Centers for Medicare & Medicaid Services

Center for Consumer Information and Insurance Oversight (CCIIO)

ACA Transitional Reinsurance Program

Annual Enrollment and Contributions Submission Form Manual

Version 1.0

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1 Introduction

The Center for Consumer Information and Information Oversight (CCIIO) at the Department of Health and Human Services' (HHS) Centers for Medicare & Medicaid Services (CMS) implemented a streamlined process for the collection of contributions due for the Affordable Care Act (ACA)'s Transitional Reinsurance Program. A Contributing Entity, or a Third Party Administrator (TPA) or Administrative Services-only (ASO) contractor on behalf of the Contributing Entity can complete all required steps for the ACA Transitional Reinsurance Contributions Program on the Pay.gov website at https://www.pay.gov.

This document will enable a Contributing Entity, or a TPA or ASO contractor on behalf of the Contributing Entity, to complete the required steps for the reinsurance contribution submission process. It provides information about the ACA Transitional Reinsurance Contributions Process including: step-by-step instructions for completing and submitting the 'ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form' (Form) and Reinsurance Contributions Supporting Documentation (Supporting Documentation); details on key elements and business concepts; and resources to further assist the Contributing Entity.

2 Background

Section 1341 of the Affordable Care Act established the Transitional Reinsurance Program to stabilize premiums in the individual market inside and outside of the Marketplaces. For the 2014, 2015 and 2016 Benefit (Calendar) Years, the Transitional Reinsurance Program collects contributions from Contributing Entities to fund reinsurance payments to issuers of non-grandfathered reinsurance-eligible individual market plans, the administrative costs of operating the reinsurance program, and the General Fund of the U.S. Treasury.

Contributing Entities (45 CFR 153.20) are defined as health insurance issuers and certain self-insured group health plans offering major medical coverage. The responsibility to make reinsurance contributions lies with the Contributing Entity and the decision to delegate the function of completing the reinsurance contribution submission process lies with the Contributing Entity.

At the time of submission, Contributing Entities, or a TPA or ASO contractor submitting on their behalf, will choose the 'Type of Payment' and schedule a payment. The Type of Payment selection is based on how the Contributing Entity prefers to remit the contribution. The First Collection deadline is January 15th and the Second Collection deadline is November 15th, with both dates after the applicable benefit year. If the Contributing Entity chooses to make a Combined Collection, the deadline to submit the contribution is January 15th after the applicable benefit year. If the Contributing Entity

chooses to make two (2) payments, the Forms and Supporting Documentation for both collections must be filed no later than November 15th of each benefit year of the reinsurance program at the same time to be considered a completed filing.

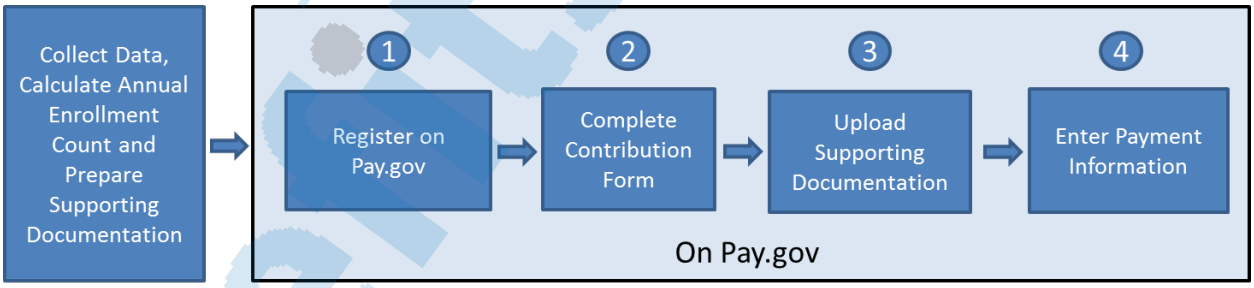
Any additional collection activity, invoicing, refunding, or resubmissions, can occur at any time throughout the program and is determined by CMS for any unpaid, overpaid, or underpaid contributions.

3 Transitional Reinsurance Contribution Submission Process Overview

The Reporting Entity must first register on the Pay.gov website at https://www.pay.gov to complete the submission process. We define a Reporting Entity as a Contributing Entity, a TPA, ASO contractor, or any other party filing the reinsurance contribution on behalf of a Contributing Entity. The Reporting Entity is the party completing the submission process.

Once registered on Pay.gov, the Reporting Entity accesses the Form and completes a series of steps to file and schedule the reinsurance contribution payment. The annual enrollment submission filings are due on Pay.gov by November 15th of the applicable benefit year. Refer to *Table 2: Contribution Schedule for the Benefit Year* in *Section 4.4: Know Key Deadlines* of this document for more information regarding filing and remittance due dates.

Figure 1: Transitional Reinsurance Process Overview



The Process includes two (2) groups of activities. There are activities that take place outside of the Pay.gov system and activities that are completed on the Pay.gov website.

Figure 1 illustrates the activities Reporting Entities complete outside of Pay.gov, which include:

- Collecting Contributing Entity information and enrollment data necessary for completing the Process. For more details, refer to *Table 1: Data Checklist* in this document.

- Calculating the Annual Enrollment Count using one (1) of the permitted counting methods.
- Preparing Supporting Documentation. For more details, refer to *Appendix D: Supporting Documentation* in this document.

More information on the Counting Methods is located in 45 CFR 153.405(d) through (g), which are explained in the 'Webinar: Examples of Counting Methods for Contributing Entities' available in the REGTAP Library or CCIIO's Transitional Reinsurance Program webpage. Refer to *Appendix B: Resources and Regulatory References* for website links.

Reporting Entities complete the following steps on Pay.gov:

1. Register on https://www.pay.gov to create an account, and set a user name and password if not already registered. Some of the information in the user profile is auto-populated into the Form. For more details, review the section titled *Key Points about Pay.gov Registration* in this document.
2. Log onto Pay.gov to search for and select the 'ACA Transitional Reinsurance: Annual Enrollment Contributions Submission Form.' Complete the Form by reviewing and entering demographic information for the Reporting Entity; reviewing and entering contact information for billing, submission and the Authorizing Official; and entering the Gross Annual Enrollment Count to report the contribution.
3. Upload Supporting Documentation in a Comma-Separated Value (CSV) file that contains each Contributing Entity's identifying information and Annual Enrollment Count represented in the Form's Gross Annual Enrollment Count. For more details refer to *Appendix D: Supporting Documentation* in this document.
4. Enter banking information and schedule contribution payment based on the selected Type of Payment. It is recommended that the contribution remittance dates be scheduled 30 days after the Form submission date, but no later than the deadline. Refer to *Table 2: Contribution Schedule for the Benefit Year* in *Section 4.4: Know Key Deadlines* of this document for further details.

Depending on 'Type of Payment' selected, steps 2, 3 and 4 are completed multiple times. *Refer to Section 4: Things to Consider before Getting Started* of this document for further details.

A more detailed version of these steps is included in *Section 6: First Collection or Combined Collection* in this document.

4 Things to Consider before Getting Started

4.1 Multiple Form Filings

Before beginning the Pay.gov registration and contribution filing process, Reporting Entities determine whether multiple Form submissions are required.

- A Reporting Entity is required to submit more than one (1) Form in the following scenarios:
  - When filing a two-part collection:
    - Pay.gov only allows the scheduling of one (1) payment at a time; therefore, a Reporting Entity that chooses to remit a two-part contribution needs to submit one (1) Form and associated Supporting Documentation for each payment type (First Collection and Second Collection). These filings are required by November 15th of the applicable benefit year. The payments should be scheduled within the deadlines.
  - When submitting contributions for more enrollees than permitted in a single Pay.gov transaction:
    - In 2014, when the First or Second Collection is chosen, the maximum reportable Gross Annual Enrollment count is 1,904,761.90 for the Form filing and payment. When a Combined Collection is chosen, the maximum reportable Gross Annual Enrollment count is 1,587,301.58 for the Form filing and payment.

The Gross Annual Enrollment count, also referred to as Covered Lives, reporting limitations are based on the maximum payment amount outlined on the Pay.gov website. Here is an example of the enrollment limitation calculation for 2014:

$99,999,999.99 = the maximum payment per transaction permitted within Pay.gov

$63.00 = the annual reinsurance contribution rate required for each covered life.

$52.50 = the annual reinsurance contribution rate portion for the reinsurance payment and administration costs.

Therefore, for the First and Second Collections, the Gross Annual Enrollment count limitation is based on the 2014 payment portion for reinsurance payment and administration; i.e., $99,999,999.99, divided by $52.50, which equals 1,904,761.90 in Covered Lives.

- When using more than one (1) bank account:
  - Only a single bank account may be entered per Form. A Reporting Entity choosing to submit contributions from multiple accounts must submit a separate Form and related Supporting Documentation for each bank account.
- When completing more than one (1) Form is a business requirement:
  - There may be situations where a Reporting Entity is required to use different contacts or is required to group Contributing Entities in a certain manner. This is a business decision between Reporting and Contributing Entities.

A **Reporting Entity** is an organization carrying out the steps of the reinsurance contributions submission process. We define a Reporting Entity as a Contributing Entity, a TPA, ASO contractor, or any other party filing the reinsurance contribution on behalf of a Contributing Entity.

4.2 Collection of Required Information for Filing

Confirm the following prior to registering on Pay.gov, as noted in Table 1 below.

Table 1: Data Checklist

Form Fields	Data Required
Reporting Entity Demographics	Legal business name (LBN), Federal Tax Identification Number (TIN), full billing address (cannot be Post Office Box)
Billing Contact	Name, title, email, and phone number for Billing Contact
Contacts for Submission	Name, title, email, and phone number for three (3) submission contacts
Gross Annual Enrollment Count(s)	Calculated using one (1) of the permitted counting methods in 45 CFR 153.405 (d) through (g).

Form Fields	Data Required
Supporting Documentation	CSV file of supporting data for each submission
Authorizing Official Information	Name, title, email, and phone number for Authorizing Official
Banking Information	Account Holder name, Account Type (checking or savings), Bank Routing (ABA), and Bank Account Number

4.3 Review Program Related Information

In addition to gathering the data noted in Table 1, the Reporting Entity will find it helpful to review other program-related materials by accessing CCIIO's Transitional Reinsurance Program webpage at http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html or on REGTAP at https://www.regtap.info. Related documents and Frequently Asked Questions (FAQs) are located on REGTAP by selecting 'Library' or 'FAQs' on the REGTAP dashboard and filtering by Program Area 'Reinsurance-Contributions.' REGTAP also allows registrants to submit inquiries and sign up for events.

For more details about other program-related resources, refer to *Appendix B: Resources and Regulatory References* in this document. Once data is gathered and resources are reviewed, the next step is to register on Pay.gov, if the Reporting Entity's organization is not already registered.

4.4 Know Key Deadlines

As illustrated in Table 2 below, there are several key deadlines. The submission of Annual Enrollment Count is due no later than November 15th of each benefit year of the reinsurance program. There are two (2) separate deadlines for remitting the two-part reinsurance contribution amount for the benefit year. The Contributing Entity must schedule the remittance of the First Collection amount no later than January 15th after the applicable benefit year. The Contributing Entity must also schedule the remittance of the Second Collection amount no later than November 15th after the applicable benefit year. Please note that a Contributing Entity may make one (1) payment for the entire contribution amount for the benefit year by January 15th after the applicable benefit year.


In order to comply with the deadlines, the Form filing and the payment(s), either a Combined or Two-part Contribution, must be scheduled by November 15th of the applicable benefit year.

Table 2: Contribution Schedule for the Benefit Year

Activity	2014 Deadlines	2015 Deadlines	2016 Deadlines
Submit Annual Enrollment Count and Schedule Contributions on Pay.gov	November 15, 2014	November 15, 2015	November 15, 2016
Remit First or Combined Contribution Amount	January 15, 2015	January 15, 2016	January 15, 2017
Remit Second Contribution Amount	November 15, 2015	November 15, 2016	November 15, 2017

5 Key Points about Pay.gov Registration

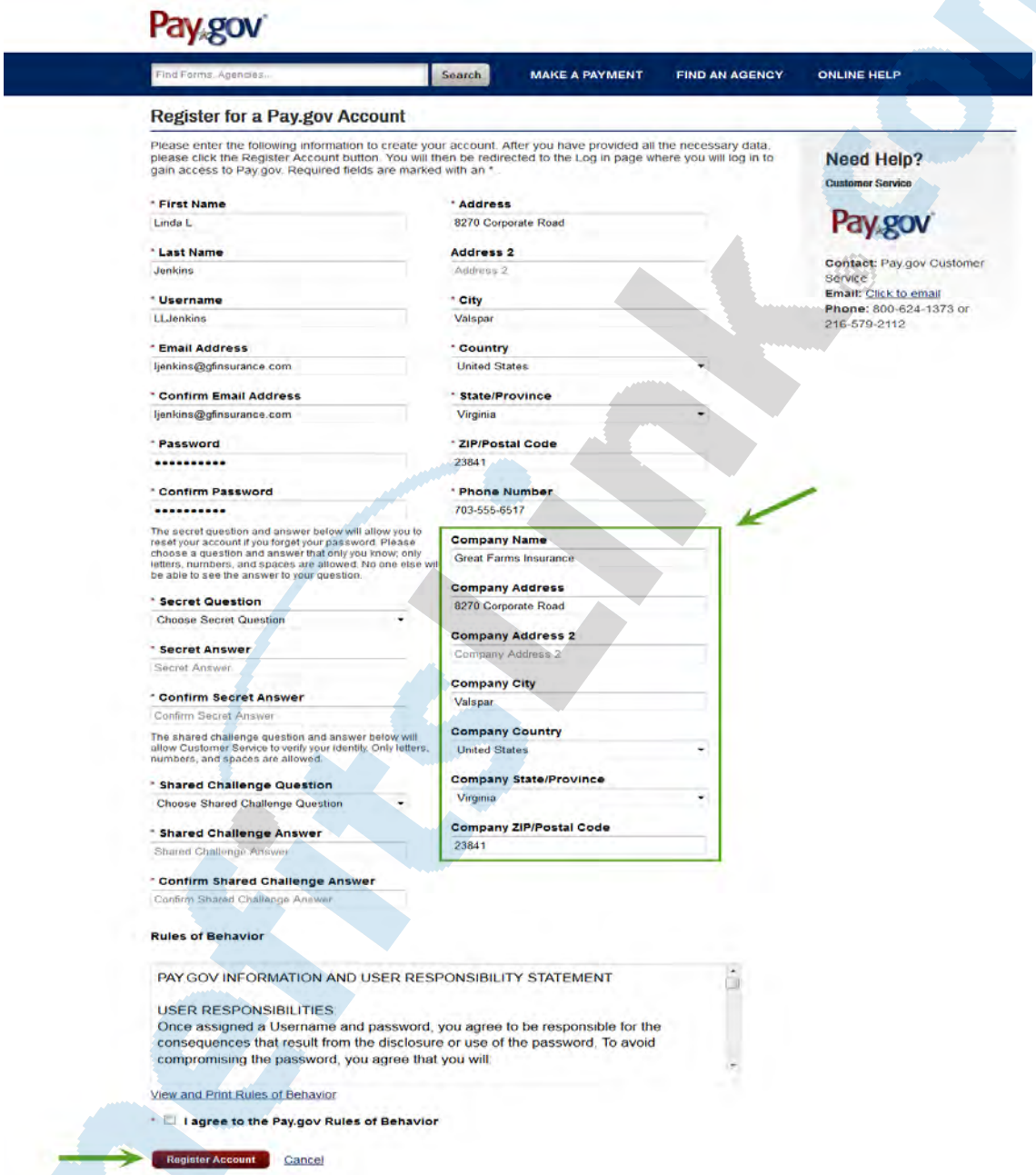
The Reporting Entity is required to register on Pay.gov at https://www.pay.gov to complete the Transitional Reinsurance contribution filing process by the deadlines noted in Table 2. Once Form data is collected, the Annual Enrollment Count is calculated, and the Supporting Documentation prepared, Reporting Entities must complete the Form, upload Supporting Documentation, and schedule remittance on Pay.gov. The completion of the Form is considered notification to the Contributing Entity of the annual reinsurance contribution amount due for each payment type.

