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). For the 2016 benefit year, 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 for the 2016 benefit year.

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 in the 2014 and/or 2015 benefit year. If you did not participate in this process for the 2015 benefit year, you can locate the web form link through an FAQ posted to REGTAP. The window for submitting requests for FFM User Fee Adjustment for the 2016 benefit year is Friday, October 27, 2017 to Wednesday, November 30, 2017 at 11:59 p.m. ET.

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. You will only be permitted to select the 2016 benefit year.

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

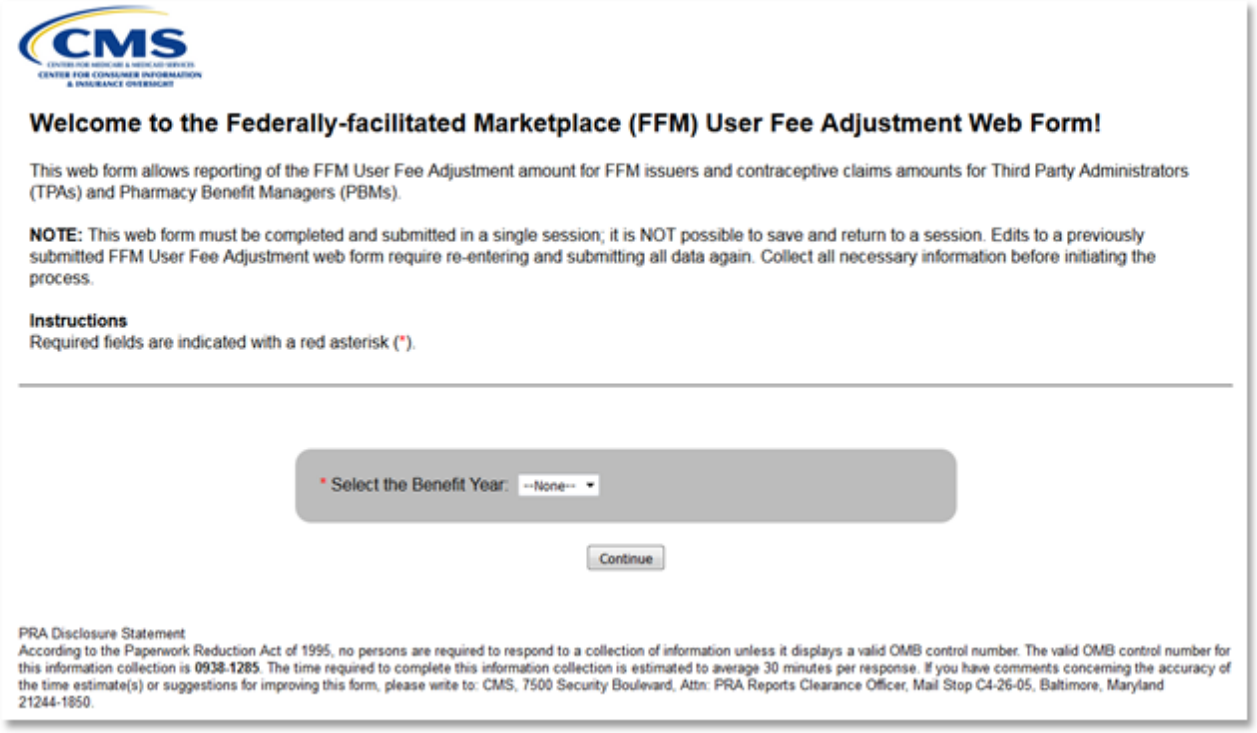
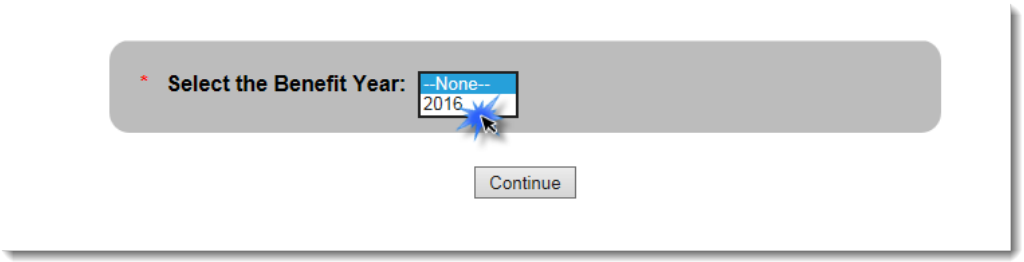


