

Federally-facilitated Marketplace (FFM) User Fee Adjustment Web Form Quick Start Guide

Resources

The following Federally-facilitated Marketplace (FFM) User Fee Adjustment resources are available for review or download:

- Federally-facilitated Marketplace (FFM) User Fee Adjustment web form: <https://acapaymentoperations.secure.force.com/FFMUserFeeAdjustment>
- Federally-facilitated Marketplace (FFM) User Fee Adjustment webinar training materials from the REGTAP library in the “User Fees” Program Area: <https://www.regtap.info>
- Frequently asked questions (FAQs) related to the FFM User Fee Adjustment posted to REGTAP: <https://www.regtap.info>

1 Introduction

The “Coverage of Certain Preventative Services Under the Affordable Care Act” Final Rule (78 FR 39870) sets forth regulations regarding coverage for certain contraceptive services. The rule ensures that individuals in group health plans have access to the full range of approved contraceptives without cost-sharing, while respecting eligible organizations’ religious-based objections to contraception. Eligible organizations receive an accommodation relating to contraceptive coverage so that they are not required to provide, arrange, or make payment for these services.

The rule set forth processes and standards to fund the payments for contraceptive services paid on behalf of participants and beneficiaries in self-insured plans of eligible organizations through an adjustment of the FFM User Fee payable by an Issuer participating in the FFM. In order to facilitate the FFM User Fee Adjustment, the final rules require information collection from applicable participating FFM issuers and third party administrators (TPAs) and pharmacy benefit managers (PBMs). FFM Issuers and TPAs/PBMs must request an FFM User Fee Adjustment by completing the FFM User Fee Adjustment web form. In addition, TPAs/PBMs will complete the TPA/PBM Notice of Intent (also known as the Notice of Intent Disclosure) through the FFM User Fee Adjustment web form.

This document is a step-by-step guide to log in, complete, and submit the FFM User Fee Adjustment web form. Please note that although the screens in the guide show the 2016 benefit year, the user should select the appropriate benefit year on the Welcome Page of the form. The selected benefit year will appear throughout the web form.

To begin, the FFM User Fee Adjustment web form link will be emailed to a CMS-specified list of FFM issuers and TPAs/PBMs who participated in this adjustment previously. If you did not participate in this process for a prior benefit year, you can locate the web form link in this guide under “Resources.”



The web form must be completed in a single session – you will not be able to save entered information.

2 Welcome Page

Upon selecting the web form link, you are directed to the Welcome page of the web form, as shown in Figure 1.

Select the benefit year for which you want to report a FFM user fee adjustment from the drop-down menu and select the **Continue** button, as shown in Figure 2.

Figure 1: Federally-facilitated Marketplace (FFM) User Fee Adjustment Web Form



Welcome to the Federally-facilitated Marketplace (FFM) User Fee Adjustment Web Form!

This web form allows reporting of the FFM User Fee Adjustment amount for FFM issuers and contraceptive claims amounts for Third Party Administrators (TPAs) and Pharmacy Benefit Managers (PBMs).

NOTE: This web form must be completed and submitted in a single session; it is NOT possible to save and return to a session. Edits to a previously submitted FFM User Fee Adjustment web form require re-entering and submitting all data again. Collect all necessary information before initiating the process.

Instructions

Required fields are indicated with a red asterisk (*).

* Select the Benefit Year: --None--

Continue

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1285. The time required to complete this information collection is estimated to average 30 minutes per response. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Figure 2: Select the Benefit Year

* Select the Benefit Year:

