



## **Invoicing and Collections Training: Pay.gov Registration and Payment Submission Process for Reinsurance, Risk Adjustment and Risk Corridors (3Rs) Issuers**

### **1 Purpose**

This job aid targets individual Issuers who require an understanding of how to use several key features that Pay.gov offers; specifically, this document provides a walkthrough for Issuers attempting to register and submit payments using the Pay.gov website.

### **2 Introduction**

The U.S. Department of the Treasury Bureau of the Fiscal Service uses Pay.gov to meet its commitment to electronic collections processing using Internet technologies. Pay.gov satisfies demands from agencies and consumers for electronic alternatives by providing the ability to complete forms electronically to make payments and submit queries, 24 hours a day.

The Centers for Medicare & Medicaid Services (CMS) Health Insurance Marketplace and Premium Stabilization Programs Payment Form, or Marketplace Payment Form, is the method through which Issuers will submit payments for various Marketplace-related fees, charges and overpayments.

### **3 Additional Resources**

For more information regarding the functionality of Pay.gov, users may access online assistance at <https://www.pay.gov/WebHelp/HTML/about.html> on the Pay.gov site.

### **4 Browser Requirements**

Access to Pay.gov requires Internet Explorer version 6.0 or higher. Windows users may use Internet Explorer 6 or higher (for Pay.gov pages, forms, bills and reports), Mozilla 1.4 and 1.75 (for end-user pages, forms and bills), or Firefox 1.5 or higher (for end-user pages, forms and bills).



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### 5 Registering on Pay.gov

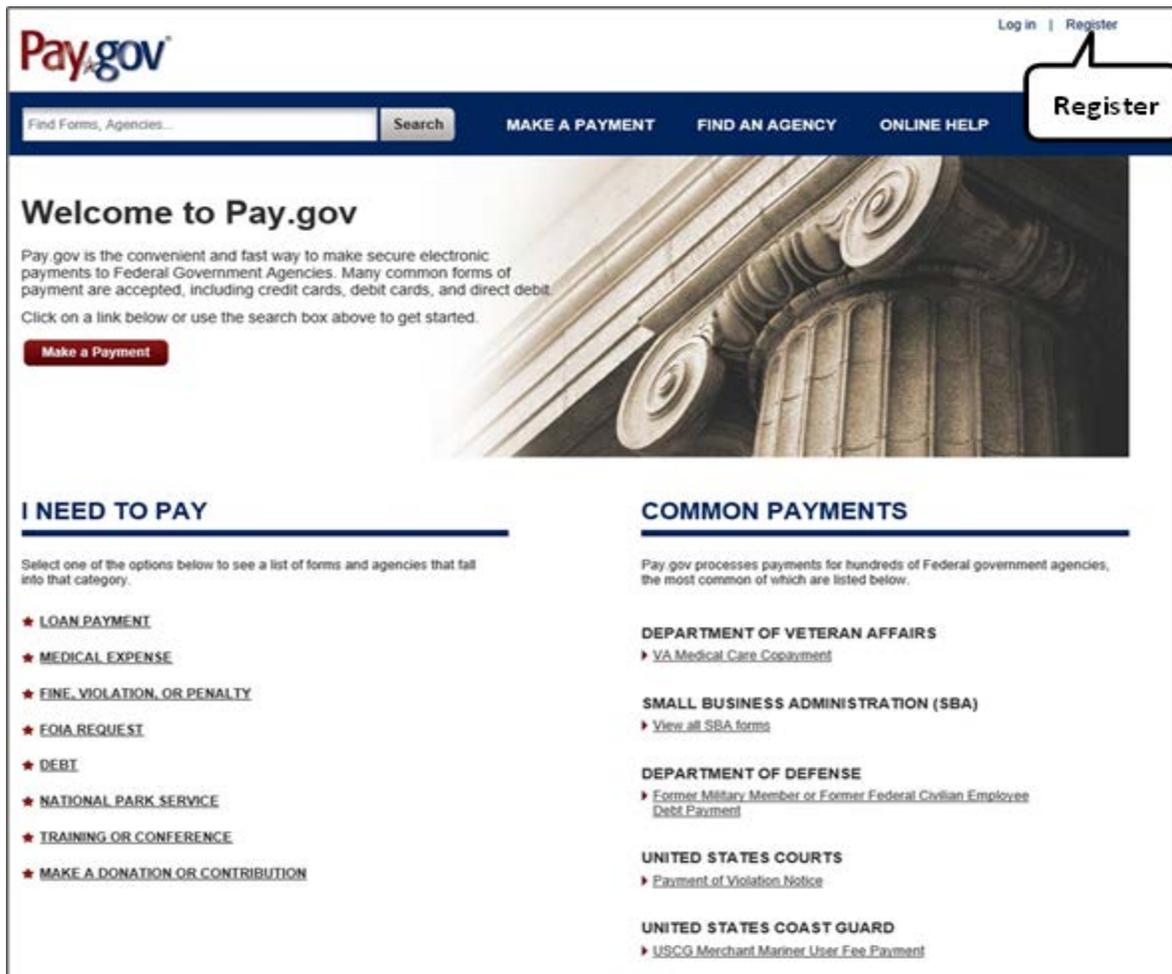
Before an Issuer makes a payment using the Pay.gov website, CMS recommends that the Issuer register for a Pay.gov user account and create a payer profile, which allows the Issuer to store payment information and manage payments.

