Module 3: 2016 Reinsurance Contributions Form Completion

September 20, 2016
October 6, 2016
November 3, 2016

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

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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

- How to register on Pay.gov
- How to locate and complete the “2016 ACA Transitional Reinsurance (RI) Program Annual Enrollment and Contributions Submission Form" (Form)
- How to determine if the Supporting Documentation (.CSV file) is required for a submission
- How to schedule a RI contributions payment

Agenda

- Overview of the Transitional RI Program
- RI Contributions Submission Process
- Notable Updates for 2016 Benefit Year
- Data Needed to Complete the Form for 2016 Benefit Year
- Registering on Pay.gov
- 2016 ACA Transitional RI Program Annual Enrollment and Contributions Submission Form
- Key Deadlines for the 2016 Benefit Year
- Next Steps

Intended Audience

- Health insurance issuers
- Self-insured group health plans
- Third Party Administrators (TPAs)
- Administrative Services-Only (ASO) Contractors

Transitional Reinsurance Program Overview

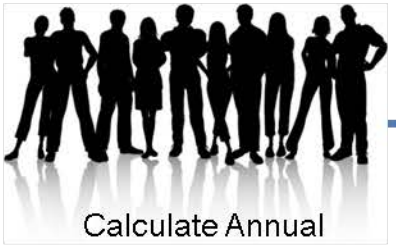
- The Transitional RI Program is a temporary program established by Section 1341 of the Affordable Care Act (ACA) to help stabilize premiums in the individual market.
- Contributions are required for the 2014, 2015 and 2016 Benefit Years.
- Contributions are used for RI payments to issuers of non-grandfathered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

Reinsurance Contributions Submission Process

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

- A simplified method for Contributing (or Reporting) Entities to register and submit their Annual Enrollment Count, be notified of the contribution amount owed, and remit contributions.
- A secure, web-based application owned by the Federal Government.
- A platform for external parties to submit forms online and make online payments to government agencies.

Contributions Submission Process



Calculate Annual Enrollment Count



Prepare Supporting Documentation, if applicable

Pay.gov

Sign in or register on Pay.gov



Complete 2016 Form

3

Three or fewer Entities using the same Form

4

Four or more Entities using the same Form



Upload Supporting Documentation



Schedule payment



Enter payment information

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2016 Benefit Year Updates

- 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

Information Needed Before Completing the Form

The Form Requires:
Reporting Entity Legal Business Name (LBN)
Reporting Entity Federal Tax Identification Number (TIN)
Reporting Entity Billing Contact Name, Title, Email Address, and Phone Number
Reporting Entity Billing Address
Reporting Entity Contact for Submission Name, Title, Email Address, and Phone Number
Contributing Entity 2016 Annual Enrollment Count
Authorizing Official Name, Title, Email Address, and Phone Number

Information Needed Before Completing the Form (continued)

Payment Scheduling Requires:
Account Holder Name
Account Type (checking or savings)
Bank Routing Number
Bank Account Number



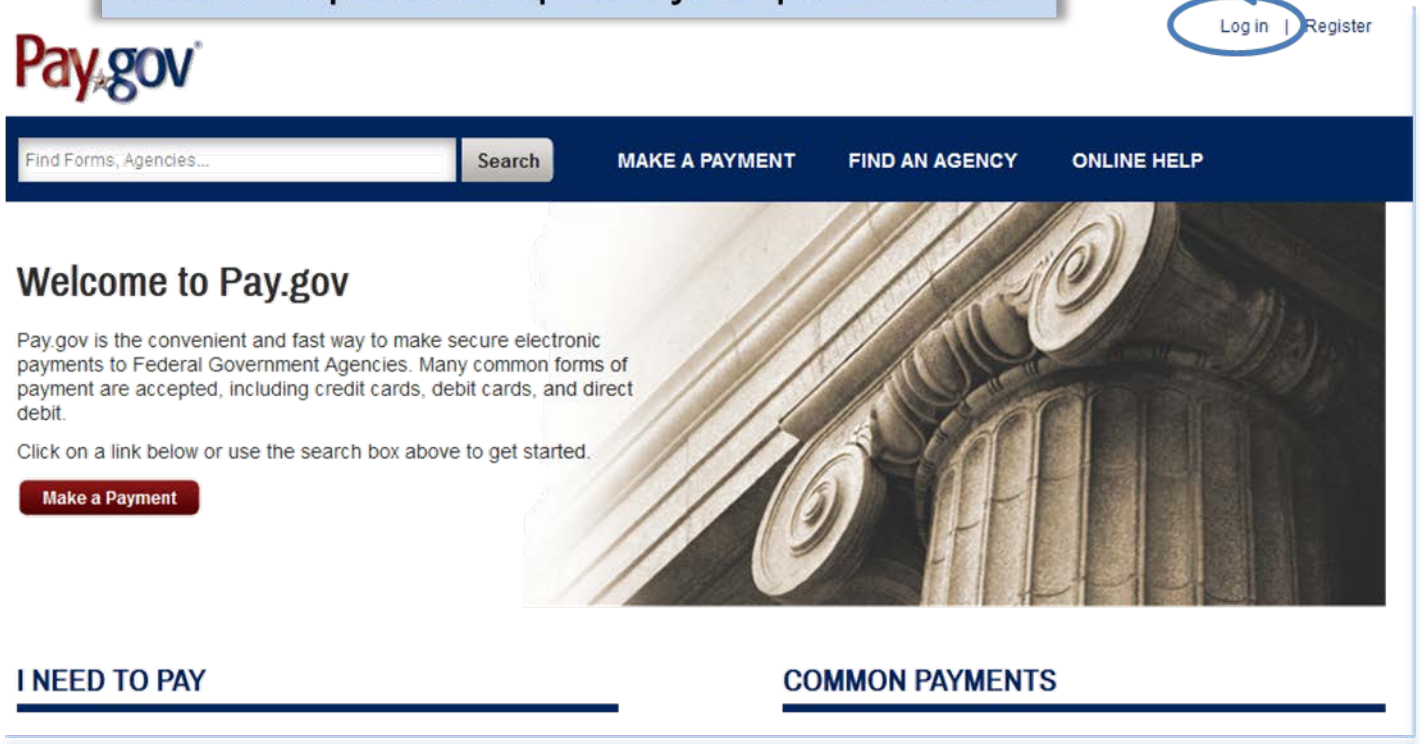
Payment of contributions are only made through Pay.gov using an Automated Clearing House (ACH) debit. You will need to contact your bank to add the ALC+2 value for the ACH debit transaction.

Registering on Pay.gov

Pay.gov Home Page – Log In

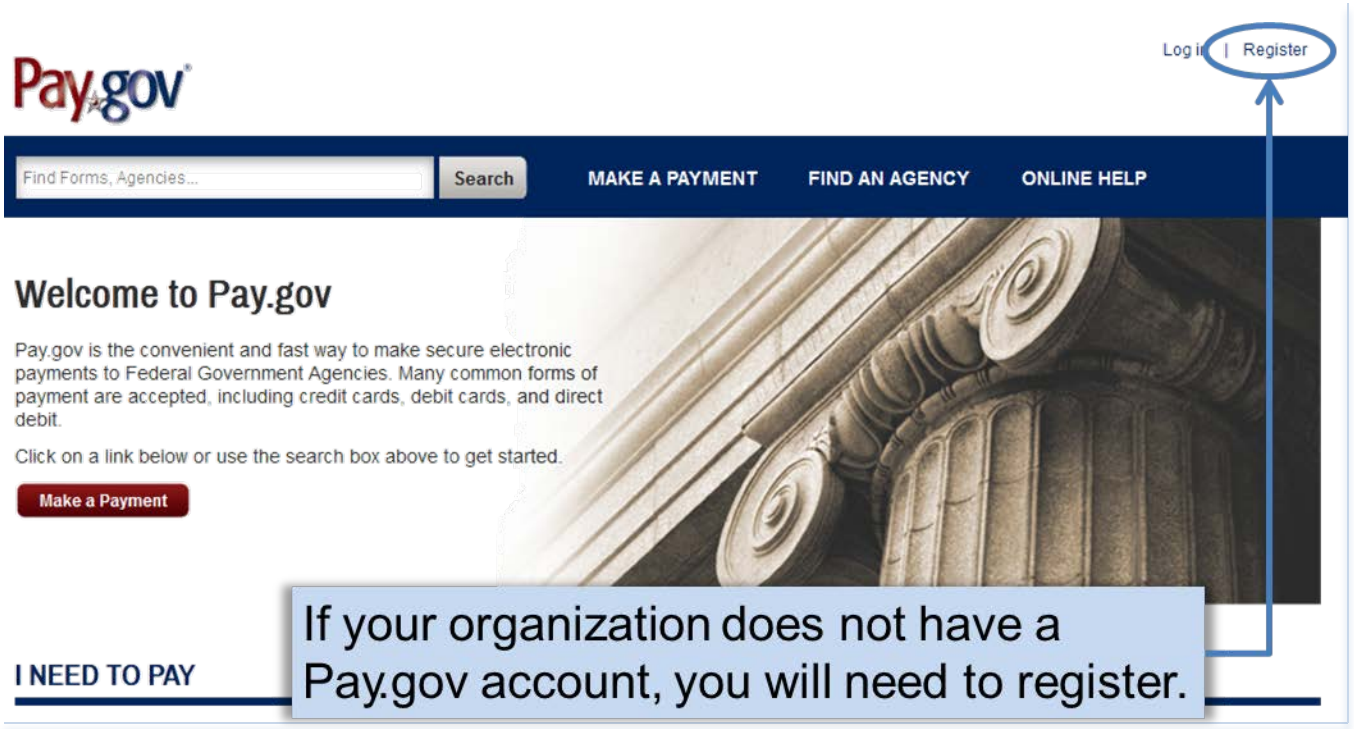
Log In to Pay.gov

If you previously registered in Pay.gov and have not logged in since 2014 or 2015, you will be required to update your password.



