



Centers for Medicare & Medicaid Services
Center for Consumer Information and
Insurance Oversight (CCIIO)

**Payment Policy & Financial Management Group,
Division of Reinsurance Operations**

**2016 Reinsurance Contributions Form
Completion, Submission, and Payment**

Version 2.0

September 2016

Under section 1341 of the Public Health Services Act a transitional reinsurance program was established to stabilize premiums inside and outside of Marketplaces. The program requires the reporting of annual enrollment of group plans to base the collection of contributions from contributing entities within the insurance marketplace which will fund reinsurance payments to non-grandfathered individual market plans, program costs and General Fund of the US Treasury. HHS has implemented a streamlined process for the collection of reinsurance contributions where a contributing entity, or a third party administrator (TPA) on behalf of the contributing entity, will be able to complete all required steps for the reinsurance contributions process within the Pay.gov system.

Table of Contents

1	Introduction	1
1.1	Course Overview	1
1.2	Intended Audience.....	1
1.3	Pay.gov Information.....	1
1.4	Contributions Submission Process Overview.....	2
2	Before You Begin	2
2.1	Annual Enrollment Count.....	3
2.2	Reporting/Contributing Entity Information	3
2.3	Supporting Documentation	4
2.4	Payment Information.....	4
2.5	Knowledge Check.....	5
3	Creating Supporting Documentation.....	5
3.1	Information Needed to Complete Supporting Documentation	6
3.2	Tools Available to Create Supporting Documentation	6
3.3	Supporting Documentation Job Aid Overview	6
3.3.1	Prerequisites for the Job Aid Tool	6
3.3.2	Where to Access the Job Aid Tool	7
3.3.3	How to Use the Job Aid Tool.....	7
3.4	Knowledge Check.....	9
4	Register and/or Log In to Pay.gov	10
4.1	Register on Pay.gov	10
4.2	Search for the Form.....	11
4.3	Knowledge Check.....	11
5	Completing the Form.....	11
5.1	Initial Page.....	12
5.2	Initial Page Form Questions.....	12
5.2.1	If You Are Reporting for Three or Fewer Contributing Entities on the Same Form	12
5.2.2	If You Are Reporting for Four or More Contributing Entities on the Same Form ...	13
5.3	Contributing Entity Page – Annual Enrollment Count.....	13
5.4	Contributing Entity Page – Type of Contributing Entity and Benefit Year	14
5.5	Type of Filing Page.....	14
5.5.1	Type of Filing	14

5.5.2	Payment Type.....	15
5.5.3	Annual Enrollment Count	15
5.5.4	Contribution Amounts	16
5.5.5	Shaded Form Fields.....	16
5.5.6	Verification and Acknowledgment	16
5.5.7	Authorizing Official.....	17
5.6	Knowledge Check.....	17
6	Upload Supporting Documentation	18
7	Payment Page.....	18
7.1	Enter Payment Information	19
7.2	Review and Submit Payment.....	19
7.3	Schedule the Second Collection Payment	20
7.4	Submitting Multiple Forms	20
7.5	ACH Debit Blocks	21
7.6	Knowledge Check.....	21
	Answers to Knowledge Check Questions.....	22
	Glossary of Terms.....	24

1 Introduction

Welcome to the 2016 Reinsurance Contributions Form Completion, Submission, and Payment web-based training course. You may use the [Table of Contents](#) to navigate to other sections of the course. For terminology and acronym reference, go to the [Glossary of Terms](#) for the Reinsurance Contributions Glossary of Terms.

1.1 Course Overview

Completion of this course will provide Contributing Entities and Reporting Entities with information to:

- Log in and register on Pay.gov at <https://pay.gov/>
- Create Supporting Documentation, which is only required for reporting for four or more Contributing Entities
- Complete the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form (also referred to throughout the course as the Form)
- Upload Supporting Documentation (if applicable)
- Schedule payment

1.2 Intended Audience

The intended audience for this course includes:

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

1.3 Pay.gov Information

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

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

Note: If someone within your organization previously registered on Pay.gov but is no longer with the company or you no longer have access to the login information, you may create a new Pay.gov account.

1.4 Contributions Submission Process Overview

The Contributions Submission Process includes the following steps:

1. Before signing in or entering any information on Pay.gov, as a Contributing Entity, or Reporting Entity on their behalf, you must calculate your Annual Enrollment Count using one of the approved counting methods as stated in 45 CFR 153.405(d)-(g).
2. If reporting for four or more entities on the same Form, Supporting Documentation is required, and should be prepared in advance. If reporting for three or fewer entities on the same Form, Supporting Documentation is not required.
3. Sign in using the credentials created for the prior benefit year, or register on Pay.gov at <https://pay.gov/>.
4. After signing in, locate the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form. Within the Form, you will be directed to either:
 - Upload Supporting Documentation if reporting for four or more entities on the same Form
 - Enter payment information if reporting for three or fewer Contributing Entities
5. Once this has been completed, you will be prompted to schedule payment.

The following sections provide an overview of how to complete the Form.

You have completed the course Introduction. You may continue to the next section or select another section to review from the [Table of Contents](#). For terminology and acronym reference, go to the [Glossary of Terms](#) for the Reinsurance Contributions Glossary of Terms.

2 Before You Begin

Before you begin to complete the Form, ensure you have the following in place:

1. Calculate the Annual Enrollment Count (Reinsurance Covered Lives) per Contributing Entity
2. Obtain Reporting Entity and/or Contributing Entity information (Billing Contact and Contact for Submission must be different)
3. Create Supporting Documentation, if applicable
4. Collect payment information
5. Remove any ACH Debit Block on your account so that payment can be facilitated:
 - The Agency Code to add to allow for payment is 7505008016.
 - The Company Name is USDEPTHHSCMS.

Detail on each of these items is provided in the following subsections.

