

Payments, Invoicing and Collections Process for the Risk Adjustment, Reinsurance, Risk Corridors and CSR Reconciliation Programs

July 15, 2015 & July 29, 2015



Financial Management and Payment
Submission Process

Agenda

- Session Guidelines
- Purpose
- Reinsurance, RiskAdjustment and CSR Reconciliation Overview
- Payment and Collection Process Overview
- Risk Adjustment and Reinsurance Payment Reports
- Preliminary Payment Report (PPR) Overview
- Invoicing Overview
- Risk Corridors Overview
- Payment and Collection Process Overview
- Invoicing Overview

Session Guidelines

- This is a 90-minute webinar session
- For questions regarding content, please submit inquiries at <https://www.regtap.info/>
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520

Intended Audience

- Issuers of Risk Adjustment Covered Plans and Reinsurance-eligible Plans
- Qualified Health Plan (QHP) issuers who participated in the reconciliation of the Cost-sharing Reduction portion of advance payments for the 2014 and 2015 Benefit Years (CSR Reconciliation)
- Third Party Administrators (TPAs) or Vendors who assist such issuers

Intended Audience (Continued)

- Qualified Health Plan (QHP) issuers, as defined in 45 CFR §153.500 with respect to the risk corridors program only—
 - A qualified health plan, as defined at 45 CFR §155.20;
 - A health plan offered outside the Exchange by an issuer that is the same plan as a qualified health plan, as defined at 45 CFR §155.20, offered through the Exchange by the issuer. To be the same plan as a qualified health plan (as defined at §155.20 of this subchapter) means that the health plan offered outside the Exchange has identical benefits, premium, cost-sharing structure, provider network, and service area as the qualified health plan (as defined at 45 CFR §155.20);

Intended Audience (Continued)

- A health plan offered outside the Exchange that is substantially the same as a qualified health plan, as defined at 45 CFR §155.20, offered through the Exchange by the issuer. To be substantially the same as a qualified health plan (as defined at 45 CFR §155.20) means that the health plan meets the criteria set forth in paragraph (2) of this definition with respect to the qualified health plan, except that its benefits, premium, cost-sharing structure, and provider network may differ from those of the qualified health plan (as defined at 45 CFR §155.20) provided that such differences are tied directly and exclusively to Federal or State requirements or prohibitions on the coverage of benefits that apply differently to plans depending on whether they are offered through or outside an Exchange.

Purpose

- Provide information regarding the payment, invoicing and collections process for the Risk Adjustment, Reinsurance, CSR Reconciliation and Risk Corridors programs including:
 - An overview of receiving payments (including a discussion of netting and sequestration)
 - Preliminary Payment Report (PPR) Overview
 - Invoicing process
 - Remitting payments through Pay.gov

Reinsurance, Risk Adjustment and CSR Reconciliation Overview

Reinsurance Overview

- The Transitional Reinsurance (RI) Program is established under Section 1341 of the Affordable Care Act.
- For the 2014, 2015 and 2016 Benefit Years, non-grandfathered individual market Issuers of Reinsurance-eligible plans received reinsurance payments for enrollees that incur high claims costs.
- For the 2015 Benefit Year, reinsurance payment reports were made available to Issuers on June 30, 2016.

Risk Adjustment Overview

- The permanent Risk Adjustment (RA) Program is established under §1343 of the Affordable Care Act.
- On a permanent basis, non-grandfathered **individual and small group market** Issuers of Risk Adjustment covered plans participate in risk adjustment.
- For the 2015 Benefit Year, risk adjustment transfer reports were sent to Issuers on June 30, 2016.

CSR Reconciliation Overview

- CSR Reconciliation (CSR Recon) is established under Sections 1402 and 1412 of the Affordable Care Act.
- Annually, CMS advances payments to Issuers, which must provide CSRs to eligible enrollees. CMS then reconciles the CSR portion of advance payments to actual CSRs provided by the Issuer to enrollees during the benefit year, as calculated according to CMS regulations.
- For the 2014 and 2015 Benefit Years, CSR reconciliation reports were sent to Issuers on June 30, 2016.

Payment and Collection Process Overview

Payment and Collection Process Overview

1. Insurance Companies create their Payee Group in the Financial Management module (HIOS)
 - Parent Payee Groups for insurance companies end with the designation “000”. (ex. A1234000).
 - Payee Group for Issuers ends in 001 or 051 (ex. A1234001 or A1234051).
 - **NOTE: 051 does not apply to new payee groups**
2. Source of Payment and Charge Information
 - For Marketplace Programs (APTC, CSR, including CSR Recon, UF), Issuers submit data to CMS.
 - For the Risk Adjustment and Reinsurance Programs, CMS calculates reinsurance payments and risk adjustment payments and charges using claims and enrollment data submitted through an Issuers’ dedicated distributed data environment (that is, an EDGE Server).

Payment and Collection Process Overview (continued)

3. RA, RI, and CSR Recon Program issuers received a report from CMS communicating their estimated payments or charges for the 2015 benefit year on June 30, 2016.
 - RA payments and charges are calculated by Issuer/State/Market.
 - RI payments are calculated by Issuer.
 - The CSR portion of advance payments are reconciled by CMS based on data submitted by the Issuer using CMS methodologies (on June 30, 2016 issuers received a report of reconciled CSR payments for both 2014 and 2015 benefit years).
4. Payment Processing – Netting
 - During each month, transactions (Account Payables (AP) and Account Receivables (AR)) for all programs (APTC, CSR, CSR Recon, UF, RA, RI and RC) are generally processed together.
 - ARs and APs are netted, resulting in a single transaction that is either a payment or an amount owed communicated via a “Invoice – First Request.”

