

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>
- Download and review the Federally-facilitated Marketplace (FFM) User Fee Adjustment webinar training materials from the REGTAP library in the “User Fees” Program Area: <https://www.regtap.info>
- Access the 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 2015 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 2015 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 20

Adjustment for the 2015 benefit year is Monday, August 22, 2016 to 11:59 p.m. ET on Tuesday, September 20, 2016.



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 2015 benefit year.

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

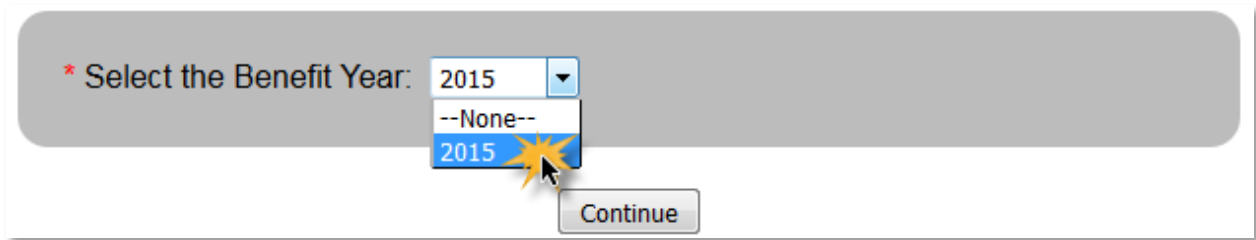
Required fields are indicated with a red asterisk (*).

