Module 1:
2016 Reinsurance Contributions Overview

September 13, 2016
October 4, 2016
November 1, 2016

Payment Policy & Financial Management Group,
Division of Reinsurance Operations Training Series

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Session Guidelines

- This is a 90-minute webinar session
- For questions regarding content, please submit inquiries to: reinsurancecontributions@cms.hhs.gov
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520

Purpose

- Inform participants about the Transitional Reinsurance (RI) Program
- Identify key RI contributions dates for the 2016 Benefit Year
- Review the processes and procedures to make RI contributions for the 2016 Benefit Year – including updates and changes for 2016
- Inform participants about future training and next steps

Agenda

- Overview of the Transitional RI Program
- 2016 Contribution Rate
- 2016 Key Deadlines
- 2016 Contributing Entity Requirements
- 2016 Submission Process Overview
- 2016 Updates and Next Steps

Intended Audience

- Health Insurance Issuers
- Plan Sponsors
- Third Party Administrators (TPAs)
- Administrative Services-Only (ASO) Contractors

Transitional Reinsurance Program Overview

The Transitional Reinsurance Program is:

- A temporary program established by Section 1341 of the Affordable Care Act (ACA) to help stabilize premiums in the individual market.
- Contributions are required for the 2014, 2015 and 2016 Benefit Years.
- Contributions from Contributing Entities are used for reinsurance payments to issuers of non-grandfathered reinsurance-eligible individual market plans, the administrative costs of operating the RI program and the General Fund of the U.S. Treasury.

What Has Changed for 2016?

Notable Changes

- A Unique Billing Contact and Contact for Submission information is required on the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form (2016 Form)
- The questions on the 2016 Form have been reworded as follows:
  - Are you reporting for three (3) or fewer Contributing Entities using this Form?
  - If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?
- 2016 Uniform Contribution Rate is $27.00 per covered life
- Key Deadlines for 2016
- ACH Debit Block Number for the 2016 Benefit Year
  - The RI contribution ALC+2 number is 7505008016
  - The Company Name is USDEPTHHSCMS

2016 Uniform Contribution Rate

- Section 1341 of the Affordable Care Act specifies the collection of contributions for the 2016 Benefit Year as $4 billion for the reinsurance payment pool and $1 billion for the General Fund of the U.S. Treasury, and permits the collection of additional amounts for reinsurance administrative expenses.
- The Uniform Reinsurance Contribution Rate for 2016 was finalized in the 2016 Payment Notice at **$27.00 per covered life.**
- Contributions can be made in:
  - One (1) payment of $27 per covered life (Combined Collection);

    OR
  - Two (2) payments consisting of one (1) payment of $21.60 per covered life (First Collection) and one (1) payment of $5.40 per covered life (Second Collection)

Key Deadlines for the 2016 Benefit Year

Date	Activity	Contribution Amount
To Make a Full Contribution in One Payment (Combined Collection) for the 2016 BY:		
File no later than November 15, 2016	Submit the Form and schedule payment	
Remit no later than January 17, 2017	Pay full contribution amount due (one payment)	**$27.00** per covered life
	TOTAL	**$27.00**
OR		
To Make a Full Contribution in Two Payments (First and Second Collection) for the 2016 BY:		
File no later than November 15, 2016	Submit the Form and schedule payment of first collection contribution and duplicate the Form and schedule payment of second collection	
Remit no later than January 17, 2017	Pay first contribution amount due	**$21.60** per covered life
Remit no later than November 15, 2017	Pay second contribution amount due	**$5.40** per covered life
	TOTAL	**$27.00**

Who Is Required to Make Reinsurance Contributions & What Are the Exemptions?

Key Terms and Definitions

Term	Definition
Contributing Entity	• Health Insurance Issuer • Self-insured group health plan that uses a third party administrator (TPA) in connection with claims processing or adjudication or plan enrollment for services other than for pharmacy benefits or excepted benefits
Reporting Entity	• A Contributing Entity, a TPA, ASO contractor, or any other party filing the reinsurance contribution on behalf of a Contributing Entity. The Reporting Entity is the party completing the submission process
Supporting Documentation	• A file uploaded to the Annual Enrollment and Contributions Submission Form that contains submitter information and a row of each Contributing Entity • Created in .CSV file format and must not exceed 2MB • Only required for Reporting Entities submitting on behalf of four (4) or more Contributing Entities
Covered Lives Count	Also refers to Annual Enrollment Count, which is generated using one of the approved counting methods

What Is a Contributing Entity?