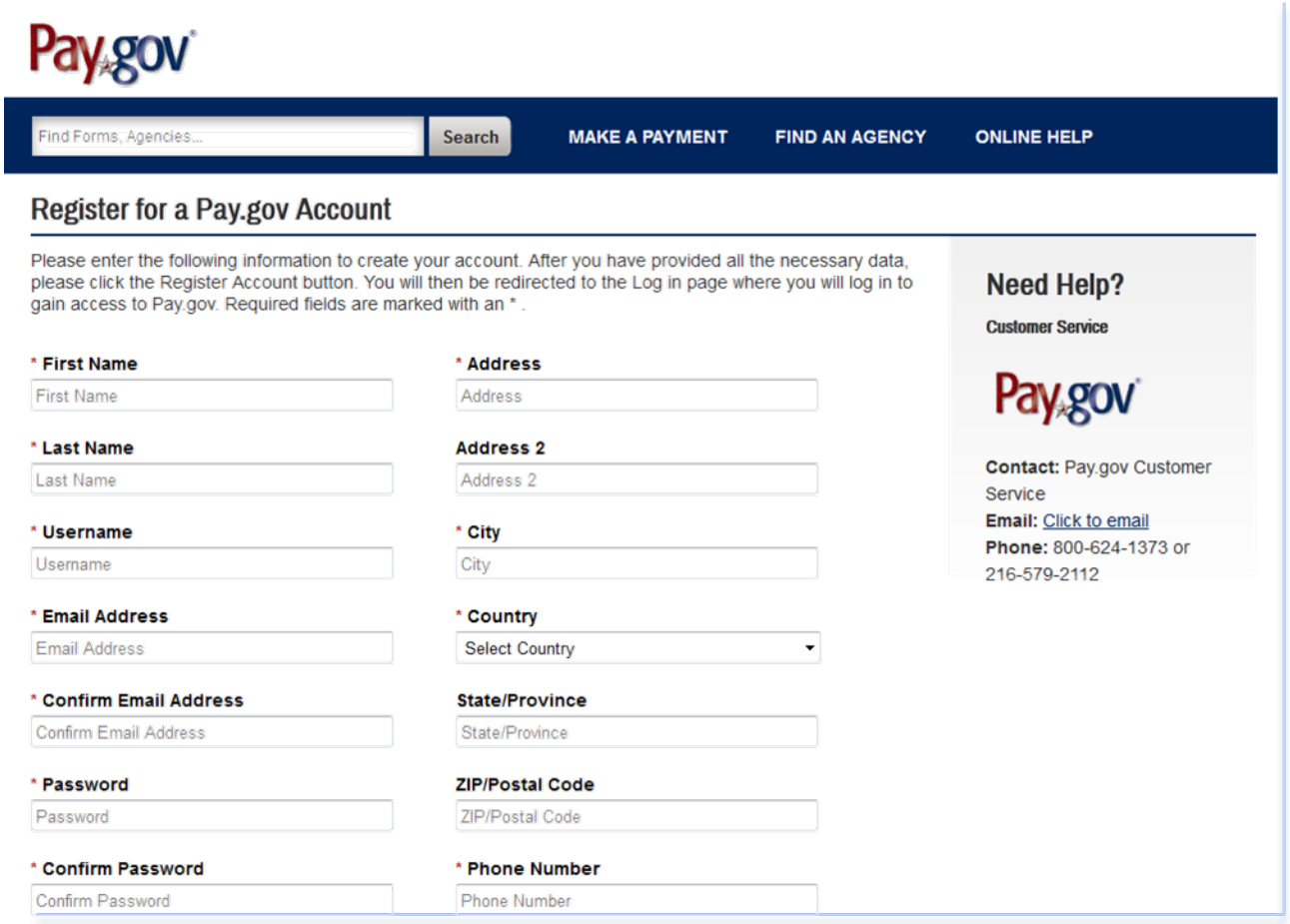
Pay.gov Home Page – Register

Create a Pay.gov Account:

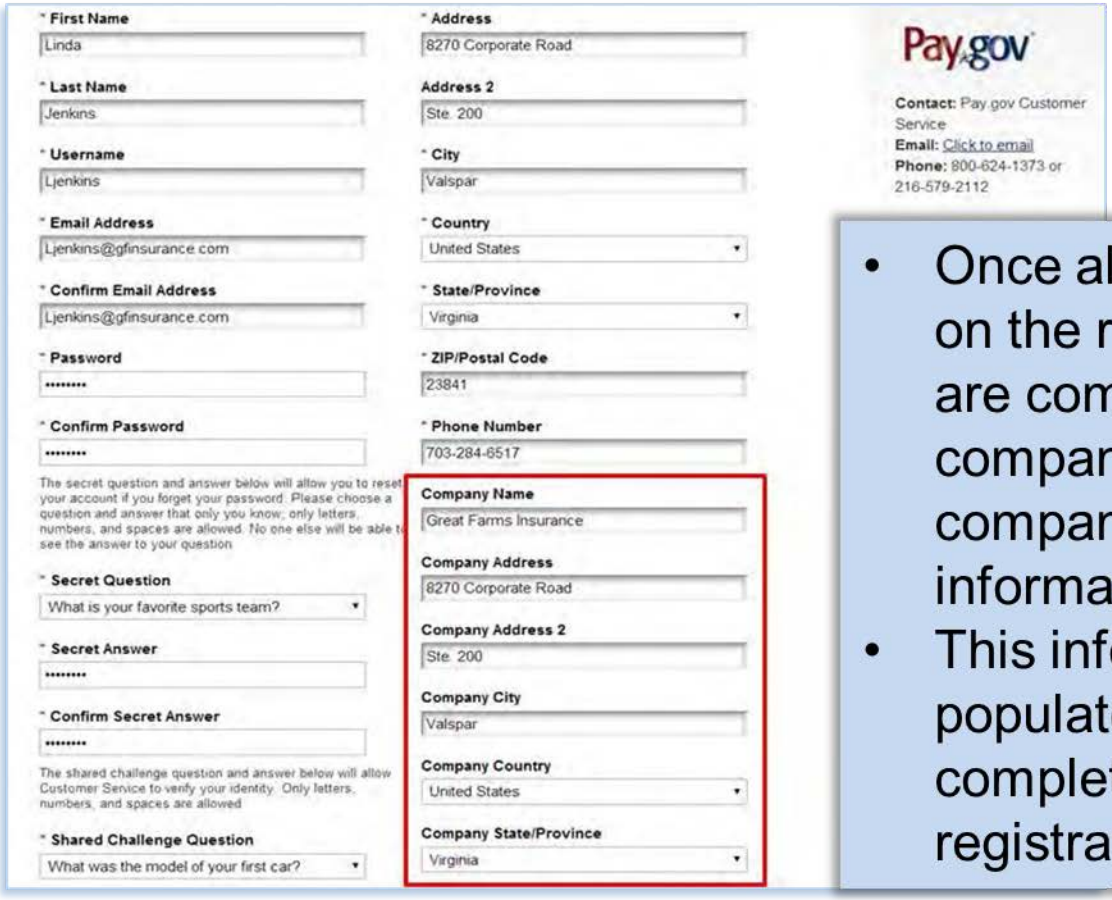


Pay.gov Registration Page

Register for a Pay.gov Account:



Pay.gov Registration Page (continued)



- Once all required fields on the registration page are complete, enter the company name and company address information.
- This information will pre-populate in the Form if completed during registration.

Pay.gov: Important Notes

Pay.gov Notes:

- Only create one (1) Pay.gov account for your organization to complete the contributions submission process.
  - For example, the TPA or ASO contractor creates **ONLY** one (1) Pay.gov account to submit the Annual Enrollment Count and contribution on behalf of one (1) or more Contributing Entities



It is recommended that entities create one Pay.gov account per LBN or TIN, if possible. If your organization previously registered on Pay.gov but no longer has access to the login information, you will need to create a new Pay.gov account.

- Pay.gov does not limit the number of Forms filed or bank accounts used under one (1) Pay.gov account
  - However, each Form submission is limited to one (1) bank account per Contribution payment
- Submit inquiries to reinsurancecontributions@cms.hhs.gov
  - If your inquiry is specific to your Pay.gov user account, contact Pay.gov directly.

The Form: Tips and Help Options

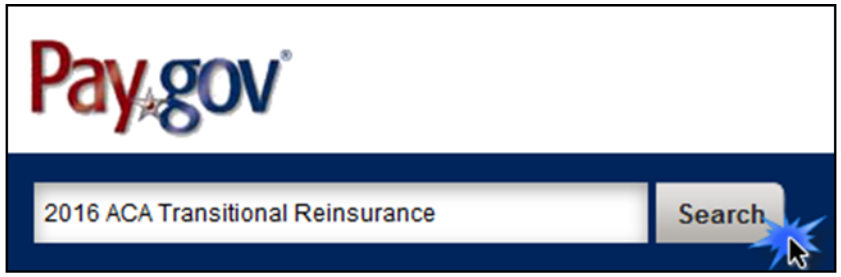
Form Tips and Help Options	
?	Select any blue question mark icon throughout the Form to open a description of a field and its options, if applicable.
Roll-over Tool Tips Example: Enter the Billing Address Zip Code of Contributing Entity 1	Use your mouse to point to a field within the Form to reveal roll-over tool tips that provide brief explanations of the field requirements.
Need Help?	Selecting "Need Help?" opens a document with links to the Transitional RI Program Resources and FAQs for the Form.

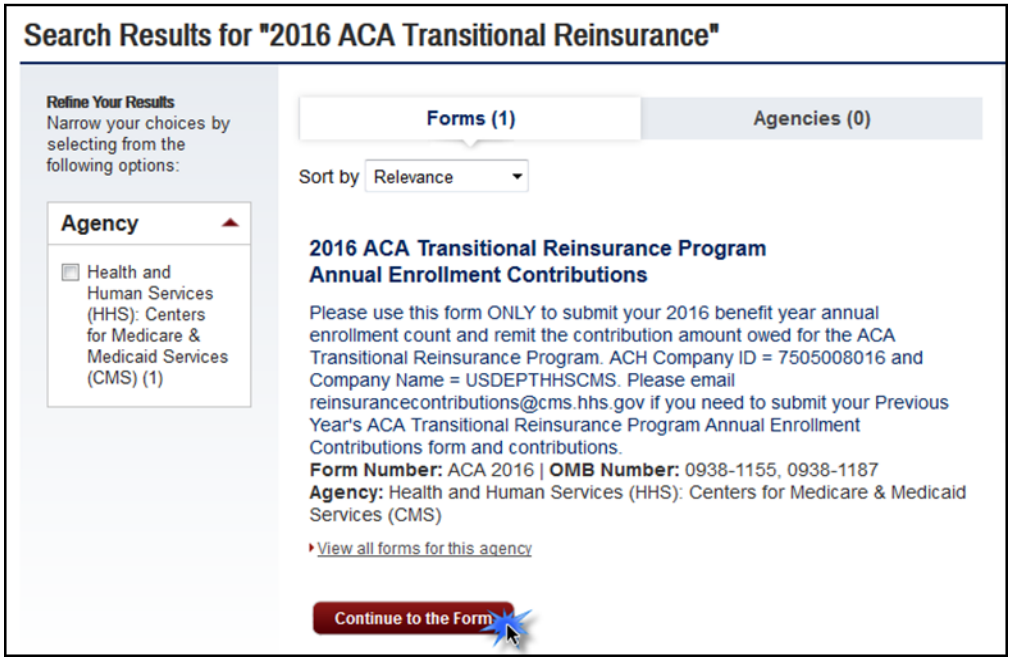
2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form

How to Locate the Form

Find the 2016 Form:

Once logged into Pay.gov, use the search terms **“2016 ACA Transitional Reinsurance”** to access the Form to file the Annual Enrollment Count and schedule the contributions payment(s).

