing Entity's billing street address-2 • Although optional, the data layout requires a recognition of a blank space when creating a .csv file.
Contributing Entity Billing Address City	• Omit special characters for the Contributing Entity's billing address city • Contributing Entity's billing address city name
Contributing Entity Billing Address State	• Postal State Abbreviation Code

Note: This information must be collected and provided for each contributing entity that is reflected in the Supporting Documentation.

Prepare for Supporting Documentation: Contributing Entity Information

Field Name	Description
Contributing Entity Billing Address Zip Code	• NNNNN or NNNNN-NNNN • 5-digit zip code, plus four(4) (if available)

Contributing Entity Domiciliary State	• Postal State Abbreviation Code
	  o State of licensure for fully insured plans; or
	  o Location of the plan sponsor for the self-insured group health plan

Note: This information must be collected and provided for each contributing entity that is reflected in the Supporting Documentation.

Prepare for Supporting Documentation: 2015 Annual Enrollment Count for Each Contributing Entity

- Annual Enrollment Count is the number of Reinsurance Covered Lives for the specific Contributing Entity

- The aggregate (or sum) Annual Enrollment Count (for all Contributing Entities reflected in the Supporting Documentation) should not exceed 3,030,303.00 if the user has selected Two-Part Collection for Type of Payment

- The aggregate (or sum) Annual Enrollment Count (for all Contributing Entities reflected in the Supporting Documentation) should not exceed 2,272,727.27 if the user has selected Combined Collection for Type of Payment

- Annual Enrollment Count (whether Contributing Entity specific or aggregated for all Contributing Entities reflected in the Supporting Documentation) must be rounded to the nearest hundredth (two decimal places)

Reminder

For information on the types of payments available, please refer to Module 3: 2015 Reinsurance Contributions Program: Form Completion, Submission, and Payment in the REGTAP library or the CCIIO webpage

Prepare for Supporting Documentation: Type of Contributing Entity

Report the "Type of Contributing Entity" for each entity reported from the following:

- **HII** – 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**

Reminder

For information on selecting the Type of Contributing Entity, please see Module 1: Transitional Reinsurance Program Contributions Overview for 2015 Benefit Year in the REGTAP library or the CCIIO webpage.

What Tools are Available to Create the Supporting Documentation (.CSV file)?

Tools Available to Create Supporting Documentation

- Supporting Documentation must be submitted in a Comma Separated Value (CSV) file format
- Tools available:
  - 2015 File Layout document – details the columns required for the manual creation of a .csv file
    - Understanding of the exact file layout requirements will prevent upload failures by those choosing to manually create a .csv file
  - 2015 Supporting Documentation Job Aid – a macro enabled spreadsheet that provides ease of creation of the .csv file
    - The Job Aid is not compatible with MAC
  - 2015 Supporting Documentation Job Aid Manual – a document that assists with requirements of the Job Aid tool

2015 Supporting Documentation Job Aid

The 2015 Job Aid is a macro-enabled Excel file that will allow you to enter Reporting Entity and Contributing Entity information and create a .csv file by selecting a button within the tool.

The 2015 Job Aid Manual is a tool available to guide you through the process of using the Job Aid.

Both are available to download on REGTAP and the CCIIO webpage.
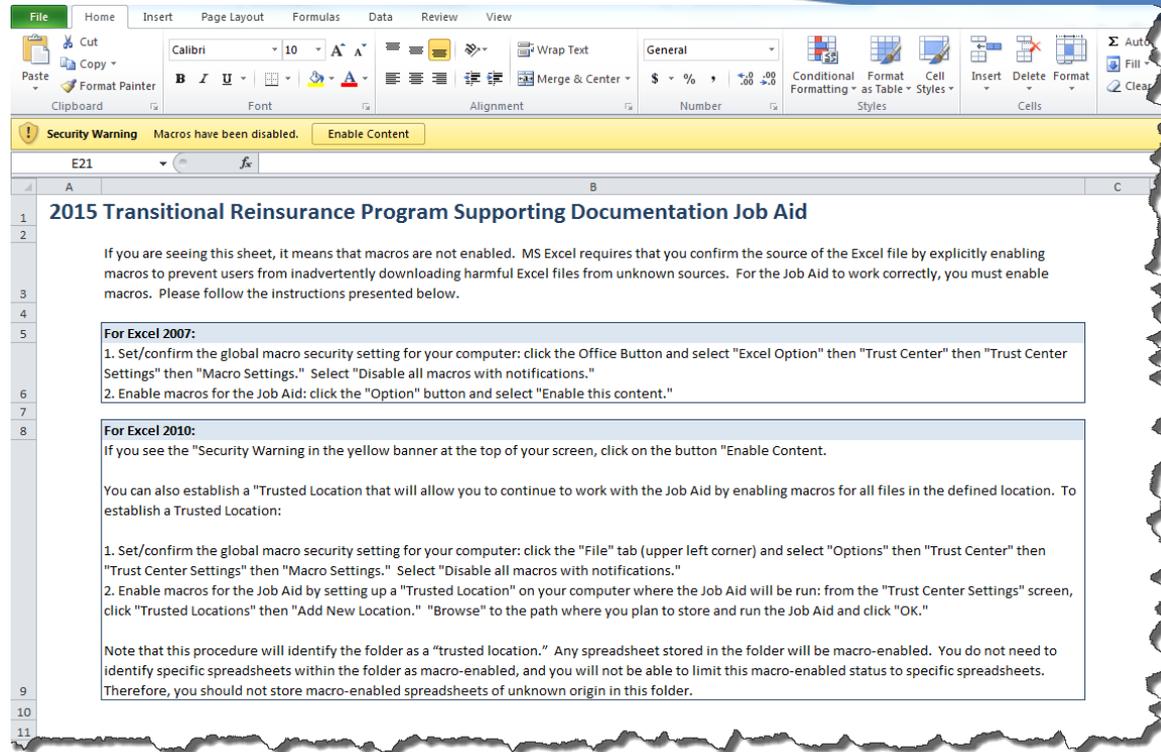
NOTE The Job Aid is not MAC compatible. Microsoft Excel 2007 or newer must be used.