--None--
2016

Continue

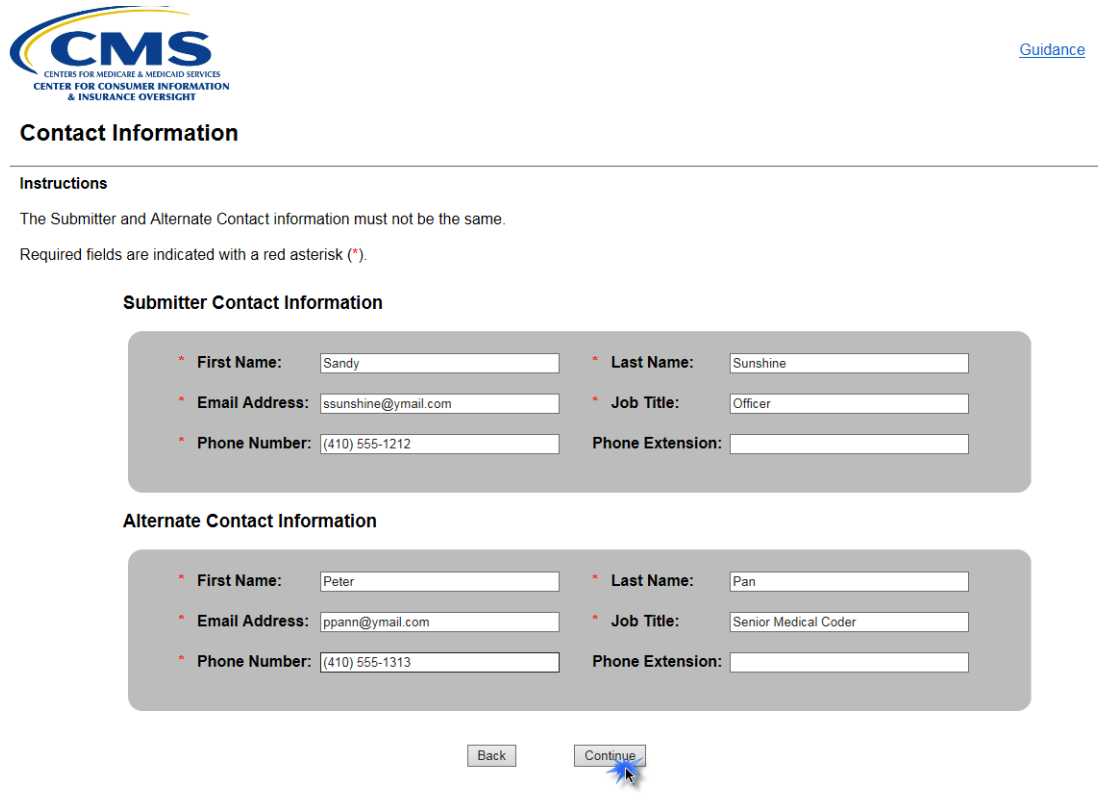
3 Contact Information Page

Once the Benefit Year has been selected, you will be directed to the Contact Information Page. The Submitter and Alternate Contacts **must** be different.

Table 1: Contact Information Page

Step	Action
1	Enter the Submitter Contact information: • First Name • Last Name • Email Address • Job Title • Phone Number • Phone Extension (optional)
2	Enter the Alternate Contact information (must be different from the Submitter Contact): • First Name • Last Name • Email Address • Job Title • Phone Number • Phone Extension (optional)
3	Select the Continue button. You will be directed to the Organization Type page of the web form.

Figure 3: Contact Information Page



The screenshot shows the 'Contact Information' page of the FFM User Fee Adjustment Web Form. At the top left is the CMS logo with the text 'CENTERS FOR MEDICARE & MEDICAID SERVICES' and 'CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT'. At the top right is a 'Guidance' link. The page title is 'Contact Information'. Below this is an 'Instructions' section stating: 'The Submitter and Alternate Contact information must not be the same. Required fields are indicated with a red asterisk (*).' The form is divided into two sections: 'Submitter Contact Information' and 'Alternate Contact Information'. Each section contains fields for First Name, Last Name, Email Address, Job Title, Phone Number, and Phone Extension. The 'Continue' button is highlighted with a blue mouse cursor.

Submitter Contact Information

* First Name: Sandy * Last Name: Sunshine
 * Email Address: ssunshine@ymail.com * Job Title: Officer
 * Phone Number: (410) 555-1212 Phone Extension:

Alternate Contact Information

* First Name: Peter * Last Name: Pan
 * Email Address: ppann@ymail.com * Job Title: Senior Medical Coder
 * Phone Number: (410) 555-1313 Phone Extension:

Back Continue

4 Organization Type Seeking an FFM User Fee Adjustment

To report an adjustment to FFM User Fees for contraceptive services if you are an FFM issuer, see [Section 4.1](#). To report an adjustment to FFM User Fees for contraceptive services if you are a TPA/PBM, see [Section 4.2](#).

4.1 FFM Issuer Seeking an FFM User Fee Adjustment

Table 2: FFM Issuer Seeking a FFM User Fee Adjustment (Steps 1-13)

Step	Action
1	From the Organization Type page under the question, “Are you an FFM issuer or TPA/PBM?” select the radio button next to FFM Issuer , as shown in Figure 4.
2	Select the Continue button. You will be directed to the FFM Issuer User Fee Adjustment Information page of the web form.
3	Enter the FFM Issuer’s Legal Business Name .

