

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

July 15, 2015 & July 29, 2015



Financial Management and
Payment Submission Process

Agenda

- Session Guidelines
- Purpose
- Reinsurance and Risk Adjustment Overview
- Payment and Collection Process Overview
- Risk Adjustment and Reinsurance Payment Reports
- Invoicing Overview

Session Guidelines

- This is a ninety-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
- Third Party Administrators (TPAs) or Vendors who assist Issuers of Risk Adjustment Covered Plans and Reinsurance-eligible Plans

Purpose

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

Reinsurance and Risk Adjustment Overview

Reinsurance Overview

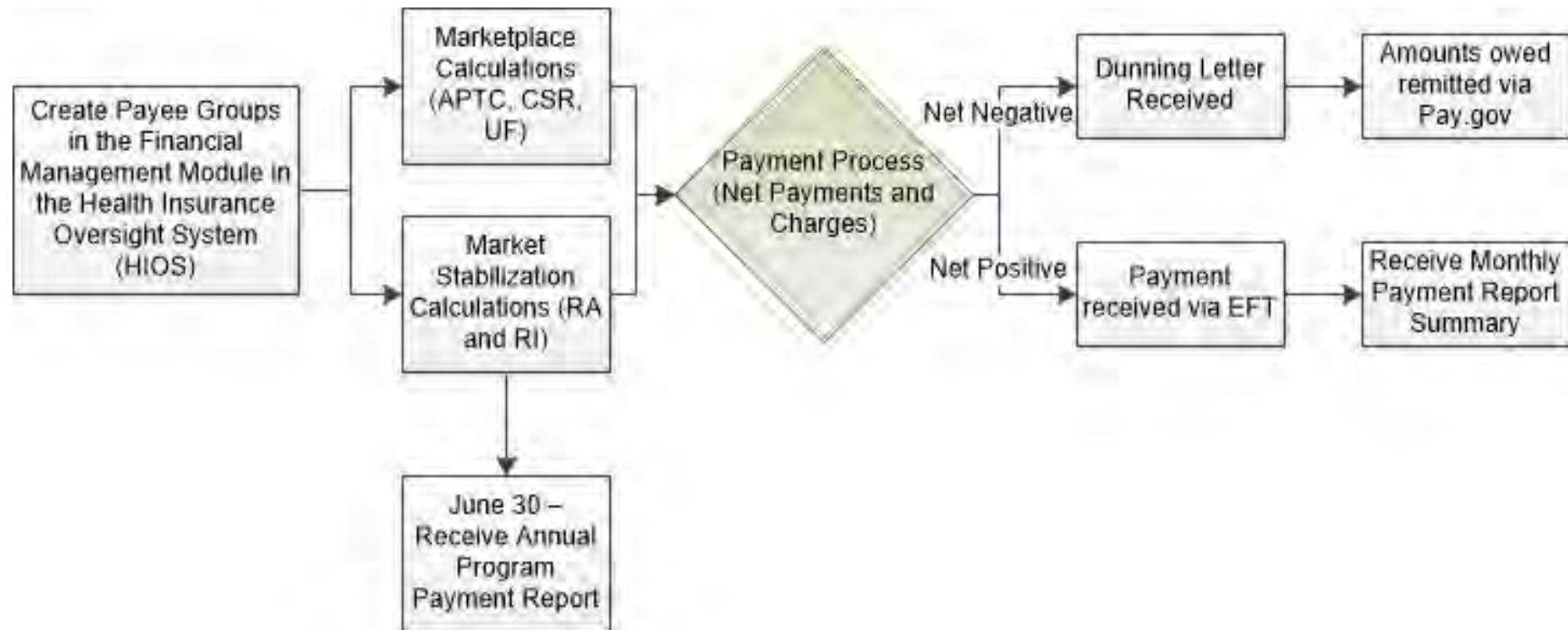
- The Transitional Reinsurance Program is established under section 1341 of the Affordable Care Act
- Beginning in the 2014 benefit year, non-grandfathered ACA-compliant individual market Issuers will receive reinsurance payments for enrollees that incur high claims costs
- For the 2014 benefit year, reinsurance payment reports were made available to Issuers on June 30, 2015

