The Transitional Reinsurance Program: Submission of Supporting Documentation through Pay.gov

August 11, 13, and 15, 2014

Payment Policy & Financial Management Group, Division of Reinsurance Operations

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Session Guidelines

- This is a ninety-minute webinar session

- For questions regarding content, please submit inquiries to REGTAP at https://www.regtap.info/ and mention this webinar or Reinsurance-Contributions

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

Purpose & Objectives

- Provide detailed information on the Supporting Documentation requirements

- Explain various scenarios for submitting the "ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form" (the "Form") and the Supporting Documentation

- Review key points about registering on Pay.gov and the payment submission process

- Provide clarifications on common questions

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Intended Audience

- Health Insurance Issuers

- Self-insured Group Health Plans

- Third Party Administrators (TPAs)

- Administrative Services-only (ASO) Contractors

Overview of the Transitional Reinsurance Program

- The Transitional Reinsurance Program is established by Section 1341 of the Affordable Care Act (ACA) to help stabilize premiums in the individual market

- Reinsurance contributions are required for the 2014, 2015 and 2016 Benefit Years

- The program is funded by contributions collected from health insurance issuers and certain self-insured group health plans to cover costs for high-cost individuals enrolled in non-grandfathered reinsurance-eligible individual market plans

Contribution Submission Process Overview

- A reporting entity completes all of the following steps:
  - We covered steps 1, 2 and 4 in the prior webinar series
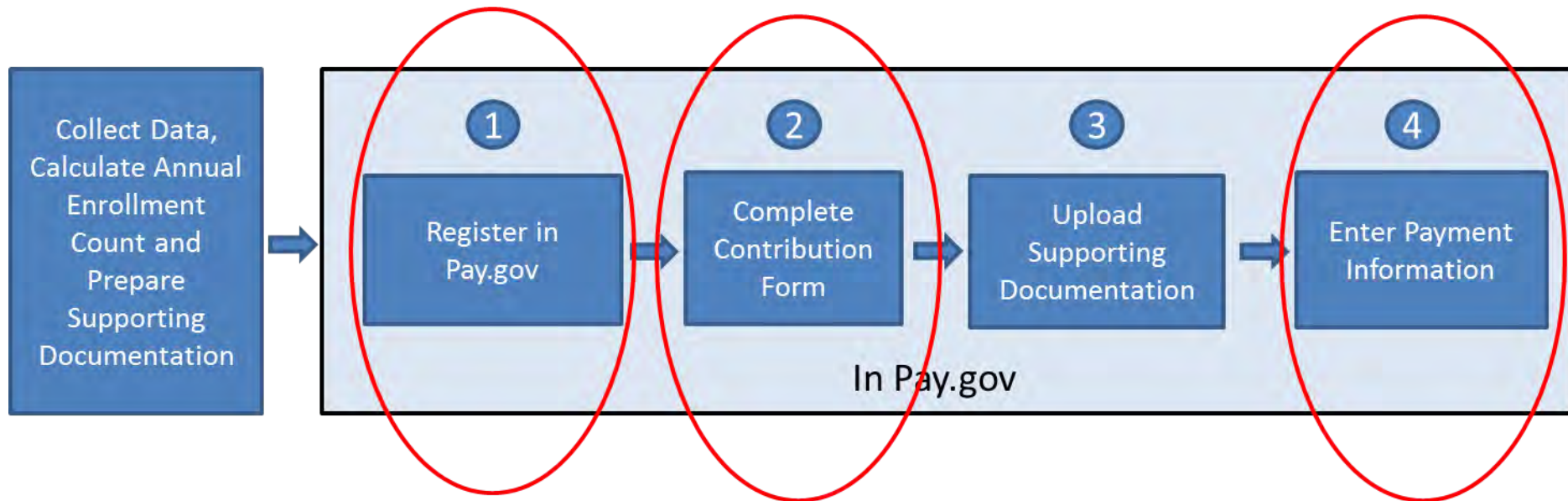
Step 1 – Register on Pay.gov