Step	Action						
4	Enter the FFM Issuer's Tax Identification Number .						
5	Enter the FFM Issuer's HIOS ID . Ensure you have entered a valid HIOS ID for the selected benefit year.						
6	Enter the number of TPAs or PBMs for which the FFM Issuer has agreed to reimburse for the cost of contraceptive claims.						
7	Select the Create Table button. Note: The number entered in the "Enter the number of TPA(s) or PBM(s) for which the FFM Issuer has agreed to reimburse for the cost of contraceptive claims" field will determine how many rows are created in the FFM User Fee table.						
8	In the FFM User Fee table, enter the TPA or PBM Legal Business Name for which the FFM Issuer has agreed to reimburse for the cost of contraceptive claims.						
9	In the FFM User Fee table, enter the Tax Identification Number for the TPA or PBM for which the FFM Issuer has agreed to reimburse for the cost of contraceptive claims.						
10	In the FFM User Fee table, select Yes or No from the drop-down menu for the question, "Is the issuer part of the same entity as the TPA/PBM that incurred claims for contraceptive services (same parent company)?"						
11	In the FFM User Fee table, enter the total amount paid to the TPA/PBM by the FFM Issuer for contraceptive claims incurred through December 31 of the appropriate year. Repeat steps 9-12 for each row added.						
12	Select the Calculate button. This will populate the following column/row: <table border="1"> <thead> <tr> <th>Column/Row</th><th>Calculation</th></tr> </thead> <tbody> <tr> <td>FFM User Fee Adjustment Amount</td><td>The total amount paid to the TPA/PBM by the FFM Issuer for contraceptive claims incurred through December 31 of the selected benefit year plus an additional 15% for the administrative costs of the FFM issuer (rounded to the nearest hundredth).</td></tr> <tr> <td>Totals</td><td>Sum of all amount fields for total amount paid to the TPA/PBM by the FFM Issuer for contraceptive claims incurred through December 31 of the selected benefit year and user fee adjustment amount.</td></tr> </tbody> </table>	Column/Row	Calculation	FFM User Fee Adjustment Amount	The total amount paid to the TPA/PBM by the FFM Issuer for contraceptive claims incurred through December 31 of the selected benefit year plus an additional 15% for the administrative costs of the FFM issuer (rounded to the nearest hundredth).	Totals	Sum of all amount fields for total amount paid to the TPA/PBM by the FFM Issuer for contraceptive claims incurred through December 31 of the selected benefit year and user fee adjustment amount.
Column/Row	Calculation						
FFM User Fee Adjustment Amount	The total amount paid to the TPA/PBM by the FFM Issuer for contraceptive claims incurred through December 31 of the selected benefit year plus an additional 15% for the administrative costs of the FFM issuer (rounded to the nearest hundredth).						
Totals	Sum of all amount fields for total amount paid to the TPA/PBM by the FFM Issuer for contraceptive claims incurred through December 31 of the selected benefit year and user fee adjustment amount.						

Step	Action
13	Select the Continue button. You will be directed to the Summary page of the web form.



To delete a row, select the **Delete** link next to the TPA or PBM you would like to delete. To add a row, select the **Add Row** button above the FFM User Fee table. To delete the entire table, select the **Delete Table** button above the FFM User Fee table.

Figure 4: Organization Type Page – FFM Issuer



[Guidance](#)

Organization Type

Only FFM Issuers and TPAs/PBMs that made contraceptive payments on behalf of an eligible organization under [29 CFR 2590.715-2713A](#) and are seeking an adjustment to FFM user fees for these contraceptive payments need to complete this web form.

Instructions

Required fields are indicated with a red asterisk (*).

* Are you an FFM issuer or TPA/PBM?

- ☒ FFM Issuer
- ☐ TPA/PBM

Back

Exit

Continue

Figure 5: FFM Issuer User Fee Adjustment Information Page – Create Table


[Guidance](#)

FFM Issuer User Fee Adjustment Information

FFM Issuer User Fee Adjustment information is required only for FFM Issuers.

Instructions

Report all FFM User Fee Adjustment information for each TPA or PBM for which the FFM issuer has agreed to reimburse for the cost of contraceptive claims provided in the table below.

NOTE: The option to submit FFM User Fee Adjustment information for other HIOS ID(s) is provided on the Summary page of the web form.

Required fields are indicated with a red asterisk (*).

Benefit Year: 2016

* **Legal Business Name:**

* **Tax Identification Number:**

* **HIOS ID:**

* Enter the number of TPA(s) or PBM(s) for which the FFM Issuer has agreed to reimburse for the cost of contraceptive claims: Create Table

Figure 6: FFM Issuer User Fee Adjustment Information Page – FFM User Fee Table

Table Instructions

To delete a row from the table, select the **Delete** link from the corresponding Action column.

Required fields are indicated with a red asterisk (*).

Add Row
Delete Table

Action	* TPA or PBM Legal Business Name	* Tax Identification Number for TPA or PBM (9 digits, no hyphen)	* Is the issuer part of the same entity as the TPA/PBM that incurred claims for contraceptive services (same parent company)?	* Total Amount Paid to the TPA/PBM by the FFM Issuer for Contraceptive Claims Incurred through Dec 31	User Fee Adjustment Amount
Delete	XYZ Services	321654987	Yes	\$ 40,000.00	\$ 46,000.00
Delete	Stark Enterprises	456123789	Yes	\$ 20,000.00	\$ 23,000.00
Calculate	Totals:			\$ 60,000.00	\$ 69,000.00

