Payments, Invoicing and Collections Process for the Risk Adjustment, Reinsurance and Reconciliation of the Cost-Sharing Reduction Portion of Advance Payments Programs

# July 27, 2016

Financial Management and Payment Submission Process





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



# **Session Guidelines**

- This is a 90-minute webinar session
- For questions regarding content, please submit inquiries at <u>https://www.regtap.info/</u>
- 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





- Provide information regarding the payment, invoicing and collections process for the Risk Adjustment, Reinsurance and CSR Reconciliation 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, nongrandfathered individual market Issuers of Reinsuranceeligible 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 Section 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).



- 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 "Dunning Letter – First Request."





- 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 a Dunning Letter – First Request.



- 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 a Dunning Letter First Request.
  - Issuers will pay the Invoiced amount at: <u>https://www.pay.gov/public/home</u>
- 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.



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



- 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 – 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	
Dunning Letter – 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 policylevel 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

		-																		
Transaction Set																				
Control																				
Number																				
Run Date																				
Payee ID																				
Payment																				
Method Code																				
Policy-Based																				
Transition																				
Month																				
Total																				
Payment(\$)																				
Payee APTC																				
Total(\$)																				
Payee CSR																				
Total(\$)																				
Payee UF																				
Total(\$)																				
																		Exchange		
									Exchange				Issuer				Exchange	Report		
	Issuer	Issuer	Issuer						Assigned	Exchange	Exchange	Issuer	Assigned	Policy Total	Exchange		Related	Document	Coverage	Coverage
	APTC	CSR	UF	Last	First	Middle	Name	Name	Subscriber	Assigned	Assigned	Assigned	Subscriber	Premium	Payment	Payment	Report	Control	Period	Period
Issuer ID	Total(\$)	Total(\$)	Total(\$)	Name	Name	Name	Prefix	Suffix	ID	QHP ID	Policy ID	Policy ID	ID	Amount(\$)	Туре	Amount(\$)	Туре	Number	Start Date	End Date



### 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.
  - $\circ~$  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**



# Dunning Letter – First Request and Intent to Refer Letters

- Dunning Letter First Request the initial bill that will give the RA and RI Issuers 30 days to pay the amount due and CSR Recon. Issuers 15 days to pay the amount due.
  - Issuers will receive an Dunning Letter 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 Dunning Letter – First Request deadline, the final letter requesting payment is sent 60 days after the Date on the Dunning Letter – First Request, this letter is the Intent to Refer to Treasury Letter.



# **Letters Timeline**

- Dunning Letter First Request are mailed to Issuers between the 10<sup>th</sup> and 12<sup>th</sup> 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 30 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 Dunning Letter – First Request if payment is not received by the Dunning Letter – First Request deadline.
- If no payment has been submitted 90 days after the date of the Dunning Letter – 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	Dunning Letter – First Request mailed if charges
	exceed payments
August 19, 2016	August payments disbursed from U.S. Treasury
September 9, 2016	Deadline to submit Dunning Letter – 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 Dunning Letter – First Request is mailed on August 20, 2016.



# Dunning Letter – First Request Number Logic



#### Dunning Letter – First Request Number Logic

- Standard Program Type Dunning Letter First Request Format:
  - Program Designator+ Year/Month + Payee ID + Transaction Sequential Number
    - [1 + 4 + (7 or 8) + 3]
    - Example: **U1410A00400100**
  - o 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



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

# **Dunning Letter – First Request**



# Dunning Letter – First Request Letter Header



FEPSCUSTOMER1 7500 SECURITY BLVD BALTIMORE, MD 2124 The date listed on the letter header is the date the Dunning Letter – First Request Number Logic is generated.

#### DUNNING LETTER-FIRST REQUEST

Re:	Pro
	En

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



# Dunning Letter – 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.

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



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

#### DUNNING LETTER-FIRST REQUEST

#### 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 30 calendar days from the date of Dunning Letter – First Request will be assessed interest starting from the date of delinquency (*i.e.*, from the date of the Dunning Letter – 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 Dunning Letter

   First Request deadline, a Final Letter, the Intent
  to Refer Letter (ITR), is generated 60 days after
  the date of the Dunning Letter 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

#### DUNNING LETTER-FINAL REQUEST

Program:	User Fees for Risk Adjust
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 Dunning Letter – First Request.

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

### Failure to Submit Payment to ITR



- Debts that remain unpaid 90 days from the date of the Dunning Letter – 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 <u>Appendix</u> of this presentation for instructions on how to submit invoiced payments through Pay.gov.



### **Help Desk Assistance**

- Issuers may send questions related to Dunning Letter – First Request, ITR letters, the invoicing process, and payment reports to: <u>CCIIOInvoices@cms.hhs.gov</u>
- 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





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/cciio
Consumer website on Health Reform	http://www.healthcare.gov/
Pay.gov Web Help	https://www.pay.gov/WebHelp/HTML/ab out.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 <a href="https://www.REGTAP.info">https://www.REGTAP.info</a>

Select "Submit an Inquiry" from My Dashboard.





#### **Document Location**

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

Under Program Program Area Training Event Fitter by: Agent Broker Area, select Distributed Data Collection for RI and RA/Edge Server Enrollment and Eligibility "Payments – Event Registration and Logistics View FAO Sean HHS-Operated Risk Adjustment Data Validation (RADV) Payments Remitting Program Area Program Payments-Monthly Payment Cycle CON Payments-Payee Groups Payments Due" Inbuted Data Collection EDGE Payments-Remittance Message (X12 HIX 820) RI and RA/Edge Server Payments-Remitting Amounts Due



#### **FAQ Database on REGTAP**

My Dashboard



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



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.