Figure 2: Select the Benefit Year



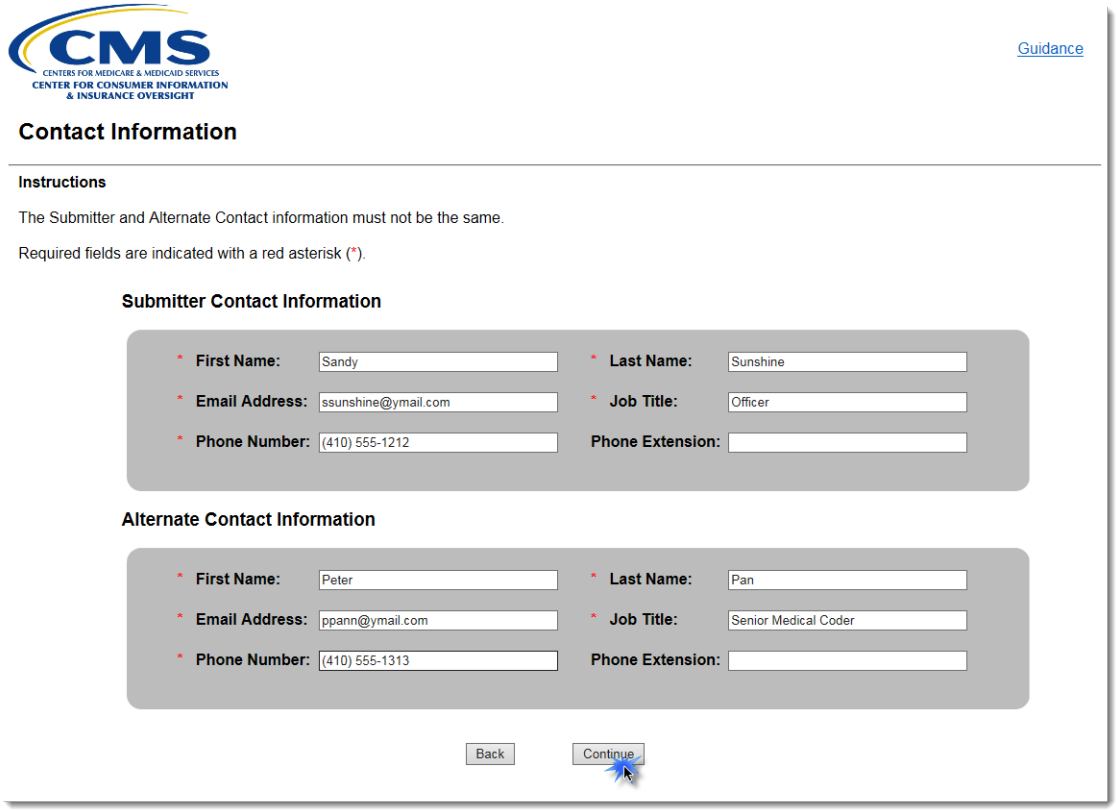
3 Contact Information Page

Once the 2016 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 • Job Title • Email Address • Phone Number • Phone Extension (optional)
2	Enter the Alternate Contact information (must be different from the Submitter Contact): • First Name • Last Name • Job Title • Email Address • 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



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 2016 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, 2016. Repeat steps 9-12 for each row added.
12	Select the **Calculate** button. This will populate the following column/row:
13	Select the **Continue** button. You will be directed to the Summary page of the web form.

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.

