

Submitting Payments in Pay.gov

FAQ ID 19390 Reference

Pay.gov Assistance

Submitting Payment in Pay.gov

- Pay.gov is the portal to access the CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form, which allows for the submission of payments for Exchange-related charges.
- The CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form (Exchange Payment Form) is accessible directly through Pay.gov.
- Access Pay.gov at <https://pay.gov/public/home>

Pay.gov (continued)

- Issuers may use the following link, <https://www.pay.gov/WebHelp/HTML/about.html>, for additional assistance using Pay.gov.
- Additionally, Issuers may access this link by clicking “Online Help” from anywhere within Pay.gov. If an issuer needs additional help making payment via the Pay.gov Form, they should first contact Pay.gov to see if the issue is related to a system error.
Note: If the issue is related to a system error, only Pay.gov can assist.
- If the issue is not a system error, the issuer should refer back to the training slides and job aids posted on REGTAP. If the issuer still needs assistance after reviewing the materials, the issuer should contact CMS at CCIIInvoices@cms.hhs.gov.

Registering in Pay.gov

- CMS is implementing a streamlined approach to complete the CMS Health Insurance and Premium Stabilization Programs Payment Submission process through Pay.gov.
- Issuers should create a Pay.gov account before completing the CMS Health Insurance and Premium Stabilization Programs Payment Form, or “Payment Form.”

Registering in Pay.gov (continued)

- 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:
 - **Primary Contact 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'
 - **NOTE: Issuers will have the option to supply a secondary contact within the Payment Form, though a secondary contact is not required to complete the process**
 - **Company Name:** The legal business name (LBN) 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"

Registering in Pay.gov (continued)

Alert | Log in | Register

Pay.gov

Find Forms, Agencies... Search

MAKE A PAYMENT FIND AN AGENCY ONLINE HELP

Welcome to Pay.gov

Pay.gov is the convenient and fast way to make secure electronic payments to Federal Government Agencies. Many common forms of payment are accepted, including credit cards, debit cards, and direct debit.

Click on a link below or use the search box above to get started.

[Make a Payment](#)

I NEED TO PAY

Select one of the options below to see a list of forms and agencies that fall into that category:

- ★ [LOAN PAYMENT](#)
- ★ [MEDICAL EXPENSE](#)
- ★ [FINE, VIOLATION, OR PENALTY](#)
- ★ [FOIA REQUEST](#)
- ★ [DEBT](#)
- ★ [NATIONAL PARK SERVICE](#)
- ★ [TRAINING OR CONFERENCE](#)
- ★ [MAKE A DONATION OR CONTRIBUTION](#)

COMMON PAYMENTS

Pay.gov processes payments for hundreds of Federal government agencies, the most common of which are listed below.

- DEPARTMENT OF VETERAN AFFAIRS**
 - ▶ [VA Medical Care Copayment](#)
- SMALL BUSINESS ADMINISTRATION (SBA)**
 - ▶ [View all SBA forms](#)
- DEPARTMENT OF DEFENSE**
 - ▶ [Out of Service Debt Account Information](#)
- UNITED STATES COURTS**
 - ▶ [Payment of Violation Notice](#)

Registering in Pay.gov (continued)

Register for a Pay.gov Account

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

* First Name ARDX	* Address 7500 Security Blvd
* Last Name User 1	Address 2 Address 2
* Username ardxuser2	* City Baltimore
* Email Address ardxuser2@gmail.com	* Country United States
* Confirm Email Address ardxuser2@gmail.com	* State/Province Maryland
* Password	* ZIP/Postal Code 21240
* Confirm Password	* Phone Number 757-222-1234

1. In order to register in Pay.gov, users must first fill out account user information

Registering in Pay.gov (continued)

* **Secret Question**
Choose Secret Question ▼

* **Secret Answer**
Secret Answer

* **Confirm Secret Answer**
Confirm Secret Answer

2. Users must choose a secret question and answer in order to reset password information

The shared challenge question and answer below will allow Customer Service to verify your identity. Only letters, numbers, and spaces are allowed.

* **Shared Challenge Question**
Choose Shared Challenge Question ▼

* **Shared Challenge Answer**
Shared Challenge Answer

* **Confirm Shared Challenge Answer**
Confirm Shared Challenge Answer

2a. Users must then choose a shared challenge question. A shared challenge question allows Pay.gov to verify user identities

Registering in Pay.gov (continued)

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

[Cancel](#)

3. Users must agree to Pay.gov Rules of behavior and then click "Register Account"

Submitting Payment in Pay.gov

Access the Exchange Payment Form directly from the Pay.gov website: <https://pay.gov/public/home>

Welcome to Pay.gov

Pay.gov is the convenient and fast way to make secure electronic payments to Federal Government Agencies. Many common forms of payment are accepted, including credit cards, debit cards, and direct debit.

Click on a link below or use the search box above to get started.