Netting

- To repeat, each month APs and ARs that are due for the financial management programs (APTC, CSR, CSR Recon, UF, RA, RI and RC) are generally processed together.
- As set forth in 45 CFR 156.1215(b), the purpose of processing these amounts together each month is to net any amounts owed to a payee group from any amounts owed by the payee group to CMS.
- After netting, if an amount is still owed by the payee group to CMS this amount will be communicated via an Invoice – First Request.

Payment and Collection Process Overview (continued)

5. After transactions are netted, Payees who have a net positive balance will receive a Payment from Treasury via EFT.
6. After transactions are netted, Payees who have a net negative balance will receive an Invoice – First Request.
 - Issuers will pay the Invoiced amount at:
<https://www.pay.gov/public/home>
7. Payment Reports will be issued and sent via the normal Preliminary Payment Report (PPR) and 820 process for Marketplace Issuers.
 - For non-Marketplace issuers not set up to receive Electronic File Transfer (EFT) files from CMS, the Financial Authority contact for the Payee Group will receive the PPR via email.

Payment and Collection Process Overview (continued)

- Example #1

- TIN: 123456789 (Payee IDA1234001)

- Issuer 67891

- RI

\$5,000.00

- Issuer 23456

- RA

-\$7,500.00

- Net

-\$2,500.00

- An Invoice – First Request will be sent to Payee ID A1234001 for issuer 23456 for a total of \$2,500

Payment and Collection Process Overview (continued)

- Example #2

- TIN: 123456789 (Payee ID A1234001)

- Issuer 12345

– APTC	\$1,000.00
– CSR	\$500.00
– FFM UF	-\$200.00

- Issuer 67891

– RI	\$5,000.00
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- Issuer 23456

– RA	-\$7,500.00
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<u>Net</u>	<u>-\$1,200.00</u>
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- An Invoice – First Request will be sent to Payee ID A1234001 for Issuer 23456 for a total of \$1,000 and for Issuer 12345 for a total of \$200.

Sequestration & Holdback Overview

- The Reinsurance program will have a holdback of 6.8% for fiscal year (FY) 2016.
- The Risk Adjustment program will have a holdback of 7.0% for FY 2016.

Sequestration & Holdback Overview (continued)

- Funds that are sequestered in FY 2016 from the reinsurance and risk adjustment programs will become available for payment to Issuers in FY 2017 without further Congressional action, unless a reinsurance or risk adjustment appeal is pending.
 - CMS will release the FY 2016 RA holdback after the end of FY 2016 or when all appeals for the 2015 benefit year are resolved in a State, **whichever is later.**
 - CMS will release the FY 2016 RI holdback after the end of FY 2016 or when all appeals for the 2015 benefit year are resolved, **whichever is later.**
- The holdback is applied to payments and the sequestration rate is determined based on when the payments are made.

Preliminary Payment Report (PPR) Overview

Preliminary Payment Reports Overview

For the August 2016 payment cycle, RA, RI and CSR Reconciliation Issuers will receive a Preliminary Payment Report either by email or through EFT.

Key Payment Activities

Invoice – First Request sent to Issuers	August 10 – 12
Preliminary Payment Reports (PPRs) sent to Issuers	August 10 – 12
Treasury issues payments to Issuers	August 19

Preliminary Payment Reports Overview (continued)

- In order to provide Issuers with calculated policy-level details early in a payment cycle using effectuated subscriber-level data, CMS created the PPRs.
- The PPR is a pipe-separated file and contains all the policy-level payment details and program level payment details for a Payee.

Preliminary Payment Reports

Overview (continued)

- If a Payee is net negative in a payment cycle, the PPR will show a negative Total Payment Amount.
- For FFM Marketplace Issuers, PPRs will provide policy-level details for APTC, the CSR portion of advanced payments, and UFs and Program level information for RA, RI, RC and CSR Recon. programs.
- For SBM Marketplace and non-Marketplace Issuers, the PPR will provide program-level data for all programs.

Preliminary Payment Report Template

TransactionSet Control Number																				
RunDate																				
PayeeID																				
Payment MethodCode																				
Policy-Based Transiti on Month																				
Total Payment(\$)																				
PayeeAPTC Total(\$)																				
PayeeCSR Total(\$)																				
PayeeUF Total(\$)																				
IssuerID	Issu er APTC Total(\$)	Issu er CSR Total(\$)	Issu er UF Total(\$)	Last Nam e	First Nam e	Middl e Name	Nam e Prefi x	Nam e Suffi x	Exchange Assigned Subscriber ID	Exchan ge Assign ed QHP ID	Exchan ge Assign ed PolicyID	Issuer Assign ed PolicyID	Issuer Assigned Subscriber ID	PolicyTotal Premium Amount(\$)	Exchan ge Payme nt Type	Payment Amount(\$)	Exchan ge Related Report Type	Exchange Report Docume nt Control Number	Covera ge Period StartDate	Covera ge Period EndDate

Preliminary Payment Report Transmission

- The PPR will be sent via EFT to the same routing location that is setup for the current EFT transmissions for the States or the Payees.
 - The function code for the PPRs will be I820.
 - The file names will be in the following format:
 - TradingPartnerID.FunctionCode.Date.Time
 - For example: 1234567.I820.D150529.T124846968.P
 - CMS does not expect a TA1/999 or any electronic acknowledgement for the PPRs.
- If an Issuer is not on-boarded into EFT, CMS will email the PPR for the August 2016 payment cycle.

Invoicing Overview

Invoice – First Request and Intent to Refer Letters

1. **Invoice – First Request** – the initial bill that will give the RA and RI Issuers 15 days to pay the amount due and CSR Recon. Issuers have 15 days to pay the amount due.
 - Issuers will receive an Invoice – First Request for each program for which there is an outstanding balance.
 - **NOTE:** Issuers who owe amounts for RA will receive separate letters for RA Charges and RA User Fees.
2. **Intent to Refer Letter** – if payment is not received by the Invoice – First Request deadline, the final letter requesting payment is sent 60 days after the Date on the Invoice – First Request, this letter is the Intent to Refer to Treasury Letter.