* Select the Benefit Year: --None--

Continue

PRA Disclosure Statement

Figure 2: Select the Benefit Year



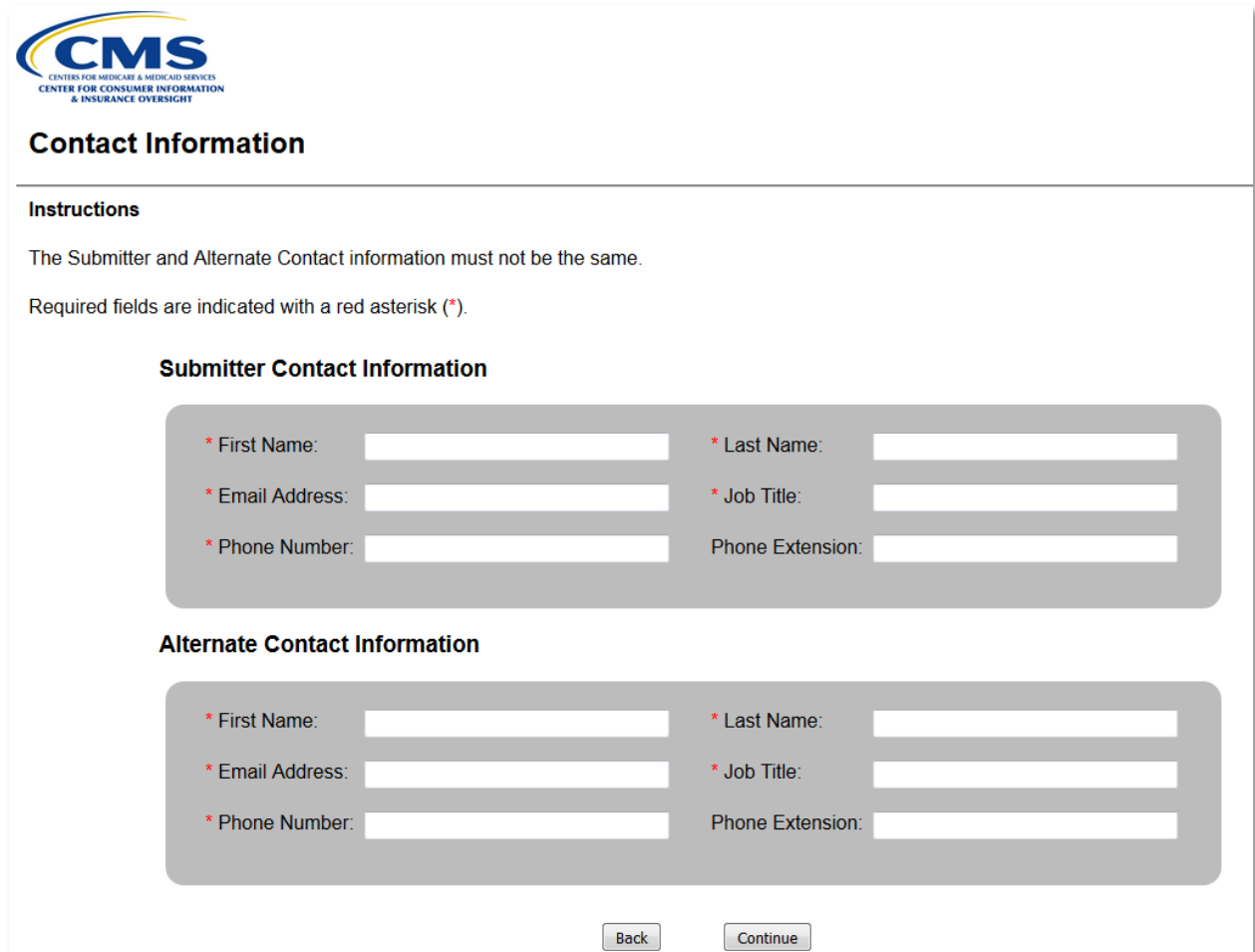
3 Contact Information Page

Once the 2015 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



The screenshot shows the 'Contact Information' page of the CMS 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'. Below the logo is the title 'Contact Information'. Underneath is a section titled 'Instructions' which states: 'The Submitter and Alternate Contact information must not be the same.' and 'Required fields are indicated with a red asterisk (*).' The form is divided into two main sections: 'Submitter Contact Information' and 'Alternate Contact Information'. Each section contains a set of input fields: '* First Name:', '* Last Name:', '* Email Address:', '* Job Title:', '* Phone Number:', and 'Phone Extension:'. The 'Submitter' section is highlighted with a light gray background. At the bottom of the form are two buttons: 'Back' and 'Continue'.

Instructions

The Submitter and Alternate Contact information must not be the same.

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

Submitter Contact Information

* First Name: * Last Name:

* Email Address: * Job Title:

* Phone Number: Phone Extension:

Alternate Contact Information

* First Name: * Last Name:

* Email Address: * Job Title:

* Phone Number: Phone Extension:

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 .
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 2015 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. <i>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.</i>
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, 2015. Repeat steps 9-12 for each row added.

Step	Action						
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.						
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



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 (*).

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



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: 2015

* 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			--None--	\$	
Delete			--None--	\$	
Calculate	Totals:				

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

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 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



Summary

Benefit Year: 2015

FFM Issuer User Fee Adjustment

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:

* Email Address:

* Phone Number:

* Last Name:

* Job Title:

Phone Extension:

Alternate Contact Information

* First Name:

* Email Address:

* Phone Number:

* Last Name:

* Job Title:

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.

Step	Action
3	Enter the TPA or PBM name.
4	Enter the Self-Certification date.
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?” <i>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.</i>
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



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.