2.1 Annual Enrollment Count

Before completing the Form, determine your Annual Enrollment Count (Reinsurance Covered Lives) using one of the approved counting methods, by referencing 45 CFR 153.405(d)-(g).

If reporting for multiple Contributing Entities, calculate the Annual Enrollment Count for each Contributing Entity using the selected counting method.

Be advised that in some cases, the same counting method must be used for reporting purposes; for example: multiple group health plans maintained by the plan sponsor who elect the aggregate reporting option under 45 CFR 153.405(g).

For more information on permissible counting methods, see [Module 2: 2016 Reinsurance Contributions Counting Methods Overview \(Webinar\)](#) and [The Transitional Reinsurance Program Operational Guidance: Examples of Counting Methods for Contributing Entities – updated for the 2016 benefit year](#) from the CCIIO website or in the [REGTAP](#) library.

Take note of the aggregated, or sum of the Annual Enrollment Counts, as you will need to verify this total in the Form. If the sum of the Annual Enrollment Count for a Contributing Entity or for multiple Contributing Entities for which you are completing one Form exceeds the limits below, you must complete more than one Form. Note that there is an annual enrollment count limit within the Form that varies based on whether you opt to make the Full Contribution in one payment, or make two payments:

- The maximum enrollment count permitted for a Full Contribution in one payment is 3,703,703.70.
- The maximum enrollment count permitted for a First or Second Collection submission (two payments) is 4,629,629.62.

Note: If the sum of the Annual Enrollment Count for a Contributing Entity or for multiple Contributing Entities for which you are completing one Form exceeds the above Form limits, you must complete more than one Form.

2.2 Reporting/Contributing Entity Information

The Form requires information that when obtained in advance, will make completion of the Form a smoother process. The Form requires the following information for the Reporting Entity:

- Legal Business Name
- Federal Tax Identification Number
- Billing Contact information, which includes:

- First Name
- Last Name
- Job Title
- Email Address
- Telephone Number
- The Reporting Entity's billing address

The Form also requires the following information for the submission contact, who is usually the one actually submitting the Form:

- First Name
- Last Name
- Job Title
- Email Address
- Telephone Number

Note: Remember that the Billing Contact and the Contact for Submission must be different.

The following information is also required for the Authorizing Official:

- First Name
- Last Name
- Job Title
- Email Address
- Telephone Number

2.3 Supporting Documentation

If reporting for four or more Contributing Entities on the same Form, Supporting Documentation is required to complete the Form submission. Prepare Supporting Documentation in advance and in the proper layout and comma-separated value (.CSV) file format. During the Form completion, you will be required to enter the aggregated Annual Enrollment Count from all Contributing Entities listed within the Supporting Documentation. Prior to payment scheduling, the Form will prompt you to upload the Supporting Documentation .CSV file. For instructions on creating Supporting Documentation, go to **Section 3**.

2.4 Payment Information

In order to schedule payment and complete the Form, you must provide the following information for an Automated Clearing House (ACH) debit:

- Account Holder Name
- Account Type (checking or savings)

- Bank Routing Number
- Bank Account Number

Note: ACH debit is the only payment method allowed for the reinsurance contribution submission process.

2.5 Knowledge Check

Now it's time for a knowledge check. Select the Answer link after the question for the answer. Select the links after the answer to go to the next question, repeat the question, or to continue in the Section. If using Assistive Technology, use the appropriate key command to continue reading after navigating to the link destination.

1. Select all applicable items to prepare or collect for the completion of the 2016 Form.
 - a. Supporting Documentation, if applicable
 - b. Pay.gov account information, if available
 - c. Reporting Entity information
 - d. Annual Enrollment Count for each Contributing Entity
 - e. Schedule payment
 - f. Payment information

[Answer](#)

2. What method(s) of payment will the 2016 Form allow?
 - a. Credit card, ACH debit, check
 - b. ACH debit only
 - c. Credit card only
 - d. Credit card and ACH debit
 - e. Check

[Answer](#)

You have successfully completed the Before You Begin Section of the Course. You may continue to the next section or select another section to review from the [Table of Contents](#). For terminology and acronym reference, go to the [Glossary of Terms](#) for the Reinsurance Contributions Glossary of Terms.

3 Creating Supporting Documentation

Who is required to file Supporting Documentation?

- Supporting Documentation is required when reporting for four or more Contributing Entities using the same form.
- Supporting Documentation is not required when reporting for three or fewer Contributing Entities using the same form.

3.1 Information Needed to Complete Supporting Documentation

If Supporting Documentation is required, you will need to prepare information that is required to complete the Supporting Documentation .CSV file. This information includes:

- Reporting Entity Information
 - Legal Business Name
 - Federal Tax Identification Number
- Contributing Entity Information
 - Legal Business Name
 - Federal Tax Identification Number
 - Organization Type
 - Billing Address
 - Domiciliary State
- 2016 Annual Enrollment Count (Reinsurance Covered Lives) for each Contributing Entity
- Entity Type for each Contributing Entity

Remember: Complete the Supporting Documentation prior to beginning the 2016 Form.

3.2 Tools Available to Create Supporting Documentation

Supporting Documentation must be submitted with the Form in .CSV file format. The following two tools are available to assist you in the process of creating a .CSV file:

- The Supporting Documentation Job Aid tool is a macro-enabled Microsoft Excel file that allows you to enter Reporting Entity and Contributing Entity information and automatically create a .CSV file by selecting a button within the file.
- The Supporting Documentation Job Aid Manual is a tool available to assist you through the process of using the Job Aid tool.

If you are unable to take advantage of the Supporting Documentation Job Aid, your system does not meet the system requirements for use, or you want to create the file on your own, the File Layout document is another available tool to manually create the .CSV file.

3.3 Supporting Documentation Job Aid Overview

This section provides an overview on how to use the Supporting Documentation Job Aid.