Letters Timeline

- Invoice – First Request are mailed to Issuers between the 10th and 12th of the month if the total charges owed by the Issuer exceed payments due to the Issuer in a given month.
 - For the RA and RI programs, Issuers must remit payments within 15 days.
 - For CSR Recon, Issuers must remit payments within 15 days.
- The Intent to Refer Letter will be sent 60 days after the date of the Invoice – First Request if payment is not received by the Invoice – First Request deadline.
- If no payment has been submitted 150 days after the date of the Invoice – First Request, the debt will be referred to the U.S. Department of Treasury for collection.

August Payment Cycle Timeline

Date	Event
August 10, 2016	Invoice – First Request mailed if charges exceed payments
August 19, 2016	August payments disbursed from U.S. Treasury
September 9, 2016	Deadline to submit Invoice– First Request payments via Pay.gov
October 10, 2016	Intent to Refer Letter transmitted if there is an outstanding balance
November 10, 2016	Outstanding debt referred to the U.S. Department of the Treasury



The timeline above illustrates an example which assumes that the Invoice – First Request is mailed on August 20, 2016.

Invoice – First Request Number Logic

Invoice – First Request Number Logic

- **Standard Program Type Invoice – First Request Format:**

- Program Designator+ Year/Month + Payee ID + Transaction Sequential Number
 - [1 + 4 + (7 or 8) + 3]
 - Example: **U1410A00400100**
- Program Designator
 - APTC – A
 - CSR – C
 - CSR Recon – R
 - UF – U
 - SHOPUF – S
 - RI Payments – P
 - RI Contributions – E (only when referring to w current FY refunds)
 - RI Contributions Refund – G
 - Risk Corridors – K
 - Risk Corridors Refund – V

Invoice – First Request Number Logic (continued)

- **Risk Adjustment (RA) and Risk Adjustment Default (RAD) Program Type Dunning Letter – First Request Format :**
 - Program and Market Designator + Program Year + State + Year/Month + Issuer ID + Transaction Sequential Number
 - [1 + 2 + 2 + 4 + 5 + 3]
 - Example: **I15VA141012345001**
- Program and Market Designator
 - RA-
 - Individual –I
 - Small Group –L
 - Catastrophic –T
 - Merged –M
 - RA Default -
 - Individual –N
 - Small Group– O
 - Catastrophic –H
 - Merged –B
 - Program Designator –
 - RA UF – D
 - RA UF Refund – J
 - RA Refund –Q

Invoice – First Request

Invoice – First Request Letter Header

Date: 01-JUN-2015

The date listed on the letter header is the date the Invoice – First Request Number Logic is generated.

FEPCUSTOMER1
7500 SECURITY BLVD
BALTIMORE, MD 2124

INVOICE – FIRST REQUEST

Re:

Program:	User Fees for Risk Adjustment
Entity ID:	B001008
Invoice Number:	D1402B123456001
Invoice Date:	01-JUN-2015
Total Amount Due:	\$275.00

The contact information is the financial authority contact information provided during the Payee Group and Financial Information Form creation process in the Financial Management Application in HIOS.

Invoice – First Request Letter Header (continued)

- The specific **Program** (3Rs/CSR Recon/User Fees) for which a balance due is identified.
- The **Entity ID** is the Payee ID, which is generated in the Financial Management Application.
- The **Invoice Number** will be used to submit payment in Pay.gov.

INVOICE – FIRST REQUEST

Re:

Program:	User Fees for Risk Adjustment
Entity ID:	B001008
Invoice Number:	D1402B123456001
Invoice Date:	01-JUN-2015
Total Amount Due:	\$275.00



Invoice – First Request are generated by Marketplace and Premium Stabilization programs. CMS transmits separate Invoice – First Request if amounts are owed for multiple Marketplace or Premium Stabilization programs.

Failure to Submit Payment By Dunning Letter – First Request Due Date

Any RA, RI, or CSR Recon amounts owed to CMS and not paid within 15 calendar days from the date of Invoice – First Request will be assessed interest starting from the date of delinquency (*i.e.*, from the date of the Invoice – First Request).



CMS updates the interest rate on a quarterly basis. The current CMS-established interest rate is 9.625 percent per year (effective 7/18/16).

Final Letter – Intent to Refer (ITR) Letter

ITR Letter Overview

- If payment is not submitted by the Invoice – First Request deadline, a Final Letter, the Intent to Refer Letter (ITR), is generated 60 days after the date of the Invoice – First Request.
- The ITR is the final request for payment before CMS refers the debt to Treasury and reflects administrative charges and accrued interest in addition to the original balance owed.

ITR Letter Overview (continued)

Date: 01-AUG-2015

FEPSCUSTOMER1

7500 SECURITY BLVD

BALTIMORE, MD 2124

INVOICE – FINAL REQUEST

Re:	Program:	User Fees for Risk Adjustment
	Entity ID:	B001008
	Invoice Number:	D1402B123456001
	Invoice Date:	01-JUN-2015
	Invoice Amount:	\$275.00
	Administrative Fee:	\$25.00
	Interest Fee:	\$25.00
	Total Amount Due:	\$325.00

The Invoice Number matches the Invoice Number transmitted in the Invoice – First Request.

The Total Amount Due reflects the total sum of the Invoice – First Request Amount, Interest Charge and Administrative Fee.

Failure to Submit Payment to ITR



- Debts that remain unpaid 150 days from the date of the Invoice – First Request will be referred to the Department of the Treasury.
- Treasury will collect all required penalty charges and fees (including interest and administrative fees).
- Treasury will use all tools at its disposal to collect debt, including referral to the Department of Justice for litigation.