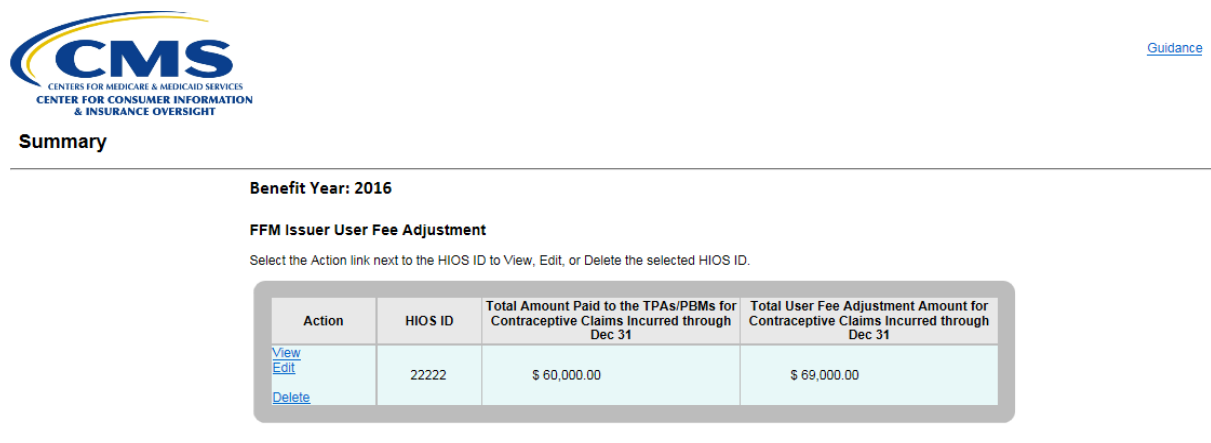
Back
Exit
Continue

4.1.1 Summary Page – FFM Issuer

Table 3: Summary Page – FFM Issuer

Step	Action						
1	Review the FFM Issuer User Fee Adjustment section to confirm the following: • Correct HIOS ID(s) was entered • Correct total amount paid to the TPAs/PBMs for contraceptive claims incurred through December 31 of the selected benefit year was entered • Correct total user fee adjustment amount for contraceptive claims incurred through December 31 of the selected benefit year was calculated Select the Action link (View, Edit, or Delete) next to the HIOS ID you would like to view, edit, or delete.						
2	Review the Contact Information section for accuracy. Select the Edit Contact Information button to edit contact information.						
3	Select Yes or No to the question, “Are you requesting an adjustment to the FFM user fee for another HIOS ID?” <table border="1"> <thead> <tr> <th>If</th><th>Then</th></tr> </thead> <tbody> <tr> <td>Yes</td><td>Follow steps outlined in Section 4.1.</td></tr> <tr> <td>No</td><td>Continue to Step 4.</td></tr> </tbody> </table>	If	Then	Yes	Follow steps outlined in Section 4.1 .	No	Continue to Step 4.
If	Then						
Yes	Follow steps outlined in Section 4.1 .						
No	Continue to Step 4.						
4	Select the Continue button. You will be directed to the appropriate Attestation page of the web form.						

Figure 7: Summary Page – FFM Issuer



The screenshot shows the CMS logo and the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" and "CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT". A "Guidance" link is visible in the top right corner. The page title is "Summary". Below the title, the "Benefit Year: 2016" is displayed. The section "FFM Issuer User Fee Adjustment" is shown, with a note: "Select the Action link next to the HIOS ID to View, Edit, or Delete the selected HIOS ID." A table displays the following data:

Action	HIOS ID	Total Amount Paid to the TPAs/PBMs for Contraceptive Claims Incurred through Dec 31	Total User Fee Adjustment Amount for Contraceptive Claims Incurred through Dec 31
View Edit Delete	22222	\$ 60,000.00	\$ 69,000.00

Figure 8: Summary Page – FFM Issuer (2)

Contact Information

Select the **Edit Contact Information** button to update/edit contact information.

Submitter Contact Information

* First Name:	Sandy	* Last Name:	Sunshine
* Email Address:	ssunshine@ymail.com	* Job Title:	Officer
* Phone Number:	(410) 555-1212	Phone Extension:	

Alternate Contact Information

* First Name:	Peter	* Last Name:	Pan
* Email Address:	ppann@ymail.com	* Job Title:	Senior Medical Coder
* Phone Number:	(410) 555-1313	Phone Extension:	

[Edit Contact Information](#)

* **Are you requesting an adjustment to the FFM user fee for another HIOS ID?**

☐ Yes

☒ No

[Exit](#) [Continue](#)

4.2 TPA/PBM Seeking an FFM User Fee Adjustment

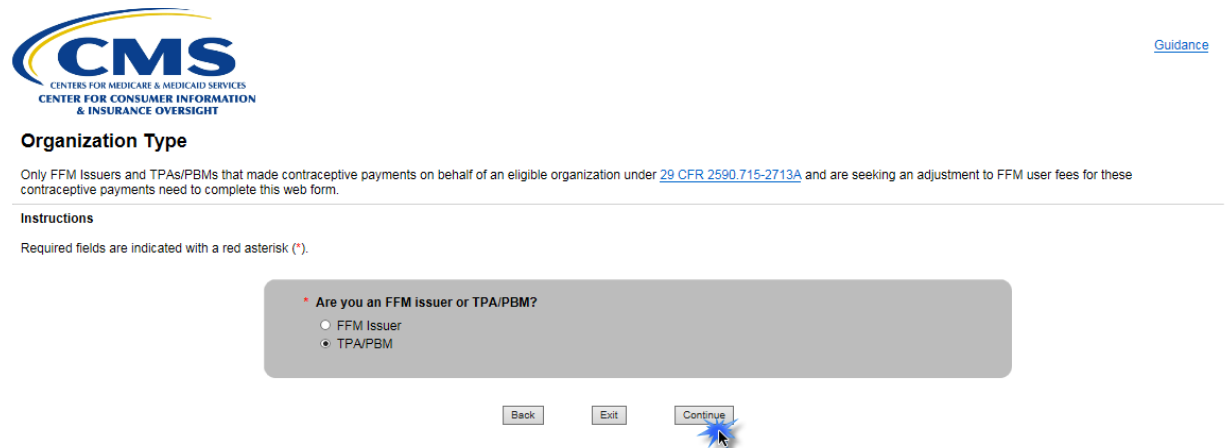
If you are a TPA/PBM there is a different process you will need to follow, which is outlined below.