3.3.1 Prerequisites for the Job Aid Tool

In order to use the Supporting Documentation Job Aid Template, Microsoft Excel 2007 or higher and a Windows operating system are required.

Note: The Job Aid is not compatible with Mac operating systems.

3.3.2 Where to Access the Job Aid Tool

You can access the Supporting Documentation Job Aid Template from the CCIIO webpage. Navigate to Premium Stabilization Programs, Transitional Reinsurance Program – Reinsurance Contributions, 2016 Benefit Year Info. A link to the Job Aid Template is located under Educational Resources.

3.3.3 How to Use the Job Aid Tool

If you have Protected View enabled in Excel, when you open the Supporting Documentation Job Aid Template, you will receive a message prompting you to Enable Editing. Select the Enable Editing button.

For the Job Aid to work properly, you must enable macros. If the Job Aid opens to a Start Message page, Excel will require you to confirm the source of the Excel file by enabling macros to prevent users from inadvertently downloading harmful Excel files from unknown sources. Follow the steps on the Start Message page to enable macros for your version of Excel. If a Security Warning appears, select the Enable Content button, which will take you directly to the Data Entry Worksheet section.

Follow these steps to complete the Supporting Documentation Job Aid:

1. Complete the following fields in the Reporting Entity section:
 - a. Enter the Reporting Entity Legal Business Name. Do not use any special characters.
 - b. Enter the Federal Tax ID Number in the following format: NN-NNNNNNN.

Note: The Reporting Entity Legal Business Name and Federal Tax ID Number will auto-populate the related fields within the Job Aid, eliminating the need for repeated entry of this information. This will also ensure consistency of the Reporting Entity information throughout the Job Aid.

- c. Select the Type of Payment (One Payment or Two Payments) from the drop-down menu. This selection will enable the Job Aid to monitor the sum of all Annual Enrollment Counts in the file against the limit for each of the payment types. For more information on Payment Types, access the 2016 Reinsurance Contributions Glossary of Terms available on REGTAP or go to the [Glossary of Terms](#) in this document.

Note: The Reporting Entity section of the Job Aid must be completed prior to entering any Contributing Entity information.

2. Complete the following fields in the Contributing Entity section:

Note: The Supporting Documentation Job Aid provides you with the option to enter data manually row-by-row or copy and paste information into the Contributing Entity information fields.

- a. Enter the Contributing Entity Legal Business Name.
- b. Enter the Federal Tax ID Number in the following format: NN-NNNNNNN.
- c. Select the Organization Type (nonprofit or for profit) from the drop-down menu.
- d. Enter the Contributing Entity Billing Address Line 1 and Line 2.
- e. Enter the Billing Address City.
- f. Select the Billing Address State from the drop-down menu.
- g. Enter the Billing Address Zip Code plus 4.
- h. Select the Domiciliary State from the drop-down menu.
- i. Select the Benefit Year from the drop-down menu.
- j. Enter the Annual Enrollment Count.
- k. Select the Type of Contributing Entity from the drop-down menu. A list of the definitions for each type of Contributing Entity is located in the key section of the Job Aid.

Note: For each Contributing Entity row, the Record Status (Complete or Incomplete), Tax ID Number for the Contributing Entity (Unique or Duplicate), and Error/Warning Status (Error or Blank), will auto-populate based on the status of the information you entered.

3. If you want to save your work to complete later, save the Job Aid as an .xism or Excel Macro-Enabled Workbook.

Note: The recommended naming convention to use to save the Job Aid is ReportingEntityLegalBusinessName_BY2016_SubmissionDate. The CSV file name cannot contain special characters, or the Supporting Documentation will be rejected. Other naming conventions are permitted as long as they do not contain special characters. A list of special characters is available in the 2016 File Layout document located on REGTAP.

4. Check the data entry status, if needed. The Data Entry Status section on the Job Aid displays the total number of entered and completed records, and the sum of Annual Enrollment Counts for all Contributing Entities included in the Job Aid.
5. Validate the data prior to creating the .CSV file:

Note: If you do not elect to run a data validation, the Job Aid will automatically run a check for errors and data validation prior to creating the .CSV File. We encourage you to Run Data Validation prior to creating the .CSV file.

- a. Select the Run Data Validation button in the Job Aid. A dialogue box will display with a summary of the errors, with the option to display the first field with an invalid value or format or to close the dialogue box and begin manual correction.
- b. Go to the first field with an invalid format or value.
- c. Close the dialogue box to correct errors manually.

Note: When copying and pasting data into the Job Aid, it is recommended that you run a data validation after pasting the data, but prior to creating the .CSV file. Even if the user does not select to run a data validation, the Job Aid automatically runs a check for errors and data validation prior to creating the .CSV File. We encourage you to run a data validation prior to creating the .CSV file.

6. Once you have corrected any errors, select the Create .CSV File button. The workbook will display all relevant records still containing an error. An auto-format message will display all of the fields that were auto-formatted to meet requirements. The .CSV file will be saved to the same location as the .xlsm file, unless directed elsewhere.

Note: All identified errors must be corrected before the Job Aid creates the .CSV file.

3.4 Knowledge Check

Now it's time for a knowledge check. Select the Answer link after the question for the answer. Select the links after the answer to go to the next question, repeat the question, or to continue in the Section. If using Assistive Technology, use the appropriate key command to continue reading after navigating to the link destination.

1. Supporting Documentation is required if reporting for how many Contributing Entities when using the same Form?
 - a. One or more
 - b. Two or more
 - c. Three or more
 - d. Four or more

[Answer](#)

2. You can create a .CSV file by completing the Job Aid spreadsheet and saving with a .CSV file extension.
 - a. True
 - b. False

[Answer](#)

You have successfully completed the Creating Supporting Documentation Section of the Course. You may continue to the next section or select another section to review from the [Table of Contents](#). For terminology and acronym reference, go to the [Glossary of Terms](#) for the Reinsurance Contributions Glossary of Terms.