If the organization does not have a Pay.gov account, create a Pay.gov account for use to complete the reinsurance contribution submission process. Pay.gov prefers that the Reporting Entity create a single user account. Only one (1) account is required to complete the contribution filing process on behalf of one (1) or more Contributing Entities. While Pay.gov does not limit the number of Forms filed or bank accounts used under one (1) Pay.gov account, each Form filing can only use one (1) bank account for remitting the reinsurance contribution. Users have the ability to save partially completed Forms, view submitted Forms and duplicate Forms.

Figure 2: Pay.gov Home Page

1. On the Pay.gov home screen, select the 'Register' link in the upper right corner to access the registration page.
   - Registration data is used to auto-populate the Form, including:
     - Contact 1 for Submission: The user's name, email address and phone number recorded in the Pay.gov profile will auto-populate on the Form as Contact 1 for submission.
     - Legal Business Name (LBN): The company name recorded in the Pay.gov profile will auto-populate on the Form as the LBN.
     - Billing Address: The company address recorded in the Pay.gov profile will auto-populate on the Form as the Billing Address.

Figure 3: Register for a Pay.gov Account

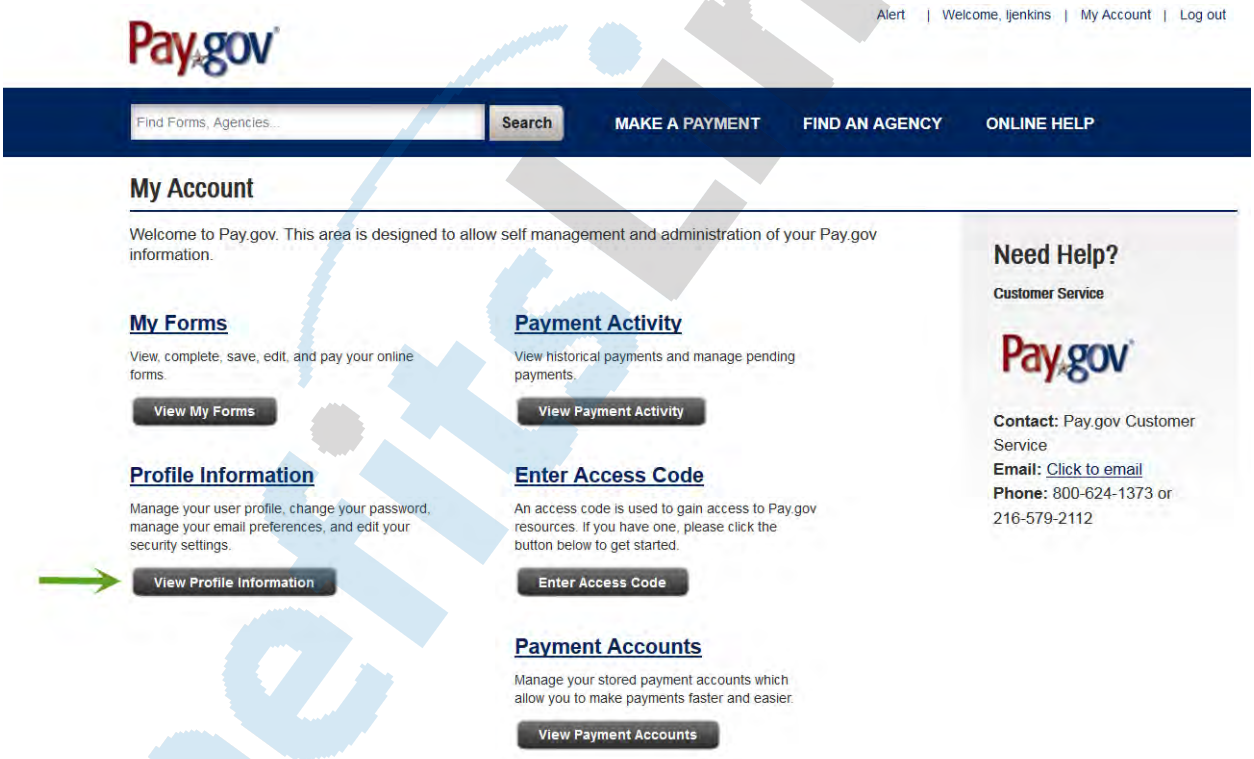


2. Complete the required fields of the registration page.
3. Complete the optional Company Name field and Business Address information.
4. Select the 'Register Account' button.

Pay.gov functions with most current Web Browsers for major operating systems, such as Microsoft Windows®, Apple® and Android™. Supported browsers include: Internet Explorer®, Mozilla FireFox®, Safari® and Google Chrome™. For more information on Pay.gov system requirements, refer to the FAQ on https://www.pay.gov. If you have any issues with Pay.gov registration, contact the Pay.gov helpdesk directly for assistance.

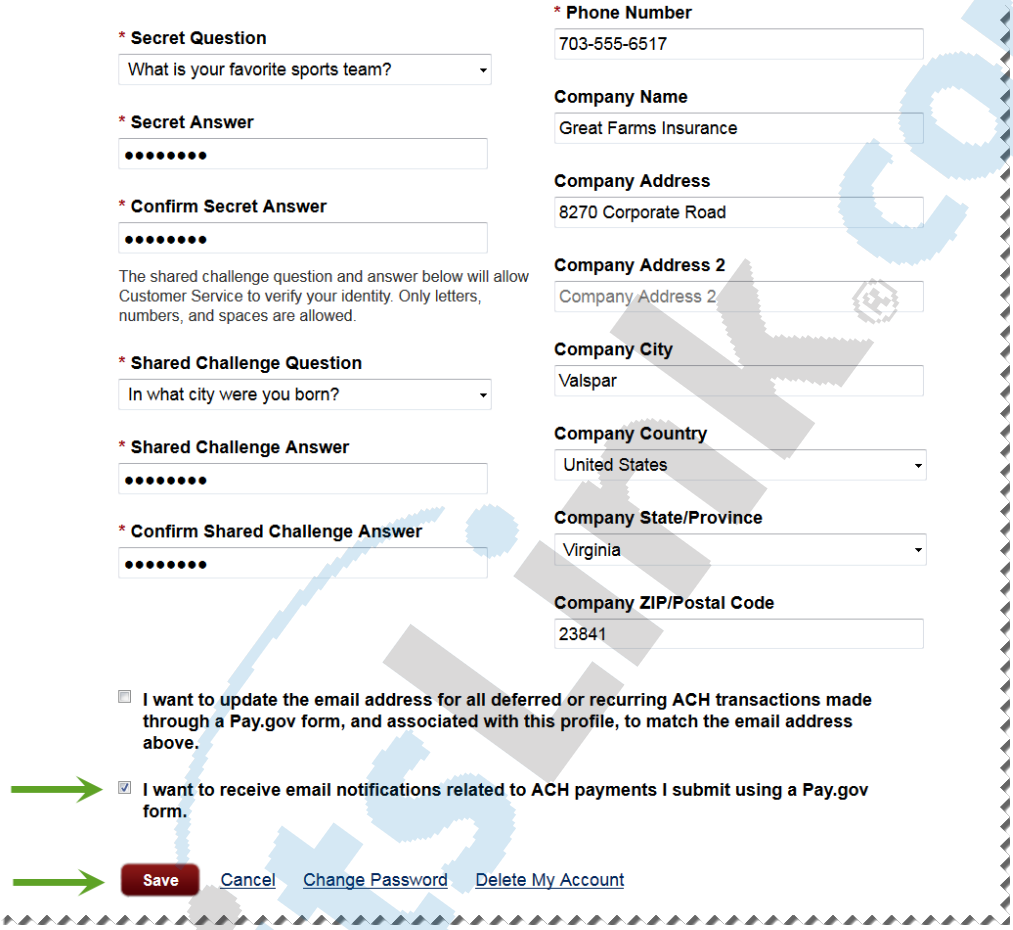
To ensure receipt of email notifications related to scheduled contribution payments, the Pay.gov profile must be updated, as described in the steps below.

Figure 4: My Account



5. On the Pay.gov My Account page, select the ‘View Profile Information’ button.

Figure 5: Profile Information



6. Select the checkbox at the bottom of the Profile Information to indicate that the Reporting Entity wants to receive email notification related to ACH debit payments remitted using a Pay.gov form.
7. Select the 'Save' button to record this election in the Pay.gov profile.

We recommend that all Reporting Entities make this update to stay informed about the status of the ACH debit payments made through Pay.gov.

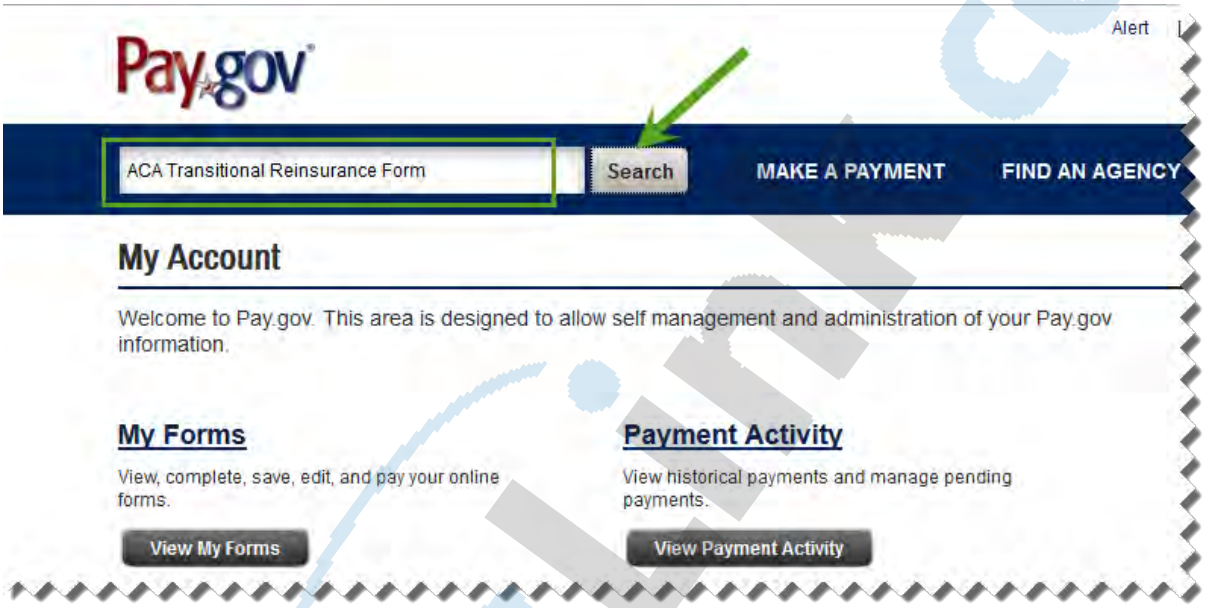
6 First Collection or Combined Collection Filings

After registering on Pay.gov and updating the profile, access the Form by logging in to Pay.gov with your user name and password. You will also upload the Supporting Documentation and schedule contribution remittance payments as part of the submission process.