#### 5.1 Pay.gov Registration Process

The following steps illustrate how to register and submit payment through the Pay.gov website:

1. Click the “Register” Link in the top right corner of the on the Pay.gov Website.

Figure 1: Pay.gov Home Screen





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- Fill out the account user information on the “Register for a Pay.gov Account” Screen pictured below.

Figure 2: Pay.gov Profile Information Page

### Profile Information

Please enter the following information to update your profile.

<b>* First Name</b> <input type="text" value="ARDX"/>	<b>* Address</b> <input type="text" value="7500 Security Blvd"/>
<b>* Last Name</b> <input type="text" value="User 1"/>	<b>Address 2</b> <input type="text" value="Address 2"/>
<b>* Username</b> <input type="text" value="ardxuser1"/>	<b>* City</b> <input type="text" value="Baltimore"/>
<b>* Email Address</b> <input type="text" value="ardxuser1@gmail.com"/>	<b>* Country</b> <input type="text" value="United States"/>
<b>* Confirm Email Address</b> <input type="text" value="ardxuser1@gmail.com"/>	<b>* State/Province</b> <input type="text" value="Virginia"/>
<p>The secret question and answer below will allow you to reset your account if you forget your password. Please choose a question and answer that only you know; only letters, numbers, and spaces are allowed. No one else will be able to see the answer to your question.</p>	<b>* ZIP/Postal Code</b> <input type="text" value="21240"/>
<b>* Secret Question</b> <input type="text" value="What is your favorite sports team?"/>	<b>* Phone Number</b> <input type="text" value="757-222-1234"/>
<b>* Secret Answer</b> <input type="text" value="*****"/>	<b>Company Name</b> <input type="text" value="Company Name"/>
<b>* Confirm Secret Answer</b> <input type="text" value="*****"/>	<b>Company Address</b> <input type="text" value="Company Address"/>
<p>The shared challenge question and answer below will allow Customer Service to verify your identity. Only letters, numbers, and spaces are allowed.</p>	<b>Company Address 2</b> <input type="text" value="Company Address 2"/>
<b>* Shared Challenge Question</b> <input type="text" value="What was the model of your first car?"/>	<b>Company City</b> <input type="text" value="Company City"/>



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Pay.gov creates a user profile containing both user data and the user's company data from the registration information entered. The site can also pull user profile information to pre-populate banking information on the Marketplace Payment Form.