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

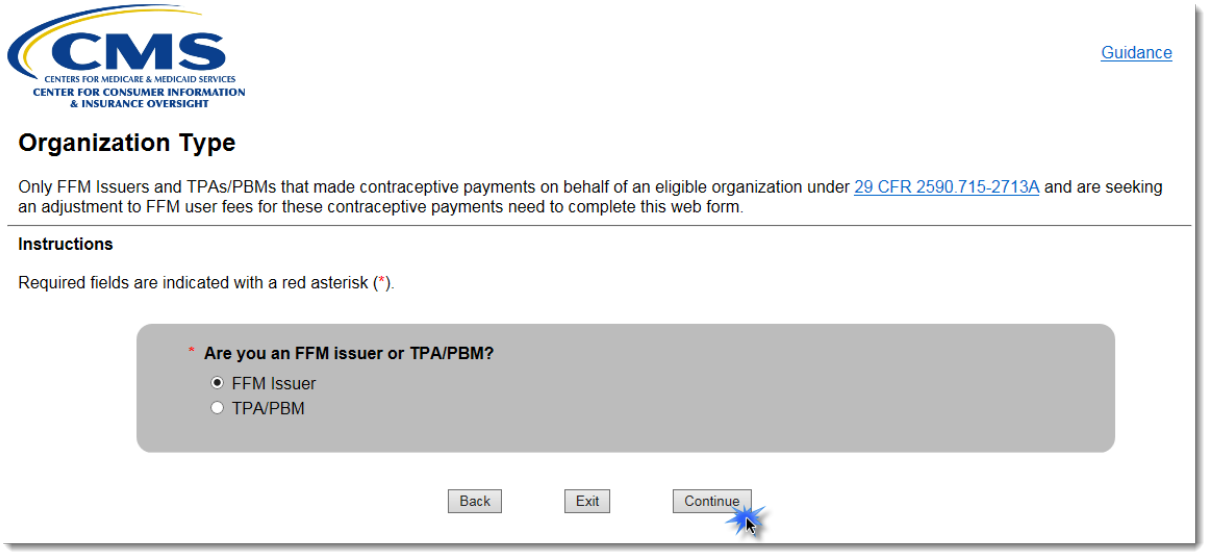


Figure 5: FFM Issuer User Fee Adjustment Information Page – Create Table

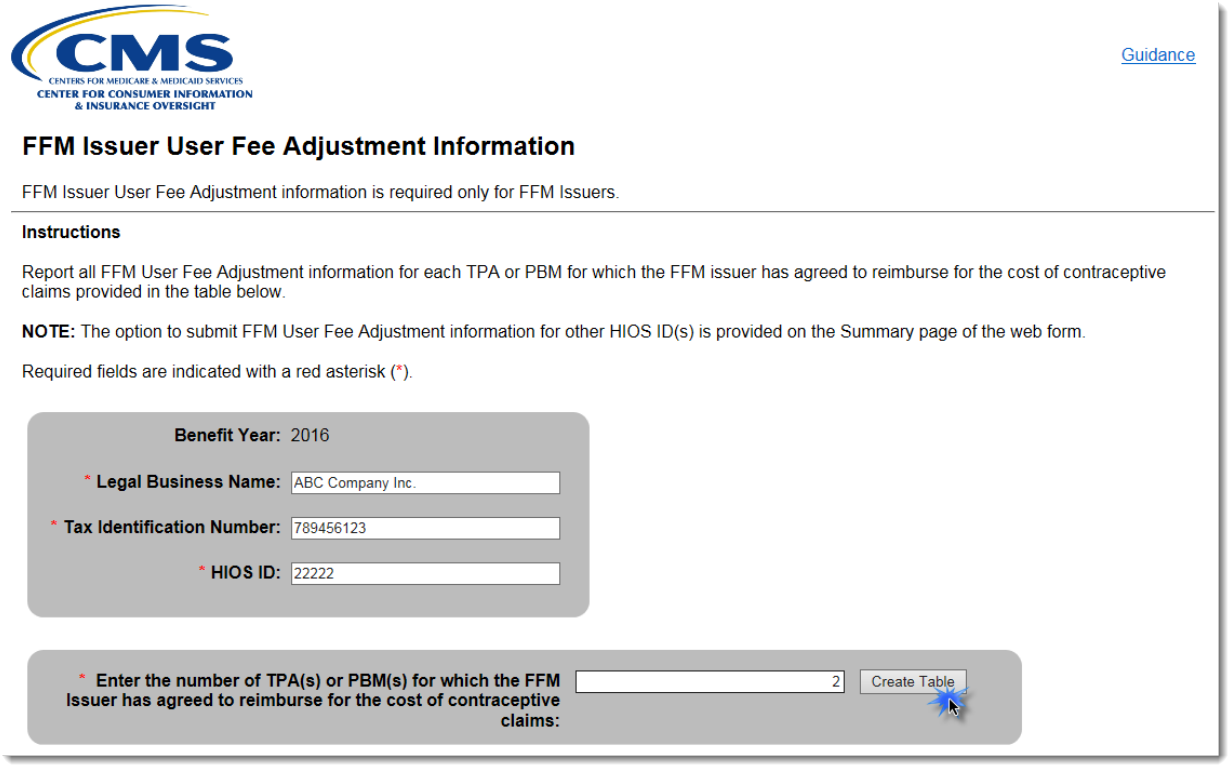
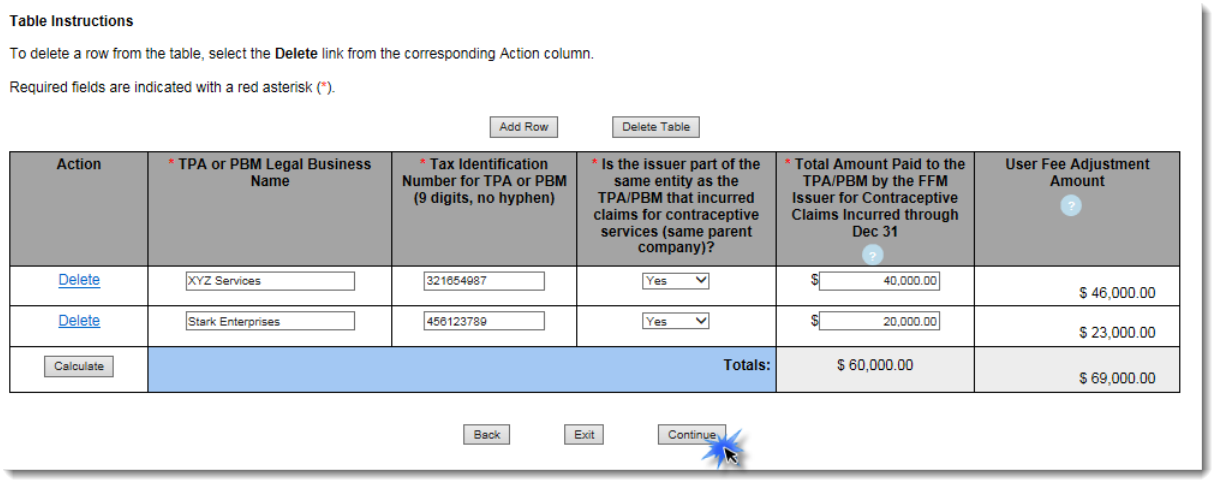


Figure 6: FFM Issuer User Fee Adjustment Information Page – FFM User Fee Table



4.1.2 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 wasentered • 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?"
4	Select the **Continue** button. You will be directed to the appropriate Attestation page of the web form.