4 Register and/or Log In to Pay.gov

To complete the reinsurance contribution submission process, you must first register and create an account on Pay.gov using the Register and Log in buttons on the Pay.gov homepage located at: <https://pay.gov/>. If you registered for the previous benefit years of the program (2014, 2015), you will need to log in using the same user name and password you created previously. You do not need to access your prior year's Form in order to complete the process for 2016.

Note: It is recommended that you only create one Pay.gov account per Legal Business Name or Tax ID Number, if possible. For example: a Third Party Administrator or Administrative Services-only contractor creates only one Pay.gov account for submitting the annual enrollment count and contribution on behalf of one or more Contributing Entities. 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.

For technical questions related to Pay.gov, please contact Pay.gov toll free at 1-800-624-1373 (toll free, select Option #2) or 216-579-2112 (select Option #2).

4.1 Register on Pay.gov

On the Registration Page, you must complete registration information to create a user profile containing both user data and the user's company data. User and company data are required.

The Form will auto-populate with some of your registration information:

- The User's Name, Email, and Phone Number will auto-populate the Form as Contact 1 for submission.
- The company name will auto-populate the Form as the Legal Business Name field.
- The company address will auto-populate the Form as the Billing Address field.

After completing the required fields of the registration page, complete the company name and address information so that it will auto-populate the Form. Once you have completed all registration information, select the Register Account button. You will be prompted to log in.

4.2 Search for the Form

After logging in to Pay.gov, search for the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form by populating the Search box and selecting the Search button. An easy way to search for the 2016 Form is to enter the phrase “2016 ACA Transitional Reinsurance” in the search box. This will ensure the results returned are for the 2016 Form only. In the Search Results field, select the Continue to the Form button.

Reminder: Please make sure you search for and select the **2016** Form.

4.3 Knowledge Check

Now it's time for a knowledge check. Select the Answer link after the question for the answer. Select the links after the answer to go to the next question, repeat the question, or to continue in the Section. If using Assistive Technology, use the appropriate key command to continue reading after navigating to the link destination.

1. Access to the prior year's Form is required in order to complete the 2016 Form.
 - a. True
 - b. False

[Answer](#)

You have successfully completed the Registration and Form Search Section of the Course. You may continue to the next section or select another section to review from the [Table of Contents](#). For terminology and acronym reference, go to the [Glossary of Terms](#) for the Reinsurance Contributions Glossary of Terms.

5 Completing the Form

There are several on-screen tips and help options available for you throughout the Form:

- **Roll-over Tool Tip:** Use your mouse to point to a field within the Form to reveal roll-over tool tips, which provide brief explanations of the field requirements.
- **Question Mark Icon:** Select any of the question mark icons throughout the Form to open a description of a field and its options, if applicable.
- **Need Help Link:** Select the Need Help link to open a document with links to the Transitional Reinsurance Program resources and Frequently Asked Questions on the Form.

5.1 Initial Page

On this screen, enter the billing contact information including Billing Contact name, Job Title, Email Address, and Telephone Number. The billing contact and the contact for submission information must be different.

Note: The Legal Business Name, Billing Address, and Contact for Submission fields are auto-populated from the information you entered in the Pay.gov profile. If you did not complete the Company Information page when you registered, this information will not auto-populate. You can update any field that auto-populates if needed.

5.2 Initial Page Form Questions

The 2016 Form has two questions that will allow the Form to direct you according to whether or not submission of Supporting Documentation is required:

- “Are you reporting for three (3) or fewer Contributing Entities on this form?”
- “If yes, are you both the Reporting Entity and Contributing Entity?”

The subsections below describe the path you will take in the Form depending on your answer to these questions.

5.2.1 If You Are Reporting for Three or Fewer Contributing Entities on the Same Form

Follow these steps if you are reporting for three or fewer contributing entities on the same Form:

1. Answer “Yes” to the question, “Are you reporting for three (3) or fewer Contributing Entities on this form?” You will then be required to answer the second question.
2. Answer “Yes” or “No” to the question, “Are you both the Reporting Entity and Contributing Entity?”
 - If you answer “Yes” that you are both the Reporting Entity and Contributing Entity, select the Continue button to go to the Contributing Entity page. The Contributing Entity 1 will be auto-populated with Legal Business Name, Federal Tax ID Number, and Billing Address from the Pay.gov profile. Complete all remaining applicable information on the page that has not been auto-populated:
 - Domiciliary State for Contributing Entity 1
 - Annual Enrollment Count for Contributing Entity 1. More information on completing the Annual Enrollment Count is in **Section 5.3**.
 - Type of Contributing Entity for Contributing Entity 1. More information on the type of contributing entity is in **Section 5.4**.

- All required information for Contributing Entity 2 and 3, if applicable. To complete these fields, select the check box next to Contributing Entity 2 and Contributing Entity 3.
- If you answer “No” that you are not both the Reporting Entity and Contributing Entity, complete all applicable information on the Contributing Entity page. Select No if you are only the Reporting Entity filing on behalf of a Contributing Entity or Entities. This section of the Form allows you to enter data for up to three Contributing Entities. For definitions for Reporting Entity and Contributing Entity, please see the [Glossary of Terms](#).

5.2.2 If You Are Reporting for Four or More Contributing Entities on the Same Form

Follow these steps if you are reporting for four or more contributing entities on the same Form:

1. Answer “No” to the question, “Are you reporting for three (3) or fewer Contributing Entities on this form?” You will not be required to answer the second question.
2. Select the Continue button. You will be directed to the Type of Filing Section of the Form. Go to **Section 5.3** to continue with instructions on completing the Form.

Reminder: If you are reporting for four or more Contributing Entities on a single form, you will be required to upload Supporting Documentation. Go to **Section 3** for more information on creating Supporting Documentation.