Table 4: TPA/PBM Seeking an FFM User Fee Adjustment – Steps 1-7

Step	Action
1	From the Organization Type page under the question, “Are you an FFM issuer or TPA/PBM?” Select the radio button next to “TPA/PBM,” as shown in Figure 9.
2	Select the Continue button. You will be directed to the TPA/PBM Notice of Intent page of the web form.
3	Enter the TPA or PBM name.
4	Enter the Self-Certification date.

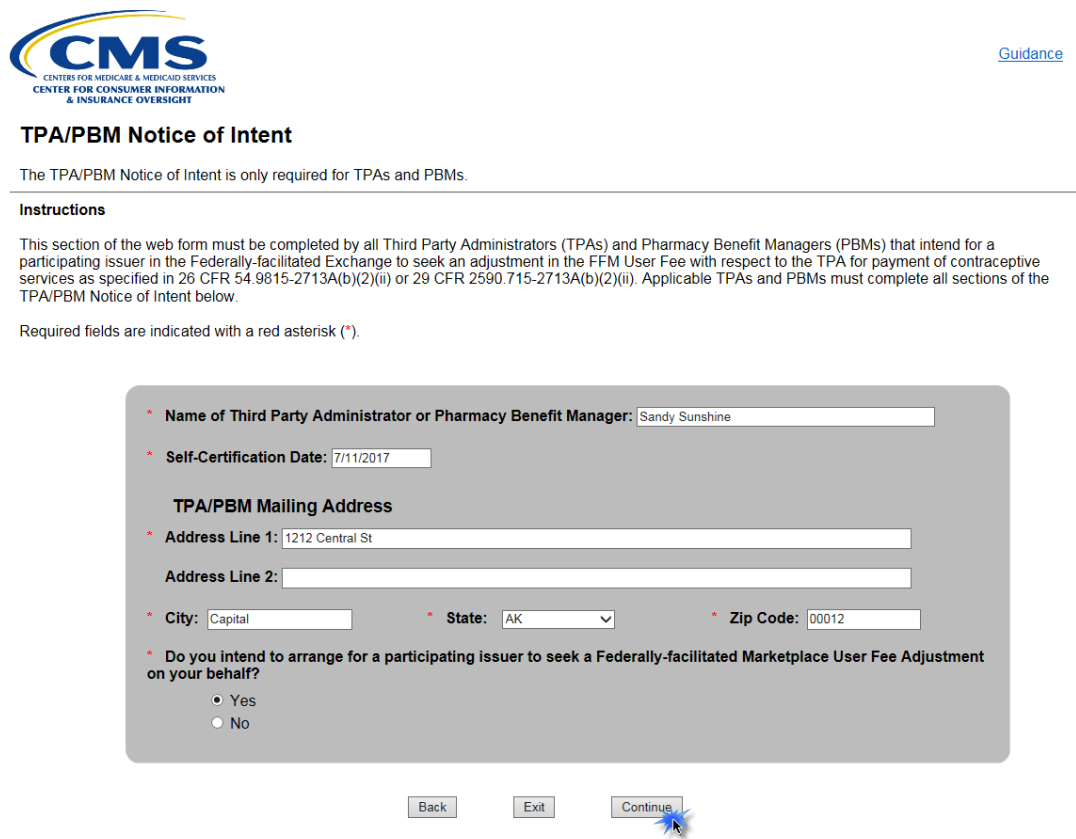
Step	Action
5	Enter the TPA/PBM mailing address: • Address Line 1 • Address Line 2 (optional) • City • State • Zip Code
6	Select Yes or No for the question, “Do you intend to arrange for a participating issuer to seek a Federally-facilitated Marketplace User Fee Adjustment on your behalf?” Note: Completion of the FFM User Fee Adjustment web form is not required if you do not intend to arrange for an FFM Issuer to seek the FFM user fee adjustment on your behalf. You cannot proceed to the next page of the web form if No is selected.
7	Select the Continue button. You will be directed to the TPA/PBM Report of Contraceptive Claims Costs page of the web form.

Figure 9: Organization Type - TPA/PBM



The screenshot shows the CMS web form for Organization Type. The header includes the CMS logo and the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" and "CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT". A "Guidance" link is in the top right. The main heading is "Organization Type". Below it, a note states: "Only FFM Issuers and TPAs/PBMs that made contraceptive payments on behalf of an eligible organization under 29 CFR 2590.715-2713A and are seeking an adjustment to FFM user fees for these contraceptive payments need to complete this web form." The "Instructions" section says: "Required fields are indicated with a red asterisk (*)." The main form area has a question: "* Are you an FFM issuer or TPA/PBM?" with two radio button options: "FFM Issuer" and "TPA/PBM". The "TPA/PBM" option is selected. At the bottom, there are three buttons: "Back", "Exit", and "Continue". A mouse cursor is clicking the "Continue" button.