2015 Supporting Documentation Job Aid Enablement
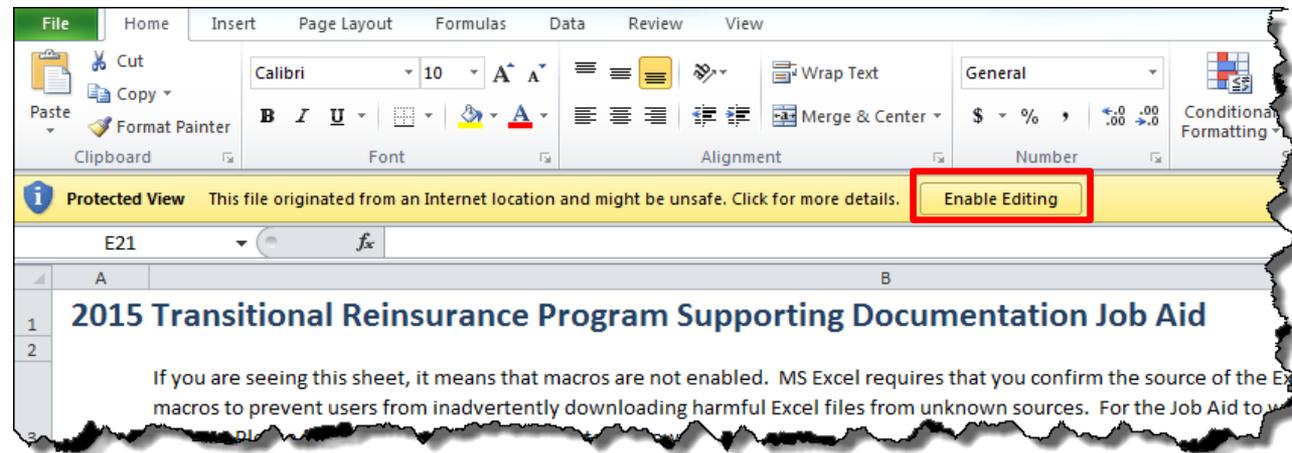
Enable Editing: Select the **Enable Editing** button in the yellow ribbon at the top of the page.

Enable Macros: Select the **Enable Content** button in the yellow ribbon at the top of the page, or follow the directions on the Start Message page.
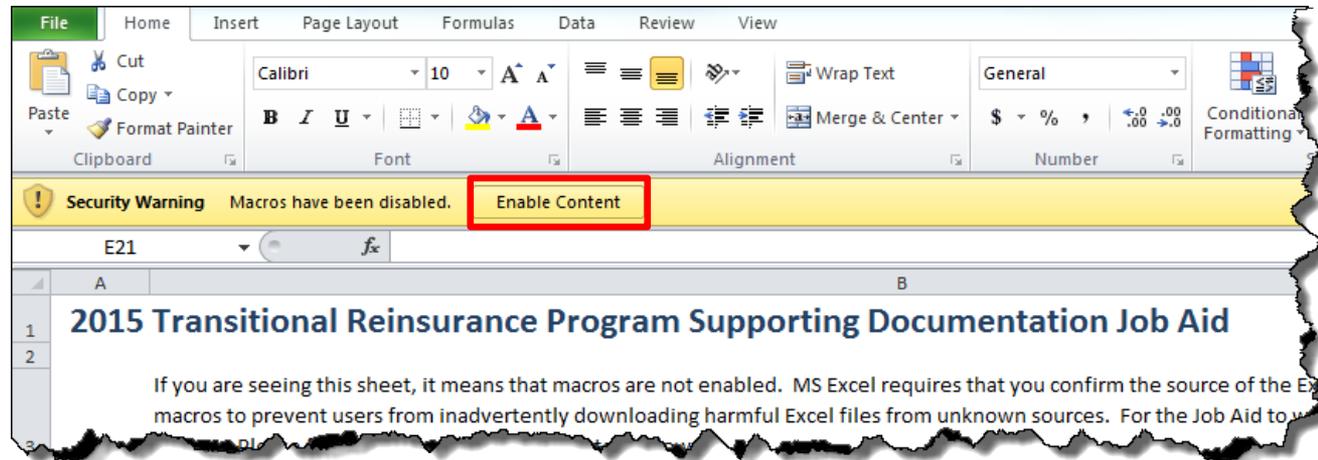
Entering Reporting Entity Information

1. Enter the Reporting Entity Legal Business Name, with no special characters
2. Enter the Reporting Entity Federal Tax ID Number – format: NN-NNNNNNN
3. Select the Type of Payment – Combined Collection or Two-Part Collection

2015 Transitional Reinsurance Program Supporting Documentation Job Aid

Reporting Entity Information:

Legal Business Name	Raven Health ①
Federal Tax ID Number	12-3456789 ②
Type of Payment	Combined Collection ③

Data entry status:

NOTE The Reporting Entity section of the 2015 Job Aid must be completed prior to entering any Contributing Entity information.

WWW.REGTAP.INFO

Entering Contributing Entity Information

For each Contributing Entity:

1. Enter the Contributing Entity Legal Business Name, with no special characters
2. Enter the Contributing Entity Federal Tax ID Number – format: NN-NNNNNNN
3. Select the Organization Type (For Profit or Nonprofit) from the drop-down menu

Record Number, Reporting Entity Legal Business Name, and Federal Tax ID Number are auto-populated from the information entered in the Reporting Entity fields.