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

During the Pay.gov registration process, the Issuer can elect to receive email notifications by checking the box at the bottom of the page next to the statement, "I want to receive email notifications related to ACH payments using the confirmation email address entered with the transaction."

**Figure 3: ACH Email Notification Box**

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



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3. Click the “I Agree to the Pay.gov Rules of Behavior” box, and then click the “Register Account” button in order to continue.

Figure 4: Rules of Behavior

**Rules of Behavior**

PAY.GOV INFORMATION AND USER RESPONSIBILITY STATEMENT

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

\* Not make the password known to anyone or put it in written form unsecured

[View and Print Rules of Behavior](#)

\*  I agree to the Pay.gov Rules of Behavior

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



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### 5.2 Logging in to my Pay.gov Account

Issuers should log in to Pay.gov using a newly established, or existing Pay.Gov user name and password. Issuers should click on either the “Forgot your Username” or “Forgot your Password” link below to recover user names and passwords. If a user name and password has not been created please refer to the previous steps.

1. Enter Username and password, and click “Log in”, to be directed to the “My Account” page.

Figure 5: Pay.gov Log in Screen

Your account has been created successfully! Your username has been populated in the username field below. Please provide your password and click the Log In button to begin using Pay.gov.

### Log into Pay.gov

Required fields are marked with an \*

Please enter your Username and Password.

\* Username:

\* Password:

[Forgot your Username?](#)  
[Forgot your Password?](#)

**Need Help?**  
Customer Service

**Pay.gov**

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

2. From the “My Account” page, Issuers can view their User profiles to perform the following functions:
  - My Forms - Save partially completed forms, view submitted forms and submit duplicate payment
  - Profile Information - View and Manage Profile information
  - Payment Activity - View historical payments and manage pending payments
  - Payment Accounts - Add and Manage stored payment information

**Please Note: CMS does not utilize the “Enter Access Code” functionality with the Pay.Gov My Account section.**



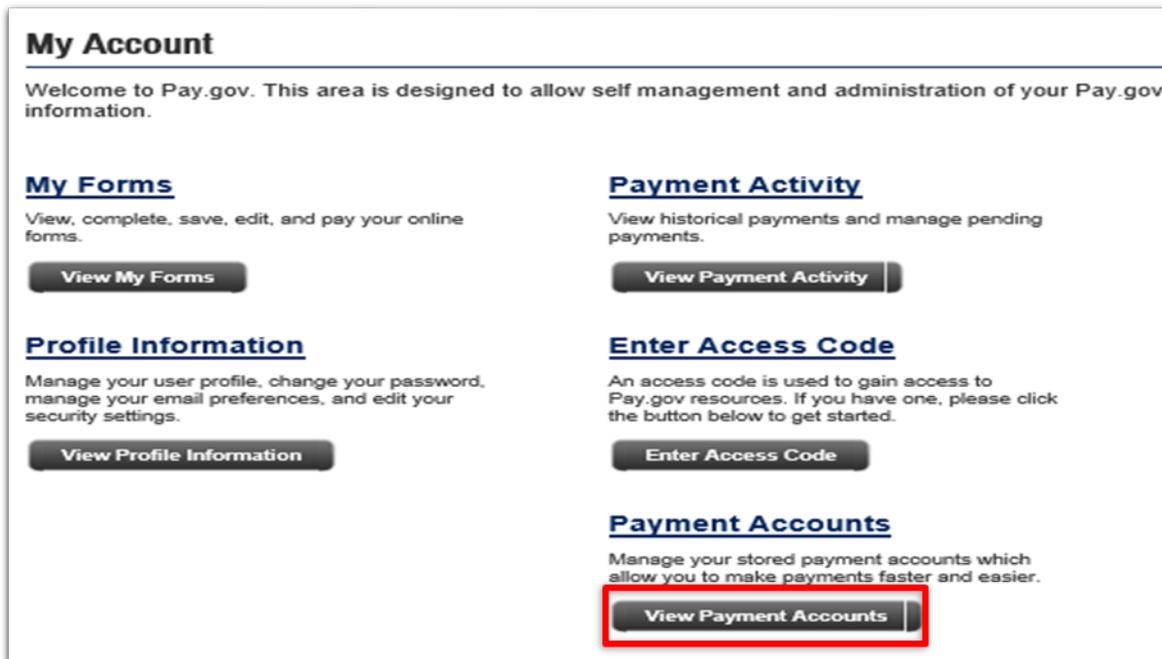
## Invoicing and Collections Training: Pay.gov Registration and Payment Submission Process for Reinsurance, Risk Adjustment and Risk Corridors (3Rs) Issuers