- HHS is implementing a streamlined approach to complete the reinsurance contribution submission process through Pay.gov

- If you do not have a Pay.gov account, you will need to create a Pay.gov account to complete the reinsurance contribution submission process

- Registration information is used to create a user profile containing both user data and the user's company data – some of this data is used to pre-populate the Form

  - **Contact 1 for Submission**: User's name, e-mail and phone number within the Pay.gov profile will pre-populate the Form as 'Contact 1 for Submission'
  - **Legal Business Name (LBN)**: The company name within the Pay.gov profile will pre-populate the Form as 'Legal Business Name (LBN)' associated with the organization's Federal Tax Identification Number (TIN)
  - **Billing Address**: The company address within the Pay.gov profile will pre-populate the Form as 'Billing Address'

Step 2 – Complete Contribution Form

- ## The Form:
  - Collects demographic and contact information for the reporting entity

  - Requires entry of the Gross Annual Enrollment Count

  - Provides auto-calculation of contribution amount

  - Requires selection of 'Type of Payment'

# Step 2 – Complete Contribution Form (continued)

- The options for Type of Payment are:
  - First Collection
  - Second Collection
  - Combined Collection
  - Invoice
  - Resubmission

- Select the 'Type of Payment' based on how you prefer to submit your reinsurance contribution, keeping in mind:
  - First Collection deadline is January 15, 2015
  - Second Collection deadline is November 15, 2015
  - Combined Collection deadline is January 15, 2015

Step 4 – Payment Page

- After attaching the Supporting Documentation, you will go to the last page to complete the payment information

- The payment amount auto-populates based on the 'Type of Payment' selection and the calculated reinsurance contribution amount on the Form

- On this page you will:
  - Select the 'Payment Date'
  - Enter the Account Holder Name
  - Select 'Checking or Savings' Account Type
  - Enter and Verify Bank Routing Number
  - Enter and Verify Bank Account Number

- We prefer that you schedule your payment at least 30 days after the date of Form submission, but prior to the applicable regulatory deadline(s)

Contribution Submission Process Overview

- A reporting entity completes all of the following steps:
  - We will focus on step 3 in this webinar series

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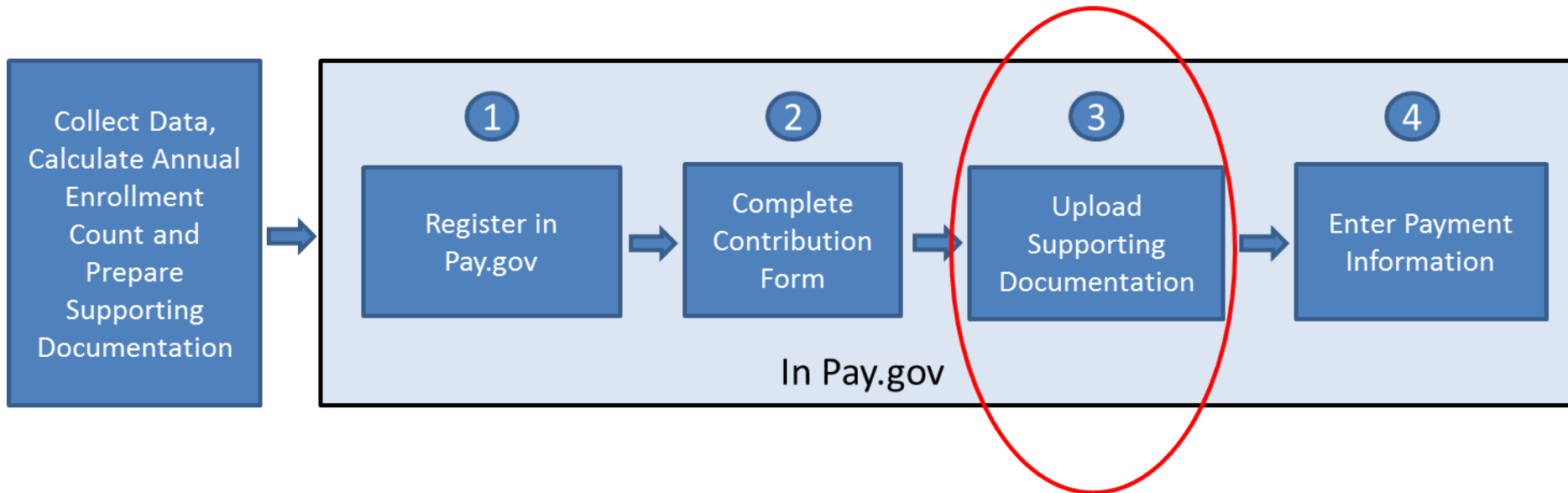
Supporting Documentation Submission Page