Figure 10: TPA/PBM Notice of Intent Page



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[Guidance](#)

TPA/PBM Notice of Intent

The TPA/PBM Notice of Intent is only required for TPAs and PBMs.

Instructions

This section of the web form must be completed by all Third Party Administrators (TPAs) and Pharmacy Benefit Managers (PBMs) that intend for a participating issuer in the Federally-facilitated Exchange to seek an adjustment in the FFM User Fee with respect to the TPA for payment of contraceptive services as specified in 26 CFR 54.9815-2713A(b)(2)(ii) or 29 CFR 2590.715-2713A(b)(2)(ii). Applicable TPAs and PBMs must complete all sections of the TPA/PBM Notice of Intent below.

Required fields are indicated with a red asterisk (*).

* Name of Third Party Administrator or Pharmacy Benefit Manager: Sandy Sunshine

* Self-Certification Date: 7/11/2017

TPA/PBM Mailing Address

* Address Line 1: 1212 Central St

Address Line 2:

* City: Capital * State: AK * Zip Code: 00012

* Do you intend to arrange for a participating issuer to seek a Federally-facilitated Marketplace User Fee Adjustment on your behalf?

☒ Yes
☐ No

Back Exit Continue

The next step for the TPA or PBM is to report all FFM User Fee Adjustment information for each self-insured plan for which the TPA or PBM intends to seek an FFM user fee adjustment.

Table 5: TPA/PBM Report of Contraceptive Claims Cost Page

Step	Action
1	Enter the Tax Identification Number.
2	Enter the number of self-insured plans for which the TPA or PBM intends to seek an FFM user fee adjustment.
3	Select the Create Table button. Note: The number entered in the “Enter the number of Self-Insured Plans for which the TPA or PBM intends to seek an adjustment” field will determine how many rows are created in the FFM User Fee table.
4	In the FFM User Fee table, enter the self-insured plan Tax Identification Number.
5	In the FFM User Fee table, enter the number of participants and beneficiaries in self-insured plan administered by the TPA or PBM.

Step	Action				
6	In the FFM User Fee table, enter the amount of total contraceptive claims paid by the TPA or PBM. Repeat steps 5-7 for each row added.				
7	Select the Calculate button. This will populate the Totals row: <table border="1"> <thead> <tr> <th>Column/Row</th><th>Calculation</th></tr> </thead> <tbody> <tr> <td>Totals</td><td>Sum of all amount fields for number of participants and beneficiaries in self-insured plan administered by the TPA or PBM and amount of total contraceptive claims paid by the TPA or PBM.</td></tr> </tbody> </table>	Column/Row	Calculation	Totals	Sum of all amount fields for number of participants and beneficiaries in self-insured plan administered by the TPA or PBM and amount of total contraceptive claims paid by the TPA or PBM.
Column/Row	Calculation				
Totals	Sum of all amount fields for number of participants and beneficiaries in self-insured plan administered by the TPA or PBM and amount of total contraceptive claims paid by the TPA or PBM.				
8	Select the Continue button. You will be directed to the Summary page of the web form.				



To delete a row, select the **Delete** link next to the self-insured plan Tax Identification Number you would like to delete. To add a row, select the **Add Row** button above the FFM User Fee table. To delete the entire table, select the **Delete Table** button above the FFM User Fee table.

Figure 11: TPA/PBM Report of Contraceptive Claims Costs Page



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[Guidance](#)

TPA/PBM Report of Contraceptive Claims Costs

The TPA/PBM Report of Contraceptive Claims Costs is only required for TPAs and PBMs.

Instructions

Report all FFM User Fee Adjustment information for each Self-Insured Plan for which the TPA or PBM intends to seek an adjustment.

Required fields are indicated with a red asterisk (*).

Benefit Year: 2016

TPA or PBM Name: Sandy Sunshine

*** Tax Identification Number:**

*** Enter the number of Self-Insured Plans for which the TPA or PBM intends to seek an adjustment:** x [Create Table](#)

Figure 12: TPA/PBM Report of Contraceptive Claims Table

Table Instructions

To delete a row from the table, select the **Delete** link from the corresponding Action column.

Required fields are indicated with a red asterisk (*).