Risk Adjustment Overview

- The Permanent Risk Adjustment Program is established under section 1343 of the Affordable Care Act
- On a permanent basis, non-grandfathered ACA-compliant **individual and small group market** Issuers will participate in risk adjustment
- For the 2014 benefit year, risk adjustment transfer reports were sent to Issuers on June 30, 2015

Payment and Collection Process Overview

Payment and Collection Process Overview



Payment and Collection Process Overview (Continued)

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, 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. Risk Adjustment and Reinsurance Program Issuers received a report from CMS communicating their estimated payments or charges for benefit year 2014 on June 30, 2015
 - Risk adjustment payments and charges are calculated by issuer/State/Market
 - Reinsurance payments are calculated by Issuer
4. Payment Processing – Netting
 - During each month, transactions (Account Payables (AP) and Account Receivables (AR)) for all programs (APTC, CSR, UF, RA, RI) are processed together
 - ARs and APs are netted, resulting in a single transaction that is either a payment or an amount owed communicated via Dunning Letter

Netting

- To repeat, each month all APs and ARs that are due for the financial management programs (APTC, CSR, FFM UF, RA, 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 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 a Dunning Letter (that is, 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 a Dunning Letter(s)
 - Issuers will pay the Dunning Letter/invoiced amount at:
<https://www.pay.gov/public/home>
7. For those Payees who receive a payment, a Payment Report will be issued and sent to the Financial Authority contact for the Payee Group via email

Payment and Collection Process Overview (Continued)

- Example #1

- TIN: 123456789 (Payee ID A1234001)

- Issuer 67891

- RI

\$5,000.00

- Issuer 23456

- RA

-\$7,500.00

- Net

-\$2,500.00

- A Dunning Letter 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
------	------------

- Issuer 23456

– RA	-\$7,500.00
------	-------------

Net	-\$1,200.00
-----	-------------

- A Dunning Letter 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 be sequestered at a rate of 7.3% in fiscal year 2015. There is no additional holdback for reinsurance appeals
- The risk adjustment program will be sequestered at a rate of 7.5% in fiscal year 2015 and we will also hold back an additional 2.5% in the event of appeals, for a total of a 10% holdback within a state within a market
 - Funds that are sequestered in fiscal year 2015 from the reinsurance and risk adjustment programs will become available for payment to Issuers in fiscal year 2016 without further Congressional action
- The holdback is applied to payments and the sequestration rate will be determined based on when the payments are made

Sequestration and Payment: Reinsurance Example

- Example:
 - Issuer A is eligible for \$100 in Reinsurance payments
 - Issuer will receive \$92.70 in August 2015
 - The sequestered \$7.30 will be paid in November 2015

Sequestration and Payment: Risk Adjustment Examples

- Example 1:
 - Issuer A is eligible for \$100 in Risk Adjustment payments
 - CMS collects all funding in that Risk Adjustment market in August
 - Issuer A receives \$90 in September 2015
 - Issuer A receives \$7.50 in November 2015 or when appeals in that market are resolved, whichever is later
 - Issuer A receives \$2.50 when appeals in that market are resolved

Sequestration and Payment: Risk Adjustment Examples (Continued)

- Example 2:
 - Issuer A is eligible for \$100 in Risk Adjustment payments
 - CMS collects 50% of eligible collections in that Risk Adjustment state and market in August and 50% in September
 - Issuer A receives risk adjustment payments as follows:
 - *September 2015*: Issuer A receives \$45.00 (Pro-rata reduction in RA payments minus FY 2015 sequestration and holdback)
 - *October 2015*: Issuer A receives \$45.00 (remaining RA payments minus FY 2016 sequestration and holdback)
 - *November 2015*: Issuer A receives \$3.75 from FY 2015 sequestered funds or when appeals in that market are resolved, whichever is later
 - *November 2016*: Issuer A receives \$3.75 from FY 2016 sequestered funds
 - Issuer A will receive \$2.50 when appeals in that state and market are resolved