- This shows the screen where users will upload the Supporting Documentation

Key Points: Supporting Documentation

- All Form submissions require the submission of Supporting Documentation

- The Supporting Documentation contains information on the contributing entities for whom a reporting entity is submitting enrollment counts
  - What is a reporting entity?
    - An organization carrying out the steps for the reinsurance contribution submission process
    - This can be: (a) a contributing entity or (b) a TPA or ASO contractor on behalf of a contributing entity
  - What is a contributing entity?
    - Defined under 45 CFR 153.20 as generally including a health insurance issuer or a self-insured group health plan
    - A contributing entity may also be a reporting entity

Supporting Documentation Requirements

- The Supporting Documentation must be a Comma Separated Value (CSV) file
  - Also known as a "flat file" or "comma delimited file"
  - Each line represents one entry or record and a comma separates each data element within a record

- A CSV file contains information in the following format:

  data,data,data,data,data,data,data,data,data,data,data,data,data,data

  data,data,data,data,data,data,,data,data,data,data,data,data,data

  - The top row includes fourteen data items
  - The bottom row includes thirteen data items with two commas next to each other because optional data is not included

- Each data element in the file is limited to a certain field length based on the requirements of the database

Supporting Documentation Constraints

- The Supporting Documentation must not exceed 2MB

- The Supporting Documentation must not contain special characters

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

- It should contain one row for each contributing entity
  - Each row will also contain reporting entity information

- The total of all enrollment counts in the file must not exceed 1,587,301.58 covered lives if remitting a Combined Collection or 1,904,761.90 covered lives if remitting a two-part collection

Tools for Creating the Supporting Documentation

- Tools will be provided for reporting entities to assist in creating the Supporting Documentation

- The File Layout document that is referenced in this presentation is currently posted on REGTAP under 'Reinsurance-Contributions'

  - A Job Aid for the Supporting Documentation, with the ability to cut and paste data, and instructions for using the Job Aid, will be posted in the future

Overview: File Layout Fields

- This list represents the Field Names in the Supporting Documentation

Field Name
*Reporting Entity Legal Business Name (LBN)
*Reporting Entity Federal Tax Identification Number (TIN)
*Contributing Entity Legal Business Name (LBN)
*Contributing Entity Federal Tax Identification Number
*Contributing Entity Organization Type
*Contributing Entity Billing Address – Line 1
Contributing Entity Billing Address – Line 2
*Contributing Entity Billing Address City
*Contributing Entity Billing Address State
*Contributing Entity Billing Address Zip Code plus 4
*Contributing Entity Domiciliary State
*Benefit Year
*Annual Enrollment Count
*Type of Contributing Entity

Layout: Reporting Entity Legal Business Name (LBN)

- **Description:** Legal Business Name (LBN) associated with the reporting entity's Federal Tax Identification Number (TIN)

- **Maximum Field Length:** 150

- **Format:** Cannot contain special characters
  - If the LBN contains special characters, as defined on slide 15, they should be omitted in the Supporting Documentation