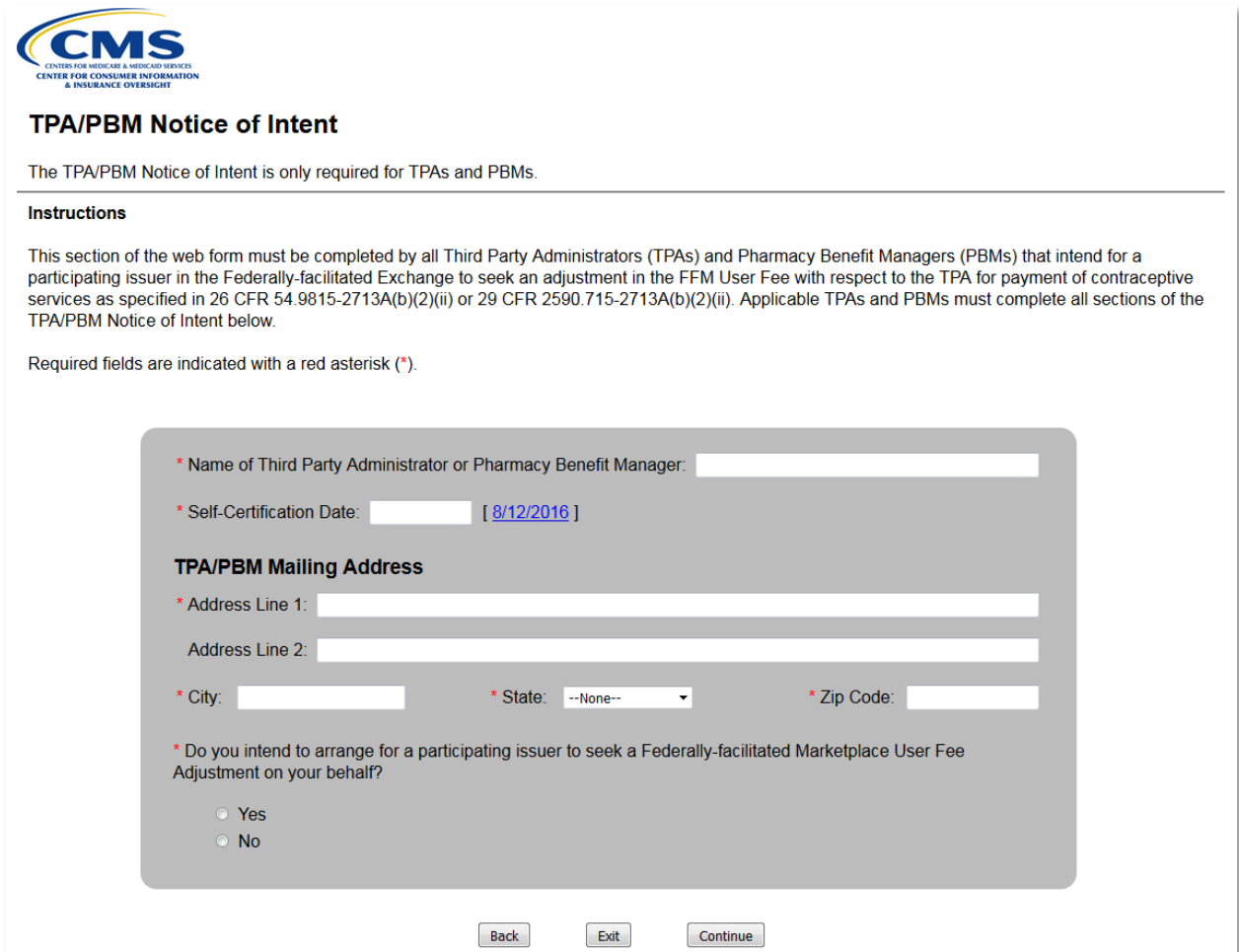
Instructions

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

* Are you an FFM issuer or TPA/PBM?

- ☐ FFM Issuer
☒ TPA/PBM

Figure 10: TPA/PBM Notice of Intent Page



The screenshot shows the 'TPA/PBM Notice of Intent' page. At the top left is the CMS logo. The title 'TPA/PBM Notice of Intent' is centered. Below it, a paragraph states: 'The TPA/PBM Notice of Intent is only required for TPAs and PBMs.' A section titled 'Instructions' follows, explaining that this section must be completed by all Third Party Administrators (TPAs) and Pharmacy Benefit Managers (PBMs) seeking an adjustment in the FFM User Fee. It references 26 CFR 54.9815-2713A(b)(2)(ii) and 29 CFR 2590.715-2713A(b)(2)(ii). A note indicates that required fields are marked with a red asterisk (*). The form fields include: '* Name of Third Party Administrator or Pharmacy Benefit Manager:' (text box), '* Self-Certification Date:' (text box with a blue link '[8/12/2016]'), a section header 'TPA/PBM Mailing Address', '* Address Line 1:' (text box), 'Address Line 2:' (text box), '* City:' (text box), '* State:' (dropdown menu showing '--None--'), '* Zip Code:' (text box), and a question '* Do you intend to arrange for a participating issuer to seek a Federally-facilitated Marketplace User Fee Adjustment on your behalf?' with radio buttons for 'Yes' and 'No'. At the bottom are three buttons: 'Back', 'Exit', and 'Continue'.

