2016 Reinsurance Contributions Review and Discussion Session

November 7, 2016
November 14, 2016

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

Session Guidelines

- This is a 90-minute webinar session

- For questions regarding content, please submit inquiries to: reinsurancecontributions@cms.hhs.gov

- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520

Purpose

- Identify key Transitional Reinsurance (RI) Program dates and the uniform contribution rate for the 2016 Benefit Year

- Review Contributing Entity requirements and the contributions submission process for the 2016 Benefit Year

- Respond to attendee questions

Agenda

- Notable Changes for the 2016 Benefit Year

- 2016 Contributing Entity Requirements

- Counting Methods Overview

- Submission Process Overview

- Common Form Filing Discrepancies

Intended Audience

- Health Insurance Issuers

- Plan Sponsors

- Third Party Administrators (TPAs)

- Administrative Services-Only (ASO) Contractors

5

Key Terms and Definitions

Term	Definition
BY	Benefit Year
Contributing Entity	• Health Insurance Issuer • Self-insured group health plan that uses a third party administrator (TPA) in connection with claims processing or adjudication or plan enrollment for services other than for pharmacy benefits or excepted benefits
Reporting Entity	• A Contributing Entity, TPA, ASO contractor, or any other party filing the reinsurance contributions on behalf of a Contributing Entity. The Reporting Entity is the party completing the submission process
Supporting Documentation	• A .CSV file uploaded to the Annual Enrollment and Contributions Submission Form that contains submitter information and a row of each Contributing Entity • Created in .CSV file format and must not exceed 2MB • Only required for Reporting Entities submitting on behalf of four or more Contributing Entities
Covered Lives Count	Also refers to Annual Enrollment Count, which is generated using one of the approved counting methods

What Has Changed for the 2016 BY?

Notable Changes for the 2016 Benefit Year

- A Unique Billing Contact and Contact for Submission information is required on the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form (2016 Form)

- The questions on the 2016 Form have been reworded as follows:
  - Are you reporting for three (3) or fewer Contributing Entities using this Form?
  - If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?

- 2016 Uniform Contribution Rate is $27.00 per covered life

- Key Deadlines for 2016

- ACH Debit Block Number for the 2016 Benefit Year
  - The RI contribution ALC+2 number is 7505008016
  - The Company Name is USDEPTHHSCMS

2016 Initial Form Question

- If you are reporting for three (3) or fewer Contributing Entities using the same Form, select **Yes** to the first question.
- If you are reporting for more than three (3) Contributing Entities using the same Form, select **No** to the first question.

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

2016 Uniform Reinsurance Contribution Rate

The Uniform Reinsurance Contribution Rate for 2016 was finalized in the 2016 Payment Notice at **$27.00 per covered life**.

- Contributions can be made as:
  - One (1) payment of $27 per covered life for the full contribution amount (also referred to as a Combined Collection)

    OR
  - Two (2) payments:
    - The First Collection of $21.60 per covered life
    - The Second Collection of $5.40 per covered life

Key Deadlines for 2016

Date	Activity	Contribution Amount
To Make a Full Contribution in One (1) Payment (Combined Collection) for the 2016 BY:		
File no later than November 15, 2016	Submit the Form and schedule payment	
Remit no later than January 17, 2017	Pay full contribution amount due (one payment)	**$27.00** per covered life
	TOTAL	**$27.00**
OR		
To Make a Full Contribution in Two (2) Payments (First and Second Collection) for the 2016 BY:		
File no later than November 15, 2016	Submit the Form and schedule payment of first collection contribution and duplicate the Form and schedule payment of second collection	
Remit no later than January 17, 2017	Pay first contribution amount due	**$21.60** per covered life
Remit no later than November 15, 2017	Pay second contribution amount due	**$5.40** per covered life
	TOTAL	**$27.00**

2016 ACH Debit Block Change

- Automatic debits to your business account may be blocked by the bank

  - This security feature is called an ACH Debit Block, ACH Positive Pay, or ACH Fraud Prevention Filter

- ACH Debit Block works by having an allowed list of ACH Company IDs

  - The list enables allowable automatic debits

- When working with the U.S. Government, these Company IDs are referred to as the Agency Location Code or the ALC+2

- **Contact your bank to have the ALC+2 added to the approved list**

  - The reinsurance contribution ALC+2 number for 2016 **ONLY** is **7505008016**

  - The Company Name is **USDEPTHHSCMS**

Who Is Required to Make Reinsurance Contributions?