Invoicing Overview

Dunning Letters

- CMS will generate Dunning Letters (that is, invoices) for any balance owed. There are two types of Dunning Letters:
 1. **Initial Dunning Letter** – the initial Bill or Invoice that will give the risk adjustment and reinsurance Issuers 30 days to pay the amount due
 - Issuers will receive a Dunning Letter for each program for which there is an outstanding balance.
 - **NOTE:** Issuers who owe amounts for Risk Adjustment will receive separate letters for Risk Adjustment Charges and Risk Adjustment User Fees
 2. **Intent to Refer Letter** – the final letter requesting payment is sent 60 days after the Invoice Date on the Initial Dunning Letter

Dunning Letters Timeline

- Initial Dunning Letters are mailed to Issuers around the middle of the month if the total program-level charges exceed payments in a given month
 - For the risk adjustment and reinsurance programs, Issuers must remit payments within 30 days
- The Intent to Refer Letter will be sent 60 days after the invoice date of the Initial Dunning Letter if payment is not received
- If no payment has been submitted 90 days after the date of the Initial Dunning Letter, Issuers will be referred to the U.S. Department of Treasury for collection

Dunning Letter Timeline: Illustration

Date	Event
August 15	Initial Dunning Letters transmitted if program-level charges exceed payments
August 22 – 24	August payments disbursed from U.S. Treasury
September 15	Deadline to submit Initial Dunning Letter payments via Pay.gov
October 15	Intent to Refer Letter transmitted if there is an outstanding balance
November 15	Outstanding debt referred to the U.S. Department of the Treasury



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

Dunning Letter (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 – K
 - Risk Corridor Refund - V

Invoice Number Logic

- **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 – Dunning Letter

Initial Dunning Letter Header

Date: 01-JUN-2015

The date listed on the letter header is the date the Dunning Letter was generated.

FEPSCUSTOMER1
7500 SECURITY BLVD
BALTIMORE, MD 2124

DUNNING LETTER – 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.

Initial Dunning Letter 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.

DUNNING LETTER – 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



Dunning Letters are generated by Marketplace and Premium Stabilization programs. CMS transmits separate Dunning Letters if amounts are owed for multiple Marketplace or Premium Stabilization programs.

Failure to Submit Payment Upon First Request

- Any risk adjustment or reinsurance amounts owed to CMS and not paid within 30 calendar days from the date of Initial Dunning Letter will be assessed interest starting from the date of delinquency (i.e., from the date of the Initial Dunning Letter.)



CMS updates the interest rate on a quarterly basis. The current CMS-established interest rate is 9.875 percent per year.

Final Dunning Letter – Intent to Refer Letter

Intent to Refer Letter Overview

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

ITR Letter Overview (Continued)

Date: 01-AUG-2015

FEPCUSTOMER1
7500 SECURITY BLVD
BALTIMORE, MD 2124

DUNNING LETTER – 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 Initial Dunning Letter.

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 90 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 (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 invoice/Dunning Letter payments through Pay.gov

Help Desk Assistance

- Issuers may send questions related to Dunning Letters, the invoicing process, and payment reports to: CCIIInvoices@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 '14' on your phone's keypad*
 - *dial '13' to withdraw your question*

To submit questions by webinar:

- *type your question in the text box under the 'Q&A' tab*

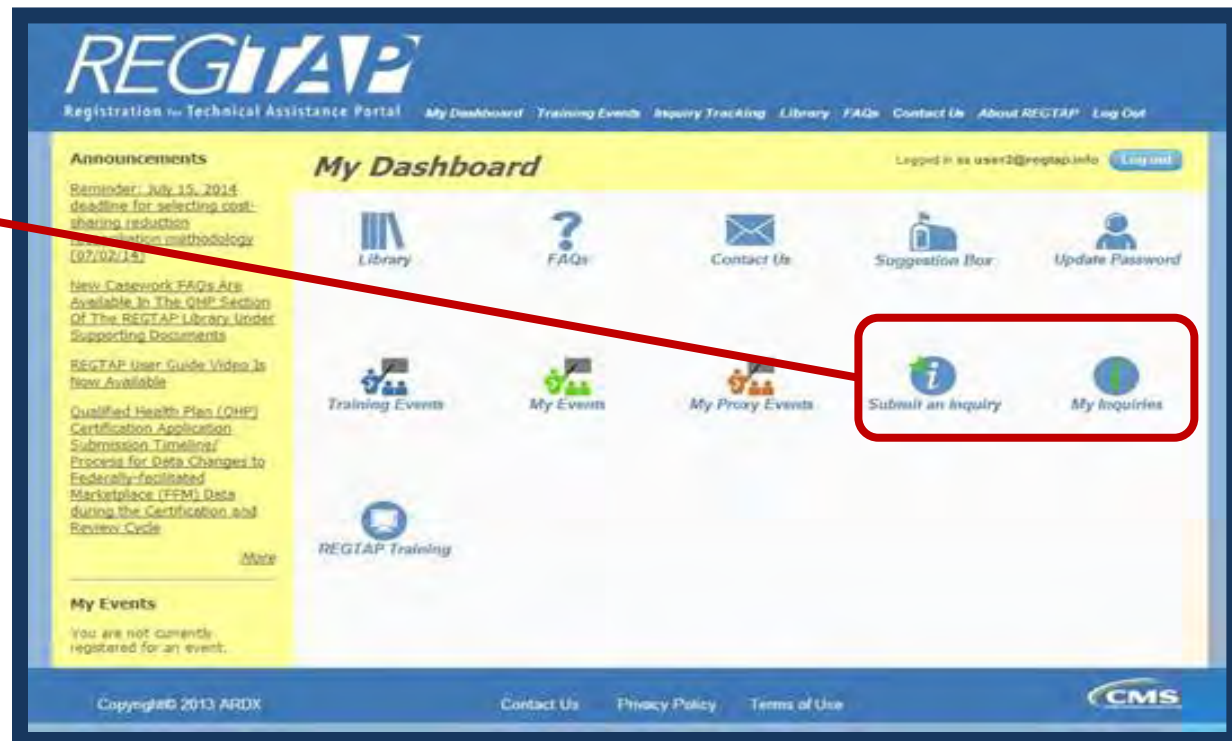
Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
U.S. Department of Health & Human Services	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 Payments Due”



FAQ Database on REGTAP

My Dashboard



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

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

FAQ Search

FAQ ID Enter numeric FAQ ID only

Keyword/Phrase

Program Area
Select All
Agent Broker
Distributed Data Collection for RI and RA/Edge Server
Enrollment and Eligibility
Event Registration and Logistics

Primary Category

Secondary Category

Publish Date
Start Date 22 End Date 22

Closing Remarks

Appendix

Submitting Payment on Pay.gov

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 (Continued)

- 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.

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.
- 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 CCIIOInvoices@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 navigation bar, the main content area features a 'Welcome to Pay.gov' message and a 'Make a Payment' button. The page is divided into two columns: 'I NEED TO PAY' and 'COMMON PAYMENTS'. The 'I NEED TO PAY' column lists various payment categories with star icons. The 'COMMON PAYMENTS' column lists specific government agencies and their associated payment services.