Contributing Entity generally includes:

- A health insurance issuer; or
- A self-insured group health plan (including a group health plan that is partially self-insured and partially insured, where the health insurance coverage does not constitute major medical coverage) **that uses a TPA in connection with claims processing or adjudication (including the management of internal appeals) or plan enrollment for services other than for pharmacy benefits or excepted benefits within the meaning of section 2791(c) of the Public Health Service (PHS) Act**

Self-Insured Self-Administered Exemption

- For the 2015 and 2016 Benefit Years, contributions are not required from a self-insured group health plan that **does not** use a TPA in connection with claims processing or claims adjudication (including the management of internal appeals) or plan enrollment.
- However, a self-insured group health plan is permitted to use an unrelated third party for the following without losing its self-administered status:
  - *De minimis* administrative services for medical benefits (5% or less)
  - Leasing of provider networks and related services

Contributions Are Generally Required For…

- Major medical coverage that is part of a commercial book of business
- For the purpose of RI contributions, "major medical coverage" is defined in 45 CFR 153.20 as:
  - A catastrophic plan;
  - An individual or a small group market plan subject to the actuarial value requirements under 45 CFR 156.140 (https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2016-AV-Calculator-011514.xlsm); or
  - Health coverage for a broad range of services and treatments provided in various settings that provides minimum value as defined in 45 CFR 156.145 (https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/mv-calculator-final-4-11-2013.xlsm)

Contributions Are NOT Required For…

The following types of plans or coverage:
• Plans consisting solely of excepted benefits as defined under section 2791(C) of the Public Health Service (PHS) Act
• Medicare
• Medicaid
• Children's Health Insurance Program (CHIP)
• Federal or State high-risk pool
• Basic Health Plan (BHP) coverage offered by issuers under contract with a State as described in section 1331 of the Affordable Care Act
• A Health Reimbursement Arrangement (HRA) within the meaning of IRS Notice 2002-45 (2002-2 CB 93) or any subsequent applicable guidance, that is integrated with a self-insured group health plan or health insurance coverage
• Health savings account (HSA) within the meaning of section 223(d) of the Internal Revenue Code (IRC)

Contributions Are NOT Required For…(continued)

The following types of plans or coverage:
• Health flexible spending arrangement (FSA) within the meaning of section 125 of the IRC
• Employee assistance plan, disease management program, or wellness program that does not provide major medical coverage
• Stop-loss policy or indemnity reinsurance policy
• TRICARE and other military health benefits for active or retired uniformed service personnel
• Plans provided by an Indian Tribe to Tribal members and their spouses and dependents (and other persons of Indian decent closely affiliated with the Tribe), in the capacity of the Tribal members as Tribal members (not in a capacity as current or former employees of the Tribe)
• Health programs operated under the authority of the Indian Health Service
• Plans consisting solely of prescription drug benefits

Expatriate Health Coverage, Medicare Secondary Payor Coverage and Territories

Type	Policy
Expatriate Health Coverage*	A Contributing Entity is not required to make reinsurance contributions for lives covered by expatriate health coverage, as defined by the Secretary, or for the 2015 and 2016 Benefit Years only, is a self-insured group health plan with respect to which enrollment is limited to participants who reside outside of their home country for at least six (6) months of the plan year, and any covered dependents [45 CFR 153.400(a)(1)(iii)]. *HHS, in conjunction with Labor and Treasury, anticipates issuing future guidance on expatriate plans, to implement the Expatriate Health Coverage Clarification Act of 2014
Medicare Secondary Payor	A Contributing Entity is not required to make reinsurance contributions for lives covered by its self-insured group health plans and/or employer-sponsored health insurance coverage to the extent that such coverage applies to individuals with respect to which benefits under Title XVIII of the Social Security Act (Medicare) are primary under the Medicare Secondary Payor rules [45 CFR 153.400(a)(1)(iv)].
Territories	Reinsurance contributions are not required to the extent such plan or coverage applies to individuals with primary residence in a territory that does not operate the transitional reinsurance program [45 CFR 153.400(a)(1)(v)].