Submitting Payments on Pay.gov

Please refer to the Appendix of this presentation for instructions on how to submit invoiced payments through Pay.gov.

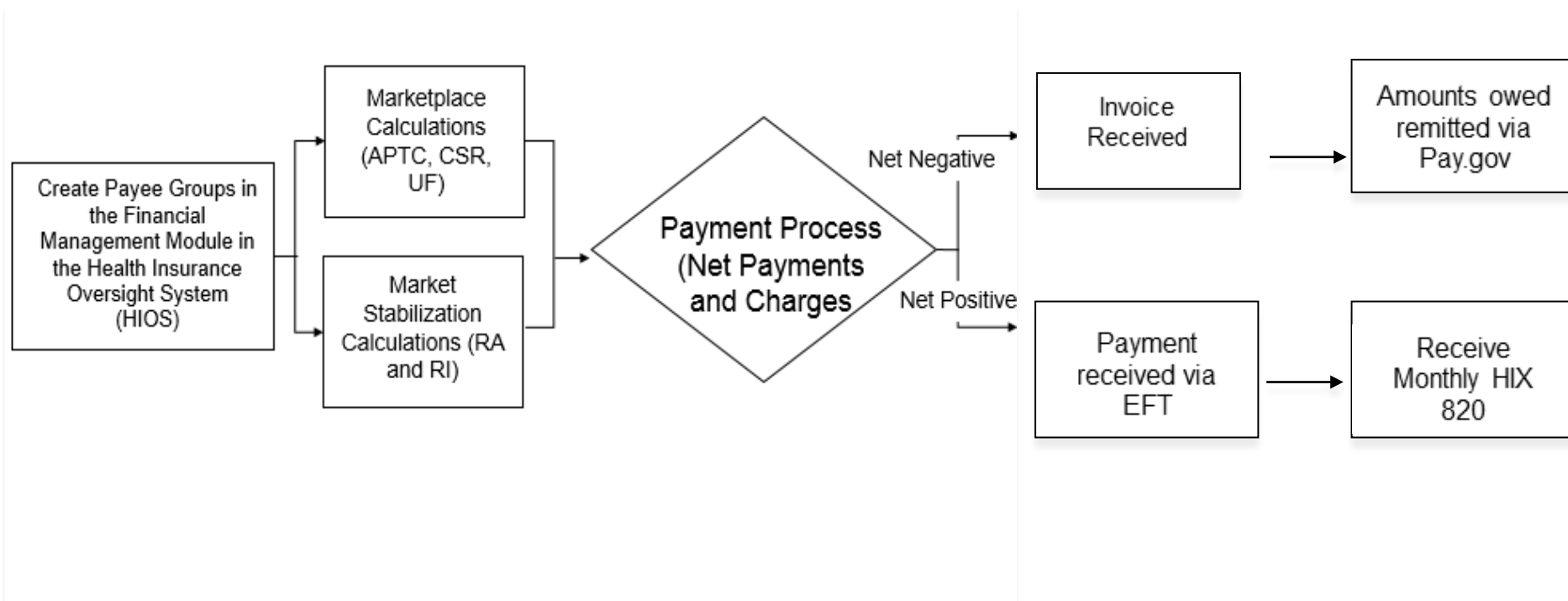
Risk Corridors Overview

Risk Corridors Overview

- The goal of the temporary Risk Corridors program is to provide greater stability for the individual and small group market QHPs during the 2014-2016 benefit years
- The Risk Corridors program applies only to QHP issuers as defined in 45 CFR §153.500
- Issuers make Risk Corridors payments if their allowable costs are 3+% lower than their target amount, and receive payments if allowable costs are 3+% higher than their target amount
 - Risk Corridors payments are made from Risk Corridors charges collected
- Issuers submitted Risk Corridors data through the Health Insurance Oversight System (HIOS) Medical Loss Ratio (MLR) module during two (2) submission windows in July and August/September 2015.

Payment and Collection Process Overview

Payment and Collection Process Overview



Payment and Collection Process Overview (Continued)

1. Issuers create their Payee Group in the Financial Management module (HIOS).
 - Parent Payee Groups for insurance companies end with the designation “000”. (ex. A1234000).
 - Payee Group for Issuers ends in 001 or 051 (ex. A1234001 or A1234051).
 - **NOTE: 051 does not apply to new Payee Groups**
2. Source of Payment and Charge Information
 - For Marketplace Programs (APTC, CSR, UF), Issuers submit data to CMS.
 - For the Risk Corridors program, payments and charges are calculated on the MLR Annual Reporting Form and Risk Corridors Plan-Level Form that are submitted through the HIOS MLR module.

Payment and Collection Process Overview (Continued)

3. Risk Corridors program Issuers received information from CMS communicating the preliminary proration percentage for benefit year 2014 on October 1, 2015.
4. Payment Processing – Netting
 - During each month, transactions (Account Payables [AP] and Account Receivables [AR]) for all programs (APTC, CSR, UF, RA, RI, and RC) are processed together.
 - CMS can only make Risk Corridors payments from the collection of Risk Corridors charges.

Netting

- To repeat, each month all APs and ARs for the financial management programs (APTC, CSR, FFM UF, RA, RA UF, RI and RC) are processed together.
- As set forth in 45 CFR 156.1215(b), the purpose of processing these amounts together each month is to net any amounts owed to a Payee Group (the prorated payment amount for Risk Corridors), from any amounts owed by the Payee Group to CMS.
- After netting, if any amount is still owed by the Payee Group to CMS, this amount will be communicated via an Invoice.

Payment and Collection Process Overview (Continued)

5. After all transactions are netted, Payees who have a net positive balance will receive a Payment from Treasury via EFT.
6. After all transactions are netted, Payees who have a net negative balance will receive an Invoice. Issuers will pay the invoiced amount at: <https://www.pay.gov/public/home>
7. Payees will receive a Payment Report, which will be issued and sent to the Financial Authority Contact (FAC) for the Payee Group via email.