6.1 Access the Form

1. Log in to Pay.gov.

Figure 6: My Account

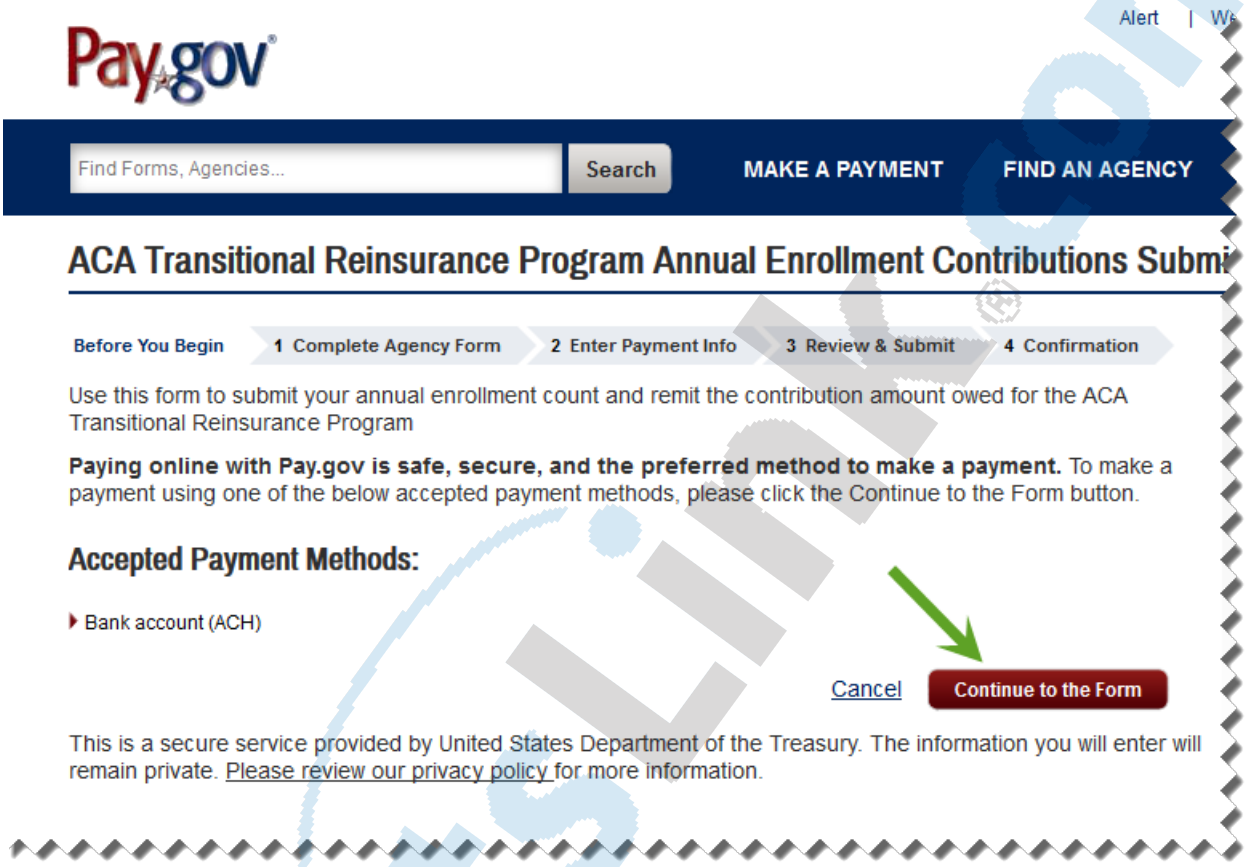


2. Enter 'ACA Transitional Reinsurance Form' in the search box on the My Account page.
3. Select the 'Search' button.

Figure 7: Pay.gov Search Results

4. Select the 'Continue to the Form' button on the Search Results screen.

Figure 8: Before You Begin

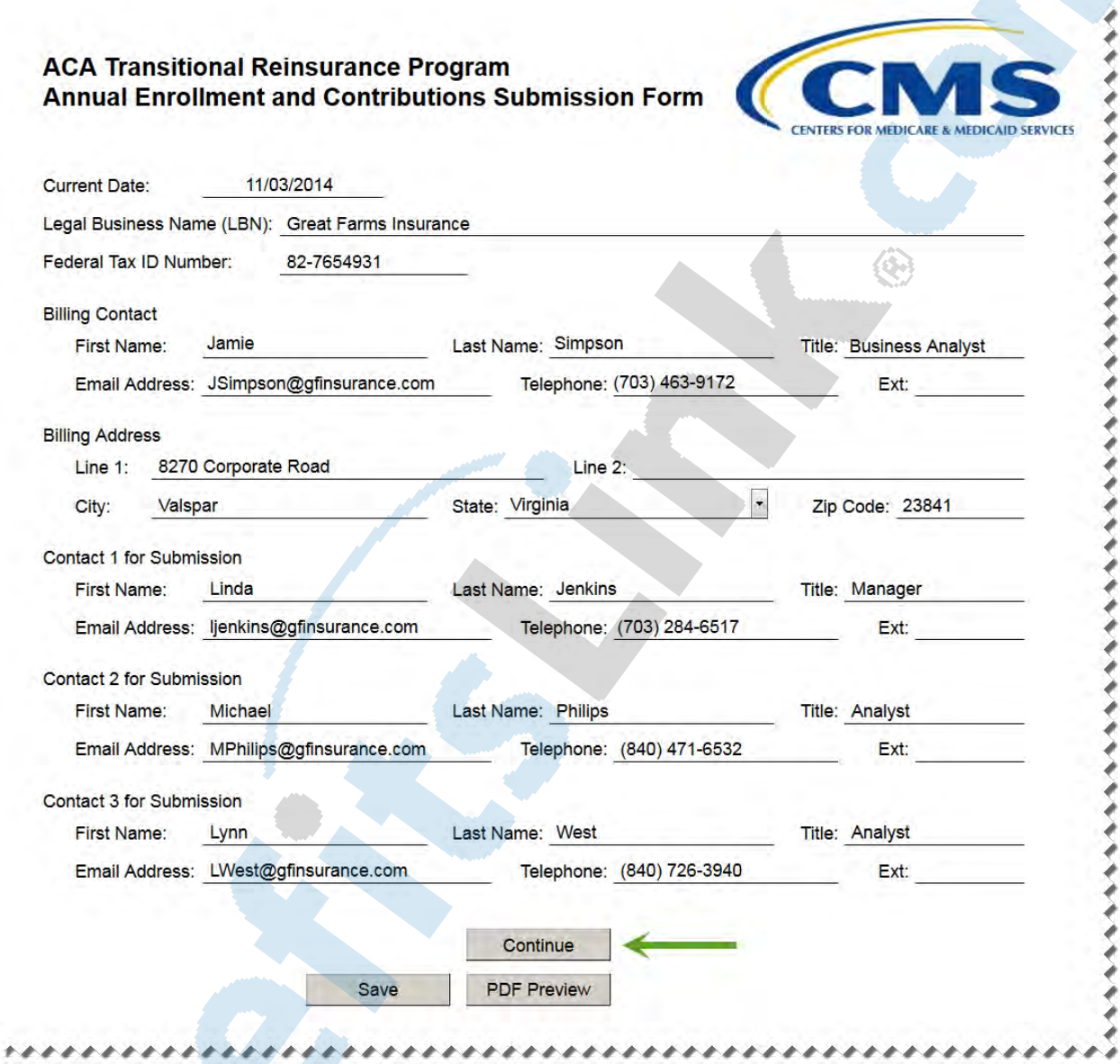


5. Review the information on the Before You Begin page and select the 'Continue to the Form' button.

6.2 Enter Reporting Entity Information

The Form is auto-populated from the Pay.gov profile with the LBN, Billing Address and Contact 1 for Submission. It is important to note the billing contact and address information is for the Reporting Entity filing the Form. This means that a Contributing Entity's information is likely different since Reporting Entities (TPAs, ASO contractors or other third parties) may file on behalf of Contributing Entities.

Figure 9: ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form



ACA Transitional Reinsurance Program
Annual Enrollment and Contributions Submission Form

Current Date: 11/03/2014

Legal Business Name (LBN): Great Farms Insurance

Federal Tax ID Number: 82-7654931

Billing Contact

First Name: Jamie Last Name: Simpson Title: Business Analyst

Email Address: JSimpson@gfinsurance.com Telephone: (703) 463-9172 Ext:

Billing Address

Line 1: 8270 Corporate Road Line 2:

City: Valspar State: Virginia Zip Code: 23841

Contact 1 for Submission

First Name: Linda Last Name: Jenkins Title: Manager

Email Address: ljenkins@gfinsurance.com Telephone: (703) 284-6517 Ext:

Contact 2 for Submission

First Name: Michael Last Name: Philips Title: Analyst

Email Address: MPhilips@gfinsurance.com Telephone: (840) 471-6532 Ext:

Contact 3 for Submission

First Name: Lynn Last Name: West Title: Analyst

Email Address: LWest@gfinsurance.com Telephone: (840) 726-3940 Ext:

Continue

Save PDF Preview

CMS can contact any or all of the contacts listed; therefore, each contact must be able to discuss the information submitted in the Form and the Supporting Documentation.

1. Review auto-populated LBN and update the data if necessary.
2. Enter TIN. This is the TIN affiliated with the LBN entered in the previous field.

3. Enter Billing Contact First Name, Last Name, Title, Email Address and Telephone number.
4. Review auto-populated Billing Address information and update as necessary.
5. Review auto-populated Contact 1 for Submission information. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
6. Enter Contact 2 for Submission First Name, Last Name, Title, Email Address and Telephone number.
7. Enter Contact 3 for Submission First Name, Last Name, Title, Email Address and Telephone number.
8. Select the 'Continue' button to proceed.

Saving the Form allows the Reporting Entity to return for completion at another time. Select 'View My Forms' to access saved and submitted Forms. Select 'PDF Preview' to view a PDF version of the Form with the information provided.

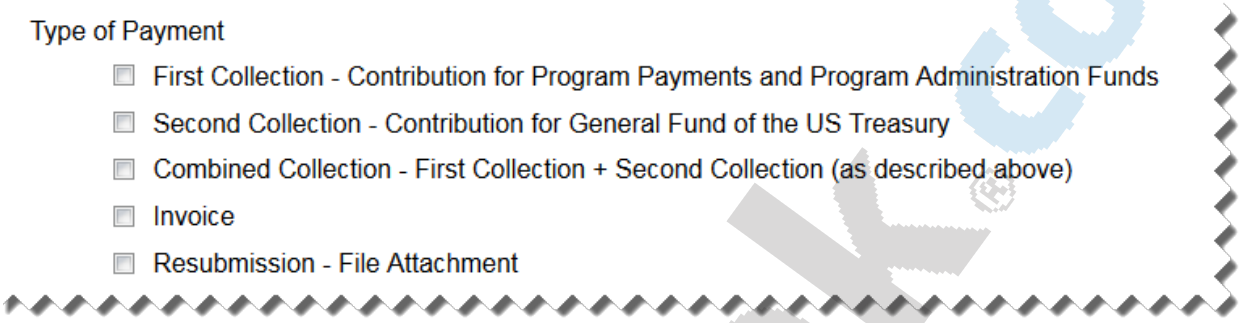
6.3 Select Type of Payment and Benefit Year

The Type of Payment options include:

- First Collection – Contribution for Program Payments and Program Administration Funds
  - Deadline: January 15th after the applicable benefit year
- Second Collection – Contribution for General Fund of the US Treasury
  - Deadline: November 15th after the applicable benefit year
  - Requires the filing of a duplicate Form and Supporting Documentation
- Combined Collection – First Collection + Second Collection (as described above)
  - Deadline: January 15th after the applicable benefit year
- Invoice
  - Only select 'Invoice' if the Contributing Entity receives a formal invoice notice from CMS
  - Step-by-step instructions for filing an Invoice are in *Section 11: Invoice Filing* of this document
- Resubmission – File Attachment
  - Only select 'Resubmission' if the Reporting Entity is submitting corrected Supporting Documentation without payment at the request of CMS

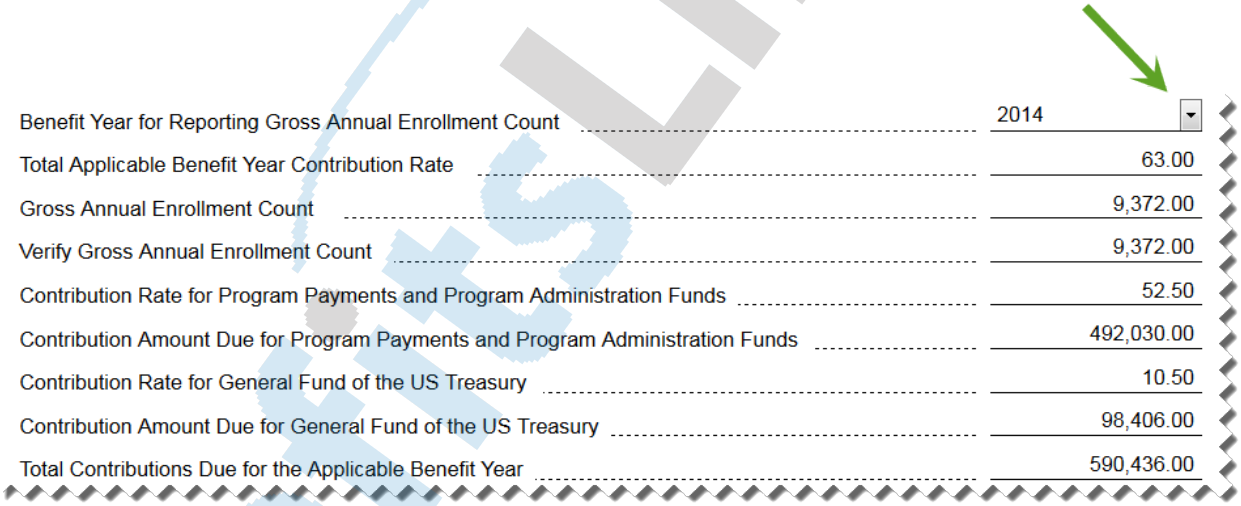
- Step-by-step instructions for filing a Resubmission are in *Section 10: Resubmission Filing* of this document

Figure 10: Select Type of Payment



1. Select the checkbox next to the preferred Type of Payment to schedule.

Figure 11: Select Benefit Year for Reporting Enrollment Count

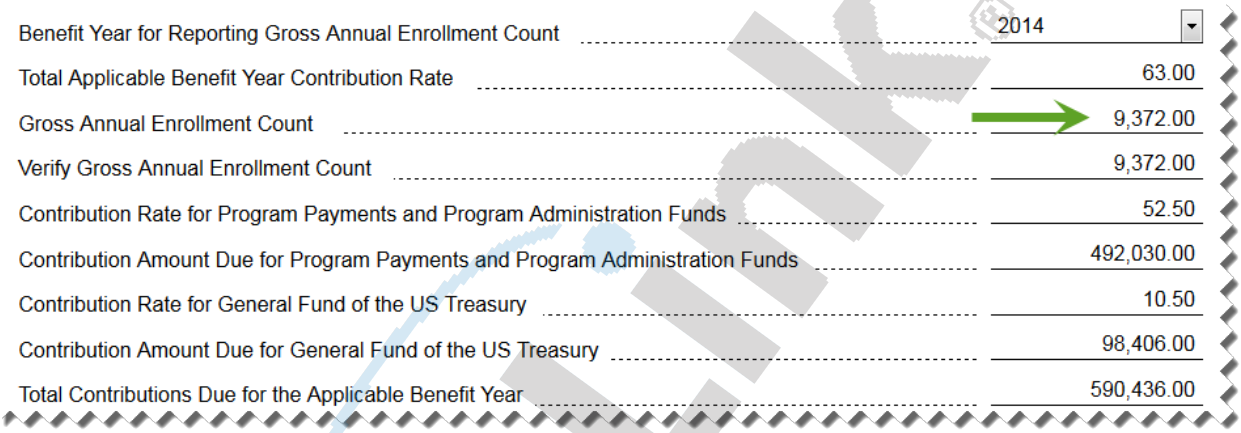


2. Select the appropriate benefit year from the drop-down box next to Benefit Year for Reporting the Gross Annual Enrollment Count.
   - Selecting the Benefit Year field auto-populates the Total Applicable Benefit Year Contribution Rate, the Contribution Rate for Program Payments and Program Administration Funds, and the Contribution Rate for General Fund of the U.S. Treasury fields.
   - The Form only provides 2014 Benefit Year contribution rates at the time of this publication. The contribution rates populate with zeroes and submission is not permitted when any other benefit year is selected.

Refer to *Appendix F: Reinsurance Contribution Remittance Rates* for Program Contribution Rates.

6.4 Enter Gross Annual Enrollment Count

Figure 12: Gross Annual Enrollment Count



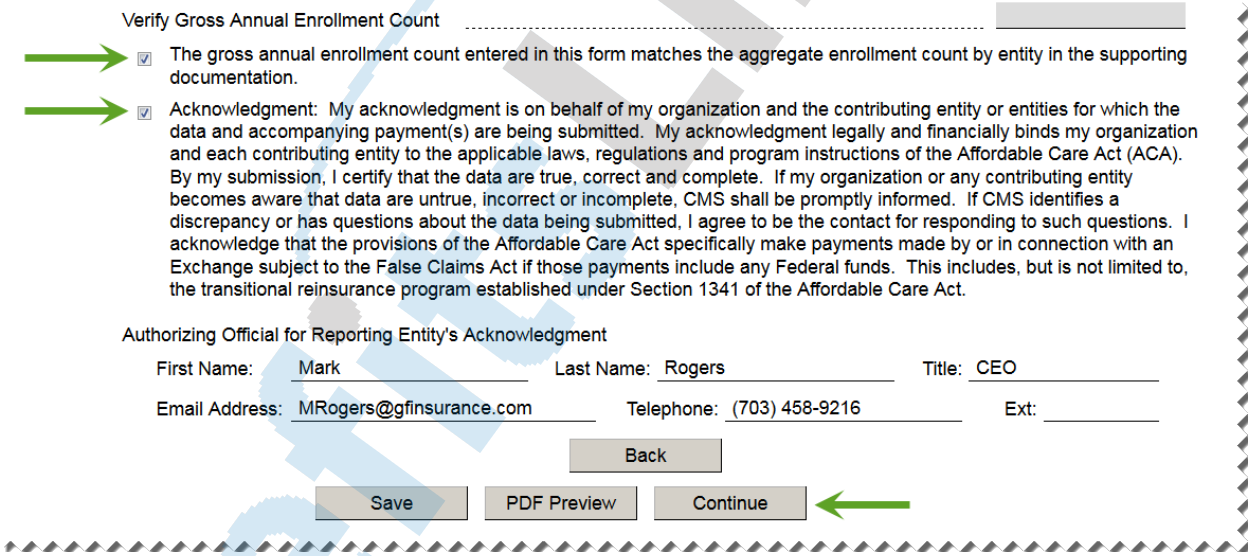
1. Enter the Gross Annual Enrollment Count generated using one (1) of the approved counting methods:
   - If a Reporting Entity is filing on behalf of multiple Contributing Entities, this number is the aggregate of the Annual Enrollment Counts for all Contributing Entities included in the Supporting Documentation. For example, if the Supporting Documentation includes information for 12 Contributing Entities that totals 650 Covered Lives, enter 650 as the Gross Annual Enrollment Count on the Form.
   - Be mindful of the enrollment count limitations of the Form described in *Section 4: Things to Consider before Getting Started* for details on these limitations.

For more information, review the following documents: 'Contributing Entities and Counting Methods Slides' and 'Counting Method Examples for Contributing Entities' in the REGTAP Library or CCIIO's Transitional Reinsurance Program webpage. Refer to *Appendix B: Resources and Regulatory References* for website links.

2. Enter the Gross Annual Enrollment Count again to verify the number.
   - o After verifying the Gross Annual Enrollment Count, the Form will auto-populate the Contribution Amount Due for Program Payments and Program Administration Funds, the Contribution Amount Due for General Fund of the U.S. Treasury fields and provide the Total Contributions Due for the applicable benefit year.
   - o The calculated amounts cannot be edited and serve as notification of Reinsurance Contributions Due under 45 CFR 153.405(c).
3. Select the checkbox next to the statement 'The gross annual enrollment count entered in this form matches the aggregate enrollment count by entity in the supporting documentation' to indicate agreement with this statement.