Supplemental or Secondary Coverage

Contributions are generally required for major medical coverage that is part of a commercial book of business, but are not required, in the case of employer-provided group health coverage if:

- Such coverage is supplemental or secondary to group health coverage for which RI contributions must be made for the same covered lives [45 CFR 153.400(a)(1)(vi)(B)].
- Such coverage applies to individuals with individual market health insurance coverage for which RI contributions are required [45 CFR 153.400(a)(1)(vi)(A)].

Supplemental or Secondary Coverage (continued)

- If it is not clear from the terms of the health plans which group health plan is supplemental, in keeping with 45 CFR 153.400(a)(3), the group health plan that offers the greater portion of inpatient hospitalization benefits is deemed the primary health plan.
- If it is not clear from the terms of the health plans which group health plan is primary and which is secondary, CMS would defer to the arrangements on primary and secondary liability set forth by the respective plan sponsors, in accordance with applicable State coordination of benefit laws and regulations.
  - CMS would hold a plan sponsor harmless from non-compliance actions for failure to pay reinsurance contributions to the extent the sponsor relied in good faith upon a ***written representation*** by the other sponsor that the other sponsor's coverage has primary liability for claims for particular covered lives (and is responsible for making reinsurance contributions with respect to those covered lives).

How to Count Covered Lives

Counting Methods for Calculating Annual Enrollment Count

Counting Method*	Health Insurance Issuers	Self-Insured Group Health Plans
Actual Count	✓	✓
Snapshot Count	✓	✓
Snapshot Factor		✓
Member Months or State Form	✓	
Form 5500		✓

*See 45 CFR 153.405 for a description of each counting method

The Benefit Year

Most counting methods* calculate covered lives based on enrollment in the first nine (9) months of the 2016 Benefit Year.



*Except Member Months or State Form and Form 5500 counting methods

Counting Methods – Future Training

- There will be a separate training on the permissible counting methods.
  - **Module 2: 2016 Reinsurance Contributions Counting Methods Overview**
    - September 15, 2016
    - October 5, 2016
    - November 2, 2016
- Please register for these trainings through REGTAP.

Calculating 2016 Contribution Amounts

- Contribution amounts are calculated by multiplying a Contributing Entity's Annual Enrollment Count by the 2016 contribution rate of $27.00:

> 2016 annual contribution amount =
> (2016 Annual Enrollment Count) x ($27.00)

- Various methods can be used to determine your Annual Enrollment Count [See 45 CFR 153.405]
  - The applicable counting method depends on:

    (1) Whether the Contributing Entity is a health insurance issuer or a self-insured group health plan; and

    (2) Whether, in the case of a group health plan that is a Contributing Entity, the plan offers more than one (1) coverage option

How to Submit Reinsurance Contributions

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Contributions Submission Process

The Department of Health and Human Services (HHS) has implemented a streamlined approach to complete the contribution submission process through Pay.gov:

- Pay.gov offers a simplified method for Contributing Entities to register, submit their Annual Enrollment Count, be notified of the contribution amount owed, and remit contributions.
- Pay.gov is a secure, web-based application owned by the Federal Government.
- Pay.gov allows external parties to submit forms online and make online payments to government agencies.

Contribution Submission Process
(continued)

To successfully complete the RI contribution submission process, Contributing Entities must do the following:

Step	Action
1	Calculate the number of covered lives in their major medical plans.
2	Register on Pay.gov or confirm your password if you registered for the previous benefit years of the program (2014, 2015).
3	Access the **2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form**, when available.
4	Complete the Form (which includes providing Contributing Entity information when reporting for three (3) or fewer Contributing Entities and entering your annual enrollment count).
5	Upload Supporting Documentation only when reporting for **four (4) or more** Contributing Entities.
6	Schedule your payment date for calculated contributions on the payment page.

Contribution Submission Process
(continued)

The 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form will be available on Pay.gov and requires the following:

- Basic company and contact information
- Annual Enrollment Count
- Payment information and scheduling of payment date(s)
  - The Form will auto-calculate the contribution amount owed.
  - Form availability on Pay.gov will be announced at a later date.
- Upload of Supporting Documentation if reporting **four (4) or more Contributing Entities** (specific information on the Annual Enrollment Count for each Contributing Entity represented on the Form).

Compliance Standards

Standard	Policy
Acknowledgement	On Pay.gov, each Contributing Entity (or TPA or ASO contractor on their behalf) will acknowledge that the information submitted on the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form is accurate and complete.
Maintenance of Records	A Contributing Entity must maintain and make available documents and records, whether paper, electronic, or in other media, sufficient to substantiate the enrollment count submitted pursuant to this section for a period of at least 10 years (See 45 CFR 153.405(h)).
Audits	HHS may audit a Contributing Entity to assess its compliance with the requirements of the Transitional Reinsurance Program (See 45 CFR 153.405(i)).