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:

* Self-Certification Date: [[8/12/2016](#)]

TPA/PBM Mailing Address

* Address Line 1:

Address Line 2:

* City: * State: --None-- * Zip Code:

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

☐ Yes

☐ No

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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. <i>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.</i>				
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.				
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" data-bbox="440 1192 1318 1413"> <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



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: 2015

TPA or PBM Name: TPA

* Tax Identification Number:

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

Figure 12: TPA/PBM Notice of Intent 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	* 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			\$
Delete			\$
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



Summary

Benefit Year: 2015

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

Name of TPA or PBM: TPA

Self-Certification Date: 08/12/2016

TPA/PBM Mailing Address

Address Line 1: 123 Main Street

Address Line 2:

City: Gaithersburg **State:** MD **Zip Code:** 20878

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	TPA	12-3456789	80	\$ 622.50

Figure14: Summary Page – TPA/PBM (2)

Contact Information

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

Submitter Contact Information

* First Name:

* Email Address:

* Phone Number:

* Last Name:

* Job Title:

Phone Extension:

Alternate Contact Information

* First Name:

* Email Address:

* Phone Number:

* Last Name:

* Job Title:

Phone Extension:

Edit Contact Information

Exit

Continue

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

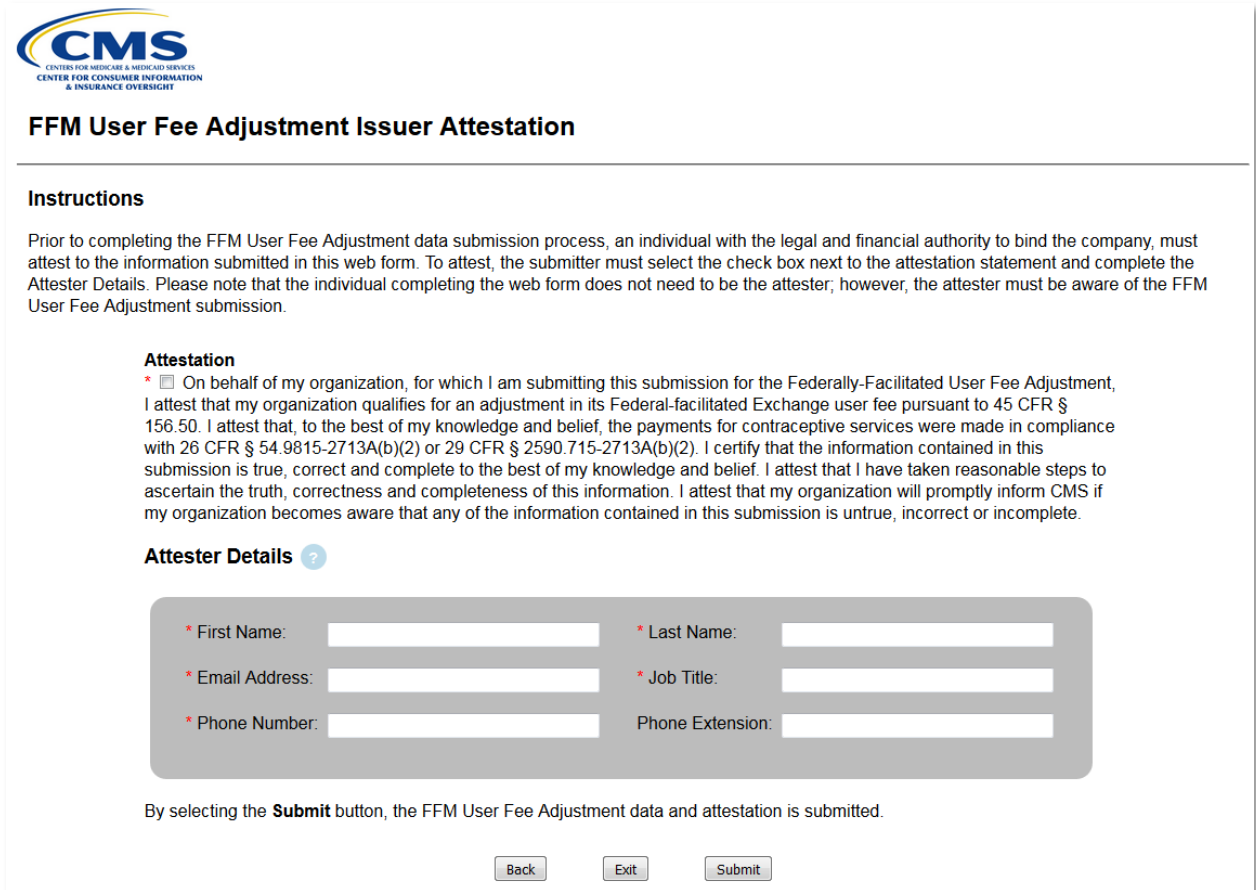
Step	Action
1	Thoroughly review the Attestation statement in its entirety.
2	Select the check box next to the Attestation statement to indicate agreement.