- **Notes:**
  - Must match the LBN on the corresponding Form
  - This field value is the same for each contributing entity listed in the Supporting Documentation

Layout: Reporting Entity Federal Tax Identification Number (TIN)

- **Description:** Federal TIN associated with the reporting entity's LBN

- **Maximum Field Length:** 10

- **Format:** Include the hyphen i.e., NN-NNNNNNN

- **Notes:**
  – Must match the Federal TIN on the corresponding Form
  – This field value is the same for each contributing entity listed in the Supporting Documentation

Overview: File Layout Fields

- This list represents the Field Names in the Supporting Documentation

Field Name
*Reporting Entity Legal Business Name (LBN)
*Reporting Entity Federal Tax Identification Number (TIN)
*Contributing Entity Legal Business Name (LBN)
*Contributing Entity Federal Tax Identification Number
*Contributing Entity Organization Type
*Contributing Entity Billing Address – Line 1
Contributing Entity Billing Address – Line 2
*Contributing Entity Billing Address City
*Contributing Entity Billing Address State
*Contributing Entity Billing Address Zip Code plus 4
*Contributing Entity Domiciliary State
*Benefit Year
*Annual Enrollment Count
*Type of Contributing Entity

Layout: Contributing Entity Legal Business Name (LBN)

- **Description:** Legal business name (LBN) associated with the contributing entity's Federal tax identification number (TIN)
  - We note that for self-insured group health plans it would be the TIN of the plan sponsor of that self-insured group health plan

- **Maximum Field Length:** 150

- **Format:** Cannot contain special characters
  - If the LBN contains special characters, as defined on slide 15, they should be omitted in the Supporting Documentation

Layout: Contributing Entity Federal Tax Identification Number (TIN)

- **Description:** Federal TIN associated with the contributing entity's LBN
  - We note that for self-insured group health plans it would be the TIN of the plan sponsor of that self-insured group health plan

- **Maximum Field Length:** 10

- **Format:** Include the hyphen i.e., NN-NNNNNNN

Layout: Contributing Entity Organization Type

- **Description:** Organization status associated with the contributing entity's Federal TIN

  – We note that for self-insured group health plans it would be the organization type of the plan sponsor of that self-insured group health plan

- **Maximum Field Length:** 10

- **Acceptable Values:** 'For Profit' or 'Nonprofit'

Layout: Contributing Entity Billing Address

- **Description:** Billing street address for the contributing entity

  - The documentation contains a required Line 1 and an optional Line 2 with the same requirements
  - We note that for self-insured group health plans it would be the billing address of the plan sponsor of that self-insured group health plan

- **Maximum Field Length:** 150 (per line)

- **Format:** Alphanumeric

Layout: Contributing Entity Billing Address City

- **Description:** City name for the billing address of the contributing entity
  - We note that for self-insured group health plans it would be the billing address city of the plan sponsor of that self-insured group health plan

- **Maximum Field Length:** 150

Layout: Contributing Entity Billing Address State

- **Description:** State abbreviation for the billing address of the contributing entity
  - We note that for self-insured group health plans it would be the billing address State of the plan sponsor of that self-insured group health plan

- **Maximum Field Length:** 2

- **Format:**
  - State abbreviation
  - A list of valid State values is included in the 'File Layout' document available on REGTAP

Layout: Contributing Entity Billing Address Zip Code

- **Description:** 5-digit zip code plus 4 (if available) for the billing address of the contributing entity
  - We note that for self-insured group health plans it would be the billing address zip code of the plan sponsor of that self-insured group health plan

- **Maximum Field Length:** 10

- **Format:** NNNNN-NNNN or NNNNN

Layout: Contributing Entity Domiciliary State

- **Description:**
  - State abbreviation of where the plan sponsor of the self-insured group health plan is located or
  - State abbreviation for the applicable State of licensure for fully insured plans