Payment and Collection Process Overview (Continued)

- Example #1

- TIN: 1234567889 (Payee ID A 1234001)

- Issuer 67891

- RC -\$5,000.00

- Issuer 23456

- RC -\$7,500.00

- Net -\$12,500.00

- An Invoice will be sent to Payee ID A1234001 for Issuers 67891 and 23456 for a total of \$12,500.

Payment and Collection Process Overview (Continued)

- Example #2
 - TIN: 123456789 (payee ID A 1234001)
 - Issuer 12345
 - APTC \$1,000.00
 - CSR \$500.00
 - FFM UF -\$200.00
 - Issuer 23456
 - RC -\$7,500.00

Net	-\$6,200.00
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- An Invoice will be sent to Payee ID A1234001 for a total of \$6,200.

Hold Back Overview

- CMS will apply hold back to payments for the Risk Corridors program at a rate of 2.5% for appeals.

Holdback and Payment: Risk Corridors Example

- Example:
 - Issuer A is eligible for \$100.00 for Risk Corridors payment.
 - Issuer will receive \$97.50 in December 2015.
 - The hold back amount of \$2.50 whenever the risk corridors appeals in that market are resolved.

Invoicing Overview

Invoices

- CMS will generate an Invoice for any balance owed. There are two (2) types of letters:
 1. **Initial Invoice** – the initial Bill or Invoice that will give the Issuers 15 days to pay the amount due.
 - Issuers will receive one (1) invoice for each program for which there is an outstanding balance.
 2. **Intent to Refer (ITR) Letter** – the final letter requesting payment is sent 60 days after the Invoice Date on the Initial Invoice.

Invoice Timeline

- Initial Invoices are mailed to Issuers around the middle of the month if the total program-level charges exceed payments in a given month.
- The ITR Letter will be sent 60 days after the invoice date of the Initial Invoice if payment is not received.
- If no payment has been submitted 150 days after the date of the Initial Invoice, Issuers will be referred to the U.S. Department of Treasury for collection.

Invoice Timeline: Illustration

Date	Event
November 15	Initial Invoice transmitted if charges across programs (including RC) exceed program payments (excluding RC)
December 15	Deadline to submit Initial Invoice payments via Pay.gov
January 15	Intent to Refer Letter transmitted if there is an outstanding balance
February 15	Outstanding debt referred to the U.S. Treasury



The timeline above illustrates an example timeframe of the Monthly Payment Submission Process; exact dates are subject to change.

Invoice Number Logic

Invoice Number Logic

- **Standard Program Type Invoice Format:**
 - Program Designator+ Year/Month + Payee ID + Transaction Sequential Number
 - [1 + 4 + (7 or 8) + 3]
 - Example: **U1410A004001001**
 - Program Designator:
 - APTC - A
 - CSR - C
 - UF - U
 - SHOPUF - S
 - RI Payments - P
 - RI Charges - E
 - RI Charge Refund – G
 - Risk Corridor Charges – K

Invoice Number Logic (Continued)

- **Risk Adjustment (RA) and Risk Adjustment Default (RAD) Program Type Invoice Format:**

- Program and Market Designator + Program Year + State + Year/Month + Issuer ID + Transaction Sequential Number
 - [1 + 2 + 2 + 4 + 5 + 3]
 - Example: **I15VA141012345001**

- Program and Market Designator

- RA -
 - Individual - I
 - Small Group - L
 - Catastrophic - T
 - Merged - M
- RA Default -
 - Individual - N
 - Small Group - O
 - Catastrophic - H
 - Merged - B
- Program Designator –
 - RA UF – D
 - RA UF Refund – J
 - RA Refund – Q

Initial Request – Invoice

Initial Invoice Header

Date: 15-NOV-2015

The date listed on the letter header is the date the Initial Invoice was generated.

FEPSCUSTOMER1
7500 SECURITY BLVD
BALTIMORE, MD 2124

The contact information is the financial authority contact information provided during the Payee Group and Financial Information Form creation process in the Financial Management Application in HIOS.

INVOICE – INITIAL REQUEST

Re:	Program:	Risk Corridors Charges
	Entity ID:	B001008
	Invoice Number:	K1402B123456001
	Invoice Date:	15-NOV-2015
	Total Amount Due:	\$275.00

Final Request Invoice Header (Continued)

- The specific **Program** (3Rs/User Fees) for which a balance due is identified.
- The **Entity ID** is the Payee ID, which is generated in the Financial Management Application.
- The **Invoice Number** will be used to submit payment in Pay.gov.

INVOICE – FINAL REQUEST

Re:	Program:	Risk Corridors Charges
	Entity ID:	B001008
	Invoice Number:	K1402B123456001
	Invoice Date:	15-NOV-2015
	Total Amount Due:	\$275.00



The Invoice is generated by Marketplace and Premium Stabilization programs. CMS transmits separate Invoices if amounts are owed for multiple Marketplace or Premium Stabilization programs.

Failure to Submit Payment Upon First Request

- Any Risk Corridors program amounts owed to CMS and not paid within 15 calendar days from the date of Initial Invoice will be assessed interest starting from the date of delinquency (i.e., from the date of the Initial Invoice.)



CMS updates the interest rate on a quarterly basis. The current CMS-established interest rate is 9.625 percent per year.

Final Letter – Intent to Refer Letter

Intent to Refer Letter Overview

- If payment is not submitted by the Initial Invoice deadline, a Final Letter, the Intent to Refer Letter, is generated 60 days after the date of the Initial Invoice.
- The ITR Letter (**Final Request**) reflects administrative charges and accrued interest in addition to the original balance owed.