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](#)

Registering on Pay.gov (Continued)

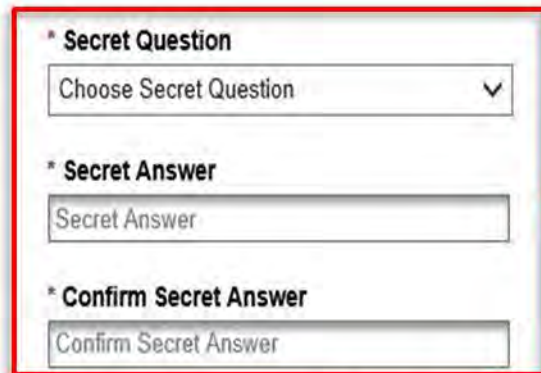
Register for a Pay.gov Account

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)

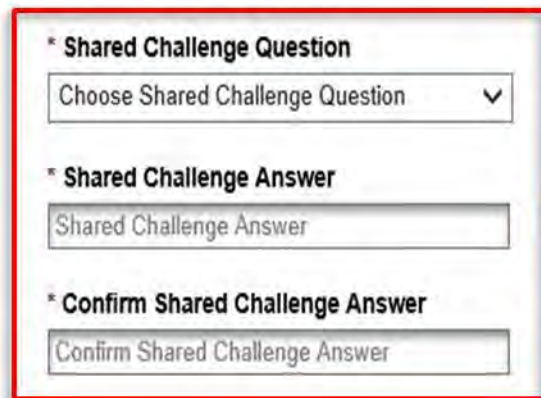


* **Secret Question**
Choose Secret Question ▼

* **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:



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

OR

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

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

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

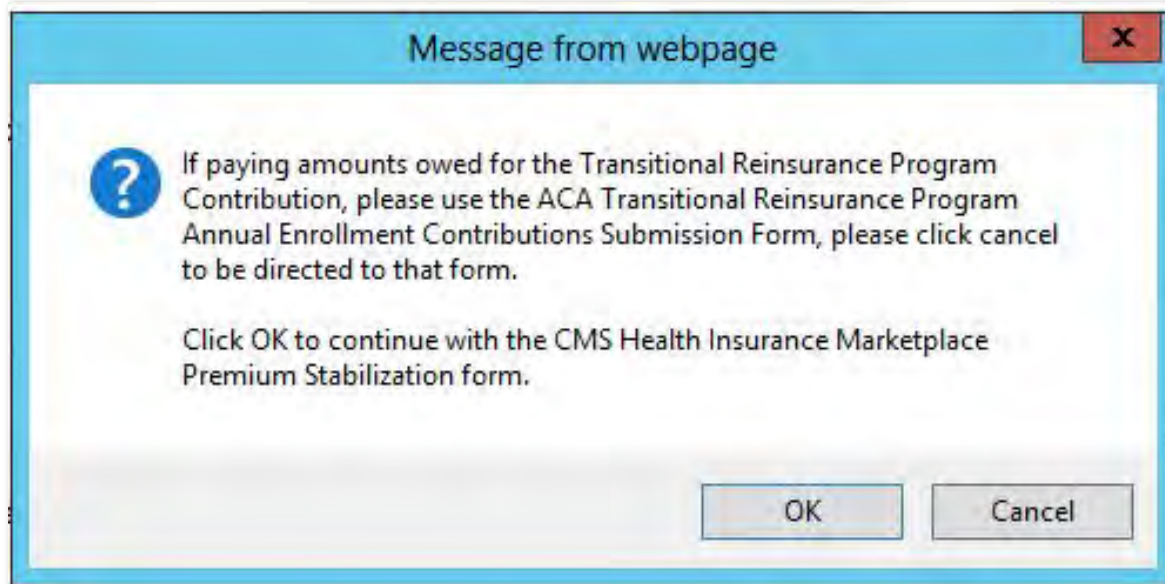
Continue to the Form



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

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 **Dunning Letter** 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 Dunning Letter.

Users should enter the **Invoice Number** found on the Dunning Letter.

Users should enter the **Total Amount Due** found on the Dunning Letter.

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:
3275.00


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 and Account Numbers


Routing and Account Numbers

* 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 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)

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: 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 [\(855\) 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: 06/15/2015
Account Type: Business Checking
Routing Number: 122105278
Account Number: *****99999

Transaction Date: 06/11/2015 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 Dunning Letter to complete the Payment Form.
- Retain the confirmation email transmitted once payment is submitted.