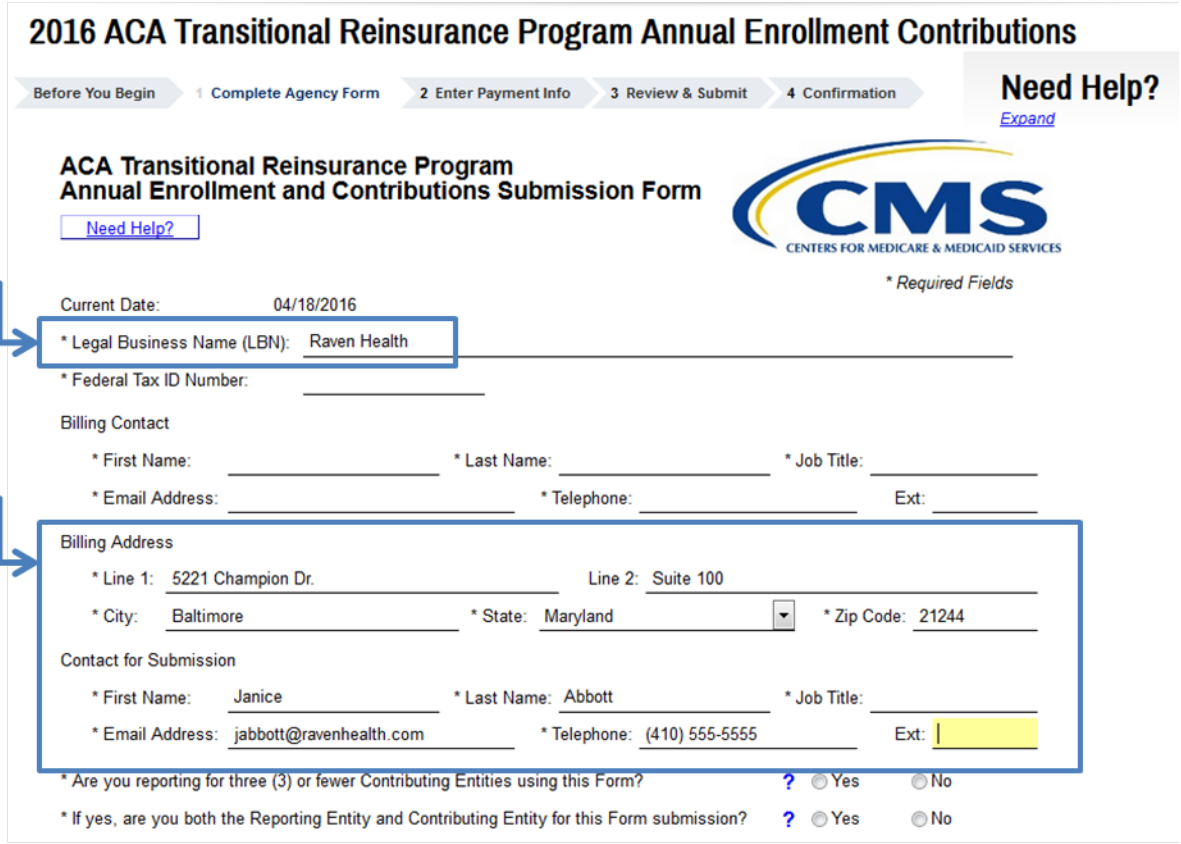




The Form: Initial Page

If the Company Information was completed within the Pay.gov profile, the "Legal Business Name (LBN)," "Billing Address," and "Contact for Submission" will pre-populate the Form.

If not, complete the Form with the respective Reporting Entity information.



NOTE

The Billing Contact and Contact for Submission must be different.

2016 Form Questions

2016 Form Questions:

On the 2016 Form, the following questions determine if Supporting Documentation (.CSV file) is required for a submission.

* Are you reporting for three (3) or fewer Contributing Entities using this Form?	?	Yes	No
* If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?	?	Yes	No

If you are reporting for:

3 ⬇ Three or fewer Entities using the same Form — The Supporting Documentation (.CSV file) is **NOT** required.

4 ⬆ Four or more Entities using the same Form — The Supporting Documentation (.CSV file) **IS** required.

2016 Form Questions Flowchart



Complete Contribution Form

Are you reporting for three (3) or fewer Contributing Entities using this Form?

3 = Yes

4 = No

If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?

Yes

No

Contributing Entity Page:

Contributing Entity 1 will auto-populate with the LBN, TIN, and Billing Address from the initial page of the Form

Contributing Entity Page:

Contributing Entity 1
Contributing Entity 2, and
Contributing Entity 3 will be blank.
Complete as Contributing Entity 1

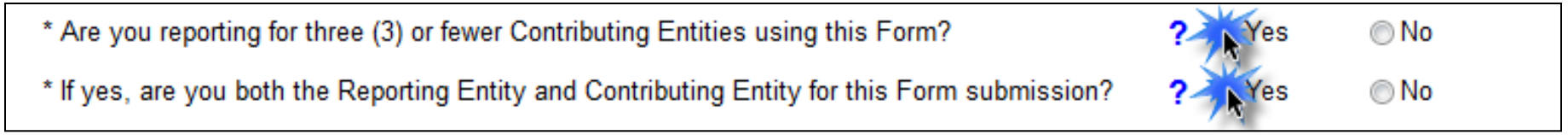
Contributing Entity Page:

Complete Contributing Entity 2 and Contributing Entity 3, as applicable

Select the **Continue** button to proceed to the Type of Filing page

2016 Form Questions Response Options

If you <u>are</u> reporting for three (3) or fewer Contributing Entities using the same Form, select **Yes** for the first question.



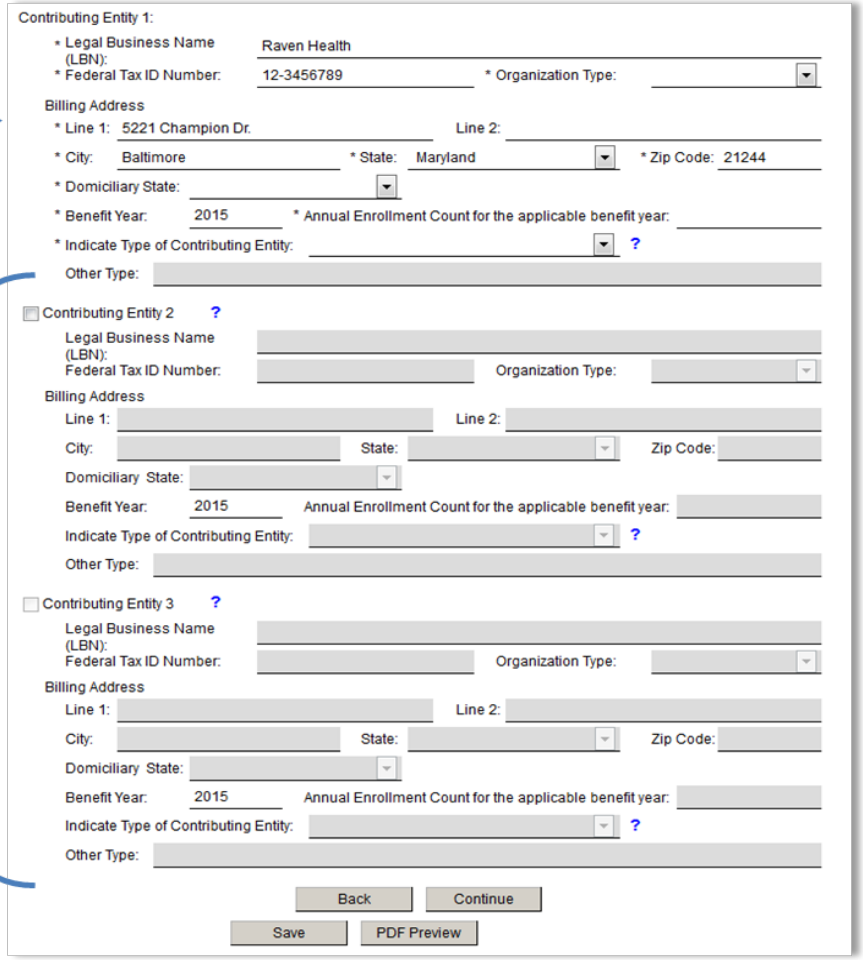
If you are both the Reporting Entity and the Contributing Entity for the particular Form submission, select **Yes** for the second question.

- Select **Continue** to advance the Form to the "Contributing Entity" page
  - On the "Contributing Entity" page "Contributing Entity 1" will auto-populate with the Legal Business Name (LBN), Federal Tax ID Number, and Billing Address from the Pay.gov profile – this field is not editable.
  - "Contributing Entity 2" and "Contributing Entity 3" will be blank; you will need to select the corresponding radio button to complete the Contributing Entity 2 and Contributing Entity 3 sections.

The Form: Pre-populated Contributing Entity Page

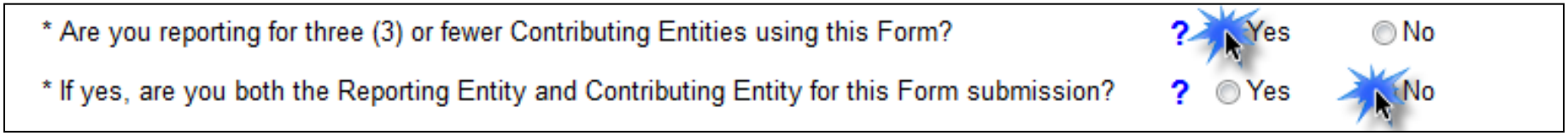
Contributing Entity 1 is pre-populated.

Select the corresponding Contributing Entity 2 and Contributing Entity 3 check box to complete, if applicable.



2016 Form Questions Response Options

If you <u>are</u> reporting for three (3) or fewer Contributing Entities using the same Form, select **Yes** for the first question.