Record Number (pre-filled)	Reporting Entity Legal Business Name (LBN) (pre-filled)	Federal Tax ID Number (TIN) (pre-filled)	Contributing Entity Legal Business Name (LBN) (Maximum 150 characters)	Federal Tax ID Number (TIN) (nn-nnnnnnn)	Organization Type (For Profit or Nonprofit)
1	Raven Health	12-3456789	ABC Company	12-3456788	For Profit
2	Raven Health	12-3456789	XYZ Company	55-1247848	For Profit
3	Raven Health	12-3456789	Josiah Inc	12-0142015	For Profit
4	Raven Health	12-3456789	Axel Corporation	50-2521986	For Profit

Entering Contributing Entity Information (continued)

For each Contributing Entity:

1. Enter the Billing Address Line 1 and Line 2
2. Enter the Billing Address City
3. Select the Billing Address State from the drop-down menu
4. Enter the Billing Address 5- or 9-digit Zip Code
5. Select the Domiciliary State from the drop-down menu

Billing Address Line 1 (Maximum 150 characters)	Billing Address Line 2 (Optional) (Maximum 150 characters)	Billing Address: City (Maximum 150 characters)	Billing Address: State (2-letter code)	Billing Address: ZIP Code (5- or 9-digit)	Domiciliary State (2-letter code)
123 Main Street		Boston	MA	02108	CO
55 Test Drive		Beverly Hills	CA	90210	CA
879 West Side Drive		New Orleans	LA	70122	LA
1898 Fifth Avenue		New York	NY	10001	NY

Entering Contributing Entity Information (continued)

For each Contributing Entity:

1. Select the Benefit Year from the drop-down menu (i.e. 2015)

2. Enter the Annual Enrollment Count for the specific Contributing Entity

3. Select the Type of Contributing Entity from the drop-down menu

Benefit Year (2015)	Annual Enrollment Count (nnnnnnn.nn)	Entity Type (HII, SI, MGHPS, MGHPM, OTHER)
2015 ①	② 250.00	SI ③
2015	150.25	MGHPS
2015	124.00	SI
2015	126.48	SI

Entity Type
HII – Health Insurance Issuer
SI – Self- Insured
MGHPS – Multiple Group Health Plan (Single plan treatment)
MGHPM – Multiple Group Health Plan (Multiple plan treatment)
Other – Other Type

NOTE A call out box will appear when selecting your Contributing Entity's Entity Type with an explanation of each Entity Type acronym.

24

Auto-Populated Status

Auto-Populated Fields:

- Record Status
- Contrib* Entity Unique TIN?
- Error/Warning Status

*Contrib = Contributing

Record Status (pre-filled)	Contrib Entity Unique TIN? (pre-filled)	Error/Warning Status (pre-filled)
Complete	Unique	
Complete	Unique	
Complete	Unique	
Complete	Unique	

Save Your Work and Check Data Entry Status

- Save as .xlsm file (Excel Macro-Enabled Workbook)

- Check Data Entry Status on Job Aid:
  - Records entered (total, complete)
  - Sum of Annual Enrollment

NOTE Take note of the Sum of Annual Enrollment to enter into the Form.

File name: 2015_Transitional_Reinsurance_Documentation_Job_Aid.xlsm

Save as type: Excel Macro-Enabled Workbook
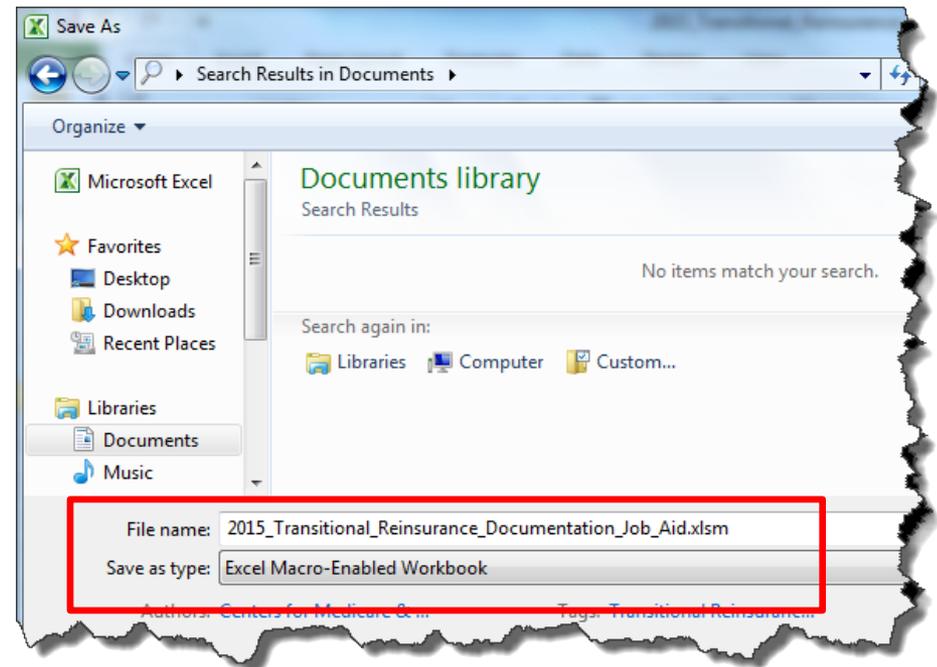
Data entry status:	
Records entered:	Total = 4, Complete = 4
Sum of annual enrollment (maximum 2,272,727.27):	650.73

User Controls – Validate and Create the .CSV File

- Select the **Run Data Validation** button to run a validation check prior to creating the .CSV file
  - Run Data Validation after completing the Job Aid
  - Select to go to the first field with invalid format or value
  - Select to close the dialogue box to correct errors manually

- Select the **Create CSV File** button
  - Records with errors will be displayed
  - Auto-format message will display all auto-formatted fields

- Suggested naming convention: **ReportingEntityLBN_BY2015_Submission Date**
  - Save the .csv file to the same directory as the .xlsm file

User Controls: (select or double click on cell below to initiate action)

Run Data Validation

Create CSV File

NOTE
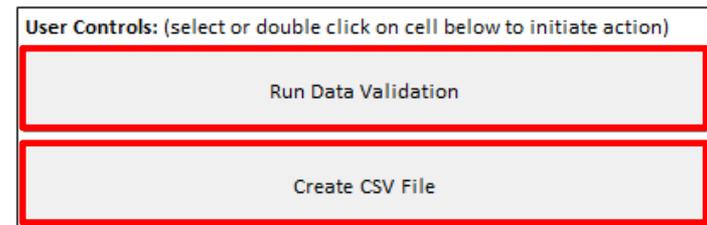
All identified errors must be corrected before the 2015 Job Aid will create the .csv file.