[Add Row](#)
[Delete Table](#)

Action	* Self-Insured Plan Tax Identification Number (9 digits, no hyphen)	* Number of Participants and Beneficiaries in Self-Insured Plan Administered by the TPA or PBM	* Amount of Total Contraceptive Claims Paid by the TPA or PBM
Delete	123456789	5	\$ 78000
Delete	987654321	4	\$ 65000 x
Calculate	Totals:		

[Back](#)
[Exit](#)
[Continue](#)

4.2.1 Summary Page – TPA/PBM

Table 6: Summary Page – TPA/PBM

Step	Action
1	Review the TPA/PBM Notice of Intent section to confirm the following: • Correct name of TPA or PBM was entered • Correct Self-Certification date was entered • Correct TPA/PBM mailing address was entered • Correct answer is selected for the question, “Do you intend to arrange for a participating issuer to seek a Federally-facilitated Marketplace User Fee Adjustment on your behalf?” Select the Edit link next to the TPA/PBM Notice of Intent section to edit any details.
2	Review the TPA/PBM Report of Contraceptive Claims Costs section to confirm the following: • Correct TPA or PBM name was entered • Correct TPA or PBM Tax Identification Number was entered • Correct Number of participants and beneficiaries in each self-insured plan was entered • Correct dollar amount of payments for contraceptive services for plan participants and beneficiaries paid by a TPA/PBM was entered Select the Action link (View or Edit) next to the TPA or PBM name you would like to view or edit.
3	Review the Contact Information section on the Summary page for accuracy. Select the Edit Contact Information button to edit contact information.
4	Select the Continue button. You will be directed to the appropriate Attestation page of the web form.

Figure 13: Summary Page – TPA/PBM

Benefit Year: 2016

TPA/PBM Notice of Intent [Edit](#)

Name of TPA or PBM: Sandy Sunshine

Self-Certification Date: 07/05/2017

TPA/PBM Mailing Address

Address Line 1: 1212 Central St

Address Line 2:

City: Capital

State: AK

Zip Code: 22212

Do you intend to arrange for a participating issuer to seek a Federally-facilitated Marketplace User Fee Adjustment on your behalf? Yes

TPA/PBM Report of Contraceptive Claims Costs

Select the Action link next to the TPA or PBM Name to **View** or **Edit** detailed FFM User Fee information.

Action	TPA or PBM Name	TPA or PBM Tax Identification Number	Number of Participants and Beneficiaries in Each Self-Insured Group Health Plan	Dollar Amount of Payments for Contraceptive Services For Plan Participants & Beneficiaries Paid by a TPA/PBM
View Edit	Sandy Sunshine	234567890	9	\$ 143,000.00

Figure14: Summary Page – TPA/PBM (2)

Contact Information

Select the **Edit Contact Information** button to update/edit contact information.

Submitter Contact Information

* First Name:	Sandy	* Last Name:	Sunshine
* Email Address:	ssunshine@ymail.com	* Job Title:	Officer
* Phone Number:	(410) 555-1212	Phone Extension:	

Alternate Contact Information

* First Name:	Peter	* Last Name:	Pan
* Email Address:	ppann@ymail.com	* Job Title:	Senior Medical Coder
* Phone Number:	(410) 555-1313	Phone Extension:	

5 Submitting an Attestation

5.1 Attestation



The individual providing the attestation must be someone with the authority to legally and financially bind the company. This person is not required to be the Submitter or Alternate Contact. This individual does not have to personally complete these steps.

Table 7: Attestation

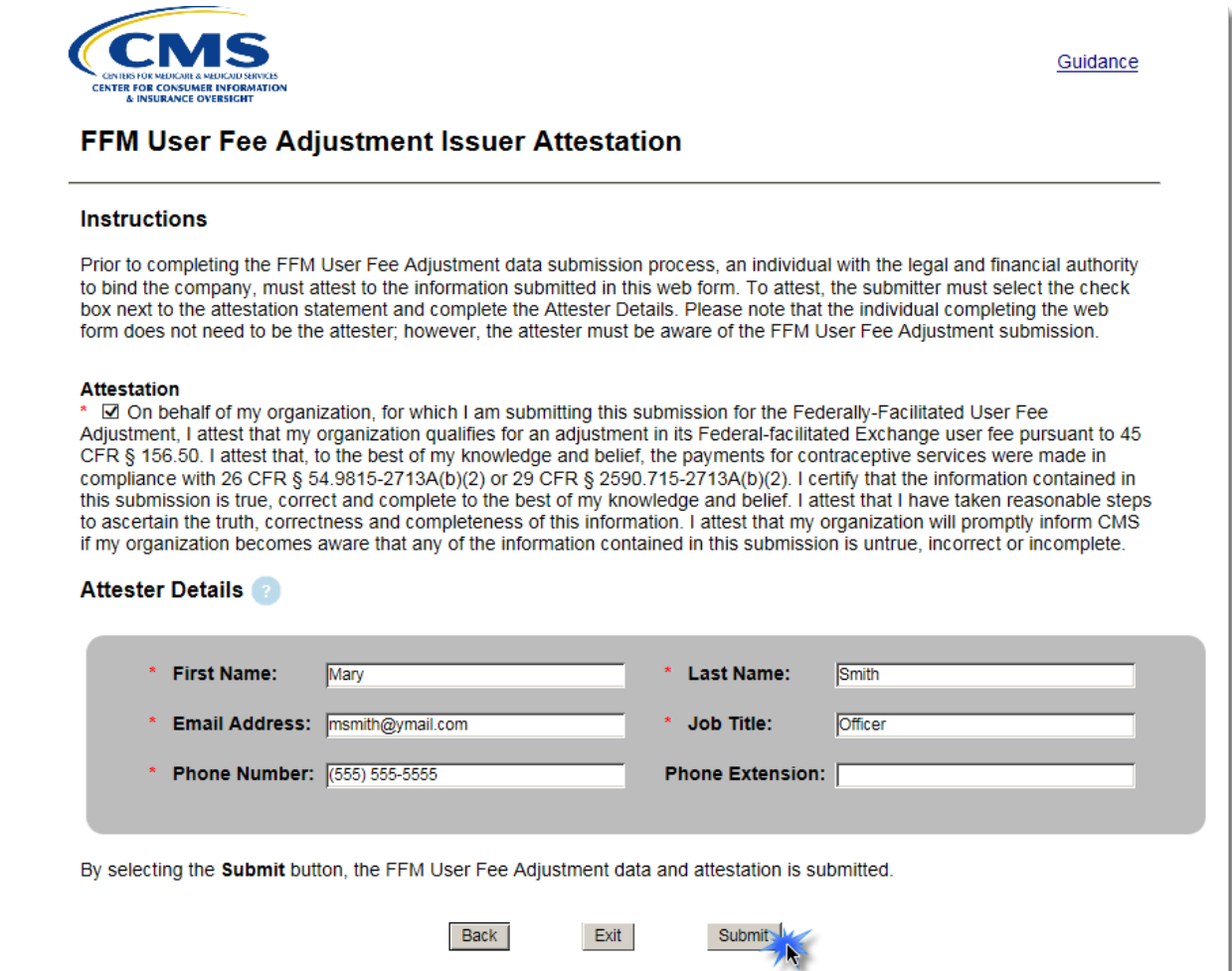
Step	Action
1	Thoroughly review the Attestation statement in its entirety.
2	Select the check box next to the Attestation statement to indicate agreement.