### 5.3 Adding a Payment Account in Pay.gov

Issuers have the ability to store Payment Account data in Pay.gov. After storing payment account information, Issuers may elect a primary bank account in the Payment Account section of their user profile. Once a primary bank account is set, information from the primary account will prepopulate in the “Enter Bank Account Information” section of the Marketplace Payment form (see section 5.4). Complete the following steps to save Payment account data:

1. From the “My Account” screen, click the “View Payment Accounts” button.

Figure 6: Pay.gov My Account Screen





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2. Enter and save bank payment data as shown on the screen; this information will prepopulate banking information on the Marketplace Payment Form.

Figure 7: Enter Bank Account Information Screen

**Enter Bank Account Information**

Please note that editing the below information will not affect any past or scheduled payments.

**Required fields are marked with an \* .**

\* **Select Account Type:**  
Business Checking

**\* Routing Number:**  
052000113

**Account Number on file:**  
\*\*\*\*\*8566

**New Account Number:**  
New Account Number

**Confirm New Account Number:**  
Confirm New Account Number

Save Cancel

3. After updating bank account information, check the profile email address to verify receipt of the automated confirmation message.



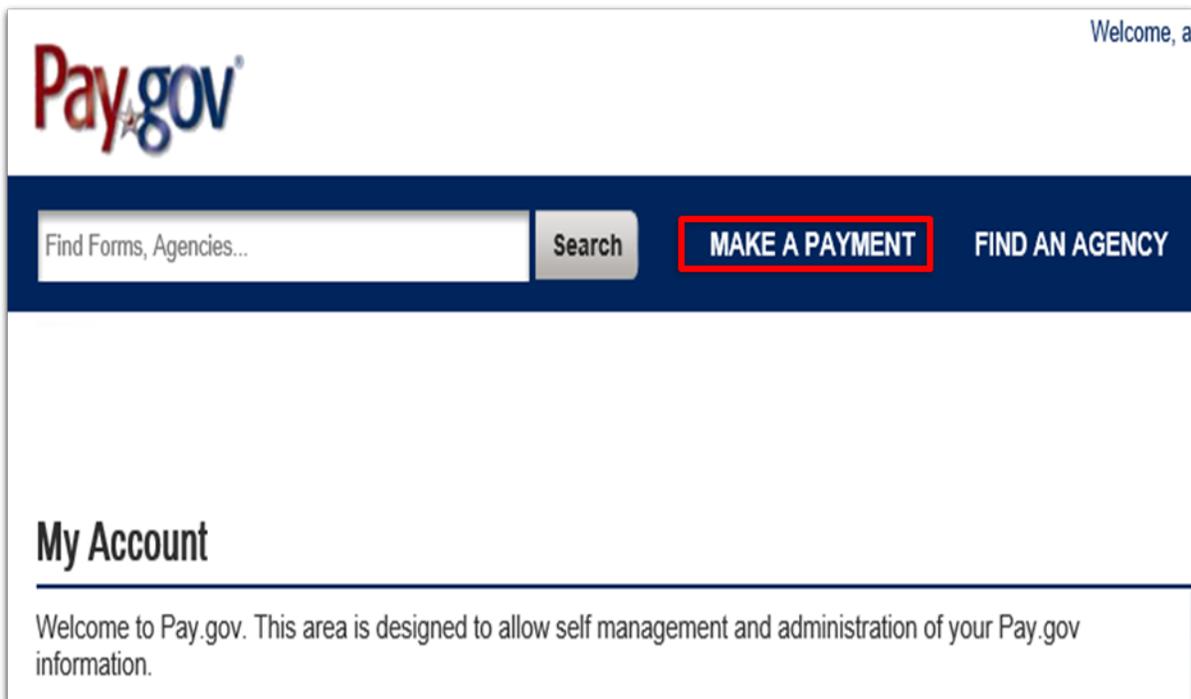
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### 5.4 How to Make a Payment