What Is a Contributing Entity?

Contributing Entity generally includes:

- 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 major medical coverage) **that uses a TPA 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 Public Health Service (PHS) Act.**

Contributions Are Generally Required for. . .

- Major medical coverage that is part of a commercial book of business
- For the purpose of Reinsurance Contributions, "major medical coverage" is defined in 45 CFR 153.20 as:
  - A catastrophic plan
  - An individual or a small group market plan subject to the actuarial value requirements under 45 CFR 156.140 (https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2016-AV-Calculator-011514.xlsm); or
  - Health coverage for a broad range of services and treatments provided in various settings that provides minimum value as defined in 45 CFR 156.145 (https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/mv-calculator-final-4-11-2013.xlsm)

Get More Information

Review the **Module 1: 2016 Reinsurance Contributions Overview** webinar to find:

- Definition of a Contributing Entity in 2016

- Summary of exempted lives in 2016 (i.e. lives you should not include in your annual enrollment count)

Access Module 1 using the following resources:

Resource	Link
The Transitional Reinsurance Program - Reinsurance Contributions web page	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Downloads/1-RIC_Slides_091316_100416_110116_5CR_090916.pdf
Registration for Technical Assistance Portal (REGTAP)	https://www.regtap.info/uploads/library/RIC_Slides_091316_100416_110116_5CR_110316.pdf

What Are the Approved Counting Methods for Calculating the Annual Enrollment Count?

Counting Methods for Calculating Annual Enrollment Count

Counting Method*	Health Insurance Issuers	Self-Insured Group Health Plans
Actual Count	✓	✓
Snapshot Count	✓	✓
Snapshot Factor		✓
Member Months or State Form	✓	
Form 5500		✓

*See 45 CFR 153.405 for a description of each counting method

Counting Methods for Calculating Annual Enrollment Count (continued)

The applicable counting method depends upon the following:

1) Whether the Contributing Entity is a health insurance issuer or a self-insured group health plan

2) Whether, in the case of a group health plan that is a Contributing Entity, the plan offers more than one (1) coverage option

Calculating 2016 Contribution Amounts

Contribution amounts are calculated automatically in the 2016 Form by multiplying a Contributing Entity's Annual Enrollment Count by the 2016 contribution rate of $27.00:

> 2016 Annual Contribution Amount =
> (2016 Annual Enrollment Count) x ($27.00)

Get More Information

Review the **Module 2: 2016 Reinsurance Contributions Counting Methods Overview** webinar and **2016 Reinsurance Contributions Examples of Counting Methods for Contributing Entities** for:

- A walk-thru of each Counting Method
- Calculating the Annual Enrollment Count for Partial Year Coverage
- Consistency Requirements and Aggregation