Saving the spreadsheet using the .csv file extension will **NOT** create a .csv file in the required layout and will be too large for upload into Pay.gov. You must select the 'Create CSV File' button in the Job Aid to create the .csv file.

WWW.REGTAP.INFO

2015 Supporting Documentation Job Aid Manual

- The 2015 Supporting Documentation Job Aid Manual provides step-by-step instructions on how to use the 2015 Job Aid to create a .csv file and troubleshoot any errors or warnings received

- The 2015 Supporting Documentation Job Aid Manual is available to download from the REGTAP Library and the CCIIO webpage

2015 File Layout

- If you are unable to take advantage of the 2015 Job Aid (your computer does not meet the system requirements or you want to manually create the .csv file), the 2015 File Layout document is another available tool

- The 2015 File Layout document is available to download from the REGTAP Library and the CCIIO webpage

The .CSV File

The .csv file below represents four (4) Contributing Entities. Each line of the .csv file represents all of the fields listed in the 2015 File Layout document and the 2015 Supporting Documentation Job Aid.

1. Reporting Entity LBN
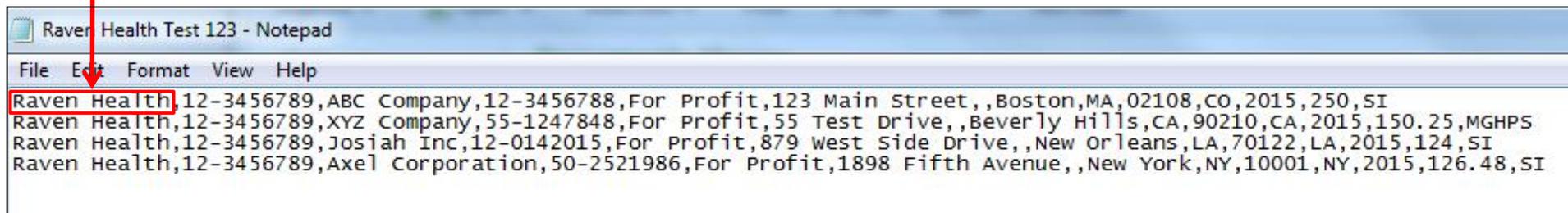
Raven Health Test 123 - Notepad

File Edit Format View Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

2. Reporting Entity TIN
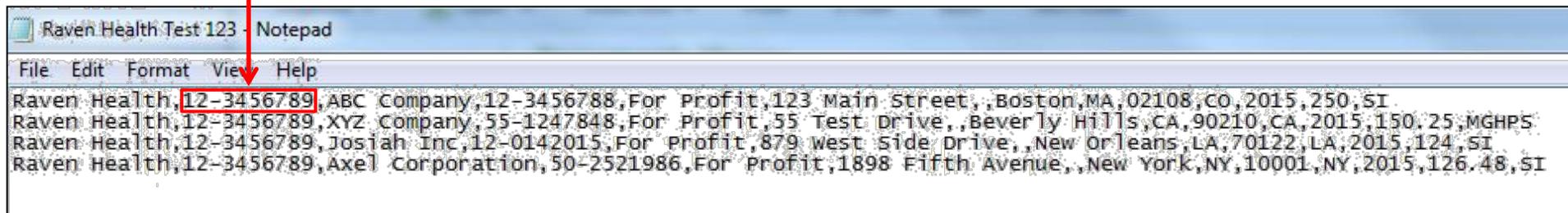
Raven Health Test 123 - Notepad

File Edit Format View Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

The .CSV File (continued)

Following the Reporting Entity LBN and TIN is the Contributing Entity LBN and TIN.

3. Contributing Entity LBN
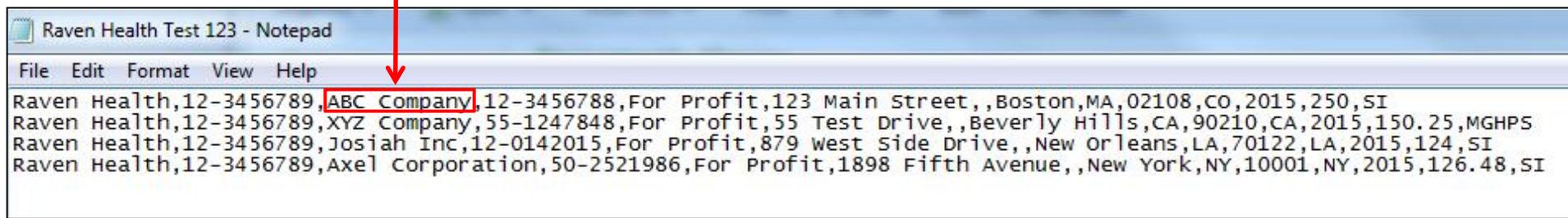
Raven Health Test 123 - Notepad

File   Edit   Format   View   Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

4. Contributing Entity TIN
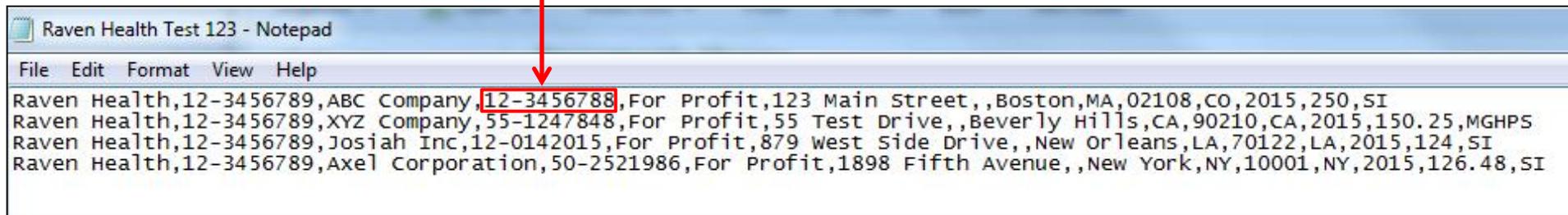
Raven Health Test 123 - Notepad

File   Edit   Format   View   Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

WWW.REGTAP.INFO

The .CSV File (continued)

Next is the Contributing Entity Organization Type and Contributing Entity Billing Address – Line 1.