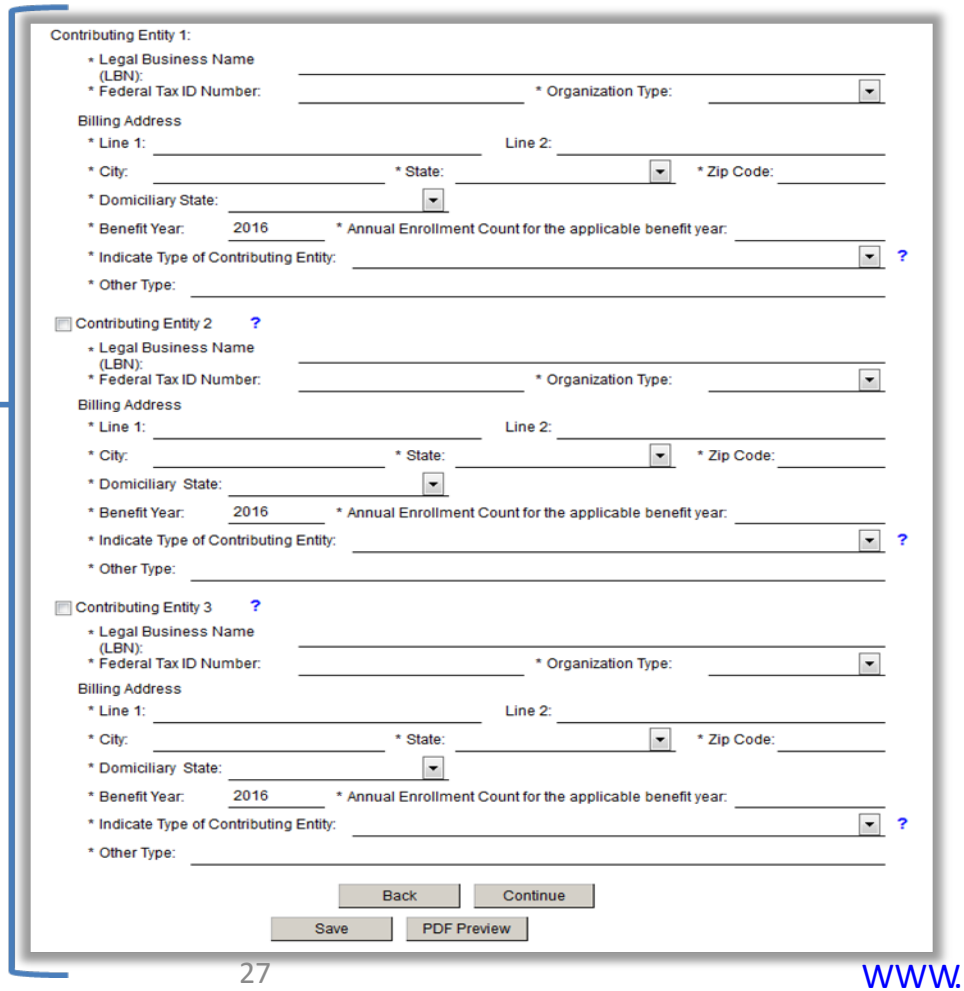


Select **No** if you are only the Reporting Entity filing on behalf of a Contributing Entity or Entities.

- Select **Continue** to advance the Form to the "Contributing Entity" page.
- Contributing Entity 1, Contributing Entity 2, and Contributing Entity 3 will be blank for completion.

The Form: Blank Contributing Entity Page

Contributing Entity 1, Contributing Entity 2, and Contributing Entity 3 are available for completion.

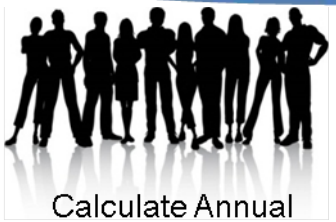


The Form: Contributing Entity Page

The Contributing Entity Page Requires:
Contributing Entity Legal Business Name (LBN)
Contributing Entity Tax Identification Number (TIN)
Organization Type (For Profit or Nonprofit)
Contributing Entity Billing Address
Contributing Entity Domiciliary State
Benefit Year (this field pre-populates with “2016”)
Annual Enrollment Count
Contributing Entity Type

The Form: Contributing Entity Page

Annual Enrollment Count:

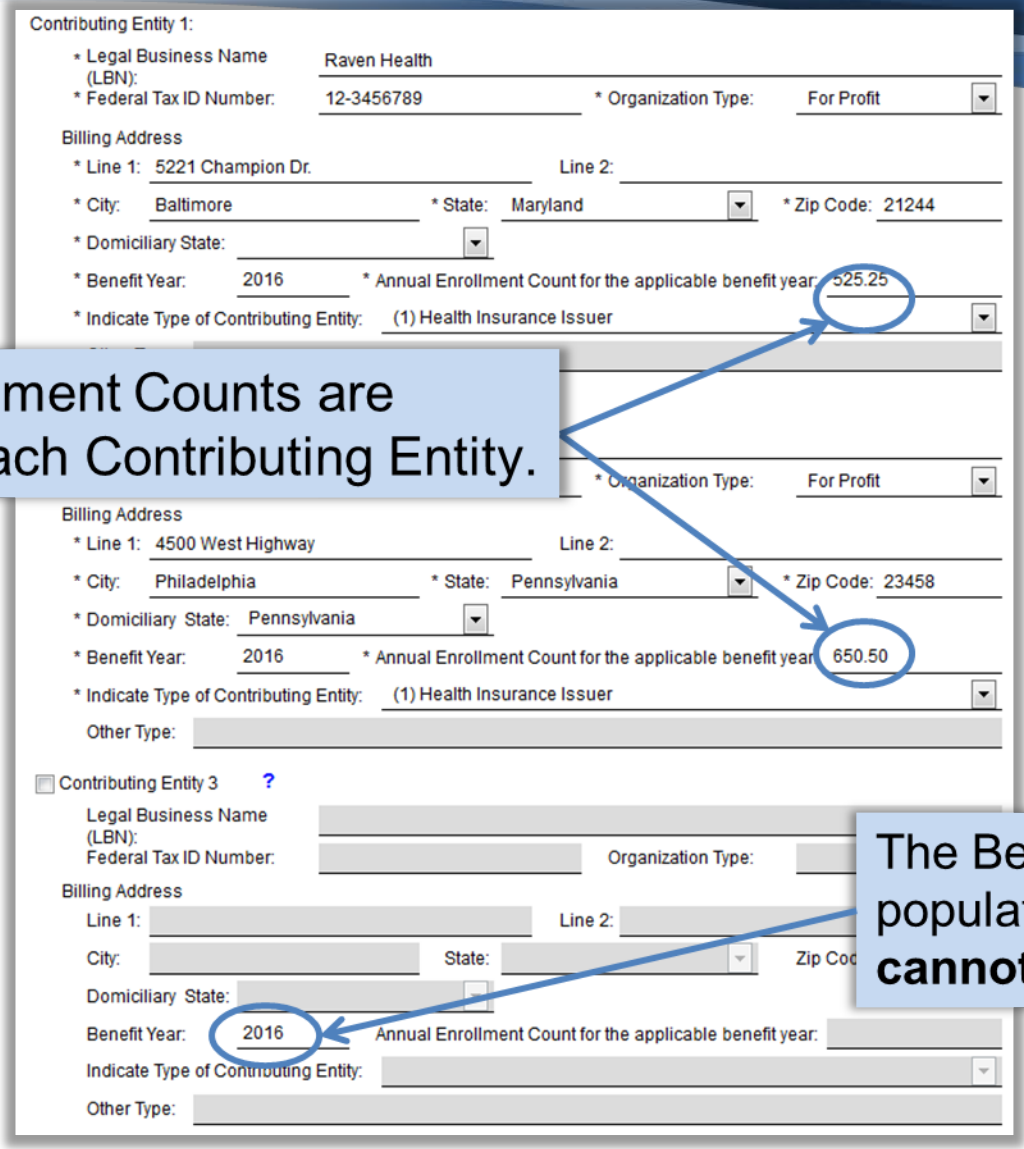


- Calculate the Annual Enrollment Count using one (1) of the permissible counting methods set forth in 45 CFR 153.405.
  - The Annual Enrollment Count includes all non-exempted RI covered lives subject to RI contributions for the 2016 Benefit Year
- Enter the Annual Enrollment Count for each Contributing Entity.

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

The Form: Contributing Entity Page

(continued)



Annual Enrollment Counts are entered for each Contributing Entity.

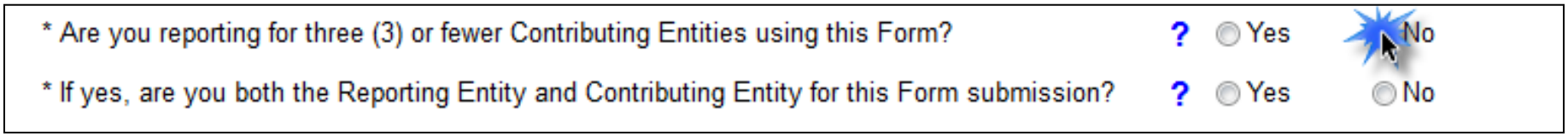
The Benefit Year pre-populates to "2016" and **cannot** be changed.

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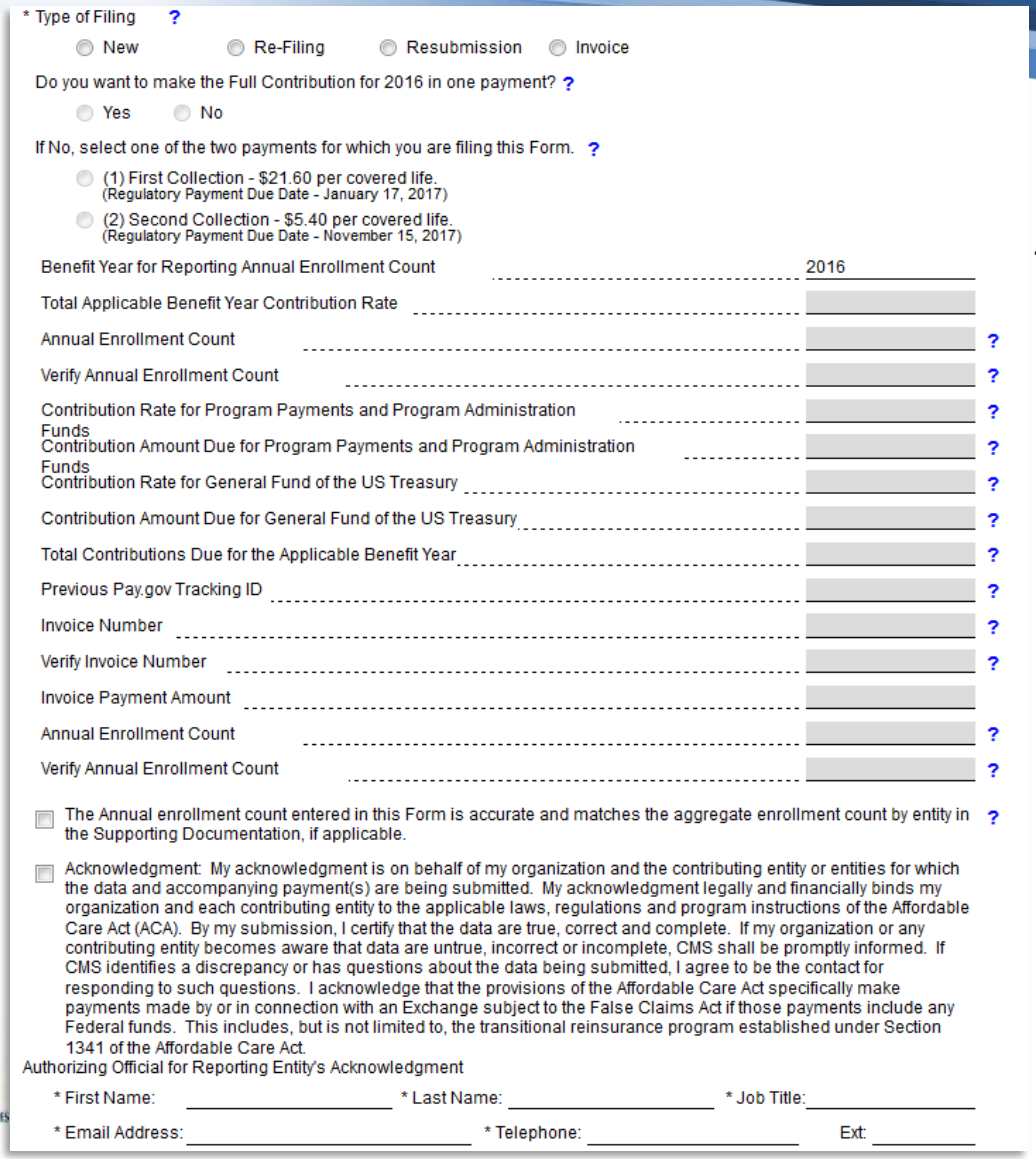
2016 Form Questions Response Options

If you are reporting for four (4) or more Contributing Entities using the same Form, select **No** for the first question.