- **Maximum Field Length:** 2

- **Format:**
  - State abbreviation
  - A list of valid State values is included in the 'File Layout' document available on REGTAP

Layout: Benefit Year

- **Description:** Benefit year applicable to the annual enrollment count reported

- **Maximum Field Length:** 4

- **Format:** NNNN

- **Acceptable Values:** '2014', '2015', '2016'

Layout: Annual Enrollment Count
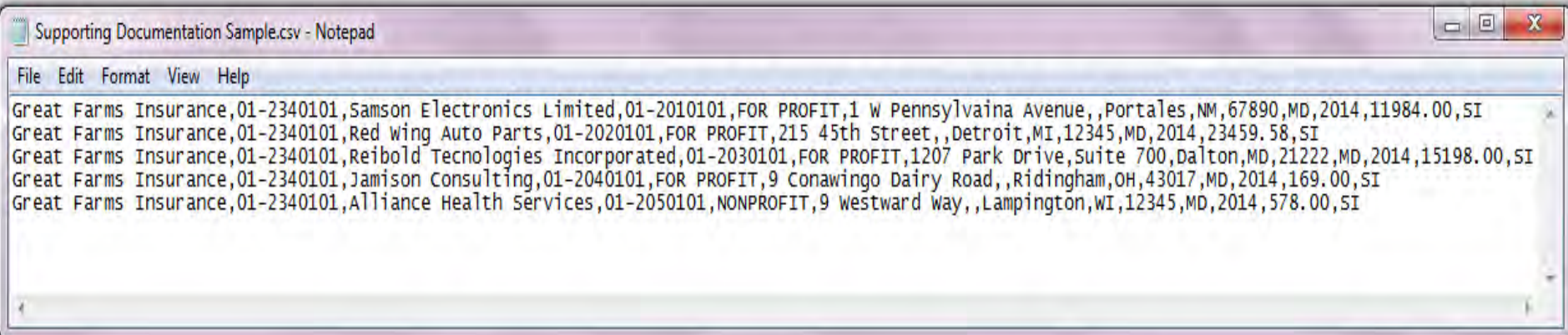
- **Description:** Number of covered lives of reinsurance contribution enrollees for the contributing entity

- **Maximum Field Length:** 10

- **Format:** NNNNNNN.NN

- **Notes:** Maximum total entry per Form, and therefore, the accompanying Supporting Documentation is 1,587,301.58 covered lives if remitting a Combined Collection, or 1,904,761.90 covered lives if remitting a two-part collection

Layout: Type of Contributing Entity

- **Description:** Type of contributing entity for whom you are submitting enrollment

- **Maximum Field Length:** 5

- **Acceptable Values:**

  'HII' = Health Insurance Issuer

  'SI' = Self-Insured

  'SISA' = Self-Insured/Self-Administered

  'MGHPS' = Multiple Group Health Plan (Aggregate Reporting, treated as single group health plan)

  'MGHPM' = Multiple Group Health Plan (Separate Reporting, treated as a separate group health plan)

  'OTHER' = Other type

CSV File Example

- This is an example of what a CSV file reporting the annual enrollment count for multiple contributing entities will look like once the file is created

File Layout Document

- The File Layout document is posted in the REGTAP Library, and can be located by searching under 'Reinsurance-Contributions'

HTTPS://WWW.REGTAP.INFO/

Matching the Form and the Supporting Documentation

- The Gross Annual Enrollment Count on the Form must match the sum of all contributing entity annual enrollment counts in the Supporting Documentation

- The reporting entity and its TIN listed in the Supporting Documentation must match the reporting entity and its TIN provided on the Form

Multiple Forms and Supporting Documentation

- It is possible that a reporting entity may need to submit more than one Form and potentially, more than one Supporting Documentation