5. Contributing Entity Organization Type

Raven Health Test 123 - Notepad

File Edit Format View Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

6. Contributing Entity Billing Address – Line 1

Raven Health Test 123 - Notepad

File Edit Format View Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

WWW.REGTAP.INFO

The .CSV File (continued)

The Contributing Entity Billing Address – Line 2 may have data or may be left blank. In the example below, there is no data for this field.

7. Contributing Entity Billing Address – Line 2
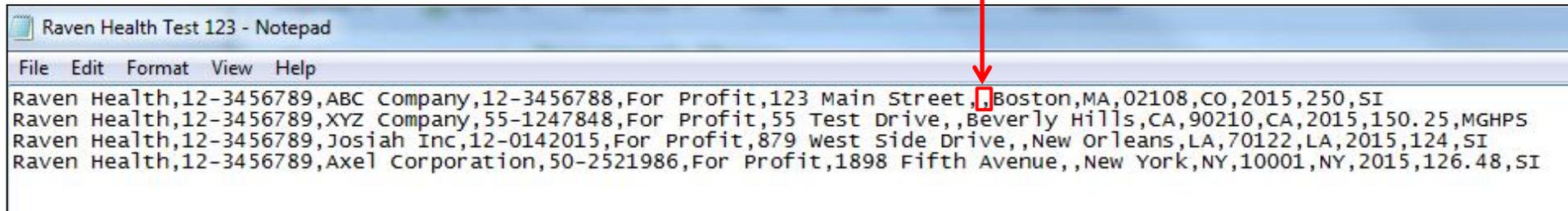
Raven Health Test 123 - Notepad

File   Edit   Format   View   Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street, ,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

NOTE When left blank, the Contributing Entity Billing Address – Line 2 data element is represented by a blank space and a comma. Data for this field should always be present, even if there is no data, which is represented by a single blank space and a comma.

The .CSV File (continued)

Next are the Contributing Entity Address City and State.

8. Contributing Entity Billing Address City
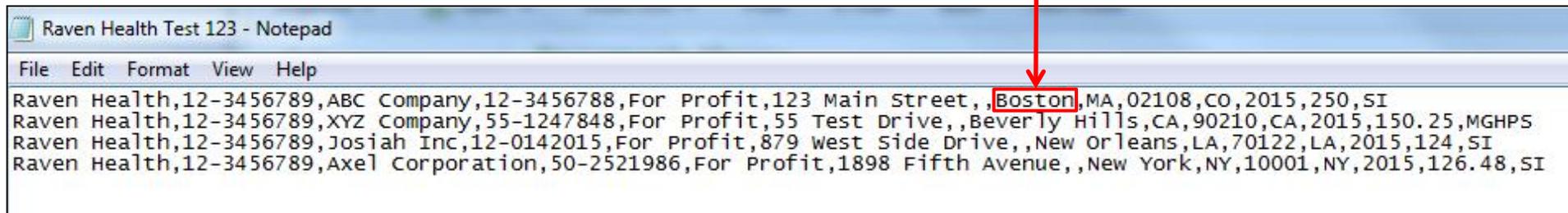
Raven Health Test 123 - Notepad

File   Edit   Format   View   Help

```
Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI
```

9. Contributing Entity Billing Address State
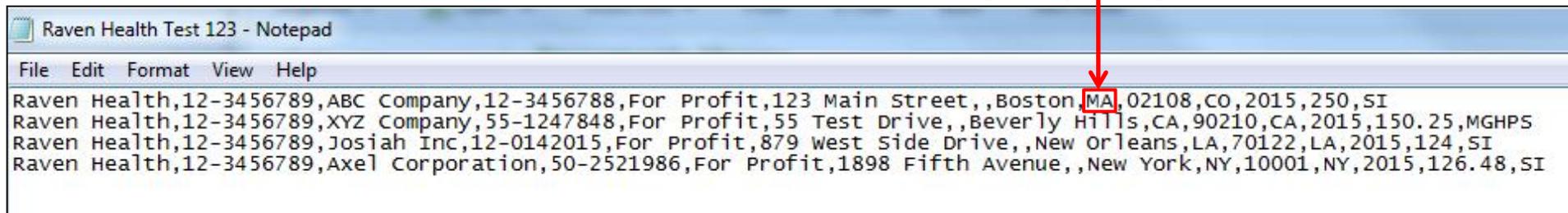
Raven Health Test 123 - Notepad

File   Edit   Format   View   Help

```
Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI
```

WWW.REGTAP.INFO

The .CSV File (continued)

The Contributing Entity Billing Address Zip Code five (5) or nine (9) digits and Domiciliary State follow.

10. Contributing Entity Billing Address Zip Code
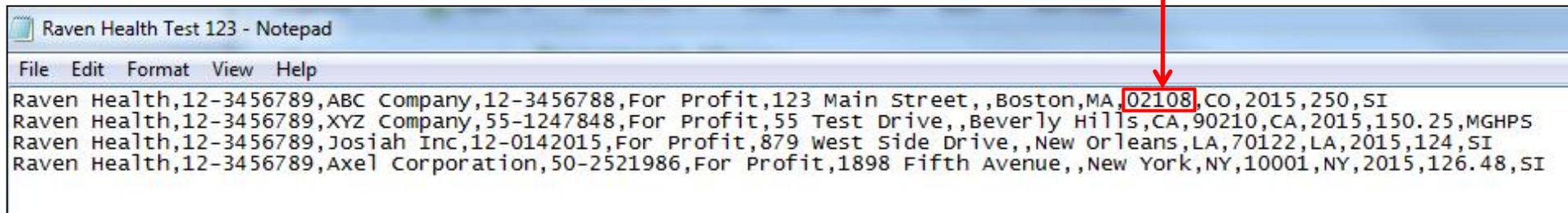
Raven Health Test 123 - Notepad

File   Edit   Format   View   Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