6.5 Complete Acknowledgement Statement and Authorizing Official Information

Figure 13: Verification and Acknowledgement

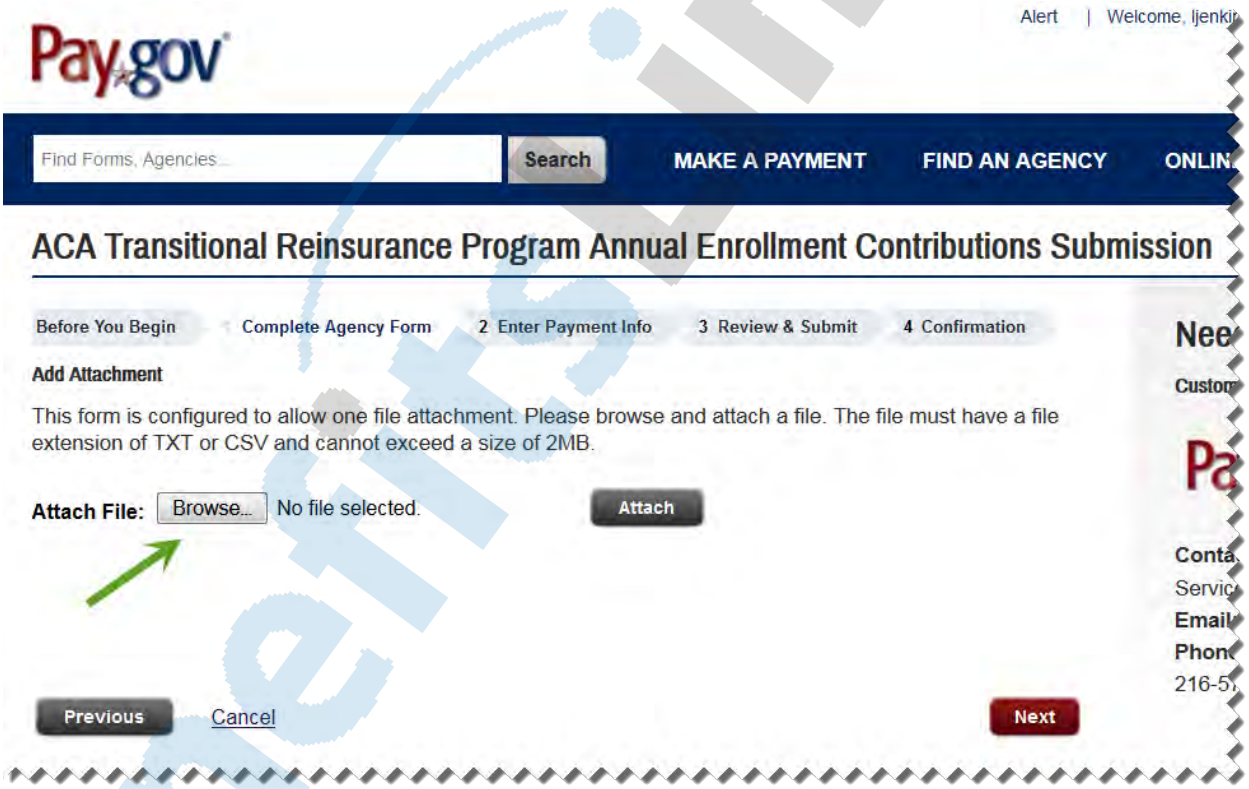


1. Select the checkbox next to the Acknowledgement as agreement to the statement.
2. Enter Authorizing Official First Name, Last Name, Title, Email Address and Telephone number.
3. Select the 'Continue' button to proceed.

If a TPA, ASO contractor or other third party is completing the reinsurance contribution filing for a single or group of affiliated Contributing Entities, it remains a business decision between the TPA or ASO contractor and the Contributing Entity to decide whom to list as the Authorizing Official. It is possible that the name entered in 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.

6.6 Upload Supporting Documentation

Figure 14: Add Attachment



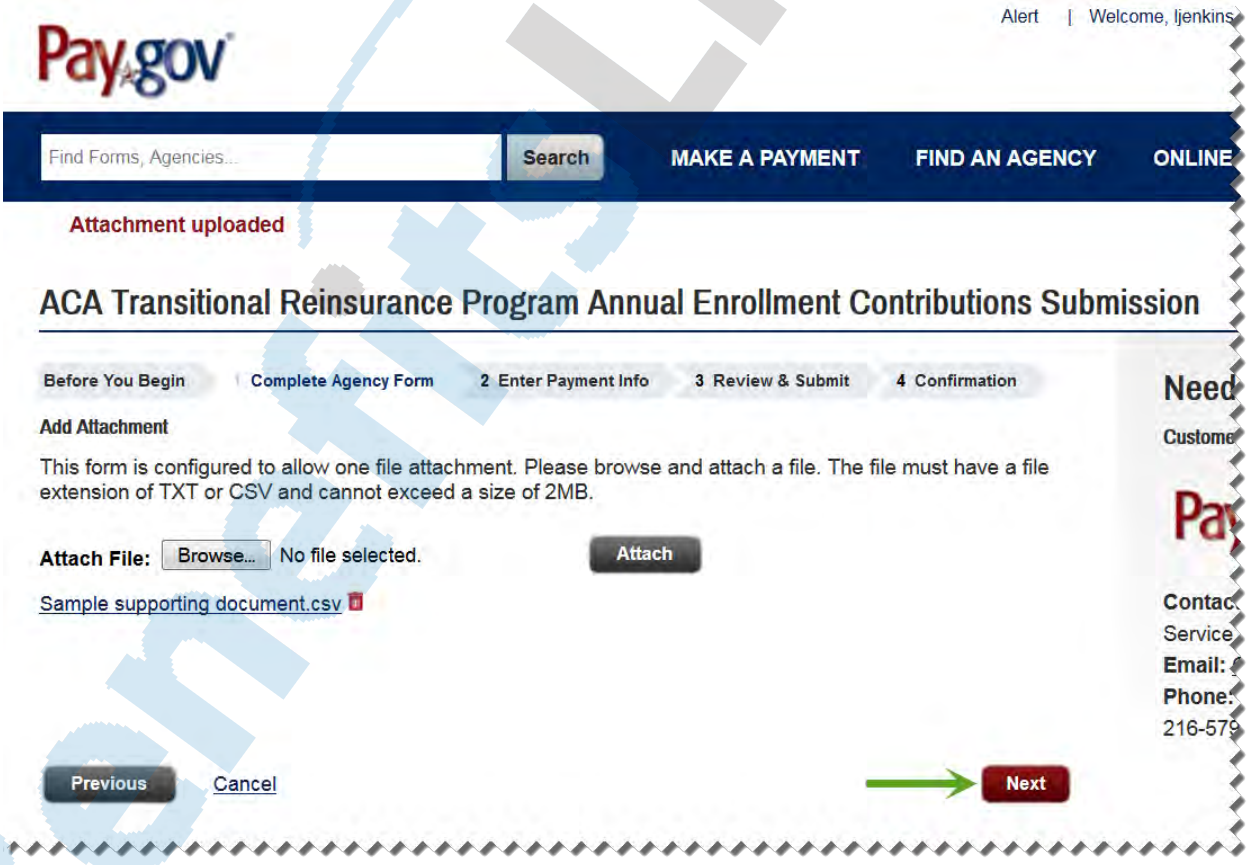
1. Select the 'Browse' button to locate the CSV Supporting Documentation that matches the Gross Annual Enrollment Count entered on this Form.
   - All Form submissions require Supporting Documentation.

- The Supporting Documentation contains information about the Contributing Entity or Entities for whom a Reporting Entity is submitting an Annual Enrollment Count(s).
- For more details about the Supporting Documentation, refer to *Appendix D: Supporting Documentation* in this document.

2. Select the 'Attach' button to upload the Supporting Documentation.

> For more information on the Supporting Documentation, review the 'Submission of Supporting Documentation through Pay.gov' webinar slides. The Supporting Documentation Manual and Job Aid is located in the REGTAP Library or CCIIO's Transitional Reinsurance Program webpage. Refer to *Appendix B: Resources and Regulatory References* for website links.

Figure 15: Attach File

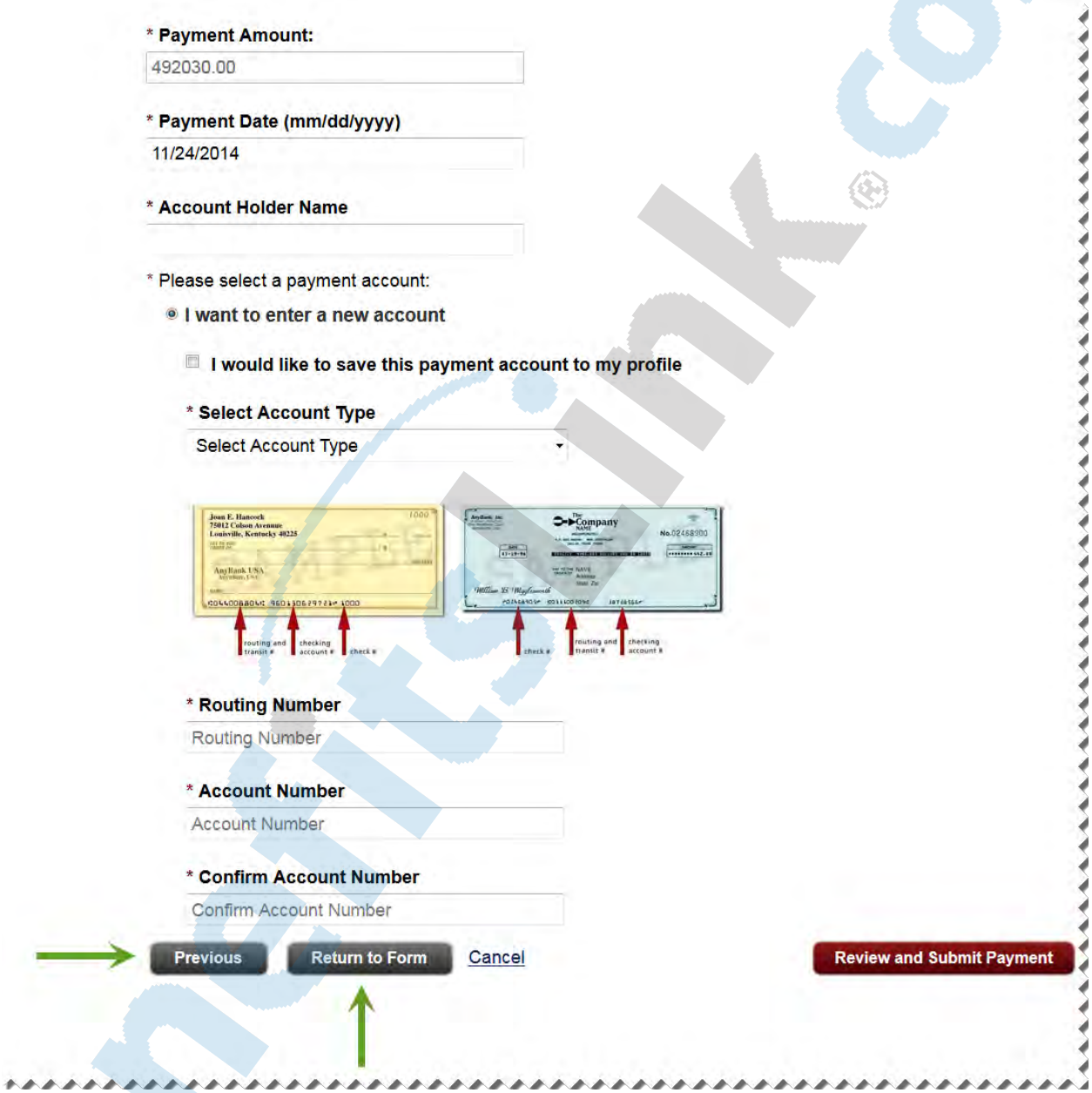


3. The Supporting Documentation file name is listed on the screen. Select the 'Next' button to proceed.

If the wrong file is attached, select the 'Trash Can' button next to the file name to delete the attachment. Select the 'Browse' button to attach a different file.

6.7 Schedule Contribution Payment

Figure 16: Enter Payment Information



1. The Payment Amount auto-populates based on the 'Type of Payment' selection and the calculated contribution amount on the Form. Review this amount. If it is other than expected, select the 'Return to Form' button to return to the first page of the Form. Review and adjust data as necessary.

2. Enter or select the Payment Date.
   - The Payment Date will populate with the next business day's date; however, we recommend scheduling payment 30 days from the date of Form filing, but no later than the payment deadline. Refer to *Table 2: Contribution Schedule for the Benefit Year* in *Section 4.4:* Know Key Deadlines of this document for more information regarding filing and remittance due dates.
   - If scheduling the First Collection or a Combined Collection contribution payment, select a date no later than January 15th after the applicable benefit year.

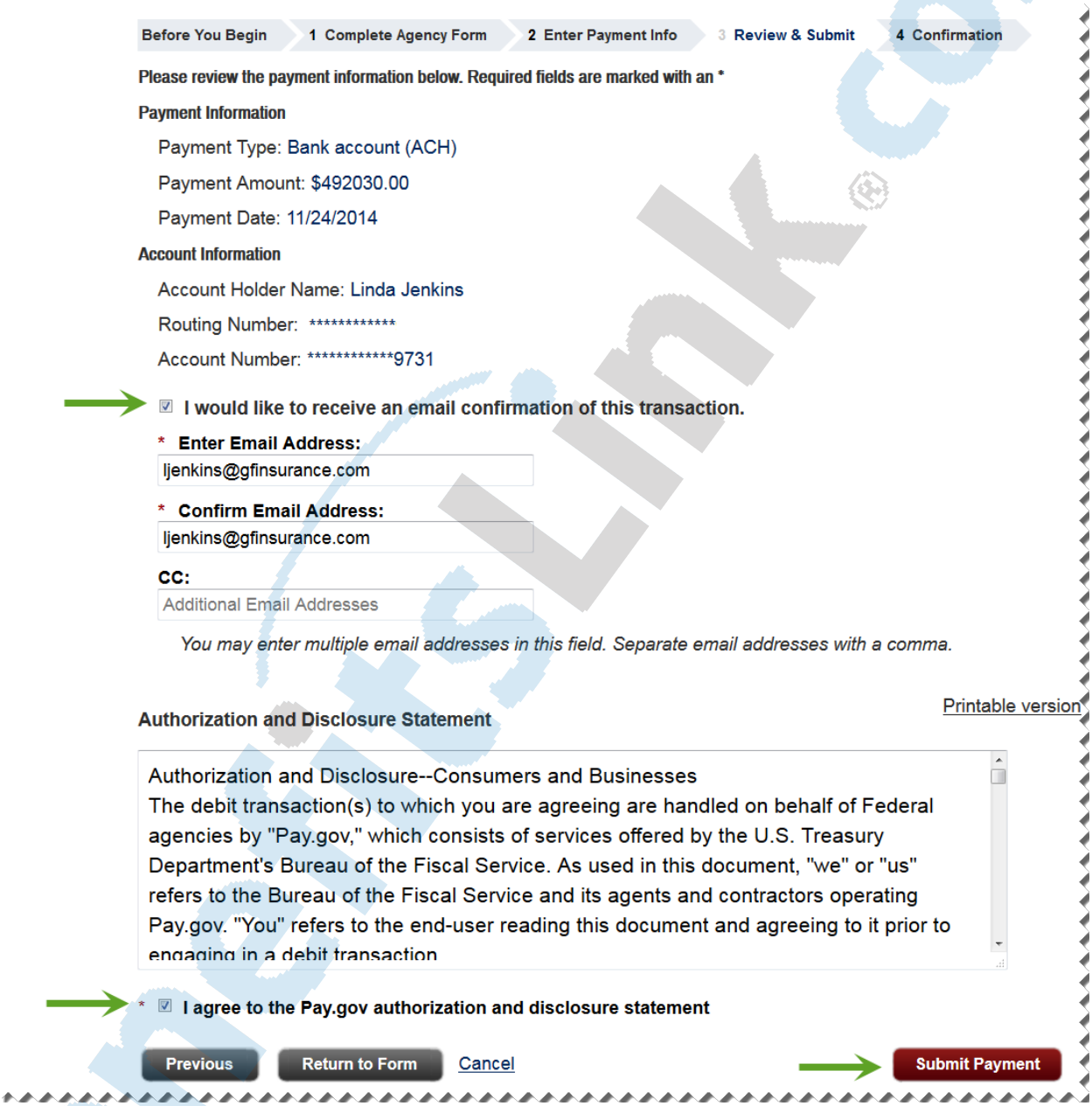
> We recommend scheduling the payment 30 days from the date of Form filing (as long as the payment date is not after January 15th after the applicable benefit year for the First Collection or a Combined Collection).

3. Enter the Bank Account Holder Name.
4. Select the appropriate Account Type from the drop-down list.
5. Enter the Bank Routing Number from which payment will be withdrawn.
6. Enter the Bank Account Number from which payment will be withdrawn.
7. Confirm the Bank Account Number.
   - The option to save banking information to your profile is available at this time, for ease of use during multiple submissions.
8. Select the 'Review and Submit Payment' button to proceed.