ITR Letter Overview (Continued)

Date: 15-NOV-2015

FEPSCUSTOMER1
7500 SECURITY BLVD
BALTIMORE, MD 2124

INVOICE – FINAL REQUEST

Re:	Program:	Risk Corridors Charges
	Entity ID:	B001008
	Invoice Number:	K1402B123456001
	Invoice Date:	15-NOV-2015
	Invoice Amount:	\$275.00
	Administrative Fee:	\$25.00
	Interest Charge:	\$25.00
	Total Amount Due:	\$325.00

The Invoice Number matches the Invoice Number transmitted in the Initial Invoice.

The Total Amount Due reflects the total sum of the Invoice Amount, Interest Charge and Administrative Fee.

Failure to Submit Payment Upon Final Request



- Debts that remain unpaid 150 days from the date of the initial request will be referred to the Department of Treasury's Debt Management Services for Cross Servicing and Offset of Federal Payments.
- Treasury will collect all required penalty charges and fees.
- Treasury will use all tools at its disposal to collect debt, including referral to the Department of Justice for litigation.

Submitting Payments on Pay.gov

Please refer to the Appendix of this presentation for instructions on how to submit invoice payments through Pay.gov.

Help Desk Assistance

- Issuers may send questions related to Invoice – First Request, ITR letters, the invoicing process, and payment reports to: CCIIInvoices@cms.hhs.gov
- For general questions about Risk Corridors, contact ACAriskcorridors@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

Questions?

To submit questions by phone:

- *Dial ‘* #’ on your phone’s keypad*
 - *Dial ‘* #’ to withdraw your question*

To submit questions by webinar:

- *Type your question in the text box under the ‘Q&A’ tab*

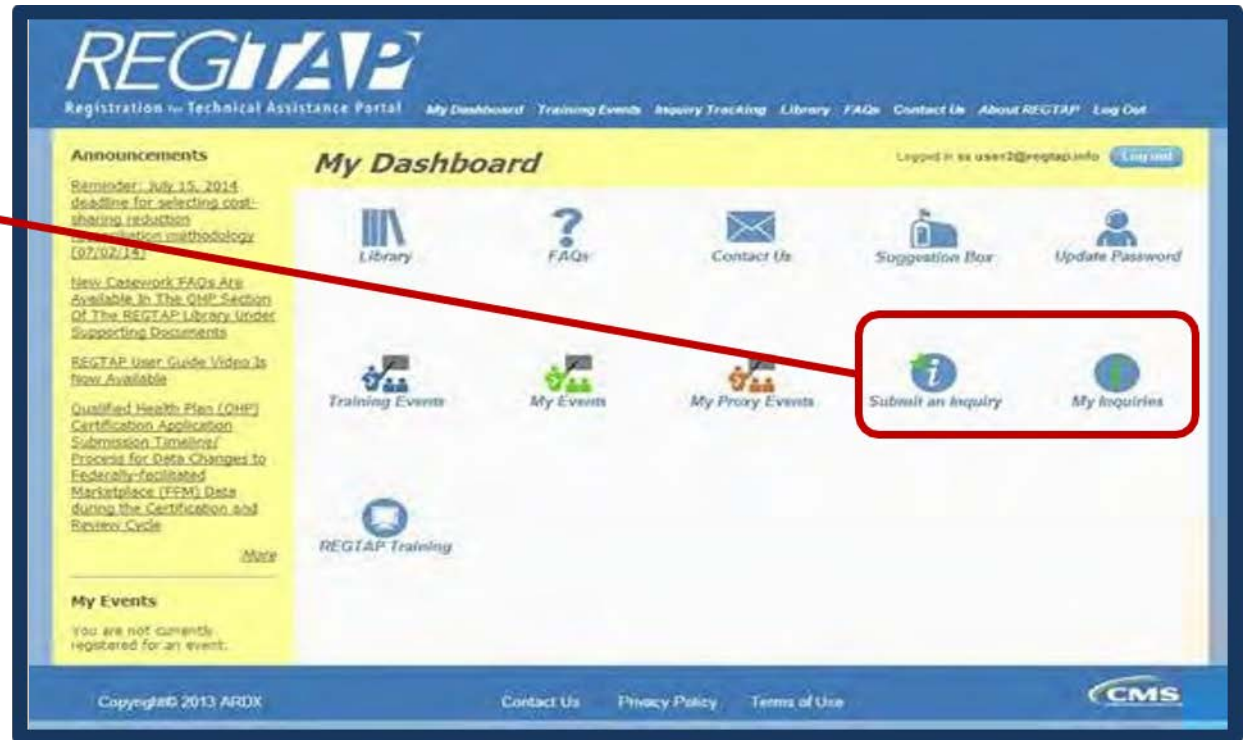
Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) Web page	http://www.cms.gov/ccio
Consumer website on Health Reform	http://www.healthcare.gov/
Pay.gov Web Help	https://www.pay.gov/WebHelp/HTML/about.html
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info

Inquiry Tracking and Management System (ITMS)