Access Module 2 and Examples of Counting Methods using the following resources:
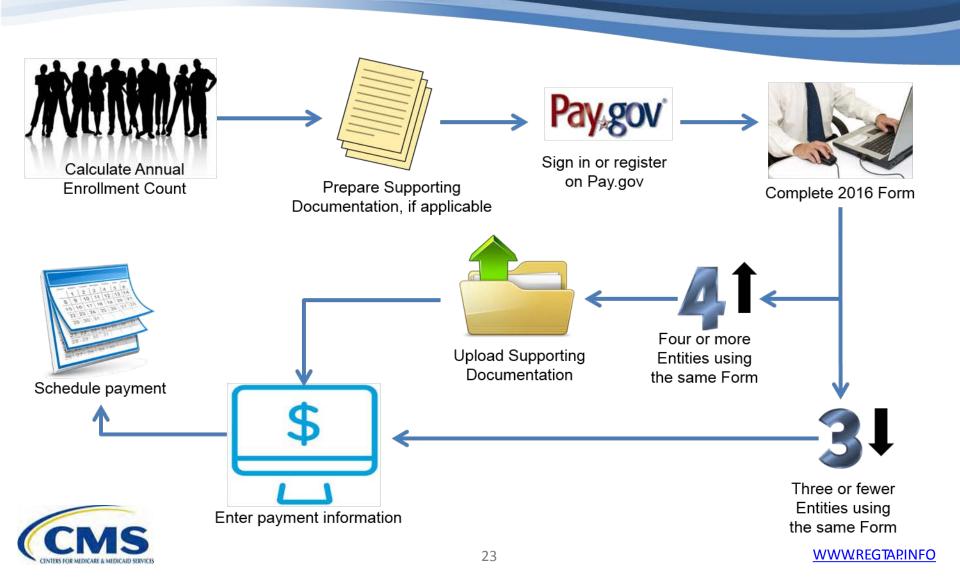
Resource	Link
The Transitional Reinsurance Program - Reinsurance Contributions web page	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Downloads/3-RIC_slides_091516_100516_110216_5CR_091216.pdf https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Downloads/4-RIC_CountingPaper_091416_5CR_091516.pdf
Registration for Technical Assistance Portal (REGTAP)	https://www.regtap.info/uploads/library/RIC_slides_091516_100516_110216_5CR_091316.pdf https://www.regtap.info/uploads/library/RIC_CountingPaper_091416_5CR_091516.pdf

What is the Reinsurance Contributions Submission Process?

Contributions Submission Process

Calculate Annual Enrollment Count

Prepare Supporting Documentation, if applicable

Sign in or register on Pay.gov

Complete 2016 Form

Four or more Entities using the same Form

Upload Supporting Documentation

Schedule payment

Enter payment information

Three or fewer Entities using the same Form

Who Is Required to Submit Supporting Documentation?

If you are a Contributing Entity or Reporting Entity filing on behalf of four (4) or more Contributing Entities using the same Form, Supporting Documentation (.CSV file) is **REQUIRED**

If you are a Contributing Entity or Reporting Entity filing on behalf of three (3) or fewer Contributing Entities using the same Form, Supporting Documentation (.CSV file) is **NOT** required

Get More Information

Review the **Module 3: 2016 Reinsurance Contributions Form Completion,** the **2016 Reinsurance Contributions Form Completion, Submission, and Payment Web-based Training (WBT)** and, if applicable, the **Special Topic: 2016 Reinsurance Contributions Supporting Documentation (.CSV file)** webinars for:

- Notable Form updates

- Data needed to complete the 2016 Form

- Instructions on how to register on Pay.gov

- A walk-thru of the 2016 Form

- Information on what is needed to complete the Supporting Documentation (.CSV file)

- Tools available to create the Supporting Documentation (.CSV file)

Get More Information (continued)

Access Module 3 and the Special Topic: 2016 Reinsurance Contributions Supporting Documentation (.CSV file) using the following resources:

Resource	Link
The Transitional Reinsurance Program - Reinsurance Contributions web page	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Downloads/5-RIC_slides_092016_100616_110616_5CR_092016.pdf https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Downloads/8-RIC_slides_092216_102016_5CR_092016.pdf
Registration for Technical Assistance Portal (REGTAP)	https://www.regtap.info/uploads/library/RIC_slides_092016_100616_110316_5CR_110316.pdf https://www.regtap.info/uploads/library/RIC_slides_092216_102016_5CR_092016.pdf

What Are the Most Common Form Filing Discrepancies & How Are They Reported?