Regardless of whether Supporting Documentation is required to be submitted as part of the Pay.gov submission process, all documents and records sufficient to substantiate the annual enrollment count submitted must be maintained in accordance with applicable record retention requirements.

5.3 Contributing Entity Page – Annual Enrollment Count

Also referred to as Reinsurance Covered Lives, the Annual Enrollment Count includes all non-exempted lives subject to reinsurance contributions for the 2016 benefit year. The Annual Enrollment Count is calculated using one of the approved counting methods set forth in 45 CFR 153.405(d)-(g). Enter the Annual Enrollment Count to the nearest hundredth on the Form (which is out to two decimal places). Enter separate Annual Enrollment Counts for each Contributing Entity.

The following restrictions apply to the Annual Enrollment Count:

- The maximum Annual Enrollment Count is limited by the whether you have opted to make the Reinsurance Contributions in one payment (Combined Collection) or two payments (First and Second Collection).
- First and Second Collections are limited to 4,629,629.62.

- A Combined Collection is limited to 3,703,703.70 per Form submission.
- The Form validates the information you enter, so you will receive an error message if you exceed the maximum annual enrollment count permitted for the payment type selected on the next page.

For more information on calculating covered lives and counting methods, refer to [Module 2 - 2016 RI Contributions: Counting Methods Overview](#) (Webinar) on the CCIIO web site or in the REGTAP library.

5.4 Contributing Entity Page – Type of Contributing Entity and Benefit Year

Another required field is the Type of Contributing Entity. Use the drop-down menu to select the Type of Contributing Entity. Menu selections include:

- Health Insurance Issuer
- Self-Insured Group Health Plan
- MGHPS – Multiple Group Health Plan (single plan treatment)
- MGHPM – Multiple Group Health Plan (multiple plan treatment)
- Other. Selecting Other requires you to provide an explanation in the Other Type field of the Form.

Note: The Benefit Year field will auto-populate to 2016, and is not an editable field.

To add another Contributing Entity, select the check box next to Contributing Entity 2.

After completing all required information on the Contributing Entity Page, select the Continue button to continue to the Type of Filing Page.

5.5 Type of Filing Page

After completing the Contributing Entity Page and selecting the Continue button, you will be directed to the Type of Filing Page. Complete the following subsections then select the Continue button.

5.5.1 Type of Filing

There are four filing types:

- New, which is selected for the first filing of a payment type (Full Contribution, First Collection, and Second Collection) for the 2016 benefit year
- Re-Filing, which is selected to replace a previous payment filing for the 2016 benefit year

- Resubmission, which is used to replace Supporting Documentation for the 2016 benefit year
- Invoice

Note: Even if you filed a Form for the 2014 or 2015 benefit year, you will still need to select New for the 2016 Form.

5.5.2 Payment Type

The Form provides two options for payment.

1. When you answer No to the question, “Do you want to make the Full Contribution for 2016 in one payment?” this indicates that you will be making two payments, referred to as a First Collection and Second Collection, using this Form. Select First Collection or Second Collection following the statement, “If No, select one of the two payments for which you are filing this Form,” in order to complete the Form making two payments. The first collection, reflecting \$21.60 per covered life, must be filed and scheduled no later than November 15, 2016, with payment due by January 17, 2017. The second collection, reflecting \$5.40 per covered life, must be filed and scheduled no later than November 15, 2016, with payment due by November 15, 2017. Making two payments allows duplication of the Form on Pay.gov to submit a second Form as a second collection.

Reminder: Both the first collection and the second collection must be filed and scheduled no later than November 15, 2016, with a scheduled payment date.

Note: The maximum annual enrollment count permitted for these types of payments is 4,629,629.62.

2. When you answer yes to the question, “Do you want to make the Full Contribution for 2016 in one payment?” this indicates that you have chosen to make a Combined Collection representing the full contribution amount of \$27 per covered life. The Combined Collection consists of the First Collection amount plus the Second Collection amount. The Combined Collection must be filed and scheduled no later than November 15, 2016, with a scheduled payment date by January 17, 2017.

Note: The maximum annual enrollment count permitted for these types of payments is 3,703,703.70.

5.5.3 Annual Enrollment Count

After selecting the Type of Payment, the Benefit Year and Total Applicable Benefit Year Contribution Rate fields will auto-populate.

When reporting for three or fewer Contributing Entities on the same Form, the Annual Enrollment Count (also referred to as the Reinsurance Covered Lives Count) will auto-

calculate with the aggregated sum of Annual Enrollment Counts from all Contributing Entities reported on the Contributing Entity Page of the Form. The Annual Enrollment count is the aggregated sum of annual Enrollment Counts for all Contributing Entities reported in the Supporting Documentation. You will be required to verify the Annual Enrollment Count and enter this amount in the verification field.

When reporting for four or more Contributing Entities on the same Form, you will be required to enter the Annual Enrollment Count from your Supporting Documentation. The Annual Enrollment Count is the aggregated total of Annual Enrollment Counts for all Contributing Entities reported in the Supporting Documentation. You will be required to verify the Annual Enrollment Count and enter this amount in the verification field.

5.5.4 Contribution Amounts

Once you complete the Verify Annual Enrollment Count Field, the Contribution Amount fields will calculate and auto-populate with calculated amounts based on the annual enrollment. The amount indicated in the Contribution Amount Due for Program Payments and Program Administration Funds is the amount due for the First Collection if making two payments. The amount indicated in the Contribution Amount Due for General Fund of the U.S. Treasury is the amount due for the Second Collection when making two payments. The amount indicated in the Total Contribution Due for the Applicable Benefit Year is the amount due for a Combined Collection, or Full Contribution made in one payment.

5.5.5 Shaded Form Fields

You will notice some shaded fields within the Form. These fields require no content from the submitter. You will not be able to enter information into any shaded fields.