> Ensure that sufficient funds are available in the account for the scheduled payment date to avoid bank charges.

6.8 Submit the Payment

Figure 17: Review & Submit



1. Review the data listed under Payment Information and Account Information.
2. Select the checkbox next to 'I would like to receive an email confirmation of this transaction.'
3. Enter the submitter's email address.

4. Re-enter the email address above in the Confirm Email Address field.
5. Enter one (1) or more email addresses to be carbon copied (CC) in the CC field, if desired. Separate each email address by a comma.
6. Select the checkbox next to the 'I agree to the Pay.gov authorization and disclosure statement.'
7. Select the 'Submit Payment' button to proceed.

Figure 18: Confirmation

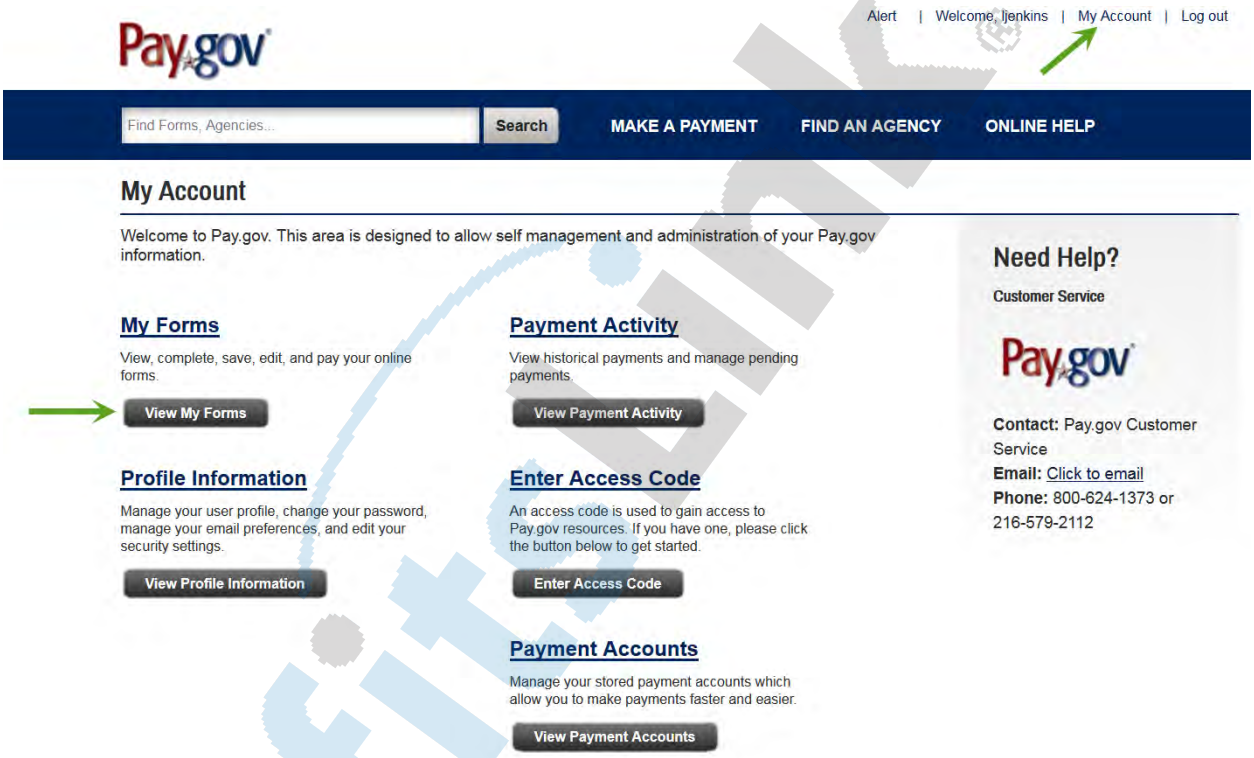
8. Select 'Print Receipt' link to print a copy of the scheduled payment information for the Reporting Entity's records.

7 Second Collection Filing

When submitting the reinsurance contribution in two (2) parts, duplicate the First Collection Form filing to schedule the payment for the Second Collection.

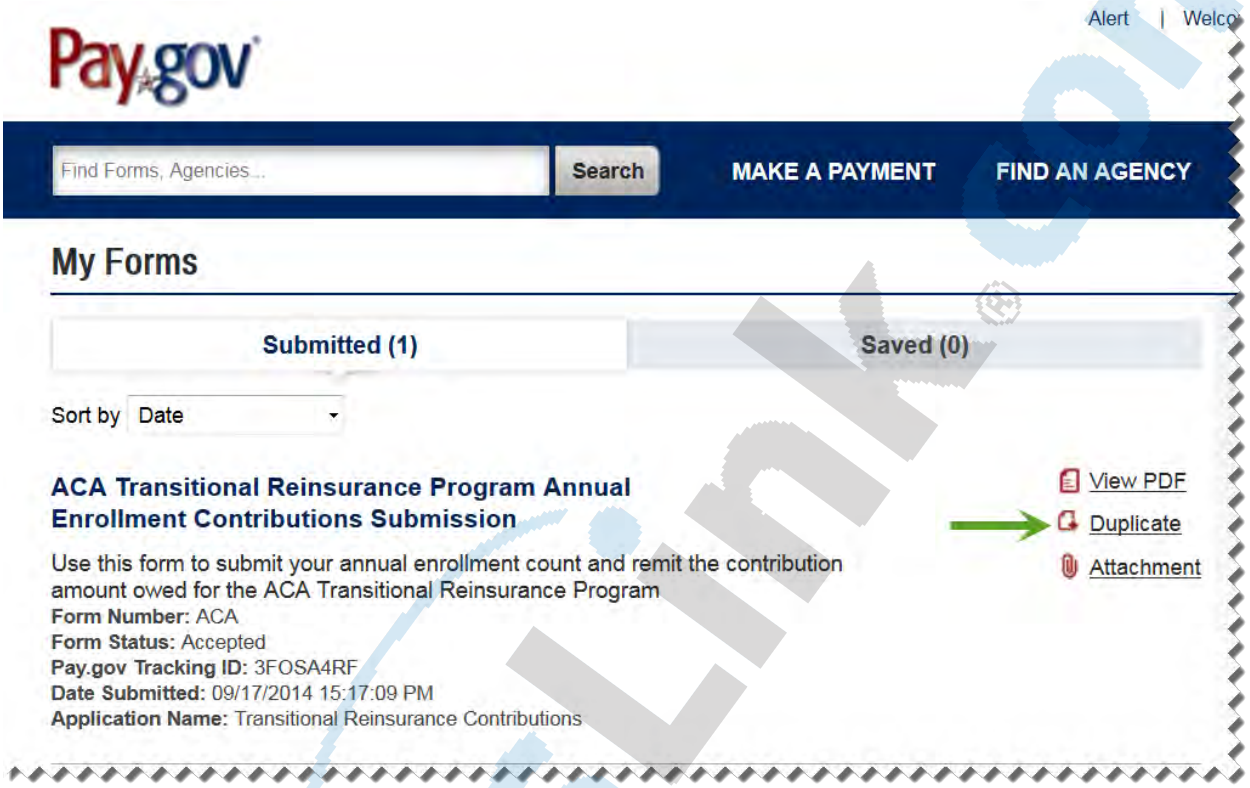
7.1 Locate and Duplicate Form

Figure 19: Select View My Forms



1. Select the 'My Account' link in the upper right corner to navigate to the My Account page.
2. Select the 'View My Forms' button.

Figure 20: Duplicate the Submitted Form



3. Locate the Form previously completed and select the 'Duplicate link.' This can be identified by the Pay.gov Tracking ID provided on the receipt of the First Collection.

7.2 Review and Update Duplicated Form

1. Review the Reporting Entity Information for accuracy and select 'Continue.'
2. Under Type of Payment, select the checkbox next to Second Collection – Contribution for General Fund of the U.S. Treasury.
3. Select the 'Continue' button to proceed.

7.3 Upload Supporting Documentation

Using the same steps in the First Collection filing, attach the same Supporting Documentation.

7.4 Schedule Second Collection

Using the same steps as the First Collection filing, complete the Payment Information, and review and submit the Second Collection. Print the receipt on the Confirmation page.

We recommend scheduling the payment 30 days after the date of Form filing (as long as the payment date is not after November 15th after the applicable benefit year for the Second Collection).

8 Form Updates and Payment Errors

Changes to contacts listed on the Form (Billing Contact, Submitter Contacts or Authorizing Official) or the billing information after the Form is submitted by the Reporting Entity will require CMS notification through email. Changes to the contacts do not require re-filing steps, but CMS must be informed so that the appropriate individuals are contacted, if necessary. Review *Appendix B: Resources and Regulatory References* for the Transitional Reinsurance Program Support Mailbox.

It is possible for either the Reporting Entity or CMS to identify an error or issue after completing the Form filing(s). For example, it is possible that:

- Gross Annual Enrollment Count on the Form is incorrect.
- Supporting Documentation CSV file is incorrect.
- Gross Annual Enrollment Count on the Form and the sum of all Annual Enrollment Counts in the Supporting Documentation do not match.
- ACH bank account information changes between Form filing and contribution payment.

The steps to resolve errors will vary depending when the error or issue is identified.

- When an error is identified prior to payment of the Transitional Reinsurance Contribution, the Refiling process steps are followed. Refer to *Section 9: Refiling Reinsurance Contributions*.
- When an error is identified after payment and the issue relates to the Supporting Documentation (i.e. the Gross Annual Enrollment Count submitted on the Form is correct), the Resubmission Filing process steps are followed. Refer to *Section 10: Resubmission Filing*.
- When the error is identified after payment and an Invoice is received, the Invoice Filing steps are followed. Refer to *Section 11: Invoice Filing*.

For more detailed scenarios, refer to 'The Transitional Reinsurance Program: Supporting Documentation Job Aid Preview & Updating Reinsurance Contribution Filings' webinar slides posted in the REGTAP Library or CCIIO's Transitional Reinsurance Program webpage. Refer to *Appendix B: Resources and Regulatory References* for website links.

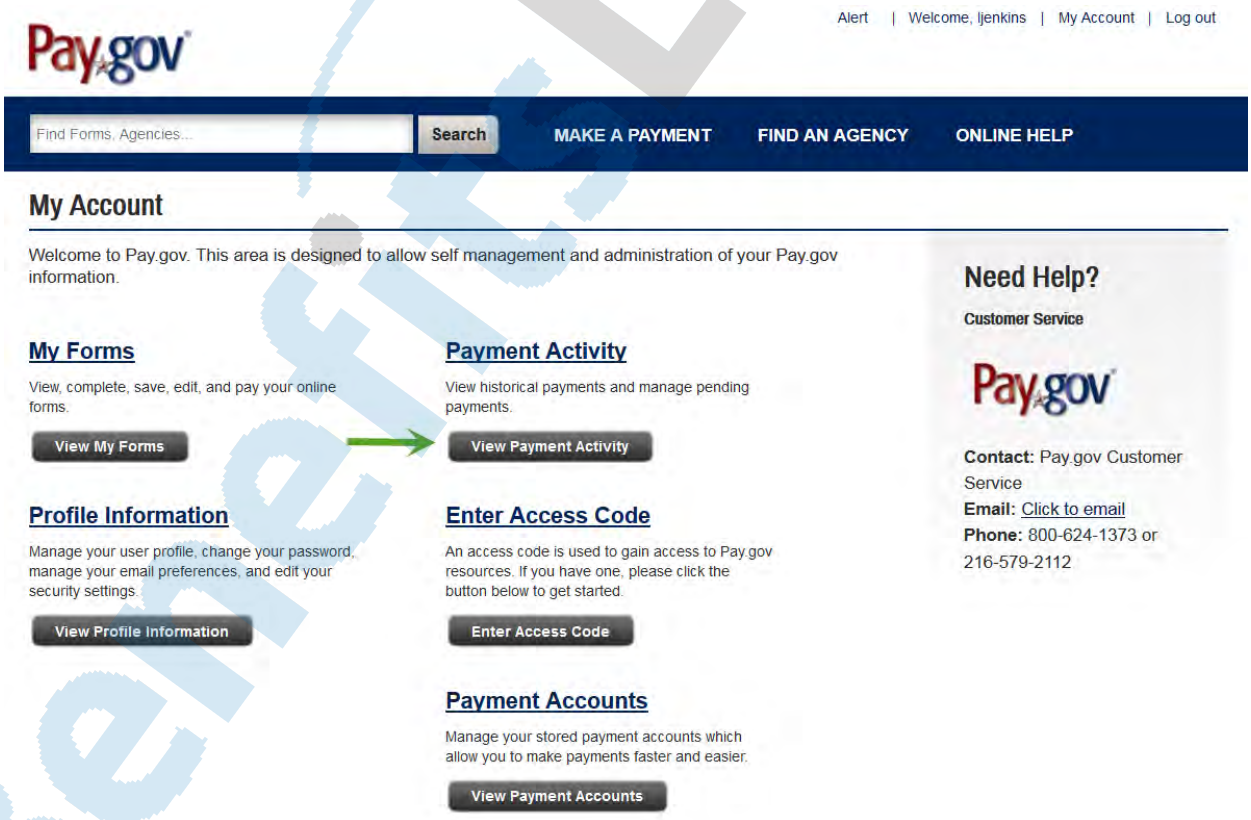
9 Refiling Reinsurance Contributions

When an error needs correction, and it is before the scheduled payment date, complete the following activities.

9.1 Cancel Any and All Scheduled Payments

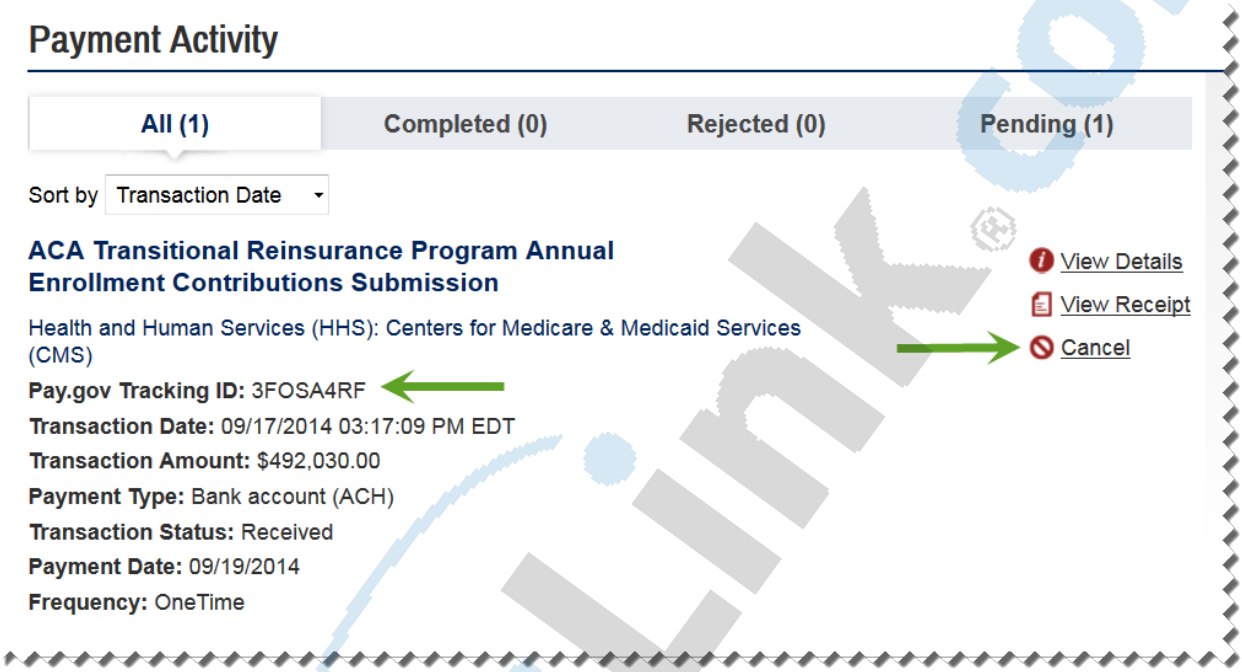
1. Log in to Pay.gov.