- The second question does not apply if you are not reporting for three (3) or fewer Contributing Entities
- Select **Continue** to advance to the "Type of Filing" section of the Form

The Form: Type of Filing Page



* Type of Filing ?

New | Re-Filing | Resubmission | Invoice

Do you want to make the Full Contribution for 2016 in one payment? ?

Yes | No

If No, select one of the two payments for which you are filing this Form. ?

(1) First Collection - $21.60 per covered life.
(Regulatory Payment Due Date - January 17, 2017)

(2) Second Collection - $5.40 per covered life.
(Regulatory Payment Due Date - November 15, 2017)

Benefit Year for Reporting Annual Enrollment Count	2016
Total Applicable Benefit Year Contribution Rate	
Annual Enrollment Count ?	
Verify Annual Enrollment Count ?	
Contribution Rate for Program Payments and Program Administration Funds ?	
Contribution Amount Due for Program Payments and Program Administration Funds ?	
Contribution Rate for General Fund of the US Treasury ?	
Contribution Amount Due for General Fund of the US Treasury ?	
Total Contributions Due for the Applicable Benefit Year ?	
Previous Pay.gov Tracking ID ?	
Invoice Number ?	
Verify Invoice Number ?	
Invoice Payment Amount	
Annual Enrollment Count ?	
Verify Annual Enrollment Count ?	

☐ The Annual enrollment count entered in this Form is accurate and matches the aggregate enrollment count by entity in the Supporting Documentation, if applicable. ?

☐ Acknowledgment: My acknowledgment is on behalf of my organization and the contributing entity or entities for which the data and accompanying payment(s) are being submitted. My acknowledgment legally and financially binds my organization and each contributing entity to the applicable laws, regulations and program instructions of the Affordable Care Act (ACA). By my submission, I certify that the data are true, correct and complete. If my organization or any contributing entity becomes aware that data are untrue, incorrect or incomplete, CMS shall be promptly informed. If CMS identifies a discrepancy or has questions about the data being submitted, I agree to be the contact for responding to such questions. I acknowledge that the provisions of the Affordable Care Act specifically make payments made by or in connection with an Exchange subject to the False Claims Act if those payments include any Federal funds. This includes, but is not limited to, the transitional reinsurance program established under Section 1341 of the Affordable Care Act.

Authorizing Official for Reporting Entity's Acknowledgment

* First Name: _____ * Last Name: _____ * Job Title: _____

* Email Address: _____ * Telephone: _____ Ext: _____

This page of the Form opens:

After…

Completing the Contributing Entity Page and selecting **Continue**.

Or

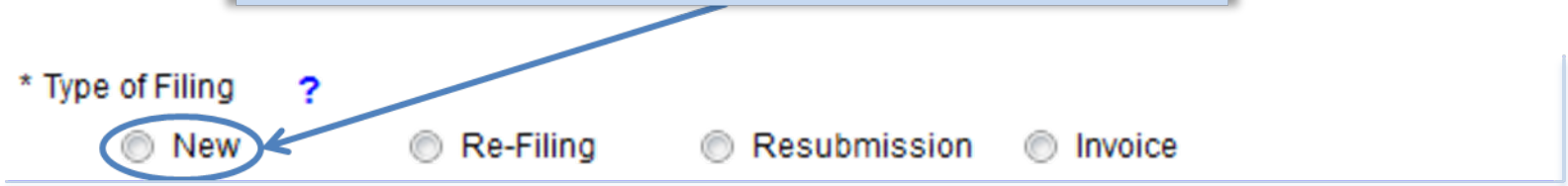
Selecting **No** to reporting for three (3) or fewer Contributing Entities using the same Form and selecting **Continue.**

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The Form: Type of Filing Section

Select **New** for a new **2016** filing.



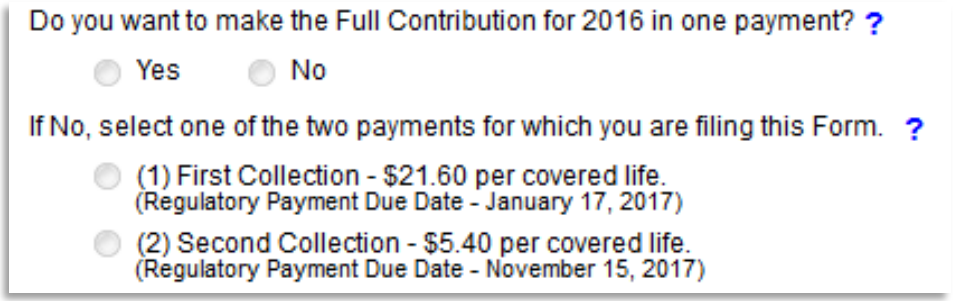
NOTE

Even if you filed a Form in 2014 or 2015, you will need to select **New** for the 2016 Form.

The Form: Payment Options

Payment Options:

- **Full Contribution in One Payment for the entire 2016 BY RI Contribution**
  - First Collection + Second Collection = Combined Collection ($27.00)
  - Select **Yes** to the question “Do you want to make the Full Contribution for 2016 in one payment?” to choose the one payment option.
- **Two Payments for the entire 2016 BY RI Contribution**
  - Select **No** to the question “Do you want to make the Full Contribution for 2016 in one payment?” to choose the two payments option, and answer the second question to select the collection period.
    - **First Collection** – Contribution for Program Payments and Administration Funds ($21.60)
    - **Second Collection** – Contribution for General Fund of the US Treasury (requires a second Form filing) ($5.40)



The Form: Payment Options (continued)

Payment Option 1: One Payment for the 2016 BY

For the question, “Do you want to make the Full Contribution for 2016 in one payment?” select **Yes** to file and schedule a full contribution no later than November 15, 2016, with payment due by January 17, 2017, reflecting $27.00 per covered life.

First Collection + Second Collection = One Payment

The Form: Payment Options (continued)

Payment Option 2: Two Payments for the 2016 BY

To complete two (2) payments (First Collection and Second Collection):

- For the question, “Do you want to make the Full Contribution for 2016 in one payment?” select **No** to file and schedule the one of the two payments
- Select an option for the question, “If No, select one of the two payments for which you are filing this Form?”
- Duplicate the Form used for the First Collection on Pay.gov for ease of filing the second Form submission as the Second Collection.
- Both the First Collection and Second Collection **must be filed** no later than November 15, 2016, with payments scheduled accordingly.



Even if you filed a Form in 2014 or 2015, you will need to select **New** for the 2016 Form. Even if you are filing your Second Collection, you will need to select **New** for the 2016 Form.

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The Form: Annual Enrollment Count

Annual Enrollment Count:

- If reporting for **three (3) or fewer** Contributing Entities, this field is pre-populated with the sum of the Annual Enrollment Counts entered on the Contributing Entity page.

NOTE

If the pre-populated sum of the Annual Enrollment Count is incorrect, select the **Back** button to return to the Contributing Entity page and fix the error.

- If reporting for **four (4) or more** Contributing Entities, this field will be blank.
  - Enter the sum of the Annual Enrollment Counts for all Contributing Entities included in the Supporting Documentation (.CSV file).
  - For example, if the Supporting Documentation (.CSV file) includes information for 12 Contributing Entities that totals 650 covered lives, enter 650 as the Annual Enrollment Count.



The Form: Verify Annual Enrollment Count

Verify Annual Enrollment Count:

- Enter the Annual Enrollment Count for all Contributing Entities generated from using one (1) of the approved counting methods.
- Ensure that this number matches the Annual Enrollment Count in the field above.
- After this number is entered, the Contribution fields will auto-calculate.



The Form: Contribution Fields

Contributions Amount Fields:

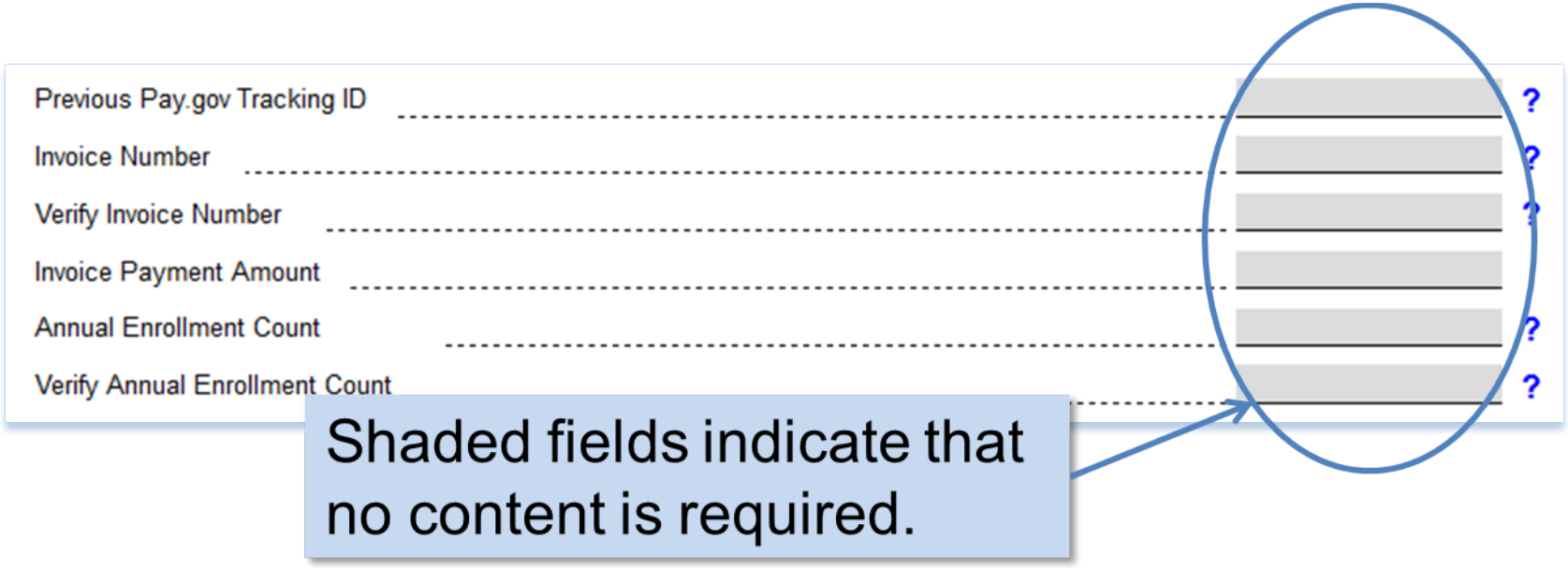
After completing the Verify Annual Enrollment Count field, the Contribution Amount fields will auto-calculate.