5.5.6 Verification and Acknowledgment

After verifying the Annual Enrollment Count, select the check 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.”

If reporting for four or more Contributing Entities on the same Form, ensure the total Annual Enrollment Count in the Supporting Documentation matches Annual Enrollment Count entered in the Form.

You must also read and select the check box next to the Acknowledgment statement, which reads as follows:

“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 the 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.”

Note: If you do not complete the Verification or Acknowledgment check boxes, you will be unable to proceed with Form submission.

5.5.7 Authorizing Official

Below the acknowledgment statement, complete the required information for the individual that authorizes the acknowledgment. The individual entered as the Authorizing Official must be the name of an individual with the authority to authorize the contribution transaction and certify that the data is true and correct. This individual is a person whom CMS will contact if a discrepancy is identified or if CMS has questions about the data being submitted.

If a Third Party Administrator or Administrative Services-only contractor is completing the reinsurance contributions submission process for a Contributing Entity, it is a business decision between the Third Party Administrator or Administrative Services-only contractor and the Contributing Entity to decide the information that should be provided in this section. For other Contributing Entities submitting on behalf of their organizations, it is possible that the name entered into this section is not the name of the person completing the Form but instead the name of an individual who has authority to authorize the contribution payment.

5.6 Knowledge Check

Now it's time for a knowledge check. Select the Answer link after the question for the answer. Select the links after the answer to go to the next question, repeat the question, or to continue in the Section. If using Assistive Technology, use the appropriate key command to continue reading after navigating to the link destination.

1. When scheduling a First Collection and Second Collection (two payments), what must you do?
 - a. The first collection must be filed no later than November 15, 2016, and the second collection filed no later than January 17, 2017, with payment for both made by November 15, 2017.
 - b. Both the first collection and the second collection must be filed and scheduled by November 15, 2016 with payment dates no later than January 17, 2017 and November 15, 2017, respectively.
 - c. Both the first collection and the second collection must be filed no later than January 17, 2017 with payment dates no later than January 31, 2017 and November 15, 2017, respectively.

- d. The first collection must be filed and scheduled no later than January 17, 2017, and the second collection must be filed and scheduled no later than November 15, 2017.

[Answer](#)

2. The Annual Enrollment Count on the Form is the aggregated sum of all Contributing Entities either entered on the Form or included in the Supporting Documentation.
 - a. True
 - b. False

[Answer](#)

You have successfully completed the Completing the Form Section of the Course. You may continue to the next section or select another section to review from the [Table of Contents](#). For terminology and acronym reference, go to the [Glossary of Terms](#) for the Reinsurance Contributions Glossary of Terms.

6 Upload Supporting Documentation

The Supporting Documentation upload page opens only when reporting for four or more Contributing Entities. CMS will use the Supporting Documentation to verify the Annual Enrollment Count entered on the Form. Supporting Documentation must be in .CSV file format and must not exceed 2MB. See **Section 3** for details on creating Supporting Documentation.

Complete the following steps to upload Supporting Documentation as an attachment:

1. Select the Browse button to locate and select your .CSV file.

Reminder: When using the Supporting Documentation Job Aid Template, your .CSV file will save to the same directory as the .xslm file.

2. Select the Attach button to upload the file and attach it to your Form.
3. Select the Next button to continue.

You have successfully completed the Upload Supporting Documentation Section of the Course. You may continue to the next section or select another section to review from the [Table of Contents](#). For terminology and acronym reference, go to the [Glossary of Terms](#) for the Reinsurance Contributions Glossary of Terms.

7 Payment Page

If you are reporting for three or fewer Contributing Entities, the Form will advance to the Payment Page after selecting the Continue button from the Type of Payment page of the Form. If you are reporting for four or more Contributing Entities, the Form will advance to the payment page after selecting the Next button from the Supporting Documentation upload page. Once you

have arrived at the payment page, select a payment date at least one week from the filing date but not beyond the deadline date.

Note: If you have previously made payments using the same Pay.gov profile, the banking information you previously entered may auto-populate, and the option to change it is available.

7.1 Enter Payment Information

On the payment page, you will:

1. Update Payment Date – Select the payment date you prefer and ensure it is not later than the regulatory remittance date(s) for making the Full Contribution for 2016 in one payment or making two payments for the First Collection and Second Collection amounts.
2. Enter Account Holder Name.
3. Select Checking or Savings Account Type.
4. Enter Bank Routing Number.
5. Enter Bank Account Number.

Reminder: Combined Collection and First Collection payments are due to CMS no later than January 17, 2017. Second Collection payment is due no later than November 15, 2017.

Keep in mind that reinsurance contributions may only be made on Pay.gov using an Automated Clearing House (ACH) debit, and only one bank account may be entered per Form. If you wish to submit contributions on behalf of multiple Contributing Entities, but want to use 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 for the payment date scheduled to avoid charges related to insufficient funds.

7.2 Review and Submit Payment

You must review the payment and account information to ensure everything is accurate. Review this page carefully as this is your last opportunity to change the Payment Date. The Payment Date cannot be set beyond the regulatory deadline date. If the Form is submitted in error with an incorrect Payment Date, you will need to cancel the Form or contact the bank to stop the payment.

Complete the following steps to review and submit payment:

1. Review the Payment Date and Account Information.
2. Select the check box if you wish to receive email confirmation of the transaction.
3. Read the Pay.gov Authorization and Disclosure Statement.
4. Select the check box to agree to the Pay.gov Authorization and Disclosure statement.
5. Select the Submit Payment button to submit payment and conclude the Form.

Note: If you select the “Back” button from this page, all information will be lost and you will have to re-enter the information, including the scheduled Payment Date.

7.3 Schedule the Second Collection Payment

If you are making two payments and selected First Collection for the Type of Payment, immediately duplicate the Form and complete a second Form submission to schedule the Second Collection. This will prevent receipt of discrepancy notifications due to a missing payment.