11. Contributing Entity Domiciliary State
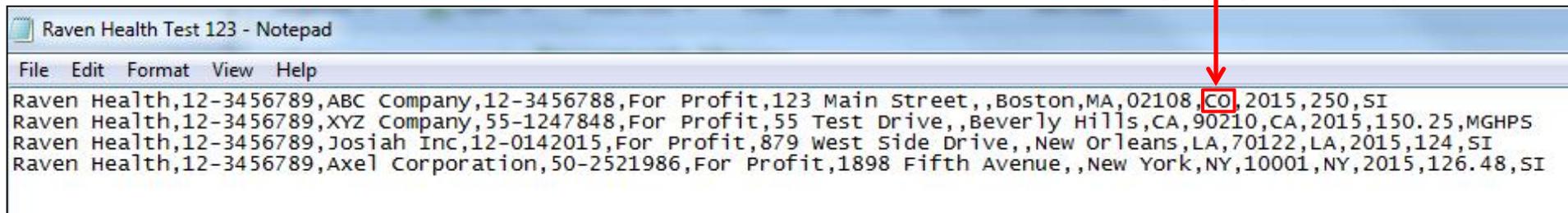
Raven Health Test 123 - Notepad

File   Edit   Format   View   Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

The .CSV File (continued)

Next is the Benefit Year, which should be 2015, and the Annual Enrollment Count for the Contributing Entity.

12. Benefit Year
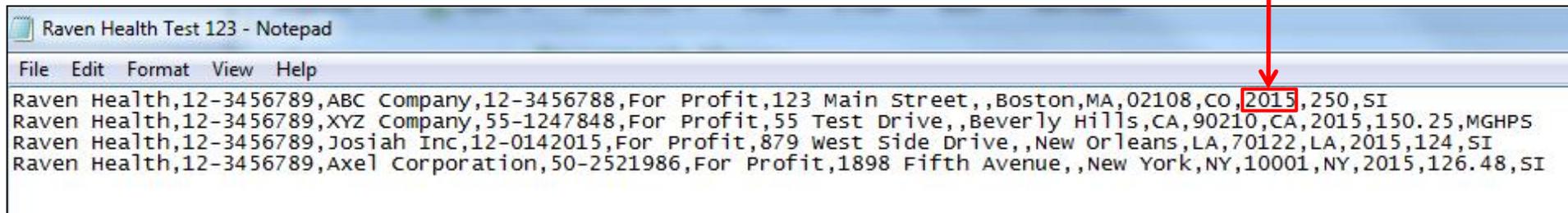
Raven Health Test 123 - Notepad

File   Edit   Format   View   Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

13. Annual Enrollment Count
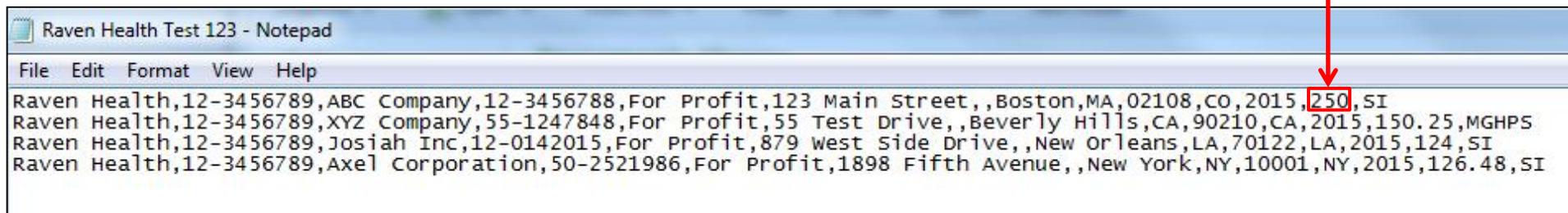
Raven Health Test 123 - Notepad

File   Edit   Format   View   Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

The .CSV File (continued)

The Type of Contributing Entity is the final field and should **not** be followed by a comma.

14. Type of Contributing Entity
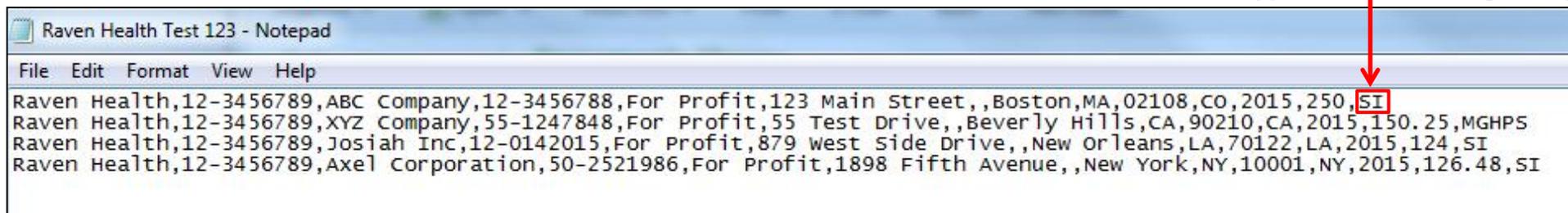
Raven Health Test 123 - Notepad

File   Edit   Format   View   Help

Raven Health,12-3456789,ABC Company,12-3456788,For Profit,123 Main Street,,Boston,MA,02108,CO,2015,250,SI
Raven Health,12-3456789,XYZ Company,55-1247848,For Profit,55 Test Drive,,Beverly Hills,CA,90210,CA,2015,150.25,MGHPS
Raven Health,12-3456789,Josiah Inc,12-0142015,For Profit,879 West Side Drive,,New Orleans,LA,70122,LA,2015,124,SI
Raven Health,12-3456789,Axel Corporation,50-2521986,For Profit,1898 Fifth Avenue,,New York,NY,10001,NY,2015,126.48,SI

NOTE Completed Supporting Documentation .csv files should have a total of 14 data elements and four (4) or more lines of Contributing Entity data and no headers within the file.

Are You Ready to Submit the Supporting Documentation (.CSV file) with the Form?