In order to make a payment, Issuers should follow the steps outlined below:

1. Once logged into Pay.gov, click the “Make a Payment” button on the tool bar.

Figure 8: Pay.gov Home Screen





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2. Click the “Click here to view a listing of all Agencies” link in order to search by Government Agency.

OR

Search for “CMS Health Insurance Marketplace and Premium Stabilization Programs Payment Form” in the keyword search box highlighted below. **NOTE: *If using the keyword search option, move to Step 5 on page 12.***

Figure 9: Find a Form Screen

**Make a Payment**

Making payments through Pay.gov is free and secure. You'll need to fill out the correct online form. A form is a web page where you type in information about yourself and the payment.

**Find a Form**

To find the correct online form, you can:

1. Select from the list of commonly used forms:
  - DEPARTMENT OF VETERAN AFFAIRS**
    - ▶ [VA Medical Care Copayment](#)
  - SMALL BUSINESS ADMINISTRATION (SBA)**
    - ▶ [View all SBA forms](#)
  - DEPARTMENT OF DEFENSE**
    - ▶ [Former Military Member or Former Federal Civilian Employee Debt Payment](#)
  - UNITED STATES COURTS**
    - ▶ [Payment of Violation Notice](#)
  - UNITED STATES COAST GUARD**
    - ▶ [USCG Merchant Mariner User Fee Payment](#)
2. Search by keyword such as the type of payment, agency name, form name or number:
  -
3. [Click here to view a listing of all forms](#)
4. [Click here to view a listing of all agencies](#)

**NOTE:** When using the keyword search, enter the full name, “CMS Health Insurance and Premium Stablization Programs Payment Form” in order to retrieve the appropriate form



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3. Choose “H” from the A-Z index on the “Find an Agency” Screen.

Figure 10: Find an Agency Screen

### Find an Agency

Below is a list of all agencies that accept payments on Pay.gov. Many of the agencies listed support online public forms, which are web pages where you type in information about yourself and the payment. Clicking on the agency name below will take you to a list of public forms for the chosen agency.

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [0-9](#)

4. Click the “Health and Human Services (HHS): Centers for Medicare & Medicaid Services (CMS)” link on the “Find an Agency” Screen (fifth link from the top of the page).

### H

- [Health and Human Services \(HHS\) Program Support Center](#)
- [Health and Human Services \(HHS\) Program Support Center HQ](#)
- [Health and Human Services \(HHS\) Program Support Center SSC](#)
- [Health and Human Services \(HHS\): Centers for Disease Control](#)
- [Health and Human Services \(HHS\): Centers for Medicare & Medicaid Services \(CMS\)](#)
- [Health and Human Services \(HHS\): CMS Center for Program Integrity](#)
- [Health and Human Services \(HHS\): CMS OFC of Research Development and Information](#)
- [HHS CMS: Center for Medicaid & State Operations Survey & Certification Group](#)
- [HHS National Institutes of Health \(NIH\) Office of Financial Management \(OFM\)](#)
- [Homeland Security \(DHS\): HQ Private Sector Office](#)
- [Homeland Security \(DHS\): U.S. Citizenship and Immigration Services \(USCIS\)](#)
- [Homeland Security \(DHS\): US Citizenship and Immigration Services \(USCIS\) FMD](#)
- [Homeland Security \(DHS\): Bureau of Customs and Border Protection \(BCBP\)](#)
- [Homeland Security \(DHS\): Federal Law Enforcement Training Centers \(FLETC\)](#)
- [Homeland Security \(DHS\): FEMA](#)
- [Homeland Security \(DHS\): Immigration and Customs Enforcement I-17 Fee](#)
- [Homeland Security \(DHS\): Infrastructure Security Compliance Division \(ISCD\)](#)
- [Homeland Security \(DHS\): United States Coast Guard](#)
- [Homeland Security: US Coast Guard Finance Center](#)
- [Homeland Security: US Coast Guard National Maritime Center](#)
- [Housing and Urban Development \(HUD\): Fort Worth](#)
- [Housing and Urban Development \(HUD\): Ginnie Mae](#)
- [Housing and Urban Development \(HUD\): Office of Housing](#)
- [Housing and Urban Development: Office of Housing Financial Operations Center](#)
- [Housing and Urban Development: Office of Housing: Federal Housing Administration](#)
- [HUD Office of Healthcare Programs and MultiFamily Fees](#)