* Benefit Year for Reporting Annual Enrollment Count	2016
Total Applicable Benefit Year Contribution Rate	27.00
* Annual Enrollment Count	100.00
* Verify Annual Enrollment Count	
Contribution Rate for Program Payments and Program Administration Funds	21.60
Contribution Amount Due for Program Payments and Program Administration Funds	
Contribution Rate for General Fund of the US Treasury	5.40
Contribution Amount Due for General Fund of the US Treasury	
Total Contributions Due for the Applicable Benefit Year	

2016
27.00
100.00
100.00
21.60
2,160.00
5.40
540.00
2,700.00

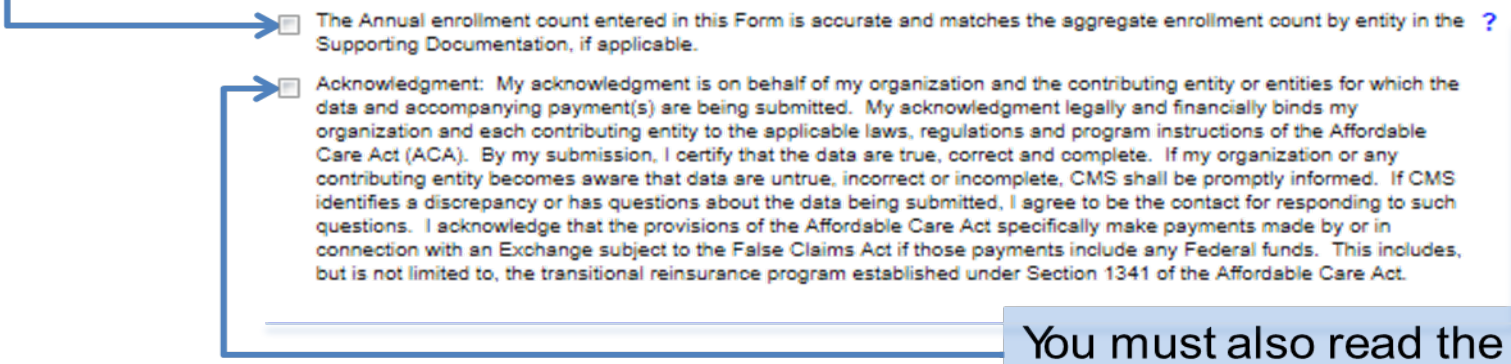
The Form: Shaded Fields

Shaded Form Fields:



The Form: Checkboxes

After entering the Annual Enrollment Count, you are required to read the statement and check the box next to the statement: “The Annual enrollment count entered in this Form is accurate and matches the aggregate enrollment count by entity in the Supporting Documentation, if applicable.”

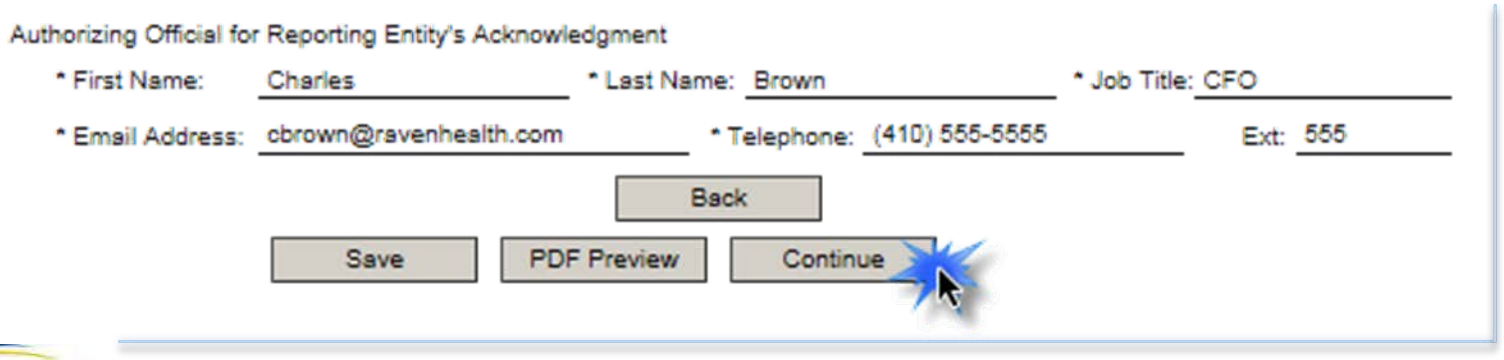


You must also read the Acknowledgement and check the box next to the Acknowledgement statement.

The Form: Authorizing Official

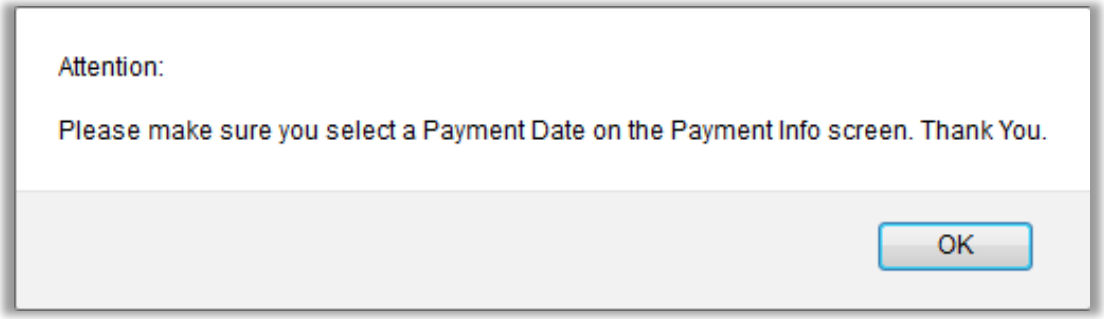
Authorizing Official for Reporting Entity's Acknowledgment:

- The Authorizing Official identifies the individual with the authority to authorize the contribution transaction and certify that the data is true and correct.
- The Authorizing Official is one (1) whom CMS will contact if CMS identifies a discrepancy or has questions about the data being submitted.



The Form: Payment Date Reminder

Payment Date Reminder:



After selecting **Continue** at the bottom of the page, a message window opens to remind you to select a Payment Date on the Payment Information page.


Schedule payment

NOTE

The default payment date is one (1) week from the filing date; however, you can update the payment date accordingly. You must schedule your payments by the applicable regulatory deadline.

The Form: Supporting Documentation (.CSV file) Page

Upload Supporting Documentation:

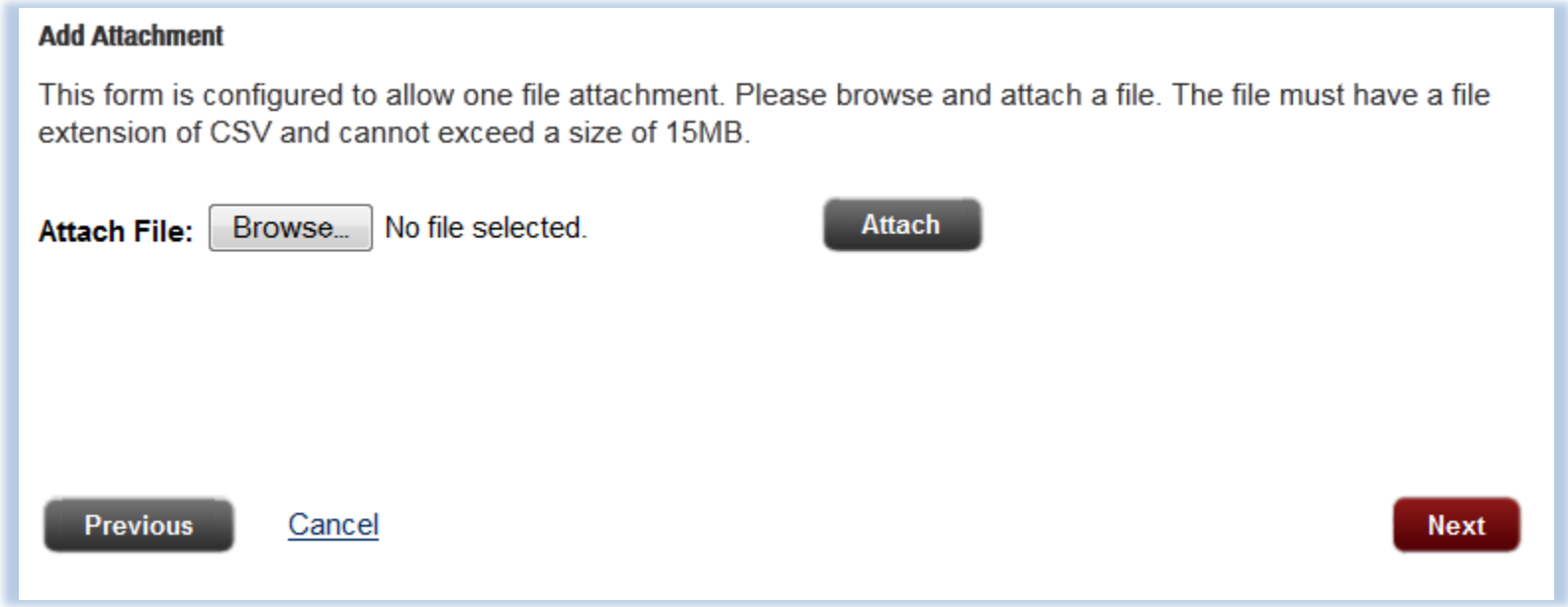
- The Supporting Documentation (.CSV file) upload page opens only when reporting for **four (4) or more** Contributing Entities using the same Form and selecting **Continue** after selecting the Acknowledgment check boxes.
- The Supporting Documentation (.CSV file) will be used by CMS to verify the Annual Enrollment Count inputted on the Form.
- The Supporting Documentation (.CSV file) must be in .CSV file format and must not exceed 2MB.
  - Details on creating the Supporting Documentation (.CSV file) will be provided in Special Topic: 2016 RI Contributions Supporting Documentation (.CSV File) training.
  - You may register for this training via REGTAP.



Upload Supporting Documentation

The Form: Supporting Documentation (.CSV file) Page (continued)

Supporting Documentation (.CSV file) Upload Page:



4↑
Four or more Entities

NOTE

This page opens only when reporting for four (4) or more Contributing Entities using the same Form.