Stakeholders can submit inquiries to ITMS at <https://www.REGTAP.info>

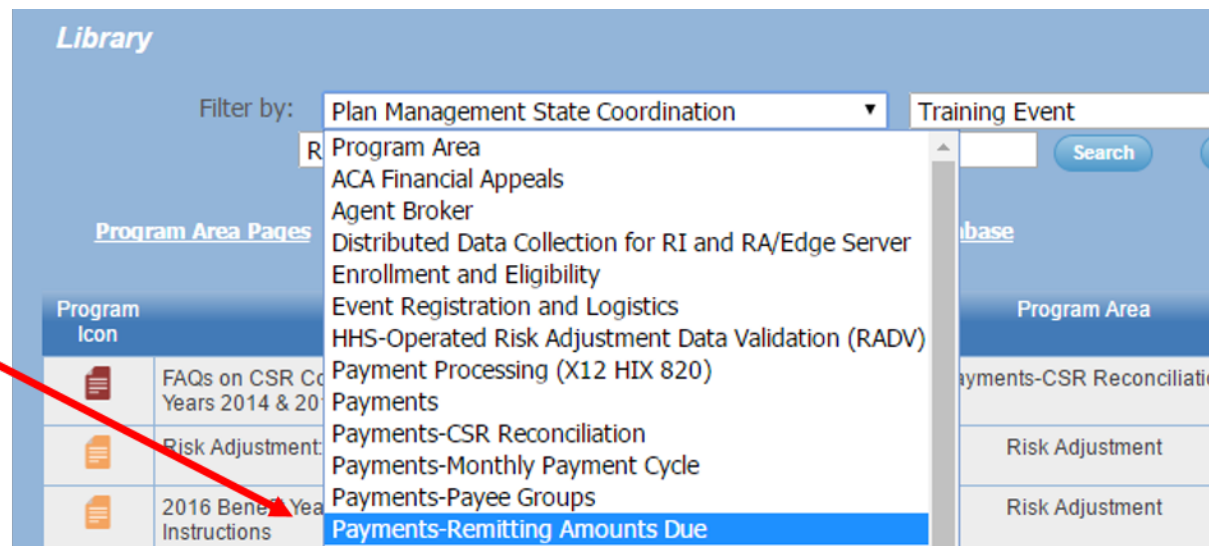
Select “Submit an Inquiry” from My Dashboard.



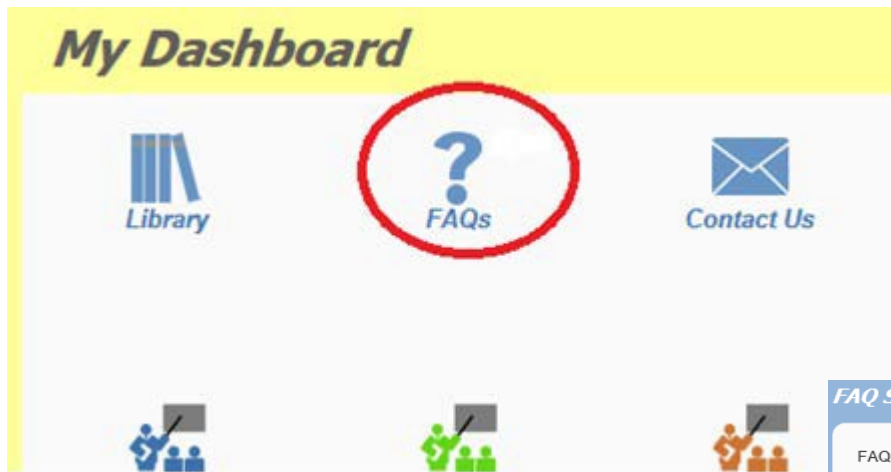
Document Location

Additional Materials for the Invoicing and Collections Webinar are available in the REGTAP Library at <https://www.REGTAP.info>

Under Program Area, select “Payments – Remitting Amounts Due”



FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary Categories, Benefit Year, Retired and Current FAQs and Publish Date.

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

Closing Remarks

Submitting Payment on Pay.gov

- Pay.gov was developed to meet the needs of the United States Treasury in implementing an electronic collections process.
- The website serves as a government-wide portal for many different government agencies to receive and process collections payments.
- Access Pay.gov at <https://pay.gov/public/home>

- Pay.gov is the portal to access the CMS Health Insurance Marketplace and Premium Stabilization Programs Payment Form, which allows for the submission of payments for Marketplace-related charges.
- The CMS Health Insurance Marketplace and Premium Stabilization Programs Payment Form (Marketplace Payment Form) is accessible directly through Pay.gov.

- 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.
- 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 CCIInvoices@cms.hhs.gov.

Registering on 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 on 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 on Pay.gov (Continued)

The screenshot shows the Pay.gov homepage. At the top right, the 'Register' link is highlighted with a red box. A red arrow points from this box to a larger white box on the right side of the page, which contains the text 'Log in | Register'. Below the main navigation bar, the 'Welcome to Pay.gov' section includes a 'Make a Payment' button. The page is divided into two main columns: 'I NEED TO PAY' and 'COMMON PAYMENTS'. The 'I NEED TO PAY' column lists various categories with star icons, and the 'COMMON PAYMENTS' column lists specific agencies and services with arrow icons.

Pay.gov Alert | Log in | **Register**

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](#)

Log in | Register

Registering on Pay.gov (Continued)

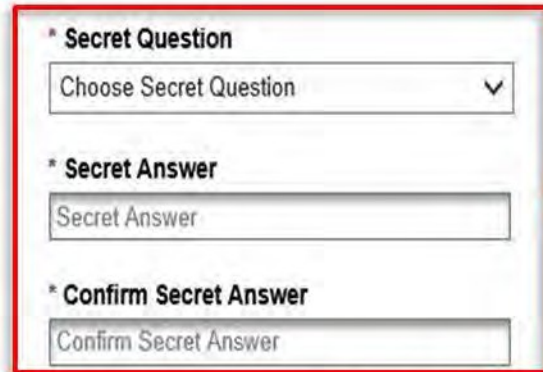
Register for a Pay.gov Account

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 on Pay.gov (Continued)

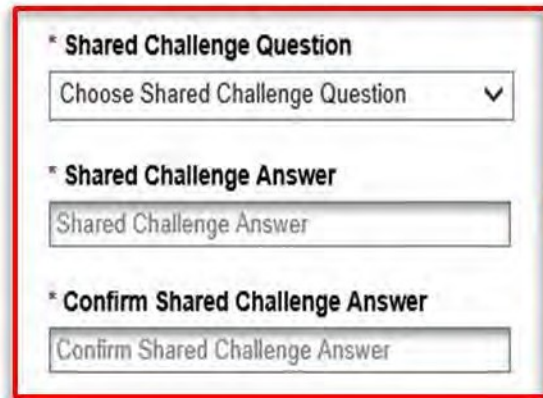


* **Secret Question**
Choose Secret Question ▼

* **Secret Answer**
Secret Answer

* **Confirm 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**
Choose Shared Challenge Question ▼