- Potential scenarios include if the reporting entity:
    1. Wants to follow the two-payment schedule (not a Combined Collection)
    2. Has more enrollees than would be permitted for a single transaction on Pay.gov
    3. Wants to use more than one bank account
    4. Has a business reason for wanting to complete multiple Forms

Scenario 1: Submitting Multiple Forms

- A reporting entity wants to make two separate payments (not a Combined Collection)
    - If this is the case, the reporting entity would:
        - Submit the Form and Supporting Documentation and schedule the first payment date
        - Then the reporting entity would duplicate the Form and submit the **same** Supporting Documentation to schedule the second payment date
            - To complete the reinsurance contribution submission process, both payments **MUST** be scheduled by November 15, 2014

Scenario 2: Submitting Multiple Forms

- A reporting entity is submitting more than 1,587,301.58 covered lives when remitting a Combined Collection or 1,904,761.90 covered lives when remitting a two-part collection
  - If this is the case, the reporting entity will have to divide the covered lives between more than one Form and Supporting Documentation
  - A reporting entity should review its Gross Annual Enrollment Count prior to starting the process to determine if multiple Forms and supporting documentation will need to be submitted

Scenario 3: Submitting Multiple Forms

- A reporting entity wants to use more than one bank account for submission of contributions
  - If this is the case, the reporting entity will complete a separate Form and Supporting Documentation per bank account
    - Therefore, the information on each Form and corresponding Supporting Documentation should only include the data related to the selected bank account

Scenario 4: Submitting Multiple Forms

- A reporting entity has a business reason for wanting to complete multiple Forms
  - If this is the case, the reporting entity must be sure that the annual enrollment count on the Form and on the Supporting Documentation match

Key Deadlines for the 2014 Benefit Year

Date	Activity	Contribution Amount
No later than November 15, 2014	Submit Annual Enrollment Count and Schedule Contribution Payment Date(s)	
No later than January 15, 2015	Remit first Contribution Amount	$52.50 per covered life
No later than November 15, 2015	Remit second Contribution Amount	$10.50 per covered life
	Total	$63.00 per covered life

Scheduling Contributions

- If you select a Combined Collection, you will only have to submit the Form and corresponding Supporting Documentation one time

- If you select only the First Collection, you will need to immediately duplicate the Form and schedule the payment date for the Second Collection

  – You will be able to use your saved Form and corresponding Supporting Documentation from the First Collection submission to complete the Second Collection submission

Review of Common Questions from "The Transitional Reinsurance Program: Submission of Annual Enrollment and Contributions through Pay.gov" Webinar

Notifications Regarding ACH Payments

- Scroll to the bottom of the 'Profile Information' page on Pay.gov and check the box
  - Save the update

* 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

In what city were you born? ▼

* Shared Challenge Answer

`••••••••`

* Confirm Shared Challenge Answer

`••••••••`

Company Name

Great Farms Insurance

Company Address

8270 Corporate Road

Company Address 2

Ste. 200

Company City

Valspar

Company Country

United States ▼

Company State/Province

Virginia ▼

Company ZIP/Postal Code

23841

☐ I want to update the email address for all deferred or recurring ACH transactions made through a Pay.gov form, and associated with this profile, to match the email address above.

☑ I want to receive email notifications related to ACH payments I submit using a Pay.gov form.

Save   Cancel   Change Password   Delete My Account

Form Verification & Acknowledgement

- The Form requires reporting entities to check a box next to a Verification statement and an Acknowledgement statement

- If you do not complete the Verification or Acknowledgement check boxes, you will **<u>NOT</u>** be able to proceed with Form submission

- Complete the appropriate information for the individual that authorizes the Acknowledgement
  - The individual entered as the Authorizing Official is an individual with the authority to authorize the contribution transaction and certify that the data is true and correct
  - The individual entered as the Authorizing Official is whom CMS can contact if a discrepancy is discovered or if CMS has questions about the data being submitted