If	Then
Yes	Follow steps outlined in Section 4.1.
No	Continue to Step 4.

Figure 7: Summary Page – FFM Issuer

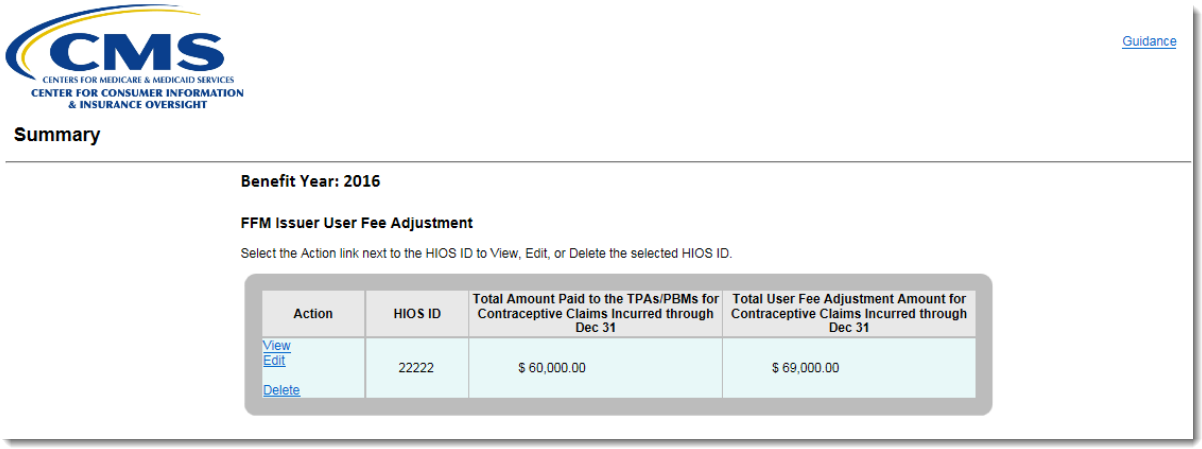
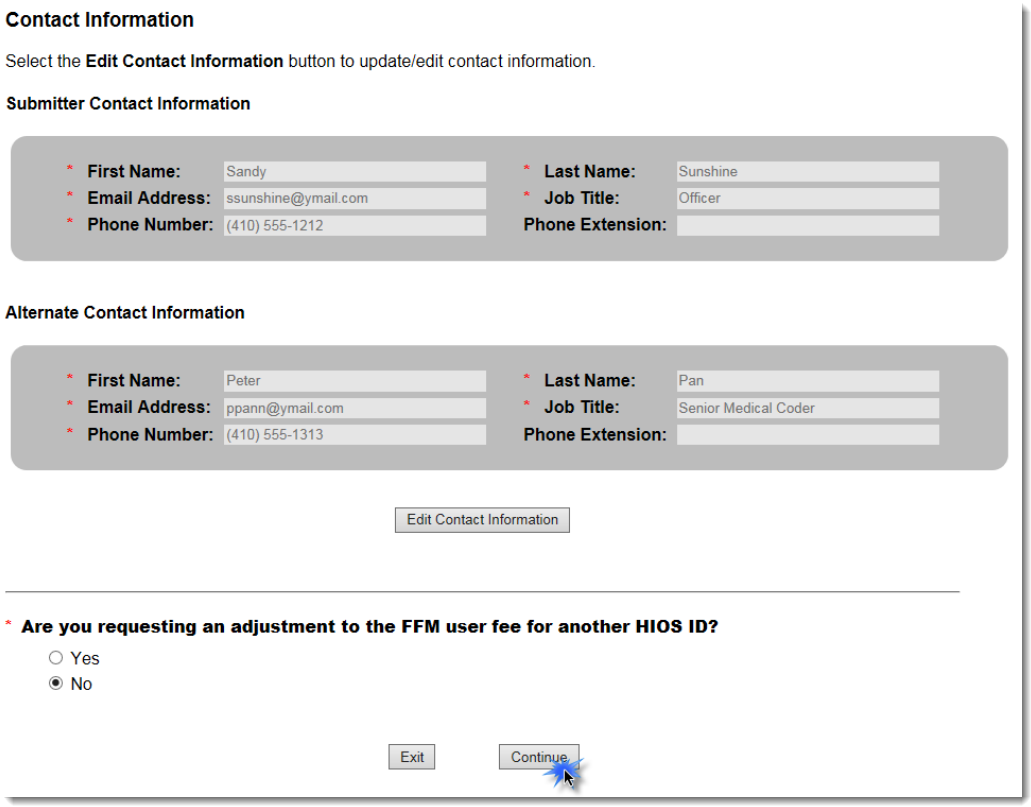