Make a Payment



1. In order to access the Pay.gov forms, users must click the “Make a Payment” button

Submitting Payment in Pay.gov (continued)

2. Search by keyword such as the type of payment, agency name, form name or number:



Please enter search criteria

3. [Click here to view a listing of all forms](#)

4. [Click here to view a listing of all agencies](#)

2a. Users can search by form, “CMS Health Insurance and Premium Stabilization Programs Payment Form”

OR

2b. Users can click “Click here to view a listing of all agencies” to search by Agency

Submitting Payment in Pay.gov (continued)

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



3. If users choose to search by agency, Issuers must select “H” from the A-Z Index

Submitting Payment in Pay.gov (continued)

[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 \(CMS\)](#)



4. Users must click the “Health and Human Services (HHS): Centers for Medicare & Medicaid Services (CMS)” link

Submitting Payment in Pay.gov (continued)

CMS Health Insurance Marketplace and Premium Stabilization Programs Payment Form

Please use this form to pay amounts owed related to the Health Insurance Marketplace and Premium Stabilization Programs.

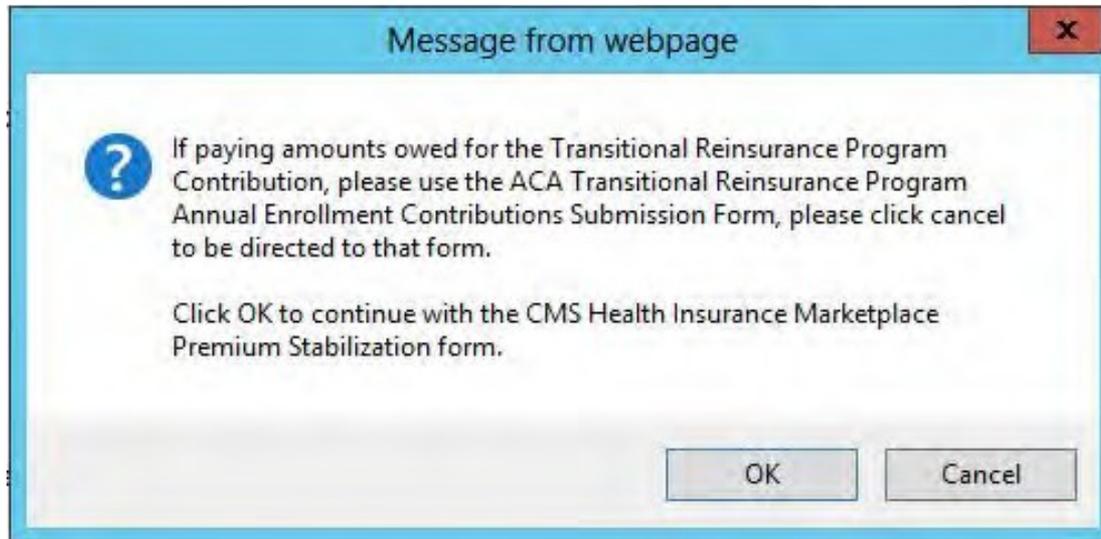
Form Number: HHSC110 | OMB Number: 0938-1187

[Continue to the Form](#)



5. Users must click the “Continue to the Form” link under “CMS Health Insurance and Premium Stabilization Programs Payment Form”

Submitting Payment in Pay.gov (continued)



Users must click “OK” in order to be directed to the Payment Form. Issuers may click “Cancel” to be redirected to the Transitional Reinsurance forms

CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form

CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form

The CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form contains four (4) sections:

1. Company Information
2. Contact Information
3. Program Information
4. Invoice Information



Users must complete all four (4) sections in order to submit payment. All fields marked with an asterisk (*) are required

CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form (continued)

- Data elements provided in the header of the Invoice are necessary to complete the CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form
- Multiple payments cannot be combined on one (1) form and **must** be submitted on separate forms

CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form (continued)

Company Information:

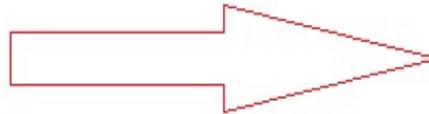
* Company Name

* Address

* City

* State

* Zip Code



Users should enter Company Information including Company Name, Address, City, State and Zip Code.

Primary Contact Information:

* Name First * Name Last

* Phone Ext: * Email

Secondary Contact Information:

Name First Name Last

Phone Ext: Email

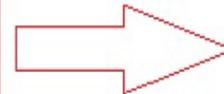


Users should enter Primary Contact Information and Secondary Contact information including First and Last Name, Phone Number, Extension and Email.

Program Information:

* Program Type

- Advanced Premium Tax Credit Program
- Cost Sharing Reductions Program
- Federally Facilitated Marketplace User Fee Program
- Reinsurance Payment Overpayments
- Risk Adjustment Charges
- Risk Corridor Charges and Payments
- State-Based Exchange-Federal Platform (SBE-FP) User Fee
- User Fees for Risk Adjustment



Users should select the applicable program type (e.g., Exchange Program, UF, Reinsurance Payment Overpayments, Risk Adjustment Charges).