Next Steps and Upcoming Webinars

Next Steps

- **NOW**
  - Review your REGTAP emails for updates
  - For questions regarding Contributions, please contact us at reinsurancecontributions@cms.hhs.gov
  - Register on Pay.gov or confirm your password if you registered for the previous years (2014, 2015) of the program
  - Monitor the CCIIO web page
  - Review counting methods set forth in 45 CFR 153.405(d) through (g)
  - Attend trainings
- **LATER**
  - Complete the Reinsurance Contributions Submission Process

Upcoming Webinars



2016 Module Title	Date	Content
Module 1: 2016 Reinsurance Contributions Overview	September 13 October 4 November 1	• Defines a Contributing Entity in 2016 • Summarizes exempted organizations in 2016 • 2016 Uniform Contribution Rate • 2016 Key Deadlines • Provides an overview of the 2016 submission process
Module 2: 2016 Reinsurance Contributions Counting Methods Overview	September 15 October 5 November 2	• Defines a Contributing Entity in 2016 and defines major medical • Provides a walk through of each Counting Method • Consistency Requirements and Aggregation • Calculation of Contribution Amounts • 2016 Key Deadlines
Module 3: 2016 Reinsurance Contributions Form Completion	September 20 October 6 November 3	• Provides an overview of the 2016 Form submission process • Notable Form updates for the 2016 Benefit Year • Data needed to complete the Form for the 2016 Benefit Year • Registering on Pay.gov • Provides a walk through of the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form
Module 4: 2016 Reinsurance Contributions Updating Contributions Filings	October 18 November 8	• Demonstrates how to locate previous Form filings to make updates • Reviews the process of making updates to previous Form filings • Explains the types of communication a Contributing Entity may receive after filing the Form • Differentiates between Re-Filing and Re-Submission of the Form • Provides an overview of the various resources available

Upcoming Webinars



2016 Module Title	Date	Content
Special Topic: 2016 Reinsurance Contributions Supporting Documentation (.CSV file)	September 22 October 20	• Who is required to submit Supporting Documentation (.CSV file)? • What information is needed to complete Supporting Documentation (.CSV file)? • Tools available to create the Supporting Documentation (.CSV file) • 2016 Key Deadlines and Next Steps

Reinsurance Contributions Resources

Resource	Type/Location
2016 Reinsurance Contributions Form Completion, Submission, and Payment WBT	Web-based training to explain how to complete the 2016 Form Posted on REGTAP
2016 Transitional Reinsurance Form Quick Start Guide	Provide instructions on completing the 2015 Form Posted on REGTAP and the CCIIO website
Special Topic: 2016 Reinsurance Contributions Supporting Documentation (.CSV file)	• Who is Required to Submit the Supporting Documentation (.CSV file)? • What Information is Needed to Complete the Supporting Documentation (.CSV file)? • Tools Available to Create the Supporting Documentation (.CSV file) • Key Deadlines and Next Steps Posted on REGTAP and the CCIIO website
2016 Reinsurance Contributions Supporting Documentation Job Aid	Job aid tool to assist in the creation of the Supporting Documentation (.CSV file) Posted on REGTAP and the CCIIO website
2016 Reinsurance Contributions Supporting Documentation Job Aid Manual	Manual to assist in the completion of the Job Aid Tool used to create the Supporting Documentation (.CSV file) Posted on REGTAP and the CCIIO website
2016 Reinsurance Contributions Supporting Documentation File Layout	Document to explain the required data elements to create the Supporting Documentation (.CSV file) Posted on REGTAP and the CCIIO website

Upcoming 2016 Reinsurance Contributions Review and Discussion Session

Reinsurance Contributions Review and Discussion Session:
This session will provide Contributing Entities and Reporting Entities with a review of the topics covered during the Modules 1-4 webinars, as well as information related to 2016 updates and user challenges. Time will be allotted for specific attendee questions.

Date	Time
Monday, November 7, 2016	3:30 p.m. – 5:00 p.m. ET
Monday, November 14, 2016	1:00 p.m. – 2:30 p.m. ET

You must register on REGTAP for each session separately.