Figure 8: Summary Page – FFM Issuer (2)



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

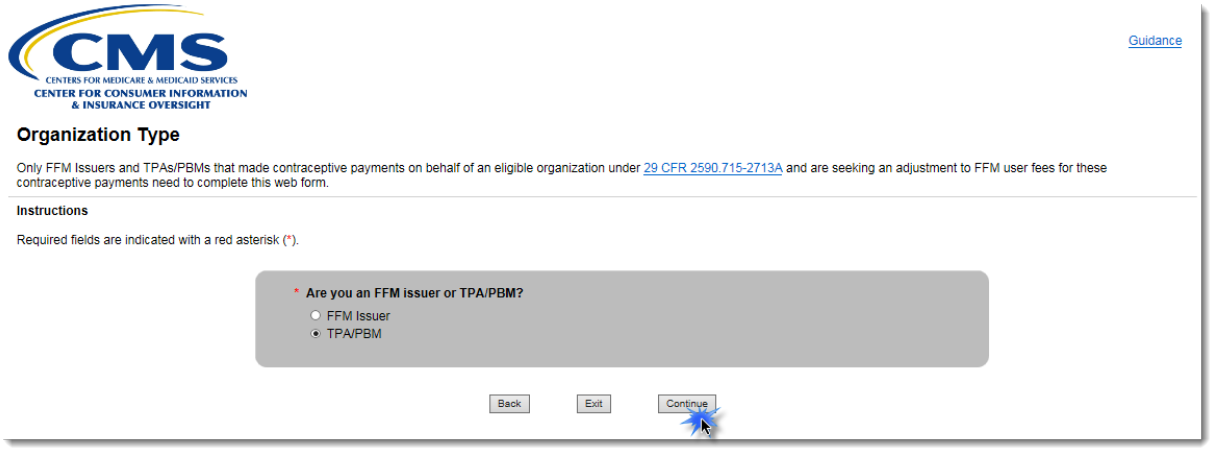
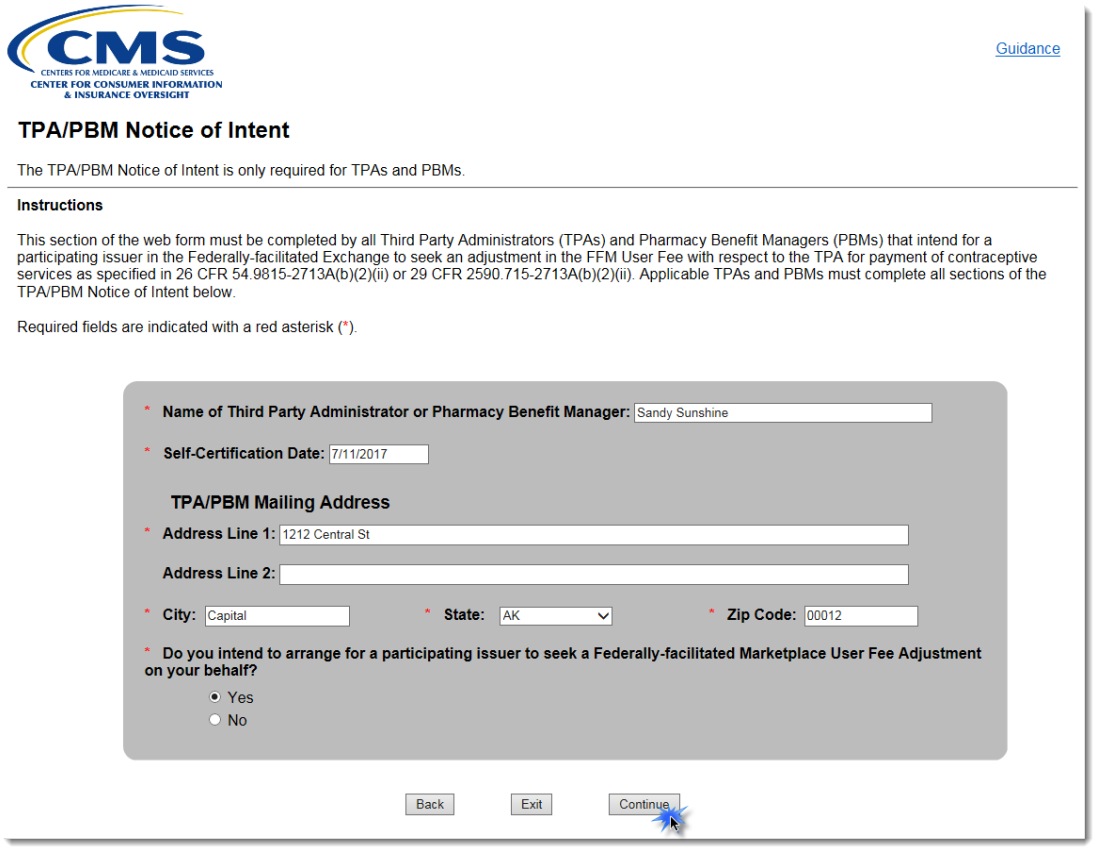


Figure 10: TPA/PBM Notice of Intent Page



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.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>6</td><td>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.</td></tr>
<tr><td>7</td><td>Select the Calculate button.