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: <i>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.</i>
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



The screenshot shows the "FFM User Fee Adjustment Issuer Attestation" web form. At the top left is the CMS logo. The title "FFM User Fee Adjustment Issuer Attestation" is centered. Below it is the "Instructions" section, which explains that an individual with legal and financial authority must attest to the information. The "Attestation" section contains a checkbox and a paragraph of text certifying the accuracy of the submission. The "Attester Details" section, marked with a question mark icon, contains a form with six input fields: First Name, Last Name, Email Address, Job Title, Phone Number, and Phone Extension. Below the form, a note states that selecting the "Submit" button will submit the data and attestation. At the bottom are three buttons: "Back", "Exit", and "Submit".

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION
& INSURANCE OVERSIGHT

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.

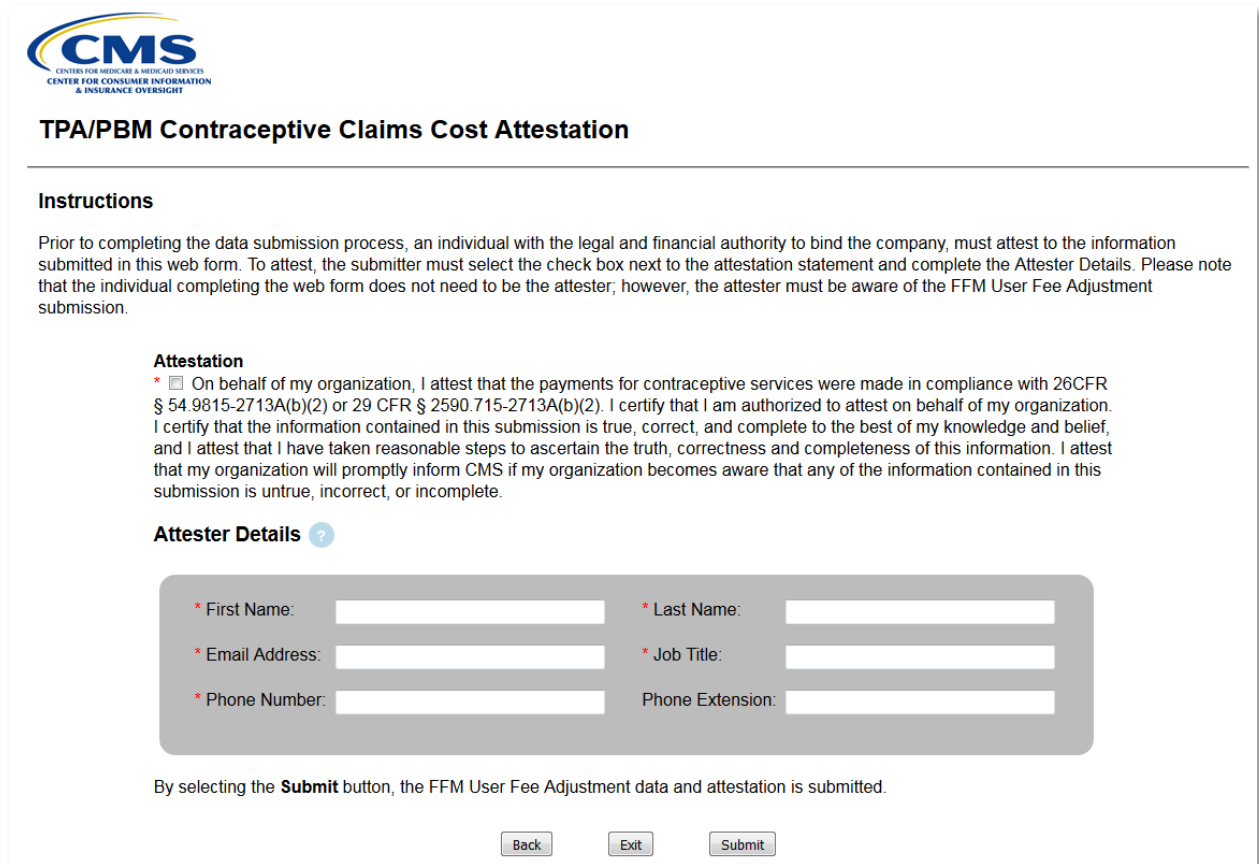
Attester Details ?