Scheduling Contributions

- We request that you schedule your contribution payment date(s) 30 days after the day you submit the Form, but before the applicable regulatory deadline(s)
  - This will allow for validation and correction if necessary
- Here is an example for a Combined Collection:

◯ = selected Form submission date

△ = selected payment date

▢ = regulatory deadline(s)

ACH Debit Block

- 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
- ACH Debit Block works by having an allowed list of ACH company IDs
  - The list enables allowable automatic debits
- When working with the U.S. Government, these company IDs are referred to as the Agency Location Code or the ALC+2 value
- **You must contact your bank to have the ALC+2 value added**
  - For the reinsurance contribution submission process the ALC+2 is **7505008015**

What can you do…

- **NOW**
  - Register on Pay.gov
  - Collect the information needed to compete the Form and Supporting Documentation
  - Contact your bank to have the ALC+2 value added to allow for automatic debits (if applicable)
  - Review your REGTAP emails for updates and the prior webinar slides and the Counting Method Examples for Contributing Entities supporting documentation, available in the REGTAP Library under 'Reinsurance-Contributions'
  - Monitor the CCIIO web page, including the Reinsurance-Contributions specific CCIIO webpage
  - Submit questions via REGTAP using "Submit an Inquiry" and note "Reinsurance-Contributions" in your question text

- **LATER**
  - Attend future webinars and user groups
  - Complete the reinsurance contribution submission process on Pay.gov beginning this Fall

HTTPS://WWW.REGTAP.INFO/

Upcoming Education

Topic	Tentative Date
User Groups Focused on Common Questions from the Prior Reinsurance Contribution Submission Process Webinars	August 18, 2014 and August 22, 2014 2:00 – 3:00 p.m. ET

Additional webinars and user groups will be held through November 2014.

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

HTTPS://WWW.REGTAP.INFO/

Resources

HTTPS://WWW.REGTAP.INFO/

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) provided a split collection process
  - 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

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
Pay.gov	https://pay.gov/paygov/
The Transitional Reinsurance Program – Reinsurance Contributions Webpage	http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html

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Inquiry Tracking and Management System (ITMS)

ITMS is available at https://www.regtap.info/

Users can submit questions after the
User Group by selecting "Submit an Inquiry" from My Dashboard.
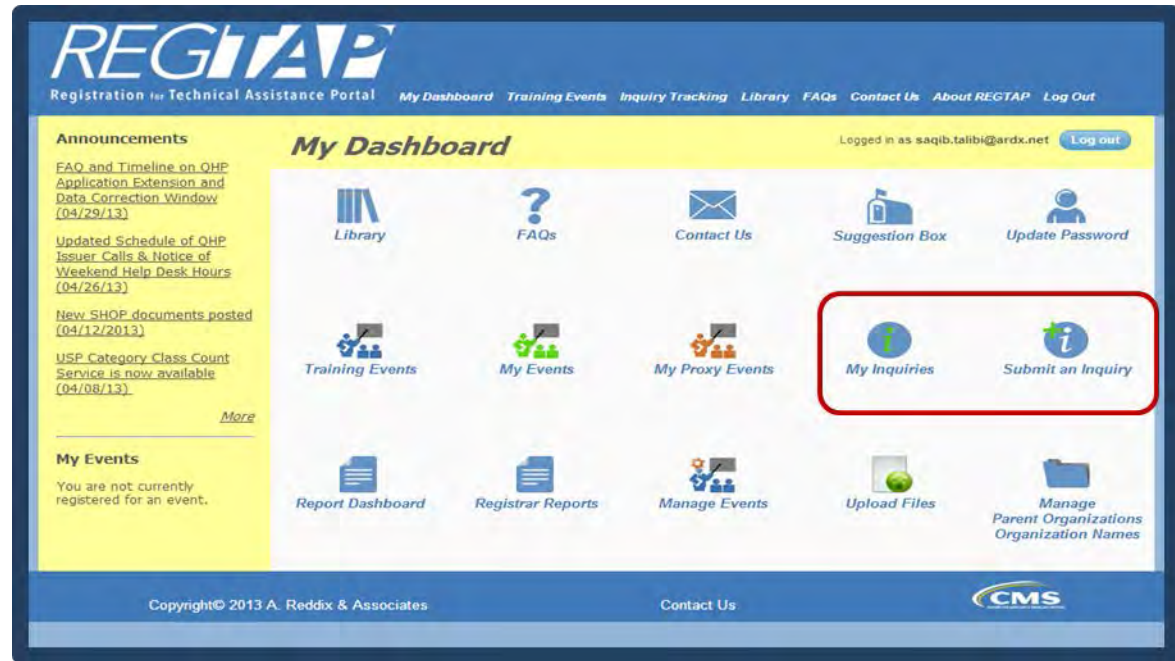
Note: Enter only one (1) question per submission.