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5. Click the “Continue to the Form” button under “CMS Health Insurance and Premium Stabilization Programs Payment Form.”

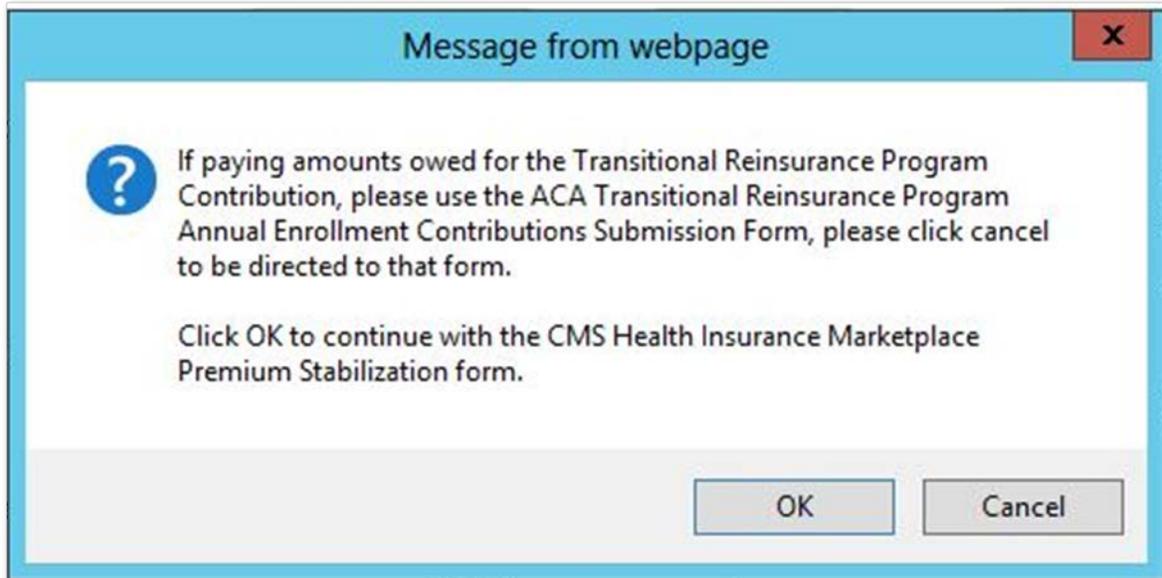
Figure 11: Find a Form Results Screen

The i



6. Click “OK” in the pop-up message pictured below in order to redirect to the Marketplace Payment Form.

Figure 12: Reinsurance Contributions Annual Enrollment Submission Form Redirect Message





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- Note the debit blocking information highlighted in Figure 12. If necessary, provide the following information to your bank to prevent the debit from being blocked: ACH Company Name: UPDEPTHHSCMS, Agency Company ID: 7505008014