Figure 21: Select View Payment Activity



2. Select the 'View Payment Activity' button on the My Account page.

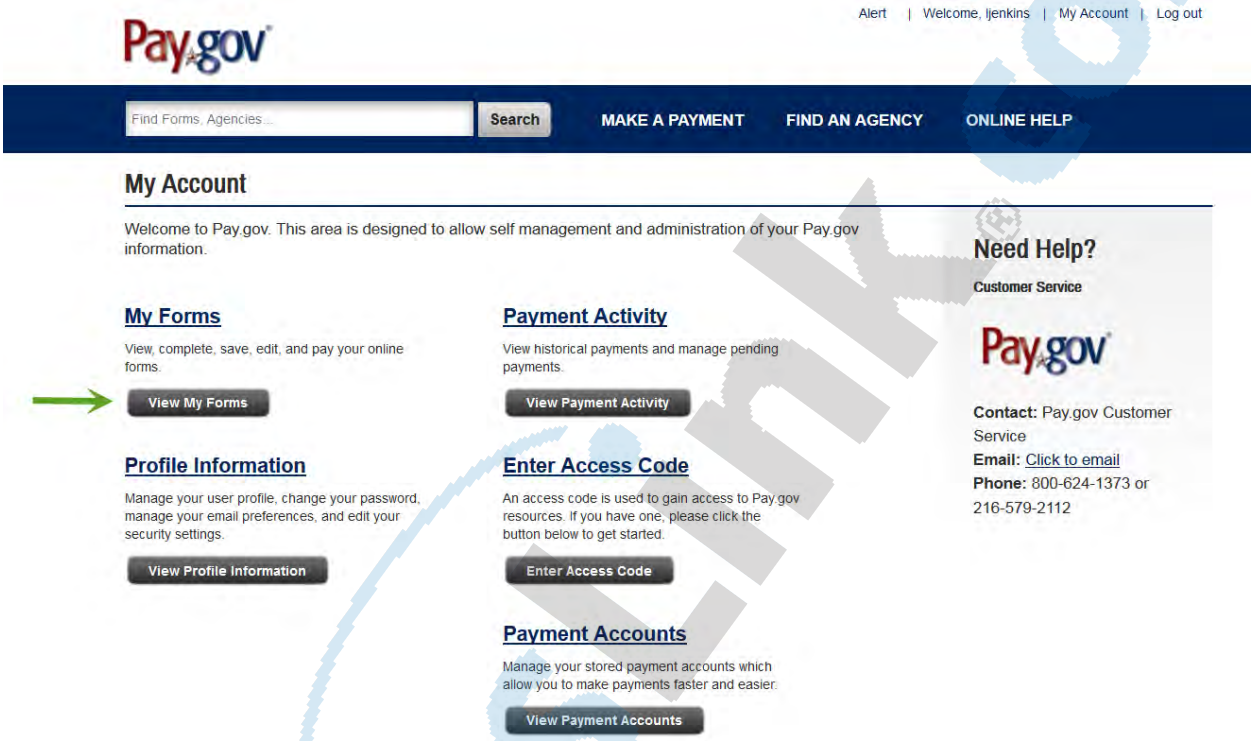
Figure 22: Select the Pending Heading



3. Select the 'Pending' heading to locate the scheduled payment(s). Note the Pay.gov Tracking ID associated with the pending transaction for cancellation; this information is needed to complete the Refiling process steps.
4. Select the 'Cancel' button, to cancel the scheduled payment.
5. If a Second Collection payment was scheduled, follow the previous steps to cancel this payment. Note that the Second Collection payment has a different Pay.gov Tracking ID; this information is needed to complete the Refiling process steps.

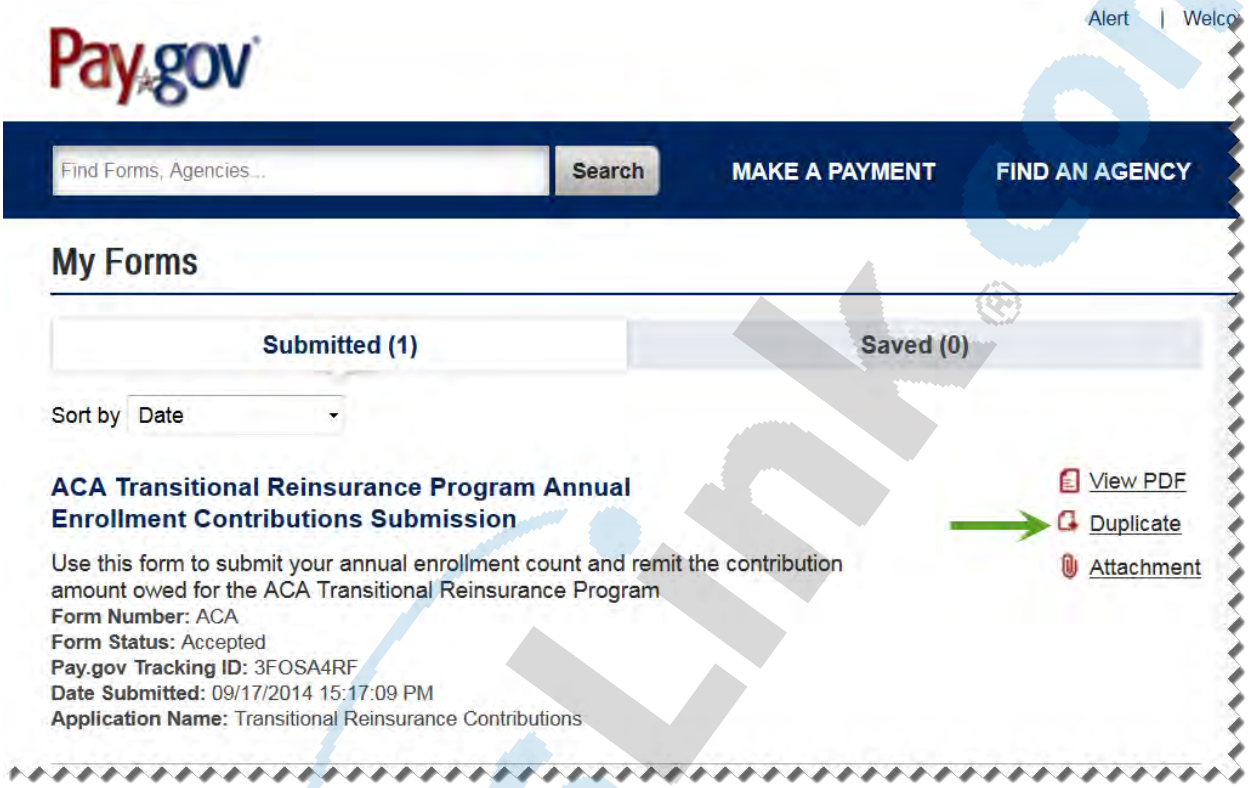
9.2 Locate and Duplicate Form

Figure 23: Select 'View My Forms'



1. Select the 'My Account' link in the upper right corner to navigate to the My Account page.
2. Select the 'View My Forms' button.

Figure 24: Select Duplicate Link



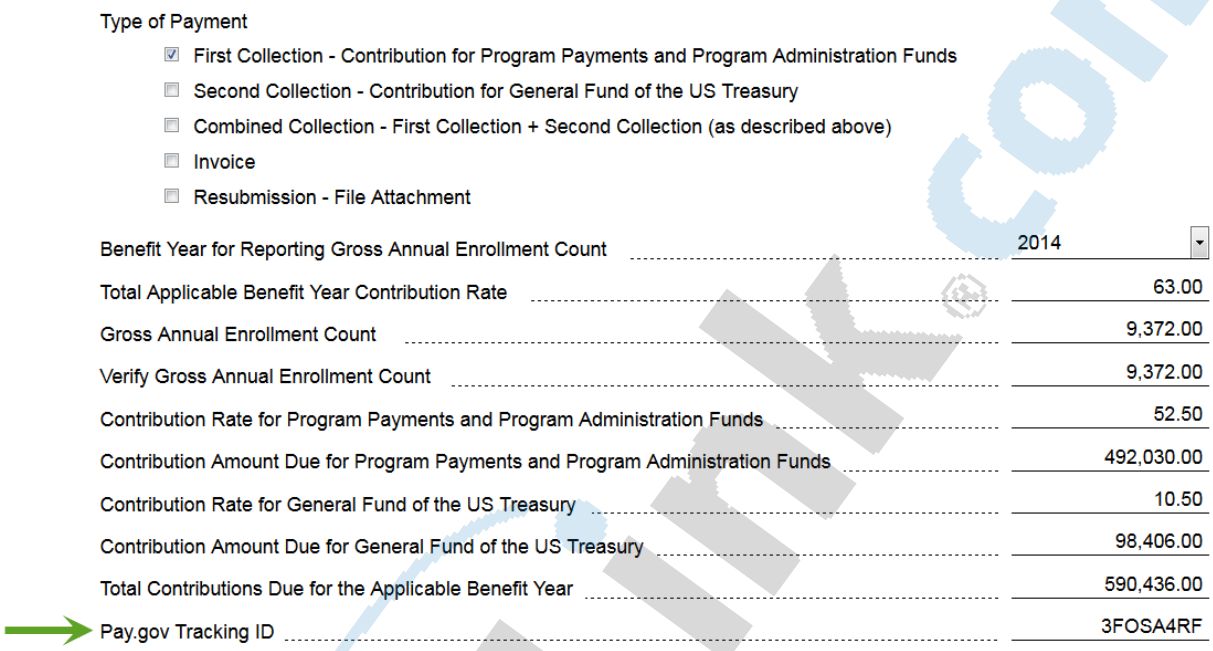
3. Select the 'Submitted' tab to view the list of submitted Forms.
4. Locate the Form associated with the cancelled filing.
5. Select the 'Duplicate' link.

9.3 Review and Update Duplicated Form

1. Review and update the billing and contact information on the Form, if necessary, and select the 'Continue' button.
2. Under Type of Payment, select the checkbox next to the preferred Type of Payment.
3. Make any updates to this section of the Form, as necessary.

Update and correct the applicable sections that are the error source; i.e. Gross Annual Enrollment Count.

Figure 25: Enter Pay.gov Tracking ID



4. Enter the Pay.gov Tracking ID of the cancelled payment transaction.
5. Select the 'Continue' button to proceed

9.4 Upload Supporting Documentation

Use the same steps in *Section 6.6: Upload Supporting Documentation* to attach the appropriate Supporting Documentation. This will not be the same Supporting Documentation used during initial filing if an error was identified, but an updated file. Confirm that the Gross Annual Enrollment Count on the Form and the sum of all Annual Enrollment Counts on the Supporting Documentation match.

9.5 Schedule Refiling

Use the same steps in *Section 6.7: Schedule Contribution Payment* and *Section 6.8: Submit the Payment* to complete the Payment Information, review, and submit the Collection, and print the receipt on the Confirmation page.

9.6 Second Collection Filing, if Necessary

Follow the process steps in *Section 7: Second Collection Filing* when the second payment of two-part payment is cancelled.


If an error is discovered by the Reporting Entity prior to the scheduled payment date, follow the refiling process steps, noting the Pay.gov Tracking ID on the Form. CMS monitors cancelations and re-filings.

10 Resubmission Filing

In a situation where a Reporting Entity or CMS identify an error after payment is made and it relates to the Supporting Documentation:

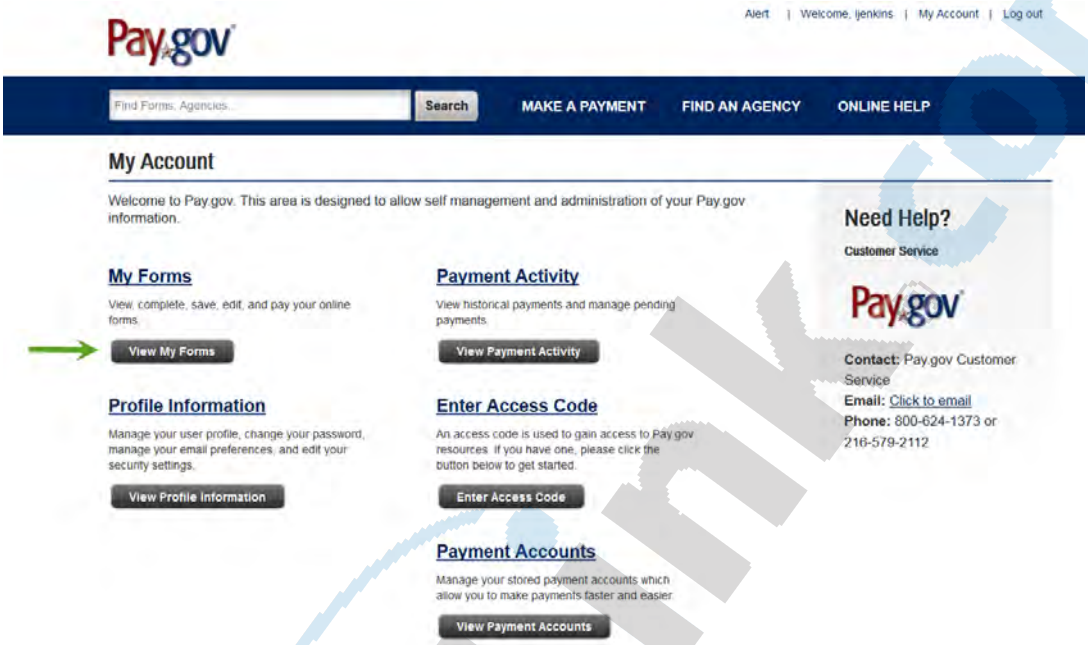
- The Reporting Entity contacts CMS to address the error. CMS works with the Reporting Entity to determine the error and whether a Resubmission is required. When contacting CMS, please indicate the Pay.gov Tracking ID associated with the filing.
- CMS will email the Reporting Entity specifying the error types identified and note the Pay.gov Tracking ID associated with the filing.

Note that in this scenario, the Gross Annual Enrollment Count on the Form and related contribution payment is accurate. This situation arises when the number of Covered Lives on the Form is correct, but not in alignment with the Supporting Documentation, or the Supporting Documentation is submitted in the incorrect format.

10.1 Obtain Pay.gov Tracking ID and Duplicate Form

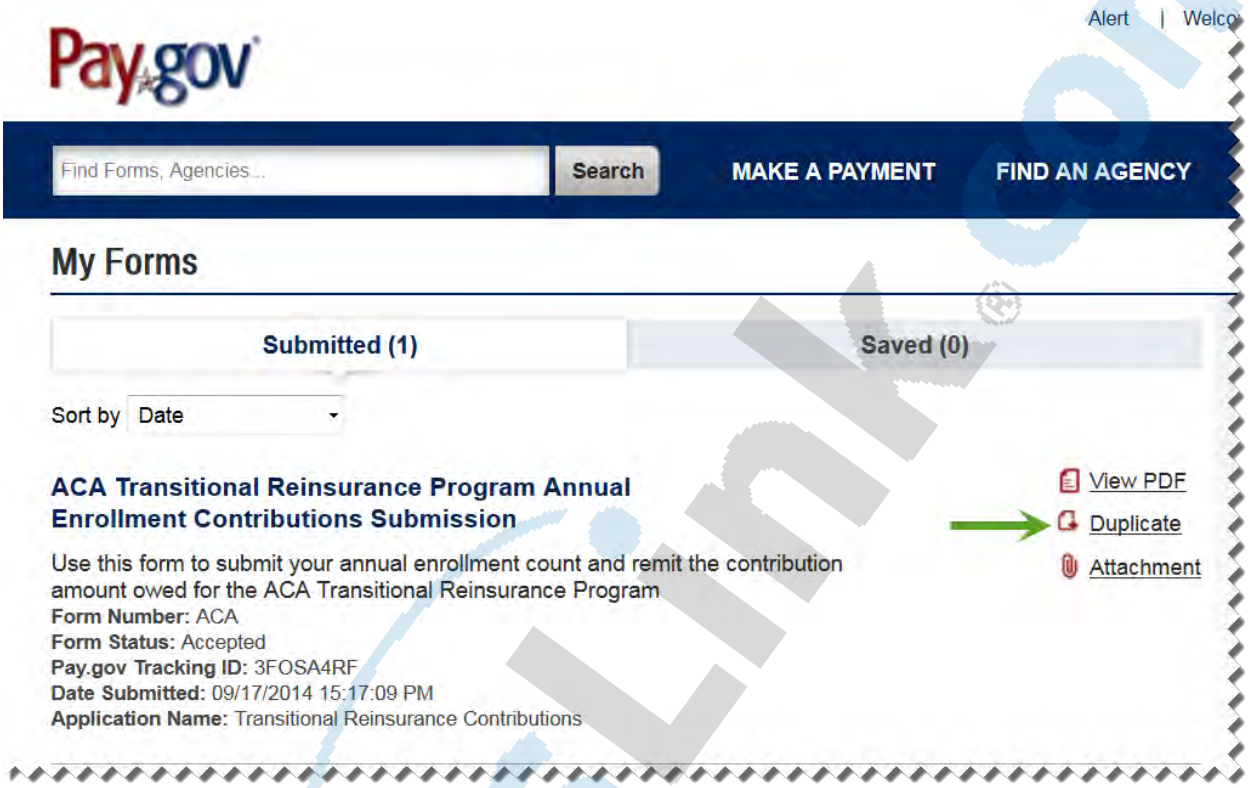
1. Log in to Pay.gov.