# Aggregate Annual Enrollment Counts for All Contributing Entities

Annual Enrollment Count – Also referred to as Reinsurance Covered Lives Count. The 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

- If you are using the 2015 Job Aid, the Data Entry Status will help to aggregate the Annual Enrollment Count for your four (4) or more Contributing Entities

- If you are manually creating your Supporting Documentation, you will need to aggregate the Annual Enrollment Count for all of the Contributing Entities on your own

Entering the Annual Enrollment Count into the Form

After aggregating the Annual Enrollment Counts for all Contributing Entities in the Supporting Documentation, enter the same amount into the Form and then verify it.

|	
Total Applicable Benefit Year Contribution Rate	44.00
* Annual Enrollment Count	?
* Verify Annual Enrollment Count	?
Contribution Rate Payment and Reinsurance Contribution Funds	33.00 ?

NOTE

Be sure the Annual Enrollment Count entered in the Form matches with the Aggregate Annual Enrollment Count in the 2015 Supporting Documentation .CSV file. If the 2015 Job Aid was used, this would be the Sum of Annual Enrollment in the Data Entry Status section of the Job Aid.

What to Check Before Uploading the Supporting Documentation

- Be sure that there are no special characters in the file name of the .csv file or it will be rejected

- Do not view the document in Excel as all leading zeros within the .csv file will be dropped and cause an error when brought into the CMS system

- The completed .csv file should **only** be opened using Notepad or WordPad
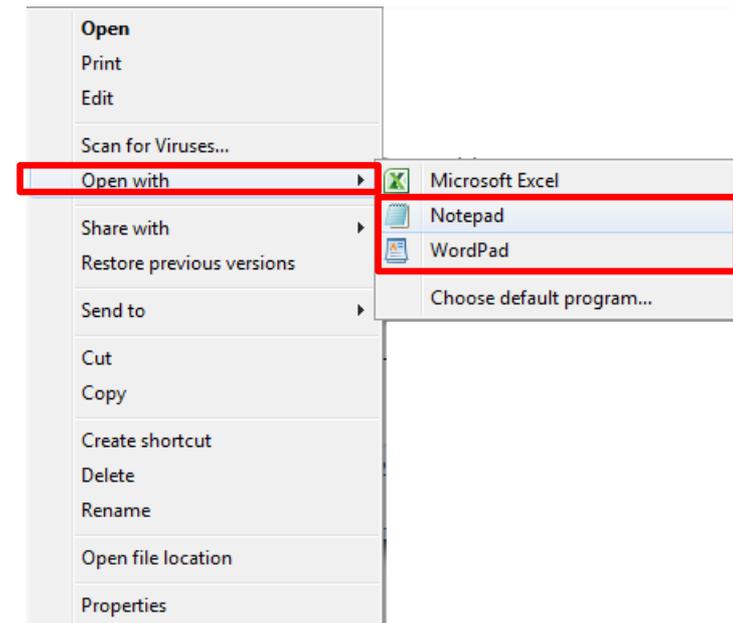
Where to Upload the Supporting Documentation on the Form

NOTE

If "Yes" is selected for the "Are you reporting for more than three (3) Contributing Entities?" question on the initial page of the Form, you will be directed to an Attachment page prior to submitting payment information.

* Are you reporting for more tha

Are you both the Reporting Er

Pay.gov

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

Attachment uploaded

2015 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 15MB.

Attach File: Browse... No file selected.   **Attach**

RavenHealth_BY2015_09_04_2015.csv 🗑

Previous   Cancel   Next

Need Help?

Transitional Reinsurance Contributions

Pay.gov

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

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**

Next Steps

- **NOW**
  - Calculate the Annual Enrollment Count for each Contributing Entity
  - Download and review the 2015 Supporting Documentation Job Aid Manual
  - Complete the 2015 Supporting Documentation .csv file
  - Register on Pay.gov to complete the Form, if you have not already done so
  - Complete the Form

- **LATER**
  - Attend future webinars
  - Submit inquiries to reinsurancecontributions@cms.hhs.gov

Upcoming Webinars

Topic	Tentative Dates
Module 4 – 2015 Reinsurance Contributions: Updating Reinsurance Contributions Filings	October 14 October 19 October 21

Additional webinars and user groups will be held through November 2015.

WWW.REGTAP.INFO

Questions?

To submit questions by phone:

- ❑ Dial '14' on your phone's keypad
- ❑ Dial '13' to exit the phone queue

To submit questions by webinar:

- ❑ Type your question in the text box under the 'QA' tab

WWW.REGTAP.INFO

Resources

Presentation Resources

2015 Module Title	Content
Module 1: Transitional Reinsurance Program Contributions Overview for 2015 Benefit Year	• Defines a Contributing Entity in 2015 • Summarizes exempted organizations in 2015 • 2015 Uniform Contribution Rate • 2015 Key Deadlines • Provides an overview of the 2015 submission process
Module 2: 2015 Reinsurance Contributions Counting Methods Overview	• Defines a Contributing Entity in 2015 and defines major medical • Provides a walk through of each Counting Method • Consistency Requirements and Aggregation • Calculation of Contribution Amounts • 2015 Key Deadlines
Module 3: 2015 Reinsurance Contributions Program Form Completion, Submission, and Payment	• Provides an overview of the 2015 submission process • Notable Updates for the 2015 Benefit Year • Data needed to complete the Form for the 2015 Benefit Year • Registering on Pay.gov • Provides a walk through of the 2015 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

Resources

Resource	Link/Contact Information
U.S. Department of Health & Human Services	http://www.hhs.gov/
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://www.cms.gov/cciio
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info
Registration and Form on Pay.gov	https://pay.gov/paygov/

Regulatory References

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

Resource	Link/Contact Information
Standards Related to Reinsurance, Risk Corridors and Risk Adjustment (77 FR 17220) provided a regulatory framework	http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf
HHS Notice of Benefit and Payment Parameters for 2014 (78 FR 15410)	http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf
Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards (78 FR 65046) established oversight standards	http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf
HHS Notice of Benefit and Payment Parameters for 2015 (78 FR 13744)	http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf
Exchange and Insurance Market Standards for 2015 and Beyond (79 FR 30240)	http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf
HHS Notice of Benefit and Payment Parameters for 2016 (80 FR 10750)	http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf

FAQ Database on REGTAP
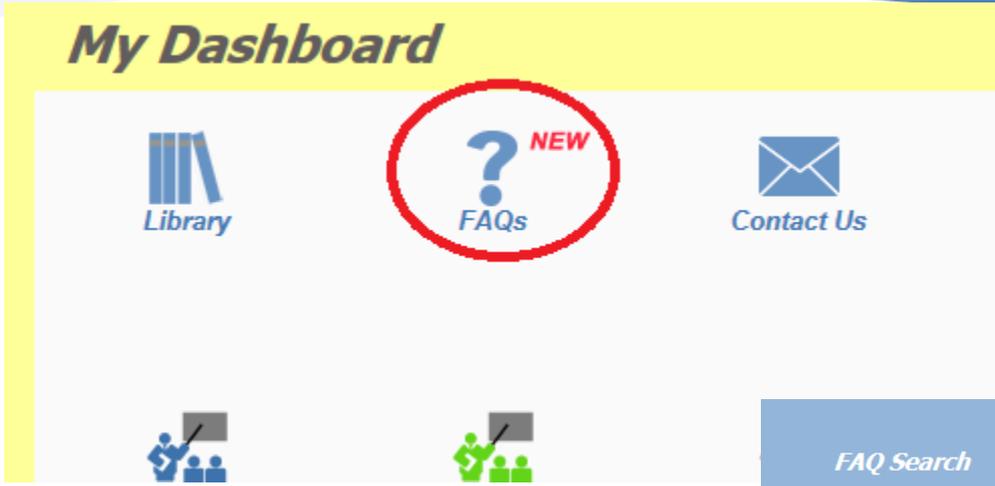
The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary categories and Publish Date.

FAQ Database is available at http://www.REGTAP.info

Notifications Opt In/Opt Out

Users have the option to opt in or opt out of receiving notifications when first registering in REGTAP by checking or unchecking the box for *"I would like to receive notifications."*
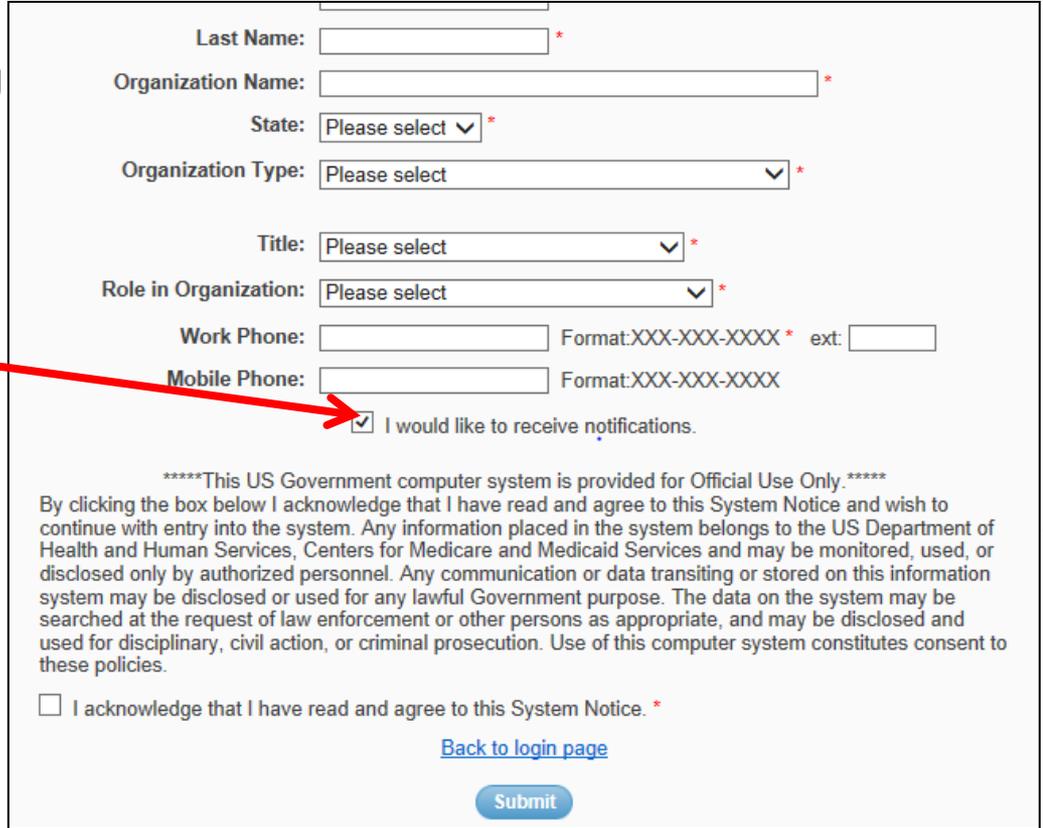
Last Name:	_____ *
Organization Name:	_____ *
State:	Please select ∨ *
Organization Type:	Please select ∨ *
Title:	Please select ∨ *
Role in Organization:	Please select ∨ *
Work Phone:	_____ Format:XXX-XXX-XXXX * ext: _____
Mobile Phone:	_____ Format:XXX-XXX-XXXX

☑ I would like to receive notifications.

*****This US Government computer system is provided for Official Use Only.*****
By clicking the box below I acknowledge that I have read and agree to this System Notice and wish to continue with entry into the system. Any information placed in the system belongs to the US Department of Health and Human Services, Centers for Medicare and Medicaid Services and may be monitored, used, or disclosed only by authorized personnel. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose. The data on the system may be searched at the request of law enforcement or other persons as appropriate, and may be disclosed and used for disciplinary, civil action, or criminal prosecution. Use of this computer system constitutes consent to these policies.

☐ I acknowledge that I have read and agree to this System Notice. *

Back to login page

[Submit]

After initial registration, contact the Registrar at registrar@REGTAP.info, call (800) 257-9520, or submit an inquiry to www.REGTAP.info to change notification preference.

Closing Remarks

WWW.REGTAP.INFO