Step	Action
3	Complete the Attester Details section with the following information: • First Name • Last Name • Email Address • Job Title • Phone Number • Phone Extension (optional) Reminder: The individual providing the attestation must be someone who can legally and financially bind the company. This individual does not have to personally complete these steps. This person is not required to be the Submitter or Alternate Contact.
4	Select the Submit button.



By selecting the **Submit** button on the Attestation page, your data is saved, and your attestation and FFM User Fee Adjustment information are submitted and deemed complete by CMS.

Figure15: FFM User Fee Adjustment Issuer Attestation



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[Guidance](#)

FFM User Fee Adjustment Issuer Attestation

Instructions

Prior to completing the FFM User Fee Adjustment data submission process, an individual with the legal and financial authority to bind the company, must attest to the information submitted in this web form. To attest, the submitter must select the check box next to the attestation statement and complete the Attester Details. Please note that the individual completing the web form does not need to be the attester; however, the attester must be aware of the FFM User Fee Adjustment submission.

Attestation

* ☒ On behalf of my organization, for which I am submitting this submission for the Federally-Facilitated User Fee Adjustment, I attest that my organization qualifies for an adjustment in its Federal-facilitated Exchange user fee pursuant to 45 CFR § 156.50. I attest that, to the best of my knowledge and belief, the payments for contraceptive services were made in compliance with 26 CFR § 54.9815-2713A(b)(2) or 29 CFR § 2590.715-2713A(b)(2). I certify that the information contained in this submission is true, correct and complete to the best of my knowledge and belief. I attest that I have taken reasonable steps to ascertain the truth, correctness and completeness of this information. I attest that my organization will promptly inform CMS if my organization becomes aware that any of the information contained in this submission is untrue, incorrect or incomplete.

Attester Details ?

* **First Name:** * **Last Name:**

* **Email Address:** * **Job Title:**

* **Phone Number:** **Phone Extension:**

By selecting the **Submit** button, the FFM User Fee Adjustment data and attestation is submitted.

5.2 Confirmation

An acknowledgement email will be sent from FFMuserfeeadjustments@cms.hhs.gov to the email addresses provided in the **Contact Information** and **Attester Details** sections of the web form. It is recommended that you save and print a PDF of the confirmation for your records. The PDF is the formal confirmation of attestation and submitted FFM User Fee Adjustment information.

Table 8: Confirmation

Step	Action
1	Select the PDF button to view the confirmation. It is recommended that you print/save the PDF confirmation for your records.
2	Once your confirmation has been printed and/or saved, select the Exit button to exit the web form.

Figure 16: Confirmation Page



Confirmation

Warning: Please print the PDF for your records before selecting the Exit button.

Thank you for your submission.

An acknowledgement email has been sent to the email addresses provided. Print and save the PDF document for your records; it is formal confirmation of attestation and submission of the FFM User Fee Adjustment information.

Submission End Time: 07/12/2017 01:31 PM

Acknowledgement email and submission information sent to the following email addresses:
ssunshine@ymail.com
ppan@ymail.com ..
msmith@ymail.com

Print/Save
Select the **PDF** button to generate a confirmation that contains the HIOS ID(s) for which FFM User Fee Adjustment information was submitted. Print and save this document for your records.