Discovery of Discrepancies

When CMS identifies a 2016 Form filing discrepancy, the Contributing or Reporting Entity (as applicable) will receive an **Action Required** email. The most common discrepancies include:

- Scheduling _only_ one (1) payment when electing to make two (2) separate payments

- ACH debit failures, e.g., account not identified, no account, or unauthorized transaction by customer

- If reporting for four (4) or more Contributing Entities, 2016 Form and Supporting Documentation (.CSV file) mismatch

- If reporting for four (4) or more Contributing Entities, improperly formatted Supporting Documentation (.CSV file)

Get More Information

Review the **Module 4: 2016 Reinsurance Contributions Updating Contributions Filings** webinar for details on:

- The types of communication a Contributing Entity may receive after filing the Form

- How to locate previous Form filings to make updates

- The process of making updates to previous Form filings

- The difference between a Form Re-Filing and a Form Resubmission

Get More Information (continued)

Access Module 4 using the following resources:

Resource	Link
The Transitional Reinsurance Program - Reinsurance Contributions web page	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html
Registration for Technical Assistance Portal (REGTAP)	https://www.regtap.info/uploads/library/RIC_Slides_101816_110816_5CR_101416.pdf

Next Steps

NOW
- Complete the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form no later than Tuesday, November 15, 2016
- Contact your bank to remove ACH debit block
- Review filings and, if necessary, make updates and corrections
- Review your REGTAP emails for updates (https://www.regtap.info/)
- Monitor the CCIIO web page: https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html

LATER
- Respond promptly to all "Action Required" emails from CMS

For questions regarding Reinsurance Contributions, please contact us at reinsurancecontributions@cms.hhs.gov

Upcoming Webinars

<u>Reinsurance Contributions Review and Discussion Session</u>:
This session provides Contributing Entities and Reporting Entities with a review of the topics covered during the Modules 1-4 webinars, including information related to 2016 updates and user challenges. Time will be allotted for specific attendee questions.

Date	Time
Monday, November 14, 2016	1:00 p.m. – 2:30 p.m. ET

You must register on REGTAP for each session separately.

WWW.REGTAP.INFO

Upcoming 2016 Reinsurance Contributions Submission Help Line

Reinsurance Contributions Submission Help Line:

CMS will host a help line to assist Contributing (or Reporting) Entities in completing the 2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form. This will provide open Q&A during the dates and times specified. All entities dialed into the help line can benefit from questions asked and answered.

Date	Time
Wednesday, November 9, 2016	1:00 p.m. – 5:00 p.m. ET
Thursday, November 10, 2016	1:00 p.m. – 5:00 p.m. ET
Friday, November 11, 2016	1:00 p.m. – 5:00 p.m. ET
Monday, November 14, 2016	3:00 p.m. – 6:00 p.m. ET
Tuesday, November 15, 2016	10:00 a.m. – 5:00 p.m. ET

Questions?

To submit or withdraw questions by phone:

- *Dial *# (star-pound) on your phone's keypad to ask a question*

  - *Dial *# (star-pound) on your phone's keypad to withdraw your question*

To submit questions by webinar:

- *Type your question in the text box under the 'Q&A' tab*

Resources

Reinsurance Contributions Resources

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

Resources

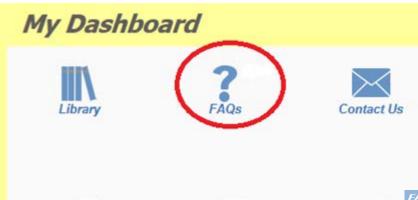| Resource	Link/Contact Information
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/
Centers for Medicare & Medicaid Services (CMS)	http://www.cms.gov/
The Center for Consumer Information & Insurance Oversight (CCIIO) web page	http://www.cms.gov/cciio
The Transitional Reinsurance Program - Reinsurance Contributions	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html
Registration for Technical Assistance Portal (REGTAP) - presentations, FAQs	https://www.REGTAP.info
Registration and Form on Pay.gov	https://pay.gov/paygov/