* **Shared Challenge Answer**
Shared Challenge Answer

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

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

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

Registering on 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

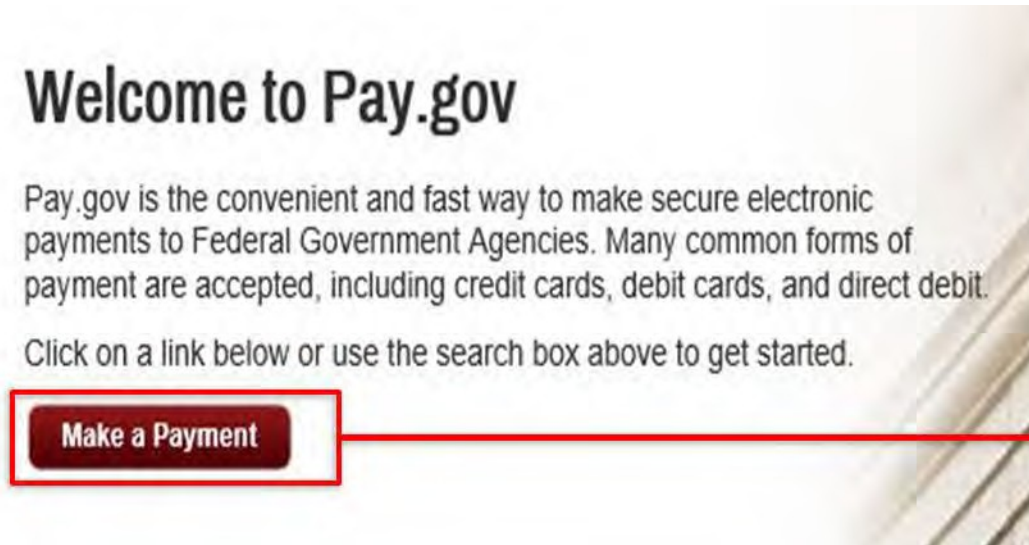
Register Account

[Cancel](#)

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

Submitting Payment on Pay.gov

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



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

Submitting Payment on Pay.gov (continued)

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



Please enter search criteria

Search

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 on 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 on 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 on 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.

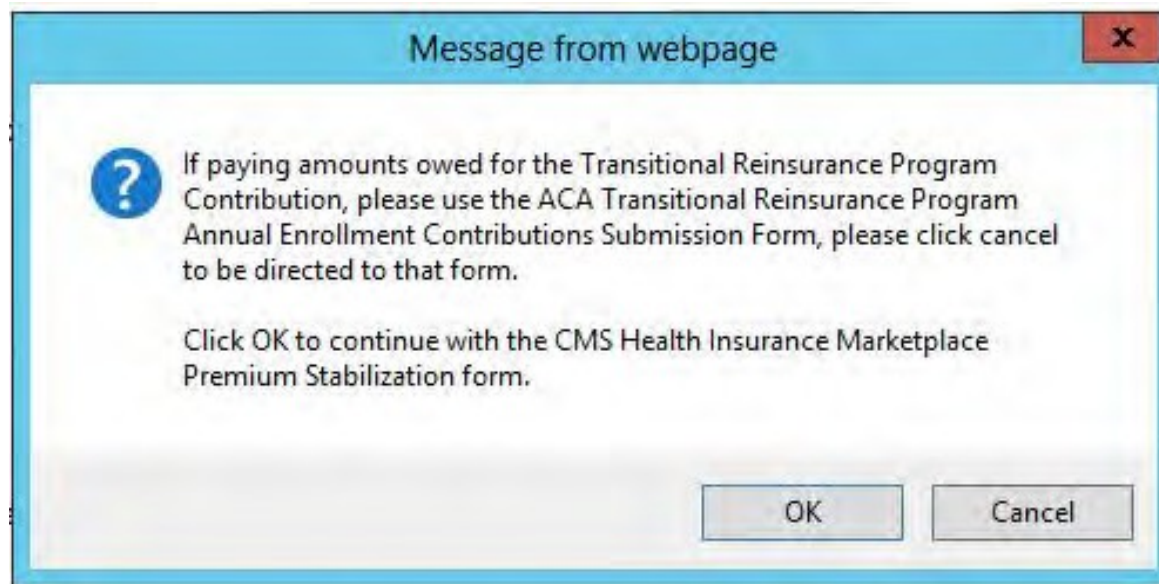
Form Number: HHSC110 | **OMB Number:** 0938-1187

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 on 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 Marketplace and Premium Stabilization Programs Payment Form



WWW.REGTAP.INFO

CMS Health Insurance Marketplace and Premium Stabilization Programs Payment Form

- The CMS Health Insurance Marketplace 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 Marketplace and Premium Stabilization Programs Payment Form (Continued)

- Data elements provided in the header of the Invoice are necessary to complete the CMS Health Insurance Marketplace 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 Marketplace 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
User Fees for Risk Adjustment

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

CMS Health Insurance Marketplace 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

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](#)

[Review and Submit Payment](#)

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 **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)

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](#)



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: 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: 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 [\(855\) 267-1515](tel:8552671515) or CMS_FEPS@cms.hhs.gov.

Application Name: CMS Health Insurance Marketplace and Premium Stabilization Programs
Pay.gov Tracking ID: 3FOVKJ70
Agency Tracking ID: 120024734080

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 “My Account.”
- Utilize the Invoice to complete the Payment Form.
- Retain the confirmation email transmitted once payment is submitted.