If you answered 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 time.

Reminder: A First Collection payment requires a second Form submission to schedule the Second Collection payment. You must complete both filings on the same day.

Follow these steps to duplicate a Form in order to schedule a Second Collection Payment:

1. From the top of the Pay.gov page, select My Account from the menu options.
2. Under the My Forms section of the page, select the View My Forms button.
3. A listing of all submitted Forms will appear. Select the duplicate button next to the form submitted for the First Collection.
4. Complete the form just as you did the first form, but select Second Collection for the Type of Payment.
5. Schedule the Second Collection payment.

Note: You may select a different payment date for the Second Collection, as long as the date selected is prior to the November 15, 2017 due date.

7.4 Submitting Multiple Forms

It may be necessary to complete more than one Form if one or more of the following apply:

- A Reporting Entity is reporting for more enrollees than would be permitted for a single transaction on Pay.gov.
- A Reporting Entity wants to use more than one bank account.
- A Reporting Entity has a business reason for wanting to complete multiple forms.

Some of these reasons may be especially true for Third Party Administrators or Administrative Services-only contractors.

7.5 ACH Debit Blocks

It is possible that 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. The ACH debit block works by having an allowed list of ACH company IDs. This 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 plus 2 value. You must contact your bank to have the ALC plus 2 value added. For the 2016 Reinsurance Contributions process, the ALC plus 2 is 7505008016. The Company Name is USDEPTHHSCMS.

7.6 Knowledge Check

Now it's time for a knowledge check. Select the Answer link after the question for the answer. Select the links after the answer to go to the next question, repeat the question, or to continue in the Section. If using Assistive Technology, use the appropriate key command to continue reading after navigating to the link destination.

1. You must complete a second Form filing to schedule the Second Collection when making two payments to properly comply with the reporting of the enrollment count to HHS.
 - a. True
 - b. False
2. Saving the Form in Pay.Gov is the same as scheduling a collection payment.
 - a. True
 - b. False

[Answer](#)

[Answer](#)

You have successfully completed the Scheduling Payment Section of the Course. This is the final section of the course. You may select another section to review from the [Table of Contents](#). For terminology and acronym reference, go to the [Glossary of Terms](#) for the Reinsurance Contributions Glossary of Terms.

Answers to Knowledge Check Questions

A.1 Answer to Question 1

The correct answer is: a. Supporting Documentation, if applicable, b. Pay.gov account information, if available, c. Reporting Entity information, d. Annual enrollment count for each Contributing Entity, and f. Payment information

[Go to Question 2](#)

[Repeat Question 1](#)

A.2 Answer to Question 2

The correct answer is: b. ACH debit only. The 2016 Form will allow only ACH debit as a method of payment.

[Return to Section 2](#)

[Repeat Question 2](#)

A.3 Answer to Question 1

The correct answer is: d. Four or more. Supporting Documentation is required only if reporting for four or more Contributing Entities when using the same Form. Supporting Documentation is not required if reporting for three or fewer Contributing Entities when using the same Form.

[Go to Question 2](#)

[Repeat Question 1](#)

A.4 Answer to Question 2

The correct answer is: False. Saving the spreadsheet using the .CSV file extension will not create a .CSV file. You must select the Create .CSV File button in the Job Aid to create the .CSV file.

[Return to Section 3](#)

[Repeat Question 2](#)

A.5 Answer to Question 1

The correct answer is: True. Access to the prior year's Form is not a requirement for completion of the 2016 Form.

[Return to Section 4](#)

[Repeat Question 1](#)

A.6 Answer to Question 1

The correct answer is: b. Both first and second collections must be filed and scheduled in Pay.gov no later than November 15, 2016. The first collection must be paid no later than January 17, 2017, and the second collection must be paid no later than November 15, 2017.

[Go to Question 2](#)

[Repeat Question 1](#)

A.7 Answer to Question 2

The correct answer is: True. The Annual Enrollment Count on the Form is the aggregated sum of all Contributing Entities either entered on the Form or included in the Supporting Documentation.

[Return to Section 5](#)

[Repeat Question 2](#)

A.8 Answer to Question 1

The correct answer is: True. It is important to remember to create a second form filing in order to schedule the Second Collection when making two payments.

[Go to Question 2](#)

[Repeat Question 1](#)

A.9 Answer to Question 2

The correct answer is: False. You must both complete the Form and schedule the collection payment(s).

[Return to Section 7](#)

[Repeat Question 2](#)

Glossary of Terms

This glossary outlines common terms and acronyms related to the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form and the 2016 Transitional Reinsurance Program Supporting Documentation Job Aid.

Table 1: Glossary of Terms

Term/Acronym	Definition
2016 ACA Transitional Reinsurance Annual Enrollment and Contribution Submission Form	Referred to in this document as the “Form” and in other resources as the “2016 Form.” Use this Form to file the Annual Enrollment Count, upload Supporting Documentation, and schedule contribution payments. This Form will be available on https://www.Pay.gov .
2016 Form	Refers to the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form.
2016 Transitional Reinsurance Program Supporting Documentation Job Aid	Also referred to as the “Job Aid,” the Job Aid supports Reporting Entities in the creation of the Supporting Documentation (required if reporting for four (4) or more Contributing Entities. The Job Aid is an MS Excel workbook that allows users to enter, validate, and convert Contributing Entity information into a Comma Separate Value (CSV) file format. The Job Aid is available on the CCIIO website and in the Library in REGTAP.
Annual Enrollment Count	Also referred to as Reinsurance (RI) Covered Lives Count or Covered Lives. The total number of non-exempted lives subject to reinsurance contributions calculated using an approved counting method pursuant to 45 CFR 153.405(d)-(g) for a benefit year.
Automated Clearing House (ACH)	The ACH is an electronic network for financial transactions in the United States. ACH debit (also referred to as ACH payment) is the only payment method accepted for making reinsurance contributions payments.
Automated Clearing House (ACH) Debit Block	Also referred to as ACH Positive Pay or ACH Fraud Prevention Filter. Automatic debits to the Contributing Entity’s business account that may be blocked by the bank. An ACH Debit Block works by having an allowed list of ACH company IDs; this list enables allowable automatic debits for specific organizations. When working with the U.S. Government, these company IDs are referred to as the Agency Location Code or the ALC+2 value. The ALC+2 value for 2016 reinsurance contributions is 7505008016, and the Company ID is USDEPTHHSCMS.
Benefit Year (BY)	As defined in 45 CFR 153.20, a calendar year for which a health plan sponsor provides health benefits coverage.