This will populate the Totals row:

<table><tr><th>Column/Row</th><th>Calculation</th></tr><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></table></td></tr>
<tr><td>8</td><td>Select the Continue button.

You will be directed to the Summary page of the web form.</td></tr>
</table>

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

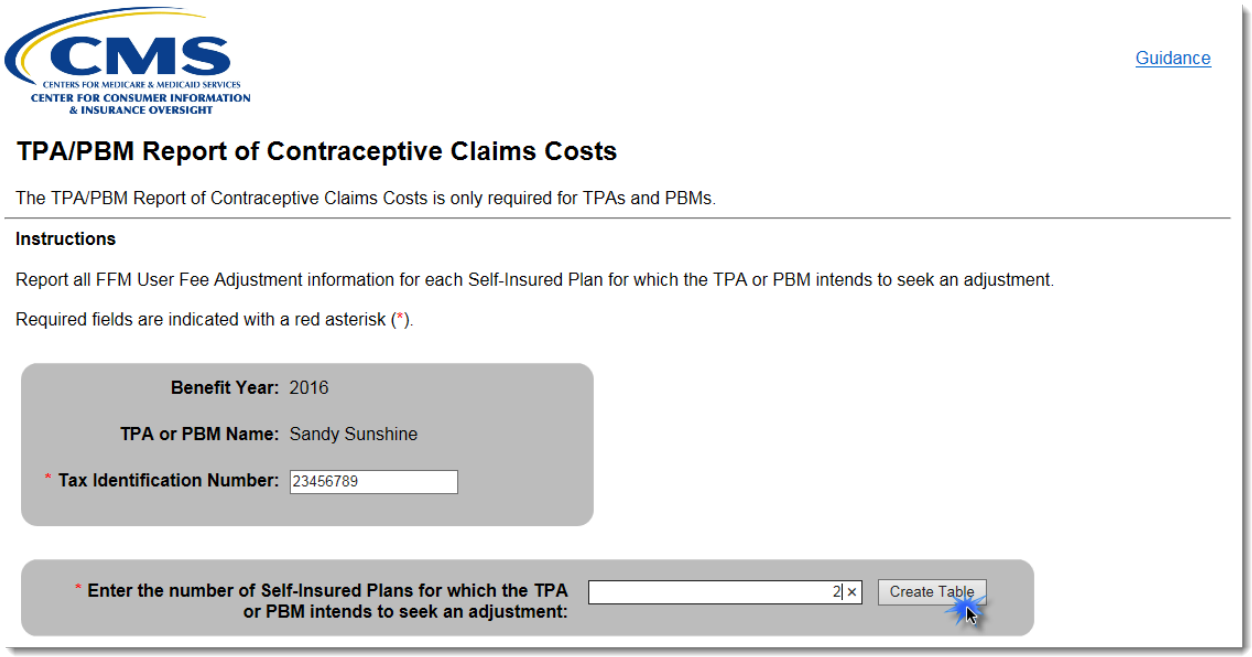
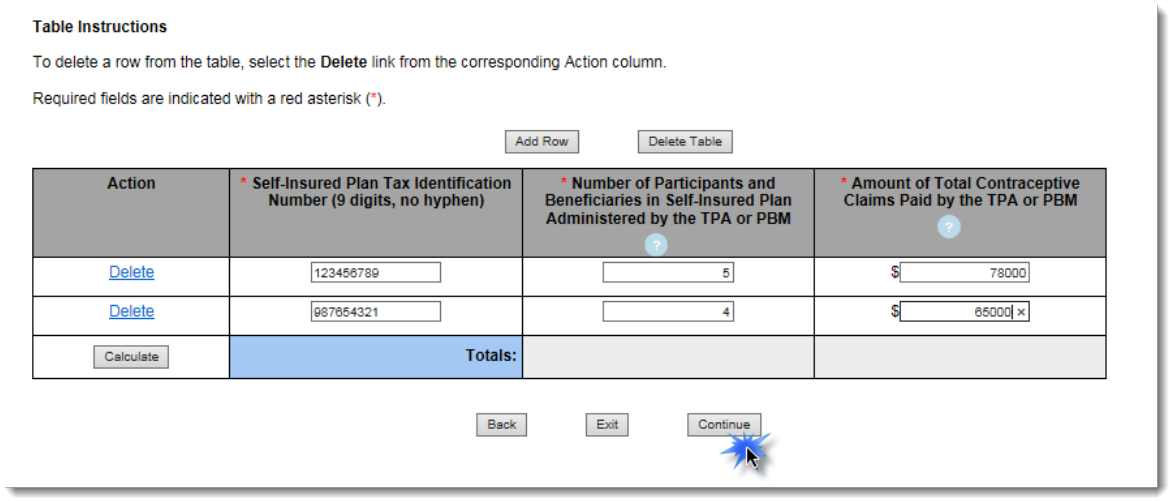