CMS Health Insurance Exchange and Premium Stabilization Programs Payment Form (continued)

Invoice Information:

* Date	06-15-2015
* Entity ID	B001008
* Verify Entity ID (Retype)	B001008
* Invoice Number	D1402B123456001
* Verify Invoice Number (Retype)	D1402B123456001
* Payment Amount: \$	275.00
* Verify Payment Amount (Retype): \$	275.00

Save	PDF Preview	Continue
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The system auto-populates the date field with the current date. This field cannot be changed.

Users should enter the **Entity ID** found on the Invoice

Users should enter the **Invoice Number** found on the Invoice

Users should enter the **Total Amount Due** found on the Invoice

Users may choose **“Continue”** to submit payment, or **“PDF Preview”** to view the completed form

Enter Payment Information Screen

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

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

* Payment Amount:
\$275.00

Payment Date (mm/dd/yyyy)
08/15/2015

* Account Holder Name
ARDX User1

I want to enter a new account
 I would like to save this payment account to my profile

* Select Account Type
Select Account Type


↑ ↑ ↑ ↑ ↑ ↑

* Routing Number
Routing Number

* Account Number
Account Number

* Confirm Account Number
Confirm Account Number

Users should confirm Payment amount before submitting payment to Pay.gov

Users may enter Payment information by selecting "I want to enter a new account." Users will be prompted to enter Bank Account Routing and Account Numbers

Enter Payment Information Screen (continued)

COMPANY NAME
FEPSCustomer1

ENTITY ID
B001008

INVOICE NUMBER
D1402B123456001

PROGRAM TYPE
User Fees for Risk Adjustment

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](#)

Once payment information has been entered and confirmed, Users should click “Review and Submit Payment” button



Pay.gov: Helpful Hints

Issuers should:

- Change the payment date if the issuer does not want to make payment on the next business day (the payment date will default to the next business day unless updated)
- **Not** click twice on the “Review and Submit Payment” button
This **will** result in an overpayment
- **Not** click browser “back” button when submitting payment
- **Not** wait to submit payment until the date the payment is due

Review and Submit Screen

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

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

Payment Information

Payment Type: Bank account (ACH)
Payment Amount: \$275.00
Payment Date: 06/15/2015
COMPANY_NAME: FEPSCustomer1
ENTITY_ID: B001008
INVOICE_NUMBER: D1402B123456001
PROGRAM_TYPE: User Fees for Risk Adjustment
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.



Users should review and confirm payment information before submission

In order to receive confirmation emails, issuers must select the “I would like to receive an email confirmation of this transaction”

Review and Submit Screen (continued)

[Printable version](#)

Authorization and Disclosure Statement

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](#)



Users should click the box above to agree with the Authorization and Disclosure Statement before clicking “Submit Payment”

Pay.gov Payment Confirmation

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: 3FOVKJ70

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: 06/11/2015 03:20:08 PM EDT

Payment Date: 06/15/2015

COMPANY NAME: FEPSCustomer1

ENTITY ID: B001008

INVOICE NUMBER: D1402B123456001

PROGRAM TYPE: User Fees for Risk Adjustment

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

Once users have submitted their payment form, and then reviewed and confirmed payment information, this confirmation screen will appear



Pay.gov Payment Confirmation Email

Your payment has been submitted to Pay.gov and the details are below. If you chose the option to receive payment reminders in your user profile and this is a deferred or recurring payment, you will receive a reminder email several days before the payment is processed. You may change your payment reminder preferences and email address in your user profile at any time.

If you wish to cancel this transaction, log in to your account at <https://qa.pay.gov/> and choose the Pending tab of the Payment Activity page. If you have any questions regarding this payment, please contact Exchange Operations Center at [\(855\) 287-1515](tel:855-287-1515) or CMS_FEPS@cms.hhs.gov.

Application Name: CMS Health Insurance Marketplace and Premium Stabilization Programs
Pay.gov Tracking ID: 3FOVKJ70
Agency Tracking ID: 120024734090

Account Holder Name: ARDX User1
Transaction Type: ACH Debit
Transaction Amount: \$275.00
Payment Date: 08/15/2015
Account Type: Business Checking
Routing Number: 122105278
Account Number: *****99999

Transaction Date: 08/11/2015 03:20:08 PM EDT
Total Payments Scheduled: 1
Frequency: OneTime

COMPANY NAME: FEPSCustomer1
ENTITY ID: B001008
INVOICE NUMBER: D1402B123458001
PROGRAM TYPE: User Fees for Risk Adjustment
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

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.



**Issuers should keep the payment confirmation
email pictured above as proof of payment**

Pay.gov: Helpful Hints

Issuers should:

- Submit payment as early as possible
- Register in Pay.gov so a record of all completed transactions will exist within the Pay.gov account in the Payment Activity section under “MyAccount”
- Utilize the Invoice to complete the Payment Form
- Retain the confirmation email transmitted once payment is submitted

Help Desk Assistance

- Issuers may send questions related to Initial Invoice or Intent to Refer Letter to: CCIIOInvoices@cms.hhs.gov
- For Pay.gov customer service, concerns, or technical issues contact:
 - Call: (800) 624-1373 (Toll free, Option #2) or (216) 579-2112 (Option #2)
 - Email: pay.gov.clev@clev.frb.org