* 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.

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Figure16: FFM User Fee Adjustment TPA/PBM Attestation



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TPA/PBM Contraceptive Claims Cost Attestation

Instructions

Prior to completing the 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, I attest that the payments for contraceptive services were made in compliance with 26CFR § 54.9815-2713A(b)(2) or 29 CFR § 2590.715-2713A(b)(2). I certify that I am authorized to attest on behalf of my organization. I certify that the information contained in this submission is true, correct, and complete to the best of my knowledge and belief, and 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:

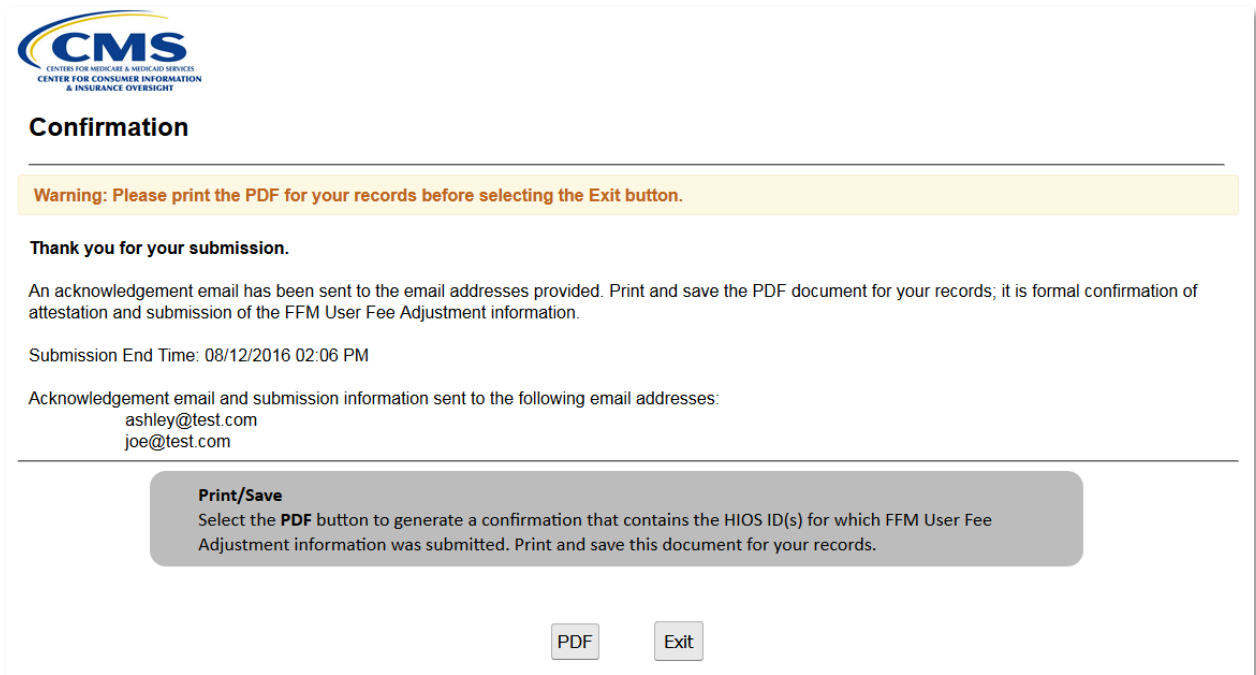
* Phone Number: Phone Extension:

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.

Figure 17: Confirmation Page



The screenshot shows the CMS Confirmation Page. At the top left is the CMS logo. Below it, the word "Confirmation" is displayed. A yellow warning box contains the text: "Warning: Please print the PDF for your records before selecting the Exit button." Below the warning, a message says "Thank you for your submission." followed by a paragraph explaining that an acknowledgement email has been sent and the PDF is formal confirmation. It also shows the "Submission End Time: 08/12/2016 02:06 PM" and lists the email addresses "ashley@test.com" and "joe@test.com". A grey box with the heading "Print/Save" instructs the user to select the PDF button to generate a confirmation containing HIOS ID(s). At the bottom, there are two buttons: "PDF" and "Exit".

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION
& INSURANCE OVERSIGHT

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: 08/12/2016 02:06 PM

Acknowledgement email and submission information sent to the following email addresses:
ashley@test.com
joe@test.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.

PDF Exit