Figure 12: TPA/PBM Report of Contraceptive Claims Table

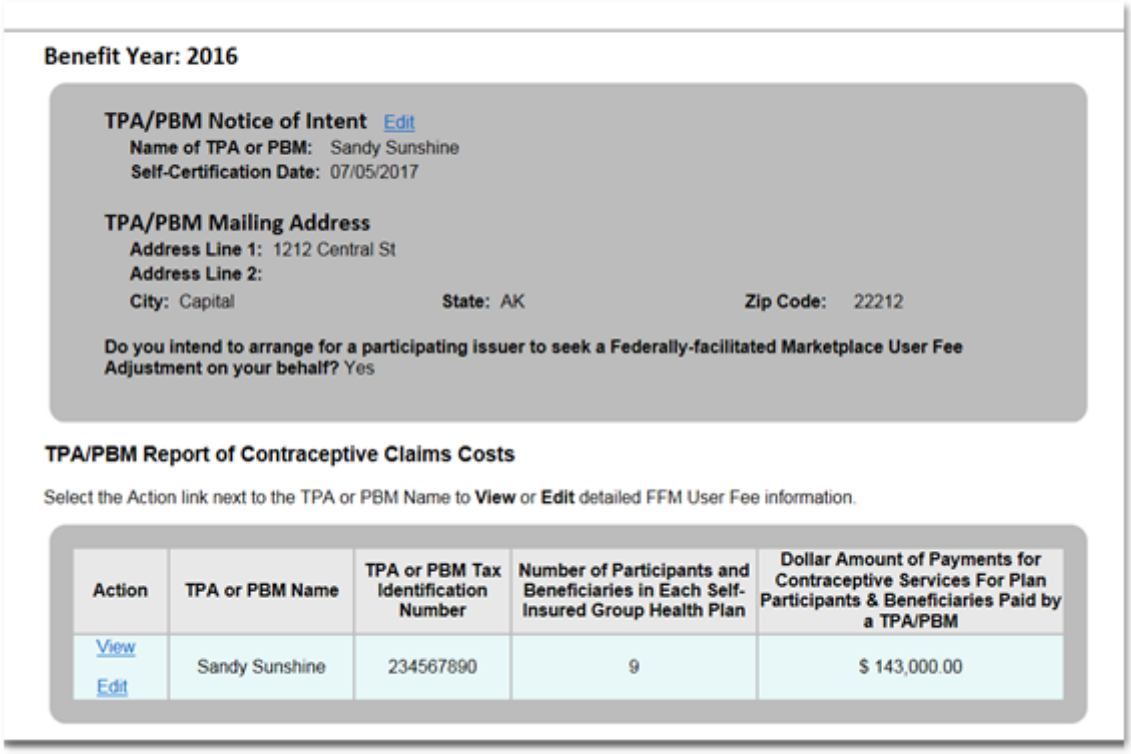


4.2.1 Summary Page – TPA/PBM

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

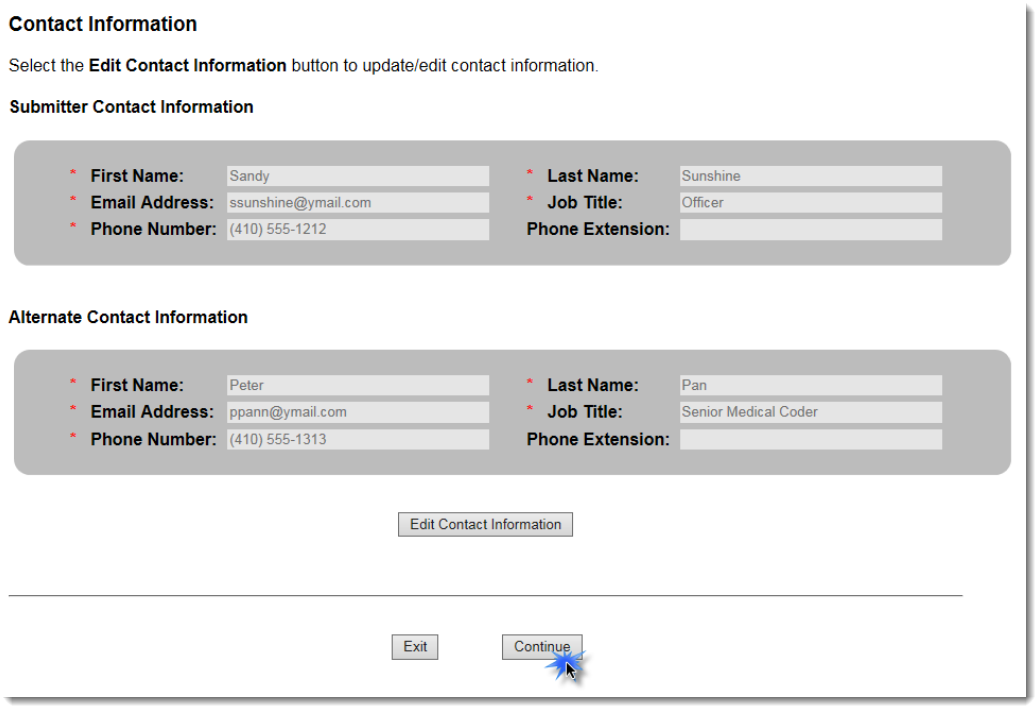
Do you intend to arrange for a participating issuer to seek a Federally-facilitated Marketplace User Fee Adjustment on your behalf? Yes