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.
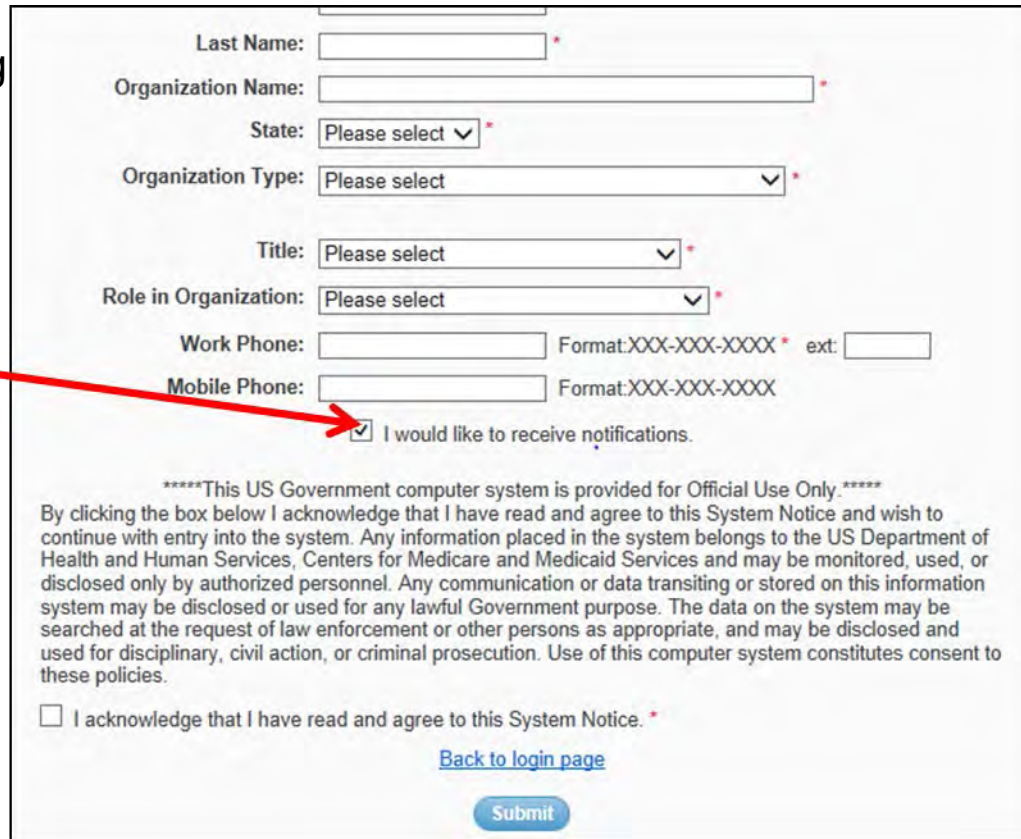
FAQ Database is available at
https://www.regtap.info/

HTTPS://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."*

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

Closing Remarks

HTTPS://WWW.REGTAP.INFO/