Figure 26: Select 'View My Forms'



2. Select the 'View My Forms' button.

Figure 27: Select Duplicate Link



3. Select the 'Submitted' link to view the list of submitted Forms.
4. Locate the Form, by Pay.gov Tracking ID, for the completion of the Resubmission.
5. Note the Pay.gov Tracking ID associated with that Form for later use.
6. Select the 'Duplicate' link.

10.2 Review and Update Duplicated Form

1. Review and update the billing and contact information on the Form, if necessary, and select 'Continue'.
2. Under Type of Payment, select the checkbox next to Resubmission.

Figure 28: Enter Pay.gov Tracking ID and Enrollment Count

3. Enter the Pay.gov Tracking ID associated with the original transaction.
4. Enter the Gross Annual Enrollment Count.
5. Enter the Gross Annual Enrollment Count again to verify the number.
6. Select the 'Continue' button to proceed.

10.3 Upload Corrected Supporting Documentation

Use the same steps in *Section 6.6: Upload Supporting Documentation*, attach the appropriate Supporting Documentation. Confirm that the Gross Annual Enrollment Count on the Form and the sum of all Annual Enrollment Counts on the Supporting Documentation match.

10.4 Submit Resubmission

Select the 'Next' button to submit the corrected Supporting Documentation and complete the Resubmission process.

11 Invoice Filing

In a situation where a Reporting Entity or CMS identify an error after payment is made:

- The Reporting Entity contacts CMS to address those errors. CMS works with the Reporting Entity to determine the error and whether to issue an invoice. When contacting CMS, please indicate the Pay.gov Tracking ID associated with the filing.
- CMS will email the Reporting Entity specifying the error types identified and note the Pay.gov Tracking ID associated with the filing.


The following steps are for Contributing Entities that received an Invoice from CMS. Invoices are sent by U.S. mail.

Invoices are issued to the entity responsible for the Reinsurance Contribution under Section 1341 of the Affordable Care Act. Therefore, the Contributing Entity (not the Reporting Entity) receives the Invoice because any debt associated with reinsurance contributions lies with the Contributing Entity. If a Reporting Entity filed the Form on behalf of multiple Contributing Entities, CMS contacts the Reporting Entity to determine which Contributing Entity to Invoice. The invoice can be filed and paid by the Reporting Entity; however, this is a business decision between the Contributing Entity and Reporting Entity. The Contributing Entity is responsible for paying the Reinsurance Contribution.

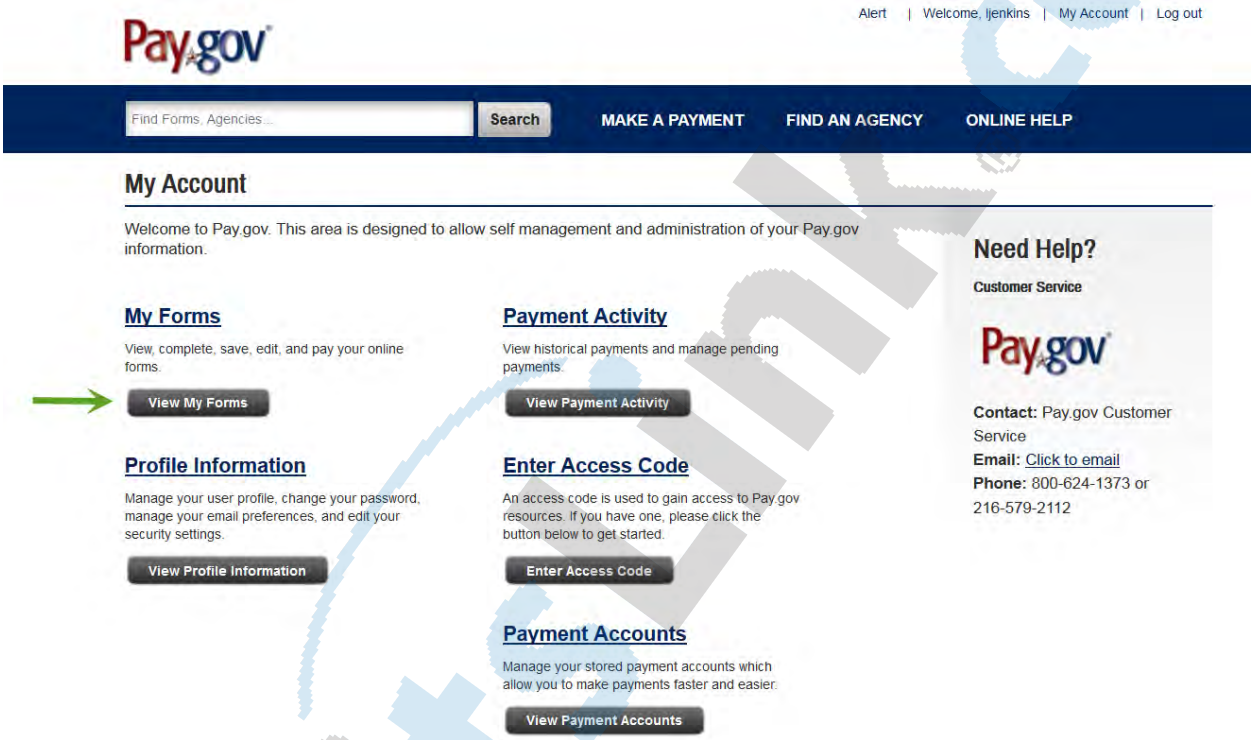
CMS will assess interest, administrative costs and late payment penalties on any debts not paid within 30 calendar days from the Invoice date.


The only method for payment of invoices is ACH debit transaction on Pay.gov.

11.1 Duplicate Form

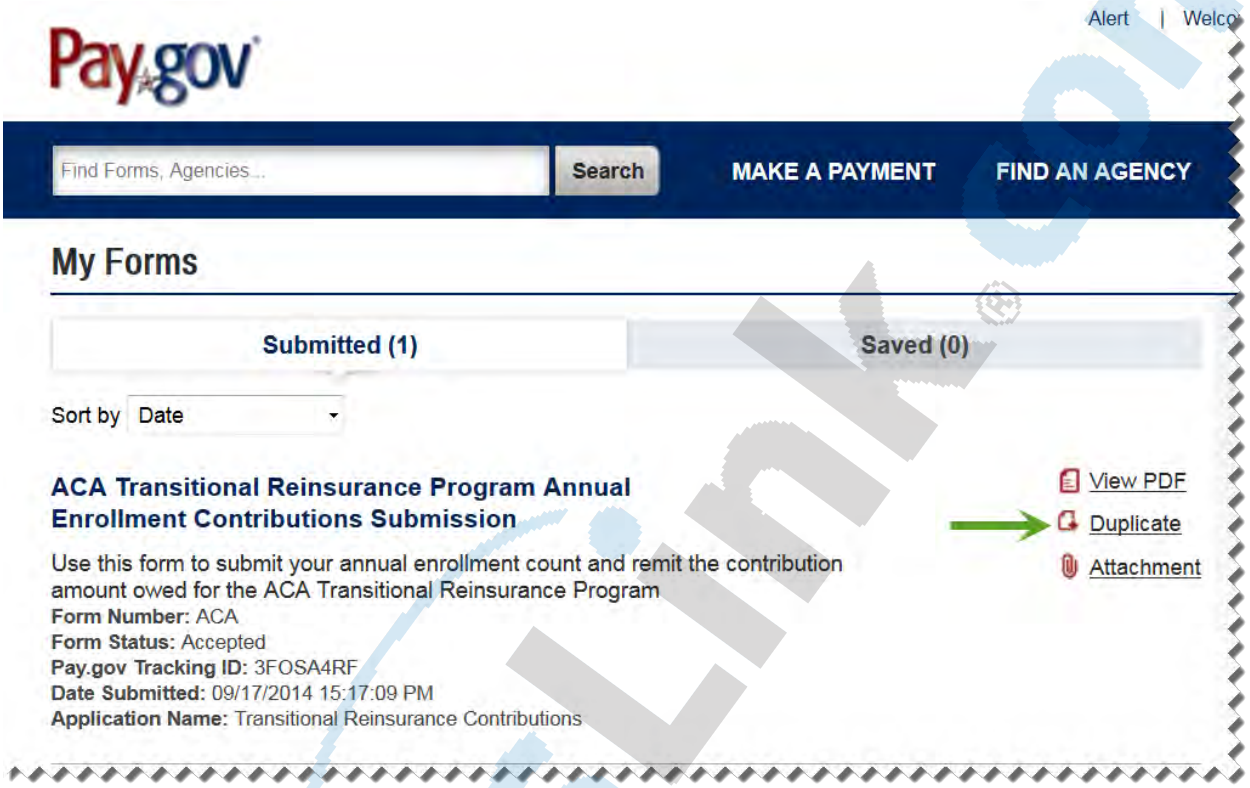
1. Log in to Pay.gov.

Figure 29: Select 'View My Forms'



2. Select the 'View My Forms' button.

Figure 30: Select ‘Duplicate’ Link

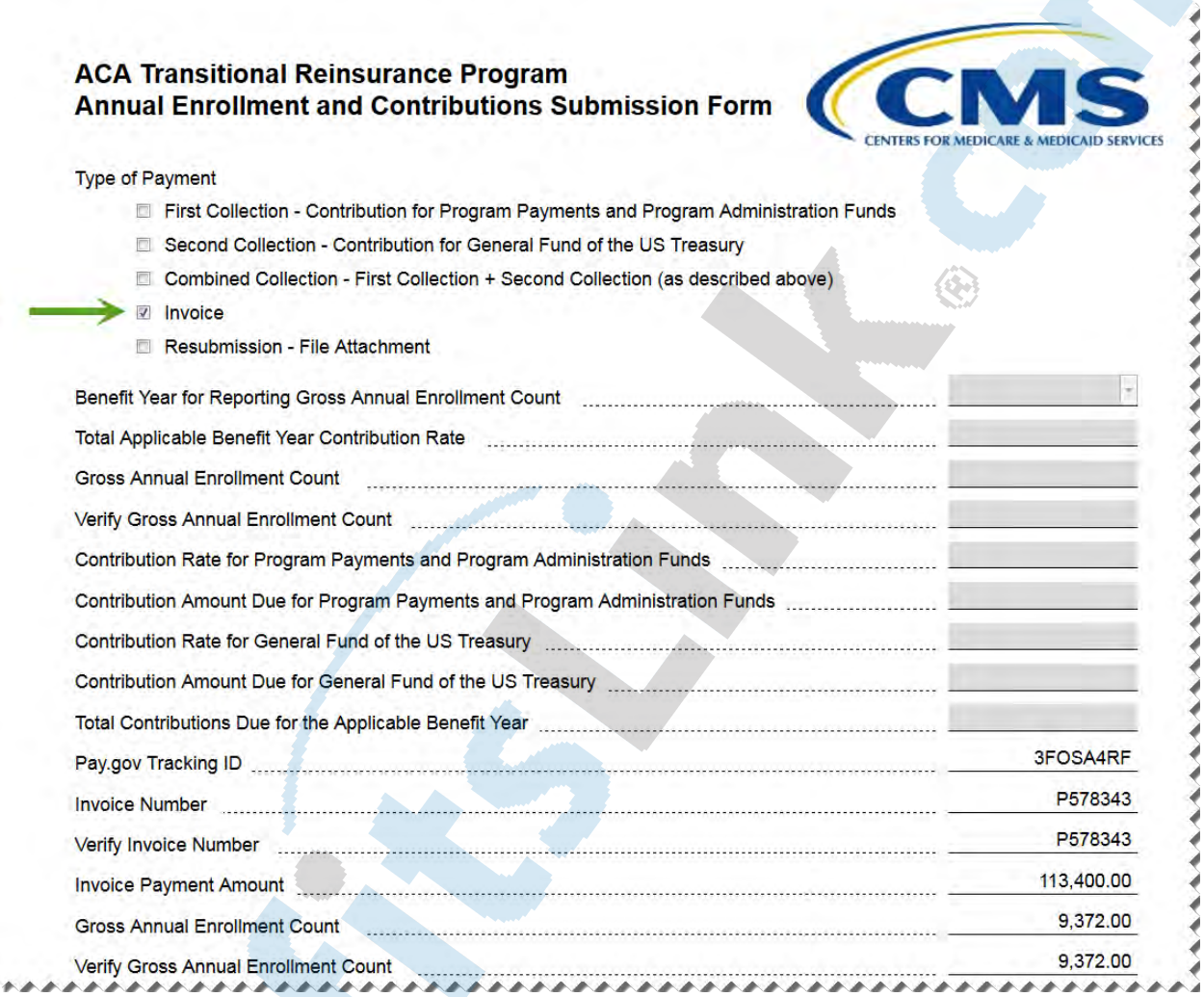


3. Select the ‘Submitted’ tab to view submitted Forms.
4. Locate the Form, by Pay.gov Tracking ID, for the completion of the Invoice process steps.
5. Take note of the Pay.gov Tracking ID associated with that Form.
6. Select the ‘Duplicate’ link.

11.2 Review and Update Duplicated Form

1. Review and update the billing and contact information on the Form, if necessary, and select the ‘Continue’ button.
2. Select the checkbox next to Invoice under Type of Payment.

Figure 31: Enter Required Information



3. Enter the Pay.gov Tracking ID from the original transaction.
4. Enter the Invoice Number from the Contributing Entity's Invoice, which begins with the letter 'P.'
5. Enter the Invoice Payment Amount.
6. Enter the Gross Annual Enrollment Count as it should be reflected based on the error resolution.
7. Enter the Verified Gross Annual Enrollment Count.

11.3 Upload Supporting Documentation

Use the same steps in *Section 6.6: Upload Supporting Documentation* to attach the appropriate Supporting Documentation. The Gross Annual Enrollment Count on the

revised Form and the sum of all Annual Enrollment Counts on the Supporting Documentation match.

11.4 Schedule Payment of Invoice

Use the steps in *Section 6.7: Schedule Contribution Payment* and *Section 6.8: Submit the Payment*, complete the Payment Information, review and submit the Collection and print the receipt on the Confirmation page.

Invoice payments must be made by ACH debit transaction within 30 calendar days from the date on the invoice. Print the receipt on the Confirmation page.

12 ACH Debit Payment Failure

A Reporting Entity should update its Pay.gov profile (as recommended in *Section 5: Key Points about Pay.gov Registration*) to indicate that it wants to receive email notifications about payments made using Forms on Pay.gov. By making that selection, it means that the Reporting Entity will receive a reminder notice that an ACH debit payment is going to be withdrawn for the scheduled payment date.

CMS recommends that the Account Owner monitor its bank account after it receives the reminder email to ensure that the payment goes through successfully. If a bank account has insufficient funds, three (3) attempts will be made to obtain the funds. If an Account Owner receives an insufficient funds notice, the Account Owner is to deposit money into the account immediately.

If an Account Owner does not see the payment go through within five (5) business days of its scheduled payment date, contact Pay.gov for assistance. The transaction originator for the reinsurance contribution is USDEPTHHSCMS.