Upcoming 2016 Reinsurance Contributions Submission Help Line

Reinsurance Contributions Submission Help Line:

CMS will host a help line to assist Contributing (or Reporting) Entities in completing the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form. This will provide open Q&A during the dates and times specified. All entities dialed into the help line can benefit from questions asked and answered.

Date	Time
Wednesday, November 9, 2016	1:00 p.m. – 5:00 p.m. ET
Thursday, November 10, 2016	1:00 p.m. – 5:00 p.m. ET
Friday, November 11, 2016	1:00 p.m. – 5:00 p.m. ET
Monday, November 14, 2016	3:00 p.m. – 6:00 p.m. ET
Tuesday, November 15, 2016	10:00 a.m. – 5:00 p.m. ET

Questions?

To submit or withdraw questions by phone:

- *Dial **# (star-pound) on your phone's keypad to ask a question*
  - *Dial **# (star-pound) on your phone's keypad to withdraw your question*

To submit questions by webinar:

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

Resources

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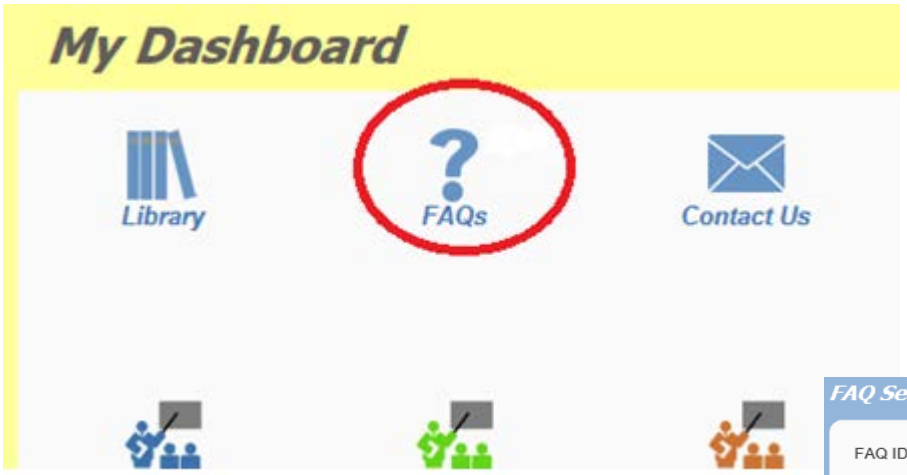
Resources

Resource	Link/Contact Information
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://www.cms.gov/cciio
The Transitional Reinsurance Program - Reinsurance Contributions	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info
Registration and Form on Pay.gov	https://pay.gov/paygov/

Regulatory References

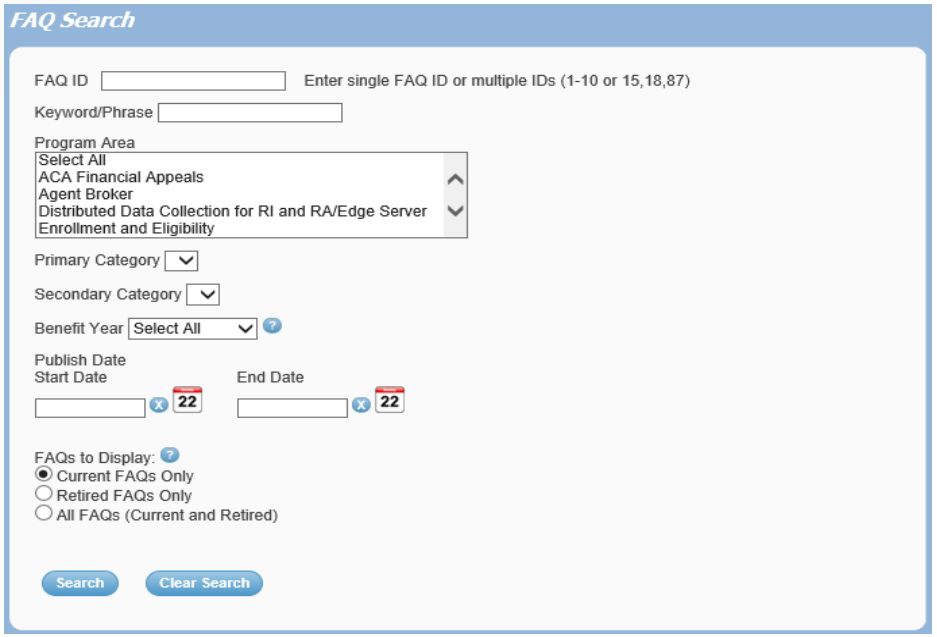
Resource	Link/Contact Information
Standards Related to Reinsurance, Risk Corridors and Risk Adjustment (77 FR 17220) provided a regulatory framework	http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf
HHS Notice of Benefit and Payment Parameters for 2014 (78 FR 15410)	http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf
Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards (78 FR 65046) established oversight standards	http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf
HHS Notice of Benefit and Payment Parameters for 2015 (78 FR 13744)	http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf
Exchange and Insurance Market Standards for 2015 and Beyond (79 FR 30240)	http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf
HHS Notice of Benefit and Payment Parameters for 2016 (80 FR 10750)	http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf
HHS Notice of Benefit and Payment Parameters for 2017 (81 FR 12204)	https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf

FAQ Database on REGTAP



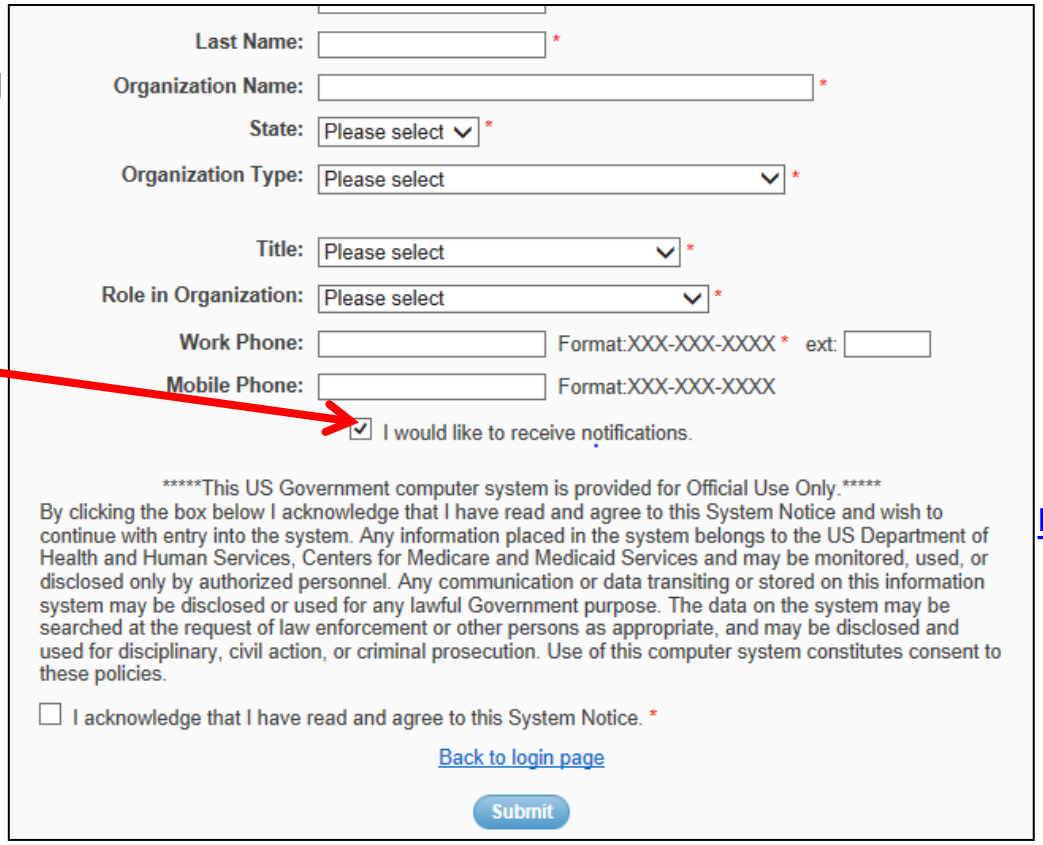
The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary Categories, Benefit Year, Retired and Current FAQs and Publish Date.

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



Notifications Opt In/Opt Out

Users have the option to opt in or opt out of receiving notifications when first registering in REGTAP by checking or unchecking the box for *"I would like to receive notifications."*



After initial registration, contact the Registrar at registrar@REGTAP.info, call (800) 257-9520, or submit an inquiry to www.REGTAP.info to change notification preference.

Closing Remarks