Figure 12: Debit Blocking Information

Log in | Register

Pay.gov

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

### CMS Health Insurance Marketplace and Premium Stabilization Programs Payment Form

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

Please use this form to pay amounts owed related to the Health Insurance Marketplace and Premium Stabilization Programs. Additionally, if necessary, provide the following information to your bank to prevent debit blocking on the payments processed through Pay.gov on your dunning letter/invoice: ACH Company Name: USDEPTHHSCMS... Agency Company ID: 7505008014

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

#### Accepted Payment Methods:

- Bank account (ACH)

[Cancel](#) [Continue to the Form](#)

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

#### Need Help?

CMS Health Insurance Marketplace and Premium Stabilization Programs

Pay.gov

Contact: the Invoice and Collections Team  
Email: [Click to email](#)  
Website: [Click to visit site](#)



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8. Pay.gov will pre-populate the Company and Contact information from the User Profile. Enter the program type manually by selecting from the drop down menu.

Figure 13: CMS Health Insurance Marketplace and Premium Stabilization Programs Payment Form

**Company Information:**

\* Company Name

\* Address

\* City

\* State

\* Zip Code

**Primary Contact Information:**

\* Name First  \* Name Last

\* Phone  Ext:  \* Email

**Secondary Contact Information:**

Name First  Name Last

Phone  Ext:  Email

**Program Information:**

\* Program Type

Select Program to direct payments (UF for Risk Adjustment, Risk Adjustment charges and Risk Corridors charges).



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9. Enter the Entity ID (Payee Group ID), Invoice Number and Payment Amount, then click "Continue."

Figure 14: Invoice Information Section of the Marketplace Payment Form

**Invoice Information:**

* Date	<input type="text" value="10-15-2015"/>
* Entity ID	<input type="text" value="B001008"/>
* Verify Entity ID (Retype)	<input type="text" value="B001008"/>
* Invoice Number	<input type="text" value="K1402B123456001"/>
* Verify Invoice Number (Retype)	<input type="text" value="K1402B123456001"/>
* Payment Amount: \$	<input type="text" value="275.00"/>
* Verify Payment Amount (Retype): \$	<input type="text" value="275.00"/>

Issuers can find the Invoice Number and Payment Amount in the Dunning Letter Header.



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10. Confirm the payment amount and select the appropriate banking information.

**Please note: Bank account information previously stored in the “My Accounts” section of Pay.gov will auto-populate in this step. If users have saved information for multiple bank accounts, the user must select which account to use for payment.**

### CMS Health Insurance Marketplace and Premium Stabilization Programs Payment Form

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

**Need Help?**  
CMS Health Insurance Marketplace and Premium Stabilization Programs  
Contact: Exchange Operations Center  
Email: [Click to email](#)  
Phone: (855) 267-1515  
Website: [Click to visit site](#)

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

\* Payment Amount:  
\$275.00

\* Payment Date (mm/dd/yyyy)  
05/28/2015

\* Account Holder Name  
ARDX User1

\* Please select a payment account:  
 Business Checking \*\*\*\*\*9999  
 Business Checking \*\*\*\*\*0000  
 I want to enter a new account

COMPANY NAME  
FEPSCustomer1

ENTITY ID  
B001008

INVOICE NUMBER  
K1402B123456001

PROGRAM TYPE  
Risk Corridors Charges *justment*

ADDRESS  
7500 Security Blvd

CITY, STATE ZIP  
Baltimore, Virginia - VA 21240

CONTACT NAME LAST  
User1

CONTACT NAME FIRST  
ARDX

CONTACT PHONE  
757-222-1234

CONTACT EMAIL  
ardxuser1@gmail.com

[Previous](#) [Return to Forms](#) [Cancel](#) [Review and Submit Payment](#)

If the user has multiple bank accounts saved in the user profile, the user must select which bank account to make payments from during the payment submission process. If the user has not saved bank account information, the user will need to enter a bank account number and routing number on the Marketplace Payment Form.



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11. Click the “Review and Submit Payment” button.