Regulatory References

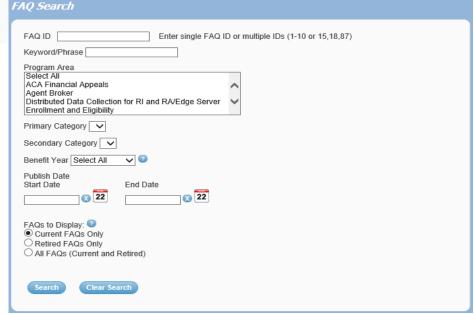| Resource	Link/Contact Information
Standards Related to Reinsurance, Risk Corridors and Risk Adjustment (77 FR 17220) provide a regulatory framework	http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf
HHS Notice of Benefit and Payment Parameters for 2014 (78 FR 15410)	http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf
Program Integrity: Exchange, Premium Stabilization Programs, and Market Standards (78 FR 65046) establish oversight standards	http://www.gpo.gov/fdsys/pkg/FR-2013-10-30/pdf/2013-25326.pdf
HHS Notice of Benefit and Payment Parameters for 2015 (78 FR 13744)	http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf
Exchange and Insurance Market Standards for 2015 and Beyond (79 FR 30240)	http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf
HHS Notice of Benefit and Payment Parameters for 2016 (80 FR 10750)	http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf
HHS Notice of Benefit and Payment Parameters for 2017 (81 FR 12204)	https://www.gpo.gov/fdsys/pkg/FR-2016-03-08/pdf/2016-04439.pdf

FAQ Database on REGTAP

The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary Categories, Benefit Year, Retired and Current FAQs and Publish Date.
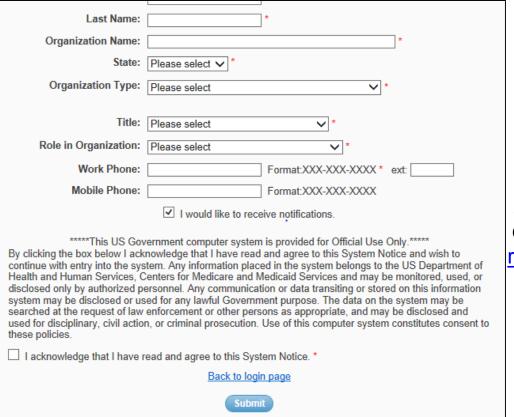
FAQ Database is available at
https://www.regtap.info/

Notifications Opt In/Opt Out

Users have the option to opt in or opt out of receiving notifications when first registering in REGTAP by checking or unchecking the box for *"I would like to receive notifications."*

Last Name:	[_____] *
Organization Name:	[_____] *
State:	Please select ∨ *
Organization Type:	Please select ∨ *
Title:	Please select ∨ *
Role in Organization:	Please select ∨ *
Work Phone:	[_____] Format:XXX-XXX-XXXX * ext: [____]
Mobile Phone:	[_____] Format:XXX-XXX-XXXX

☑ I would like to receive notifications.

*****This US Government computer system is provided for Official Use Only.*****
By clicking the box below I acknowledge that I have read and agree to this System Notice and wish to continue with entry into the system. Any information placed in the system belongs to the US Department of Health and Human Services, Centers for Medicare and Medicaid Services and may be monitored, used, or disclosed only by authorized personnel. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose. The data on the system may be searched at the request of law enforcement or other persons as appropriate, and may be disclosed and used for disciplinary, civil action, or criminal prosecution. Use of this computer system constitutes consent to these policies.

☐ I acknowledge that I have read and agree to this System Notice. *

Back to login page

Submit

After initial registration, contact the Registrar at registrar@REGTAP.info, call (800) 257-9520, or submit an inquiry to www.REGTAP.info to change notification preference.

Closing Remarks