# **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 <u>https://pay.gov/public/home</u>



## 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, <u>https://www.pay.gov/WebHelp/HTML/about.html</u>, 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 <u>CCIIOInvoices@cms.hhs.gov</u>.



## **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 Paygov account before completing the CMS Health Insurance and Premium Stabilization Programs Payment Form, or "Payment Form."



- 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 prepopulate the Form as "Billing Address"







#### 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	Address		
ARDX	7500 Security Blvd		
Last Name	Address 2		
User 1	Address 2		
Username	* City		
ardxuser2	Baltimore		1.
Email Address	* Country		<b>P</b> a
ardxuser2@gmail.com	United States	Y	fil
Confirm Email Address	* State/Province		in
ardxuser2@gmail.com	Maryland	~	
Password	* ZIP/Postal Code		
********	21240		
Confirm Password	* Phone Number	5.0	
*********	757-222-1234		

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



Secret Question			
Choose Secret Question		~	L
* Secret Answer			
Secret Answer			Г
* Confirm Secret Answer			L
Confirm Secret Answer			
The shared challenge question and ansy Customer Service to verify your identity.	ver belo Only let	w will a ters,	llow
The shared challenge question and ansy Customer Service to verify your identity. numbers, and spaces are allowed. * Shared Challenge Question	ver belo Only let	w will a ters,	llow
The shared challenge question and ansy Customer Service to verify your identity. numbers, and spaces are allowed.     * Shared Challenge Question Choose Shared Challenge Question	ver belo Only let	w will a ters,	illow
The shared challenge question and ansy Customer Service to verify your identity. numbers, and spaces are allowed.  * Shared Challenge Question Choose Shared Challenge Question * Shared Challenge Answer	ver belo Only let	v will a ters,	llow
The shared challenge question and ansy Customer Service to verify your identity. numbers, and spaces are allowed. * Shared Challenge Question Choose Shared Challenge Question * Shared Challenge Answer Shared Challenge Answer	ver belo Only let	v will a ters,	llow
The shared challenge question and ansy Customer Service to verify your identity. numbers, and spaces are allowed.     * Shared Challenge Question     Choose Shared Challenge Question     * Shared Challenge Answer     Shared Challenge Answer     * Confirm Shared Challenge Answer	ver belo Only let	v will a ters,	llow

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.



#### **Rules of Behavior**



#### View and Print Rules of Behavior



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



WWW.REGTAP.INFO

## **Submitting Payment on Pay.gov**

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

#### 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



 Search by keyword such as the type of payment, agency name, form name or number: Please enter search criteria
 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



#### 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.



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



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: HHSCIIO | OMB Number: 0938-1187



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



	Message from webpage	×
?	If paying amounts owed for the Transitional Reinsurance Program Contribution, please use the ACA Transitional Reinsurance Program Annual Enrollment Contributions Submission Form, please click cancel to be directed to that form. Click OK to continue with the CMS Health Insurance Marketplace Premium Stabilization form.	
	OK Cancel	



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



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#### 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 – First Request 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 <u>must</u> be submitted on separate forms



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

Company Information:				
* Company Name				
* Address				
* City			-	
* State		$\checkmark$		
* Zip Code	( )			
Primary Contact Information:				
* Name First		* Name Last		
* Phone	Ext:	* Email		
Secondary Contact Information:				
Name First		Name Last		
Phone	Ext:	Email		
Program Information:				
* Program	n Type			
	Advanced Pr Cost Sharing	remium Tax Credit Pro Reductions Program	gram	
	Federally Fa Reinsurance Risk Adjustrr User Fees fo	cilitated Marketplace Payment Overpayme nent Charges or Risk Adjustment	User Fee Program nts	
CMS			67	1

CENTERS FOR MEDICARE & MEDICAID SERVICES

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

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

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)



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 – First Request.

Users should enter the **Invoice Number** found on the Dunning Letter – First Request. Users should enter the **Total Amount Due** found on the Dunning

Letter – First Request .

Users may choose "Continue" to submit payment, or "PDF Preview" to view the completed form. WWW.REGTAP.INFO

#### **Enter Payment Information Screen**

4 Confirmation

**3 Review & Submit** 

Before You Begin 1 Complete Agency Form Enter Payment Info Please provide the payment information below. Required fields are marked with an \*. **Payment Amount:** Payment Date (mm/dd/yyyy) \* 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 v

Users should

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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. WWW.REGTAP.INFO



\* Routing Number

\* Account Number

Confirm Account Number

Confirm Account Number

Account Number

# Enter Payment Information Screen

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

Previous

CONTACT EMAIL ardxuser1@gmail.com

**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

**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\_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)



before clicking "Submit Payment".



# **Pay.gov Payment Confirmation**

Before You Begin 1 Complete

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: 8001008 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://ga.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 or CMS FEPS@cms.hhs.gov.

Application Name: CMS Health Insurance Marketplace and Premium Stabilization Programs Pay.gov Tracking ID: 3FOVKJ7O 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: 115278

Transaction Date: 06/11/2015 03:20:08 PM EDT Total Payments Scheduled: 1 Frequency: OneTime

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

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 First Request to complete the Payment Form.
- Retain the confirmation email transmitted once payment is submitted.