The Form: Payment Info Page

On the Payment Information Page you will:

- Select the Payment Date
- Enter the Account Holder Name
- Select Checking or Savings Account Type
- Enter Bank Routing Number
- Enter Bank Account Number



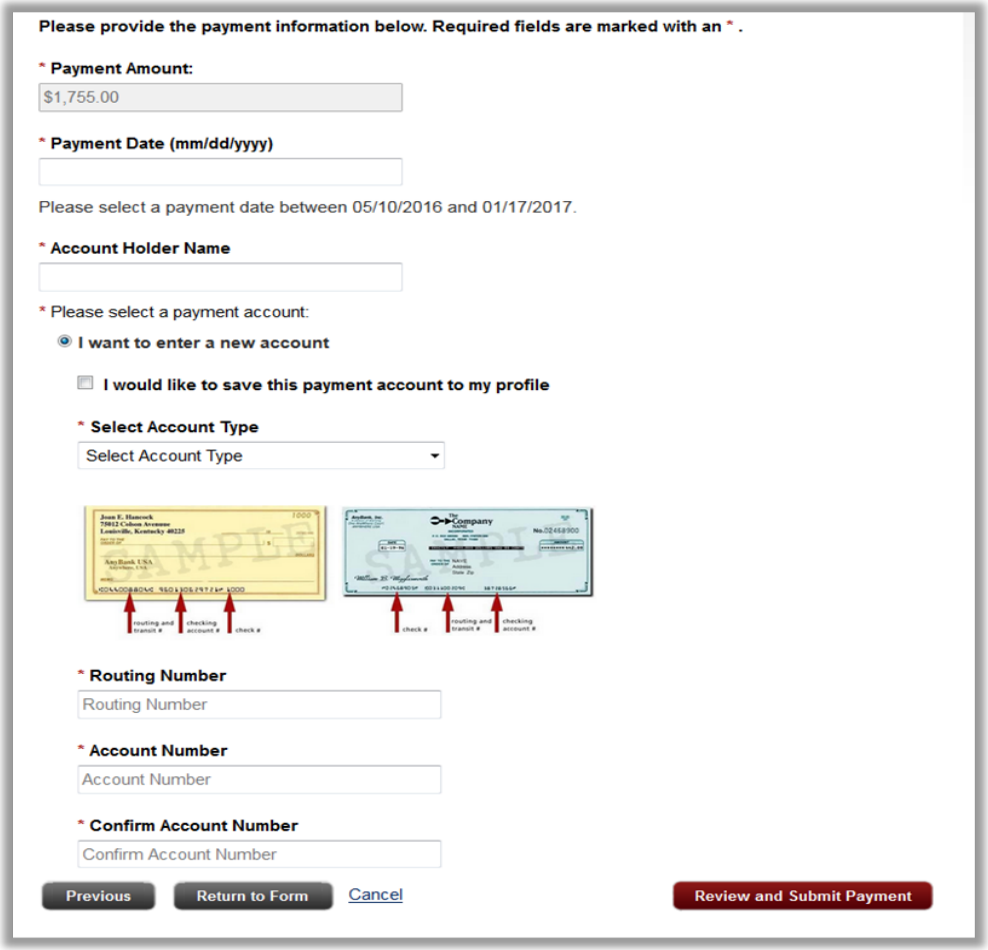
Enter payment information

NOTE

If you made a payment using the same Pay.gov profile in the past, the banking information previously entered may pre-populate, and the option to change it is available. The payment date will default to one week from the filing date.

The Form: Payment Info Page (continued)

Pay.gov Payment Info Page



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The Form: Payment Date

Schedule Payment :

- On the Payment page, the Payment Date defaults to one (1) week from the filing date.


Schedule payment

- If you do not wish to pay one (1) week from the filing date, update to another day prior to the remittance deadline.
  - The Combined Collection (or one payment) due date is January 17, 2017.
  - The First Collection payment due date is January 17, 2017.
  - The Second Collection payment due date is November 15, 2017.

NOTE

If you select **Back** from this page, all data will be lost – including any change to the payment date.

The Form: Schedule Contributions Payments

Schedule the Contributions Payment(s):

Payment Option 1: One Payment for the entire 2016 BY

- If you selected **Yes** to the question, "Do you want to make the Full Contribution for 2016 in one payment?" you will only have to submit the Form one (1) time.

Payment Option 2: Two Payments for the entire 2016 BY

- If you selected **No** to the question, "Do you want to make the Full Contribution for 2016 in one payment?" a second Form submission is required to complete the RI contributions submission process for 2016.
- Duplicate the submitted First Collection Form, and complete a second Form submission to schedule payment for the Second Collection.

NOTE

A First Collection payment requires a second Form submission to schedule the Second Collection payment.

The Form: Payment Info Page

Payment Information:

- Contribution payments are made on Pay.gov using ***only*** an Automated Clearing House (ACH) debit.
- Only one (1) bank account may be entered per Form.
  - If you wish to submit contributions using a different bank account for each entity's contribution, you must submit a separate Form for each Contributing Entity.
- Ensure that sufficient funds are available in the account for the scheduled payment date to avoid charges related to insufficient funds and discrepancy notifications from CMS.

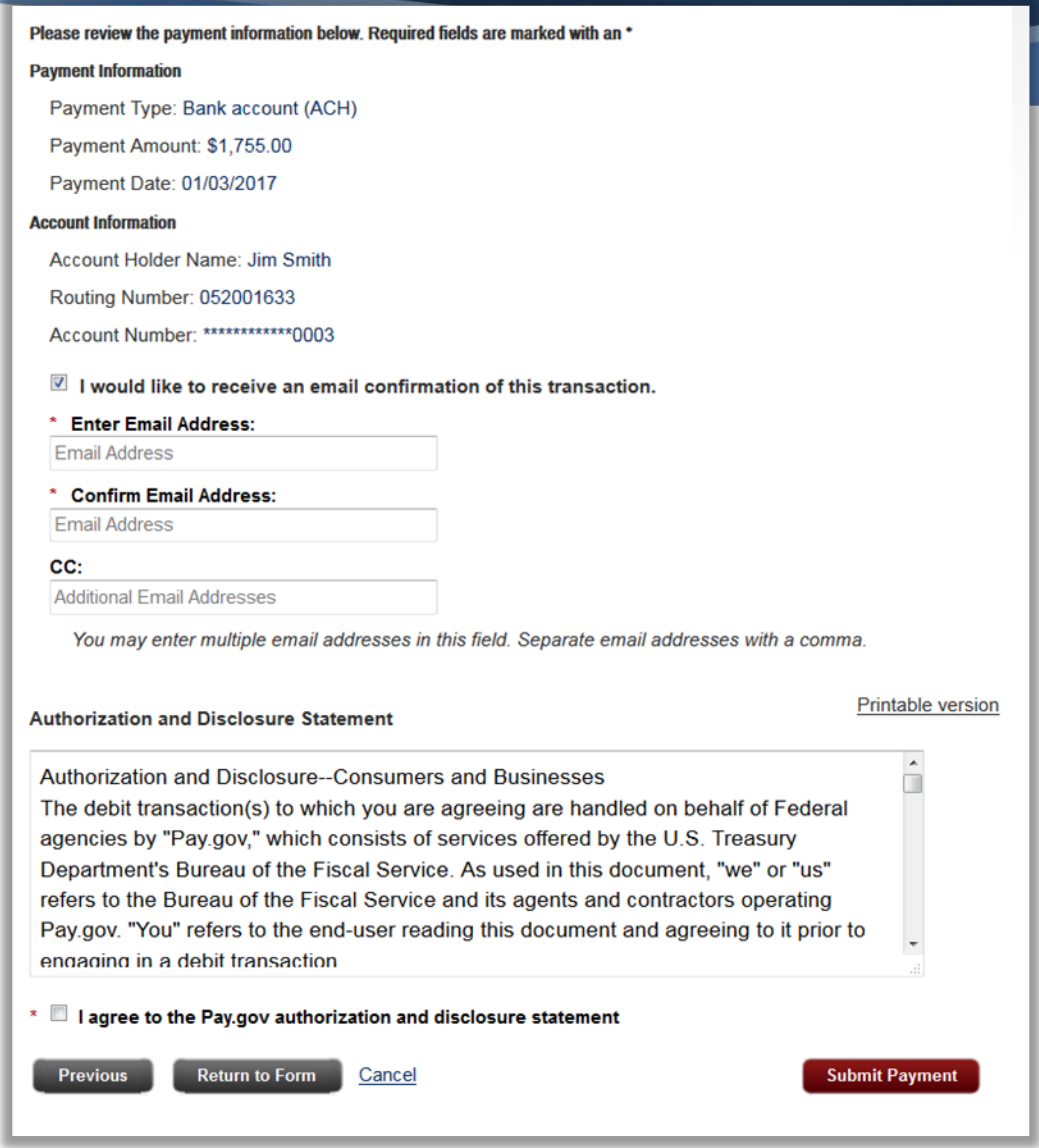


Enter payment information

The Form: Review and Submit

Review and Submit:

Review the Payment and Account Information, and check the box to receive email confirmation of the transaction. Then, select **Submit Payment.**



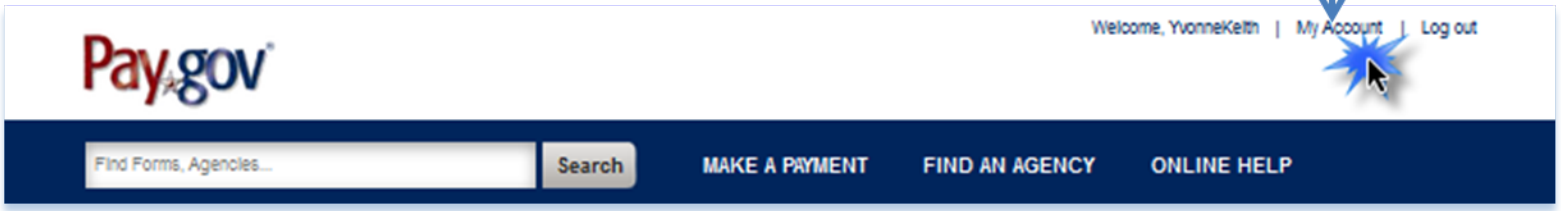
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The Form: Duplicate the Form

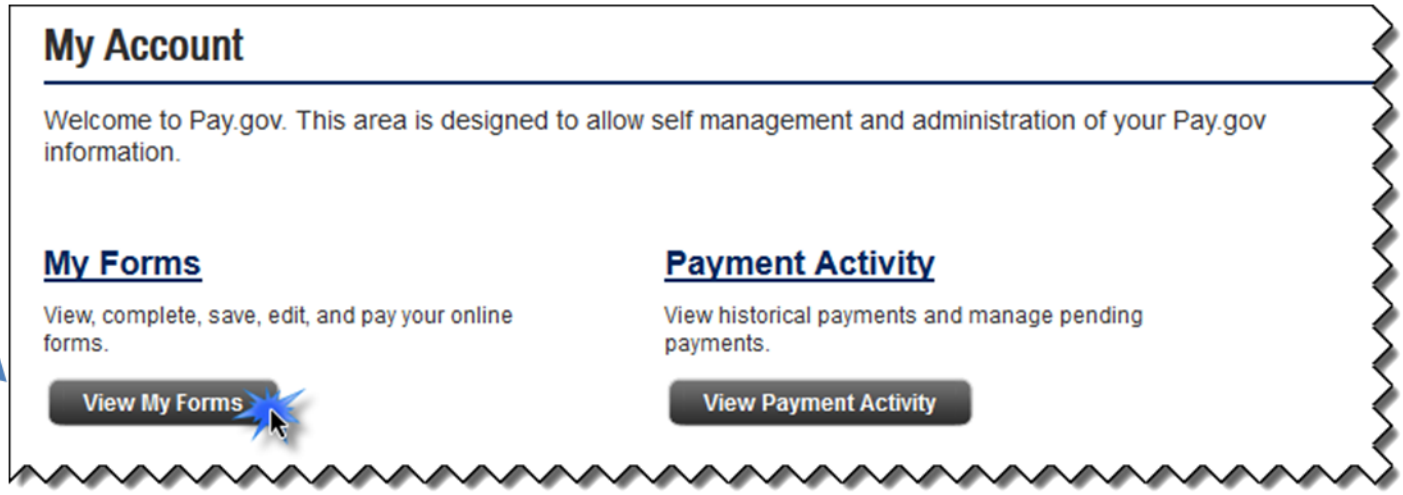
Schedule the Second Collection

Follow these Steps to duplicate your First Collection Form and schedule the Second Collection.