**COMPANY NAME**

FEPSCustomer1

**ENTITY ID**

B001008

**INVOICE NUMBER**

K1402B123456001

**PROGRAM TYPE**

Risk Corridors Charges

**ADDRESS**

7500 Security Blvd

**CITY, STATE ZIP**

Baltimore, Virginia - VA 21240

**CONTACT NAME LAST**

User1

**CONTACT NAME FIRST**

ARDX

**CONTACT PHONE**

757-222-1234

**CONTACT EMAIL**

ardxuser1@gmail.com

[Previous](#)

[Return to Form](#)

[Cancel](#)

[Review and Submit Payment](#)



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12. Check “I would like to receive an email confirmation of this transaction” in order to receive a confirmation email.

Figure16: Review and Submit Section of the Marketplace Payment Form



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

### Payment Information

Payment Type: Bank account (ACH)  
Payment Amount: \$275.00  
Payment Date: 10/15/2015  
COMPANY\_NAME: FEPSCustomer1  
ENTITY\_ID: B001008  
INVOICE\_NUMBER: K1402B123456001  
PROGRAM\_TYPE: Risk Corridors Charges  
ADDRESS: 7500 Security Blvd  
CITY,\_STATE,\_ZIP: Baltimore, Virginia - VA 21240  
CONTACT\_NAME\_LAST: User1  
CONTACT\_NAME\_FIRST: ARDX  
CONTACT\_PHONE: 757-222-1234  
CONTACT\_EMAIL: ardxuser1@gmail.com

### Account Information

Account Holder Name: ARDX User1  
Routing Number: 122105278  
Account Number: \*\*\*\*\*9999

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



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13. Click “I agree to the Pay.gov authorization and disclosure statement” and then click “Submit Payment.”

Figure 17: Authorization and Disclosure Statement

**Authorization and Disclosure Statement** [Printable version](#)

prevent the transfer, despite reasonable precautions that we have taken. PLEASE BE SURE TO PRINT OUT A COPY OF THIS AUTHORIZATION AND DISCLOSURE LANGUAGE AND KEEP A COPY FOR YOUR RECORDS.

II. Businesses  
A. Authorization  
You acknowledge that you have read and understand the Pay.gov business disclosure language, have the authority to act on behalf of your business with regard to the named financial institution account, and authorize the Federal Reserve Bank of Cleveland to debit the named financial institution account. This

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

[Previous](#) [Return to Form](#) [Cancel](#) [Submit Payment](#)



## Invoicing and Collections Training: Pay.gov Registration and Payment Submission Process for Reinsurance, Risk Adjustment and Risk Corridors (3Rs) Issuers

14. Note the process is complete when the Payment Confirmation Screen shown below appears.

Figure 18: Payment Confirmation Screen

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

### Payment Confirmation

**Your payment is complete**

Pay.gov Tracking ID: 3FOVKJ7O  
Agency Tracking ID: 120024734090

Form Name: CMS Health Insurance Marketplace and Premium Stabilization Programs Payment Form  
Application Name: CMS Health Insurance Marketplace and Premium Stabilization Programs

**Payment Information**

Payment Type: Bank account (ACH)  
Payment Amount: \$275.00  
Transaction Date: 10/15/2015 03:20:08 PM EDT  
Payment Date: 10/19/2015  
COMPANY NAME: FEPSCustomer1  
ENTITY ID: B001008  
INVOICE NUMBER: K1402B123456001  
PROGRAM TYPE: Risk Corridors Charges  
ADDRESS: 7500 Security Blvd  
CITY, STATE ZIP: Baltimore, Virginia - VA 21240  
CONTACT NAME LAST: User1  
CONTACT NAME FIRST: ARDX  
CONTACT PHONE: 757-222-1234  
CONTACT EMAIL: ardxuser1@gmail.com

**Account Information**

Account Holder Name: ARDX User1  
Routing Number: 122105278  
Account Number: \*\*\*\*\*9999

**Email Confirmation Receipt**

Confirmation Receipts have been emailed to:  
ardxuser1@gmail.com