Term/Acronym	Definition
Combined Collection	<p>Also referred to as a Full Contribution. One payment representing the full 2016 reinsurance contribution amount of \$27 per covered life. The Combined Collection amount consists of the First Collection amount plus the Second Collection amount. The regulatory deadline for Combined Collection payment is January 17, 2017.</p> <p>Per the Form, the maximum annual enrollment count permitted for a Combined Collection is 3,703,703.70. Therefore, multiple forms will need to be completed if the annual enrollment count exceeds 3,703,703.70.</p>
Comma Separated Value (CSV) File	<p>Also known as a “flat file” or “comma delimited file.”</p> <p>Each line represents one entry or record and a comma separates each data element with a record.</p>
Contributing Entity	<p>Pursuant to the definition of Contributing Entity in 45 CFR 153.20, Contributing Entity means a health insurance issuer; or a self-insured group health plan (including a group health plan that is partially self-insured and partially insured, where the health insurance coverage does not constitute a major medical coverage) that uses a third party administrator in connection with claims processing or adjudication (including the management of internal appeals) or plan enrollment for services other than for pharmacy benefits or excepted benefits within the meaning of section 2791(c) of the PHS Act. Notwithstanding the foregoing, a self-insured group health plan that uses an unrelated third party to obtain provider network and related claim re-pricing services, or uses an unrelated third party for up to five (5) percent of claims processing or adjudication or plan enrollment, will not be deemed to use a third party administrator, based on either the number of transactions processed by the third party, or the value of the claims processing and adjudication and plan enrollment services provided by the third party.</p>
Counting Methods	<p>Counting Methods are the manner in which a Contributing Entity (or Reporting Entity on their behalf) will calculate reinsurance (RI) covered lives/the annual enrollment count for reinsurance contribution filing purposes. For a list of approved counting methods, see 45 CFR 153.405(d)-(g).</p>
First Collection	<p>First Collection payment consists of the contributions for Program Payments and Program Administration Funds (\$21.60 per covered life). The regulatory payment due date for the First Collection is January 17, 2017.</p> <p>Per the Form, the maximum annual enrollment count permitted for a First Collection is 4,629,629.62. Therefore, multiple forms will need to be completed if the annual enrollment count exceeds 4,629,629.62.</p>
Form	<p>Refers to the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form.</p>
LBN	<p>Legal Business Name</p>
New Form Filing	<p>Select New for the first filing of a payment type (Combined Collection, First Collection, or Second Collection) for the 2016 benefit year.</p> <p>Located in the Type of Filing field of the Form.</p>

Term/Acronym	Definition
One Payment	<p>A full payment (Combined Collection) representing the total 2016 reinsurance contribution amount of \$27.00 per covered life. The regulatory deadline for an entity electing to make one payment is January 17, 2017.</p> <p>The maximum enrollment count permitted for a Combined Collection is 3,703,703.70.</p>
Re-File	<p>Select Re-File when replacing a previous filing for the 2016 benefit year. Located in the Type of Filing field of the Form.</p>
Reinsurance (RI) Contribution Amount	<p>Calculated by multiplying the number of RI covered lives/annual enrollment count (determined under a permitted counting method set forth in 45 CFR 153.405(d)-(g)) during the applicable benefit year for all applicable plans and coverage of the Contributing Entity by the applicable contribution rate for the respective benefit year.</p>
Resubmission	<p>Select Resubmission when replacing Supporting Documentation for the 2016 benefit year. Located in the Type of Filing field of the Form.</p>
Reporting Entity	<p>A Contributing Entity, Third-Party Administrator (TPA), Administrative Services Only (ASO) contractor, or any other party filing a reinsurance contribution on behalf of a Contributing Entity. The Reporting Entity is the party completing the submission process.</p>
Second Collection	<p>Second Collection payment consists of the contribution for the General Fund of the U.S. Treasury (\$5.40 per covered life). The regulatory payment due date for the Second Collection is November 15, 2017.</p> <p>Per the Form, the maximum annual enrollment count permitted for a Second Collection is 4,629,629.62. Therefore, multiple forms will need to be completed if the annual enrollment count exceeds 4,629,629.62.</p>
TIN	<p>Also referred to as Federal TIN. Federal Tax Identification Number</p>
Transitional Reinsurance Program	<p>A three-year program established by Section 1341 of the Affordable Care Act (ACA) to help stabilize premiums in the individual market.</p>
Two Payment Collection	<p>A two payment collection occurs when a user elects to submit a First Collection (\$21.60 per covered life) and a Second Collection (\$5.40 per covered life). Making two payments requires submission of two Forms to schedule payment for each collection.</p>
Type of Contributing Entity	<p>Within the Form and the Job Aid, users are required to select the Type of Contributing Entity from the following list:</p> <ul style="list-style-type: none"> ▪ HII – Health Insurance Issuer ▪ SI – Self-Insured Group Health Plan ▪ MGHPS – Multiple Group Health Plan (single plan treatment) ▪ MGHPM – Multiple Group Health Plan (multiple plan treatment) ▪ OTHER – Requires detailed explanation in the Other Type field of the Form