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)



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.

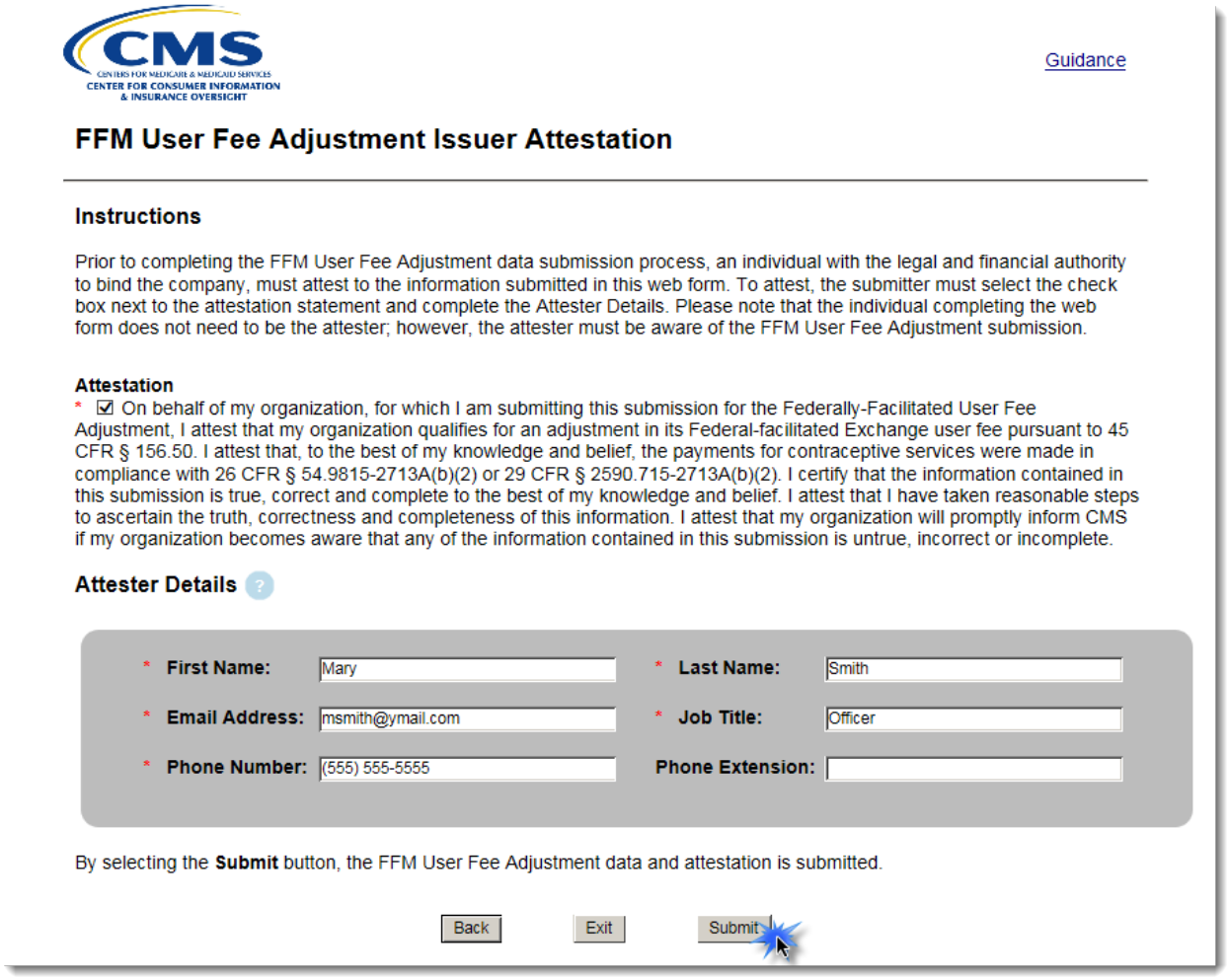
Table 7: Attestation

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



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.

Step	Action
2	Once your confirmation has been printed and/or saved, select the Exit button to exit the web form.

Figure 16: Confirmation Page