Step 1



Step 2



Submitting Multiple Forms

When would multiple Forms be required?

- If filing for more enrollees than the 2016 Form permits for a single transaction on Pay.gov.
  - For the One Payment option, the maximum reportable Annual Enrollment Count per Form is 3,703,703.70.
  - For the Two Payment option, the maximum reportable Annual Enrollment Count for a First Collection Form or Second Collection Form is 4,629,629.62.
- Use of multiple bank accounts for more than one (1) Contributing Entity.
- Business need or reason for wanting to complete multiple Forms.

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**

ACH Debit Block

- Automatic debits to your business account may be blocked by the bank.
  - This security feature is called an ACH Debit Block, ACH Positive Pay, or ACH Fraud Prevention Filter.
- ACH Debit Block works by having an allowed list of ACH company IDs.
  - The list enables allowable automatic debits.
- When working with the U.S. Government, these company IDs are referred to as the Agency Location Code or the ALC+2.
- **Contact your bank to have the ALC+2 added to the approved list**
  - The RI contribution ALC+2 number is **7505008016**.
  - The Company Name is **USDEPTHHSCMS**.

Contributions Submission Process Overview

To successfully complete the contributions submission process, Contributing Entities or Reporting Entities must do the following:

Step	Action
1	Calculate the Annual Enrollment Count.
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 RI 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). Review and attest to the accuracy of the Annual Enrollment Count(s) and the Attestation and Acknowledgement Statements.
5	Upload the Supporting Documentation (.CSV file) only when reporting for **four (4) or more** Contributing Entities using the same Form.
6	Schedule payment for calculated contributions on the payment page. (Note: The payment date will default to one week from the filing date, unless another date is selected.)

Next Steps

Next Steps

NOW

- Register on Pay.gov or confirm your password if you registered for the previous years (2014, 2015) of the program.
- Review your REGTAP emails for updates.
- For questions regarding Contributions, please contact us at reinsurancecontributions@cms.hhs.gov.
- Monitor the CCIIO webpage.
- Calculate your annual enrollment count using the one of the permissible counting methods set forth in 45 CFR 153.405(d) through (g).

LATER

- Attend future trainings.
- Complete the RI Contributions Submission Process.

Upcoming Webinars



2016 Module Title	Date	Content
Module 1: 2016 Reinsurance Contributions Overview	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	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	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 (continued)



2016 Module Title	Date	Content
Special Topic: 2016 Reinsurance Contributions Supporting Documentation (.CSV file)	September 22 October 20	• 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) • 2016 Key Deadlines and Next Steps

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

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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*

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Resources

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Reinsurance Contributions Resources

Resource	Content
2016 Reinsurance Contributions Form Completion, Submission, and Payment WBT	Web-based training to explain how to complete the 2016 Form
2016 Transitional Reinsurance Form Quick Start Guide	Provides instructions on completing the 2016 Form
2016 Supporting Documentation Job Aid	Job Aid Tool posted on REGTAP and the CCIIO website to assist in the creation of the .CSV Supporting Documentation file
2016 Supporting Documentation Job Aid Manual	Manual posted on REGTAP and the CCIIO website to assist in the completion of the Job Aid Tool used to create the .CSV Supporting Documentation file
2016 File Layout	Document to explain the required data elements to create the .CSV Supporting Documentation file

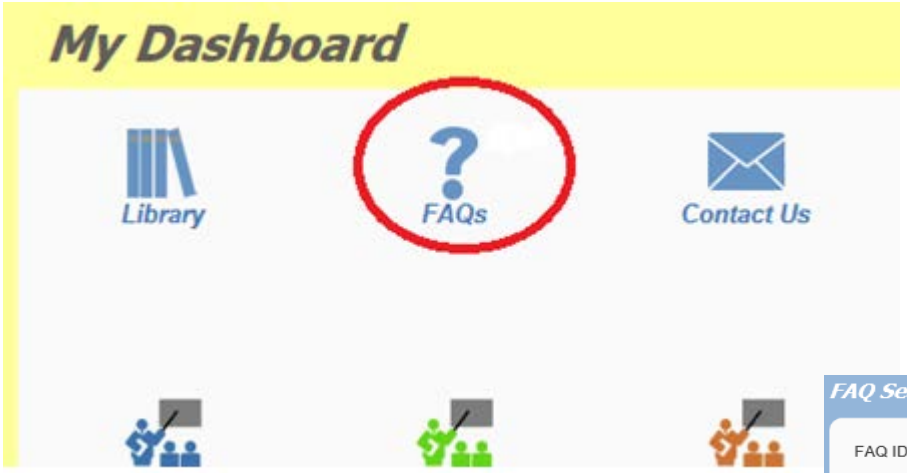
Resources

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

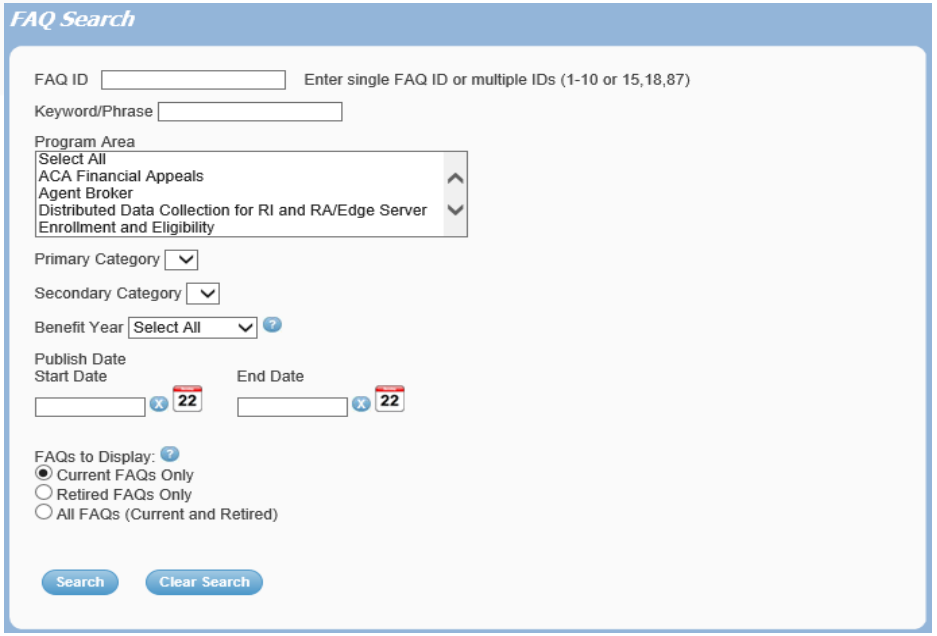
Resource	Link/Contact Information
Standards Related to Reinsurance, Risk Corridors and Risk Adjustment (77 FR 17220) provide a regulatory framework	http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf
HHS Notice of Benefit and Payment Parameters for 2014 (78 FR 15410)	http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf
Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards (78 FR 65046) establish 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.

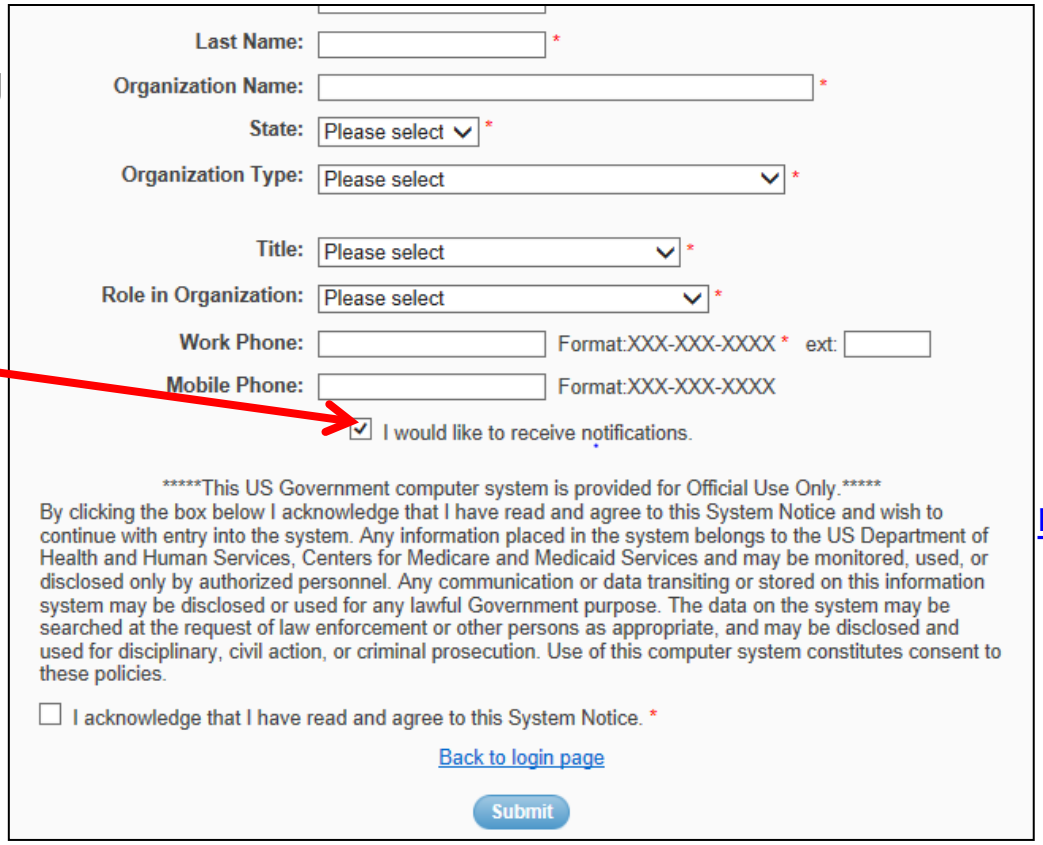
FAQ Database is available at https://www.regtap.info/



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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

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