Appendix A: ACH Debit Considerations

Federal Holiday Schedule

The Pay.gov site is available 24 hours a day, seven (7) days a week, (holidays included), for users to schedule payments with the exception of a maintenance window every Sunday from 2:00 AM to 6:00 AM Eastern Time. ACH debit payment processing follows the Federal Reserve holiday schedule; payments will not settle on the holidays listed below.

Table 3: Federal Holiday Schedule

Holiday[1]	2014	2015	2016
New Year's Day	January 1	January 1	January 1
Martin Luther King, Jr. Day	January 20	January 19	January 18
Presidents' Day	February 17	February 16	February 15
Memorial Day	May 26	May 25	May 30
Independence Day	July 4	July 4 (Saturday)	July 4
Labor Day	September 1	September 7	September 5
Columbus Day	October 13	October 12	October 10
Veteran's Day	November 11	November 11	November 11
Thanksgiving Day	November 27	November 26	November 24
Christmas Day	December 25	December 25	December 26

ACH Debit Block and Agency Location Code (ACL+2)

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. An ACH Debit Block is removed by providing an allowed list of ACH codes; this list enables allowable automatic debits.

When working with the U.S. Government these codes are referred to as the Agency Location Code (ALC). Contact your bank to have added the ALC added to a list of approved automated debit transactions.

The Transitional Reinsurance Contribution Program's ALC is **7505008015**. The company name is **USDEPTHHSCMS**.

[1] For holidays falling on Saturday, Federal Reserve Banks and Branches will be open the preceding Friday; however, the Board of Governors will be closed. For holidays falling on Sunday, all Federal Reserve offices will be closed the following Monday.

Appendix B: Resources and Regulatory References

Resources

There are several beneficial sources of information on the Transitional Reinsurance Program. Reporting Entities are encouraged to access the following:

- **REGTAP**: Communications regarding the Transitional Reinsurance Contributions Process will be made through REGTAP: The Registration for Technical Assistance Portal. Please monitor REGTAP emails for announcements about Form availability, upcoming events and other program information. Access to program related documents and FAQs on REGTAP are obtained by selecting 'Library' or 'FAQ' on the REGTAP dashboard and filtering by Program Area 'Reinsurance-Contributions.' REGTAP also allows registrants to submit inquiries and sign up for events. If not already a REGTAP user, please visit https://www.regtap.info and select 'Register as a New User.'
- **The Transitional Reinsurance Program Webpage** http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html
- **The Transitional Reinsurance Program Support Mailbox**: email Reinsurancecontributions@cms.hhs.gov
- **Pay.gov website**: https://www.pay.gov
- **Pay.gov Customer Support:** For Pay.gov customer or agency questions, concerns, or technical issues or for more information about Pay.gov collections, Forms, or billing services, please refer to Table 4 below.

Table 4: Pay.gov Customer Support

Customer Support	Contact and Hours
Pay.gov Customer Support:	Call: 800-624-1373 (toll-free, Option #1) 216-579-2112 (Option #2) Or email: pay.gov.clev@clev.frb.org
Hours (ET):	7:00 AM - 7:00 PM, Monday - Friday

Additional Resources:

- **U. S. Department of Health & Human Services**: https://www.hhs.gov
- **The Center for Consumer Information and Insurance Oversight (CCIIO) Website**: This website offers guidance on the Premium Stabilization Program, as well other resources. http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/index.html

Regulatory References

This list of regulatory references offers additional information and details on the Transitional Reinsurance Program:

- Standards Related to Reinsurance, Risk Corridors and Risk Adjustment (77 Federal Register (FR) 17220) provided 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) established 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) provided a split collection process
  - 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

Appendix C: Form Field Description

Table 5 below outlines the field names and required information on the Form.

Table 5: Form Fields

Field Name	Information
***Legal Business Name (LBN)**	The name associated with the Reporting Entity's Tax Identification Number. May auto-populate from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
***Tax Identification Number (TIN)**	The 9 digit Federal TIN associated with the LBN
***Billing Contact – First Name**	The Reporting Entity's billing contact first name
***Billing Contact – Last Name**	The Reporting Entity's billing contact last name
***Billing Contact – Title Name**	The Reporting Entity's billing contact title
***Billing Contact – Email Address**	The Reporting Entity's billing contact email address
***Billing Address Line 1**	The Reporting Entity's billing address. May auto-populate from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections (cannot be Post Office Box).
Billing Address Line 2 (optional)	This data is optional.
***Billing City**	The Reporting Entity's billing address city name. May auto-populate from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
***Billing State**	The Reporting Entity's billing address state. May auto-populate from the business portion in the user profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.

Field Name	Information
***Billing Zip Code + 4**	The Reporting Entity's billing address 5-digit zip code plus four (4) (if available). May auto-populate from the business portion in My Profile. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
*** Submission Contact 1 – First Name**	Auto-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
*** Submission Contact 1 – Last Name**	Auto-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
*** Submission Contact 1 – Title**	Job title of Contact 1 who registered within Pay.gov.
*** Submission Contact 1 – Email Address**	Auto-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
*** Submission Contact 1 – Phone Number**	Auto-populated. If this information is not correct, go to the My Profile page within Pay.gov and make the necessary corrections.
Submission Contact 1 – Extension	Optional. The Reporting Entity's submission contact phone extension.
***Submission Contact 2 – First Name**	The Reporting Entity's submission contact first name.
*** Submission Contact 2 – Last Name**	The Reporting Entity's submission contact last name.
*** Submission Contact 2 – Title**	The Reporting Entity's submission contact title.
*** Submission Contact 2 – Email Address**	The Reporting Entity's submission contact email address.
*** Submission Contact 2 – Phone Number**	The Reporting Entity's submission contact phone number
Submission Contact 2 – Extension	Optional. The Reporting Entity's submission contact phone extension.
*** Submission Contact 3 – First Name**	The Reporting Entity's submission contact first name.

Field Name	Information
*** Submission Contact 3 – Last Name**	The Reporting Entity's submission contact last name.
*** Submission Contact 3 – Title**	The Reporting Entity's submission contact title.
*** Submission Contact 3 – Email Address**	The Reporting Entity's submission contact email address.
*** Submission Contact 3 – Phone Number**	The Reporting Entity's submission contact phone number.
Submission Contact 3 – Extension	Optional. The Reporting Entity's submission contact phone extension.
***Payment Type**	Payment Type Selection Options • First Collection – Program Payments and Administration Contributions • Second Collection – US Treasury General Fund Contribution • Combined Collection – First Collection + Second Collection (as described above) • Invoice • Resubmission – File Attachment
Benefit Year for Reporting Gross Annual Enrollment	2014, 2015, or 2016 (Applicable when payment type is 'First Collection' or 'Second Collection' or 'Combined Collection')
Gross Annual Enrollment	Sum of all Annual Enrollment Counts in the Supporting Documentation For 2014, the count must not exceed an enrollment count of 1,587,301.58 in Covered Lives if remitting a Combined Collection or 1,904,761.90 in Covered Lives if remitting a two-part collection. (Applicable when payment type is 'First Collection' or 'Second Collection' or 'Combined Collection.')
Verify Gross Annual Enrollment Count	Reenter enrollment count (*Noted above*. Applicable when payment type is 'First Collection' or 'Second Collection' or 'Combined Collection.')

Field Name	Information
Invoice Number	For reinsurance contributions purposes, an invoice results when a data or payment issue has been determined and is sent by CMS. An 'Invoice Number' will begin with the letter 'P.'
Verify Invoice Number	Reenter Invoice Number Applicable when payment type is 'Invoice' Must match 'Invoice Number'
Invoice Payment Amount	Dollar amount on the invoice you received Applicable when payment type is 'Invoice'
Pay.gov Tracking ID	The Pay.gov Tracking ID associated with the original filing (Required when payment is 'Invoice' or 'Resubmission –File Attachment' and if refiling to correct initial submission.)
Gross Annual Enrollment Count	For 2014, the count must not exceed an enrollment count of 1,587,301.58 in Covered Lives if remitting a Combined Collection or 1,904,761.90 in Covered Lives if remitting a two-part collection (Applicable when payment is 'Invoice' or 'Resubmission –File Attachment')
Verify Gross Annual Enrollment Count	Reenter Enrollment Count (Applicable when payment is 'Invoice' or 'Resubmission –File Attachment')
***Acknowledgement of Supporting Documentation**	Select the checkbox
***Acknowledgement of Accuracy**	Select the checkbox
***Authorizing Official – First Name**	The Authorizing Official's first name
***Authorizing Official – Last Name**	The Authorizing Official's last name
***Authorizing Official – Title**	The Authorizing Official's title
***Authorizing Official – Email Address**	The Authorizing Official's email address
***Authorizing Official – Phone**	The Authorizing Official's phone number
Authorizing Official – Extension	Optional. The Authorizing Official's phone extension

Appendix D: Supporting Documentation

Supporting Documentation is limited to certain field lengths based on the requirements of the database and to the following constraints:

- It must not contain the following special characters:

*	<	>	\	/	%	^	,	+	?	“
`	{	}	[	]	!	~	&	=	#	

- It must not exceed 2MB.
- It must be a CSV file.
- It should contain one (1) row for each Contributing Entity. Each row will contain Reporting Entity information.
- For 2014, the total of all Annual Enrollment Count in the file must not exceed 1,587,301.58 in Covered Lives if remitting a Combined Collection or 1,904,761.90 in Covered Lives if remitting a two-part collection.

Table 6 outlines the field names and required Contributing Entity information in the Supporting Documentation.

Table 6: Supporting Documentation Fields

Field Name[2]	Max Length	Description and Constraints
*** Reporting Entity Legal Business Name (LBN)**	150	• Legal business name (LBN) associated with the Reporting Entity’s Federal Tax Identification Number (TIN). • Must match the LBN on the corresponding Form submission. • Field value is the same for each Contributing Entity listed in the Supporting Documentation file. • Valid Format: If the Reporting Entity’s LBN includes special characters, omit them for the purposes of the Supporting Documentation file.

[2] An asterisk (*) indicates a required field.

Field Name[2]	Max Length	Description and Constraints
*** Reporting Entity Federal Tax Identification Number (TIN)**	10	• Federal TIN associated with the Reporting Entity's LBN. • Must match the TIN on the corresponding Form submission. • Field value is the same for each Contributing Entity listed in the Supporting Documentation file. • Valid Format: include the hyphen. NN-NNNNNNN
*** Contributing Entity Legal Business Name (LBN)**	150	• Legal business name (LBN) associated with the Contributing Entity's Federal Tax Identification Number (TIN). • Valid Format: If the Contributing Entity's LBN includes special characters, omit them for the purposes of the Supporting Documentation file.
*** Contributing Entity Federal Tax Identification Number (TIN)**	10	• Federal TIN associated with the Contributing Entity's LBN. For self-insured group health plans, it is the TIN of the plan sponsor. • Valid Format: include the hyphen. NN-NNNNNNN

*** Contributing Entity Organization Type**	10	• Organization status associated with the Contributing Entity's TIN. For self-insured group health plans, it is the organization type of the plan sponsor.
		• Value must be one (1) of the following:
		  • Value 'For Profit'
		  • Value 'Nonprofit'

Field Name[2]	Max Length	Description and Constraints
*** Contributing Entity Billing Address – Line 1**	150	• Contributing Entity's billing street address. For self-insured group health plans, it is the billing address of the plan sponsor. • Billing Address is the physical address of the Contributing Entity unless the U.S. Postal Service does not provide carrier delivery to the physical address or business location. In this case, the Contributing Entity Billing Address is a P.O. Box address. • Valid Format: Alphanumeric
Contributing Entity Billing Address – Line 2	150	• Contributing Entity's billing street address 2. For self-insured group health plans, it is the billing address of the plan sponsor. • Optional • Valid Format: Alphanumeric
*** Contributing Entity Billing Address City**	150	• Contributing Entity's billing address city name. For self-insured group health plans, it is the billing address city name of the plan sponsor. • Valid Format: If the Contributing Entity's billing address city name includes special characters; omit them for the purposes of the Supporting Documentation file.
*** Contributing Entity Billing Address State**	2	• Postal State Abbreviation. For self-insured group health plans, it is the billing address state of the plan sponsor. • Value Format: Must be one (1) of the State Abbreviations listed in Table 2: Valid Postal State Abbreviations.
*** Contributing Entity Billing Address Zip Code plus 4**	10	• 5-digit zip code, plus four (4) (if available). For self-insured group health plans, it is the billing address zip code of the plan sponsor. • Valid Format: NNNNN-NNNN or NNNNN

Field Name[2]	Max Length	Description and Constraints
*** Contributing Entity Domiciliary State**	2	• Postal State Abbreviation where the plan sponsor of the self-insured group health is located or, if fully insured, applicable State of licensure for providing coverage. • Value Format: Must be one (1) of the Postal State Abbreviations listed in *Table 2: Valid State Abbreviations*.

*** Benefit Year**	4	• Benefit year applicable to the Annual Enrollment Count reported.
		• Value must be one (1) of the following:
		  • Value '2014'
		  • Value '2015'
		  • Value '2016'

*** Annual Enrollment Count**	10	• Number of Covered Lives of reinsurance contribution enrollees for this Contributing Entity. • Valid Format: NNNNNNN.NN

*** Type of Contributing Entity**[3]	5	• Type of Contributing Entity for whom you are submitting the Annual Enrollment Count.
		• Value must be one (1) of the following:
		  • Value 'HII' = Health Insurance Issuer
		  • Value 'SI' = Self-Insured
		  • Value 'SISA' = Self-Insured, Self-Administered
		  • Value 'MGHPS' = Multiple Group Health Plan (Aggregate Reporting)
		  • Value 'MGHPM' = Multiple Group Health Plan (Separate Reporting)
		  • Value 'OTHER' = Other type

Table 7 lists valid postal State abbreviations.

[3] For more information on selecting the Type of Contributing Entity, please see the Transitional Reinsurance Program Operational Guidance: Counting Method Example for Contributing Entities located in the REGTAP library (https://www.regtap.info/)

Table 7: Valid Postal State Abbreviations

Valid Abbreviation	State
Value ‘AL’	Alabama
Value ‘AK’	Alaska
Value ‘AZ’	Arizona
Value ‘AR’	Arkansas
Value ‘CA’	California
Value ‘CO’	Colorado
Value ‘CT’	Connecticut
Value ‘DE’	Delaware
Value ‘DC’	District Of Columbia
Value ‘FL’	Florida
Value ‘GA’	Georgia
Value ‘HI’	Hawaii
Value ‘ID’	Idaho
Value ‘IL’	Illinois
Value ‘IN’	Indiana
Value ‘IA’	Iowa
Value ‘KS’	Kansas
Value ‘KY’	Kentucky
Value ‘LA’	Louisiana
Value ‘ME’	Maine
Value ‘MD’	Maryland
Value ‘MA’	Massachusetts
Value ‘MI’	Michigan
Value ‘MN’	Minnesota
Value ‘MS’	Mississippi
Value ‘MO’	Missouri
Value ‘MT’	Montana
Value ‘NE’	Nebraska
Value ‘NV’	Nevada
Value ‘NH’	New Hampshire
Value ‘NJ’	New Jersey
Value ‘NM’	New Mexico

Valid Abbreviation	State
Value ‘NY’	New York
Value ‘NC’	North Carolina
Value ‘ND’	North Dakota
Value ‘OH’	Ohio
Value ‘OK’	Oklahoma
Value ‘OR’	Oregon
Value ‘PA’	Pennsylvania
Value ‘RI’	Rhode Island
Value ‘SC’	South Carolina
Value ‘SD’	South Dakota
Value ‘TN’	Tennessee
Value ‘TX’	Texas
Value ‘UT’	Utah
Value ‘VT’	Vermont
Value ‘VA’	Virginia
Value ‘WA’	Washington
Value ‘WV’	West Virginia
Value ‘WI’	Wisconsin
Value ‘WY’	Wyoming
Value ‘AS’	American Samoa
Value ‘GU’	Guam
Value ‘MP’	Northern Mariana Islands
Value ‘PR’	Puerto Rico
Value ‘VI’	Virgin Islands

Appendix E: Glossary and Acronyms

Glossary

The Glossary in Table 8 outlines common terms and their definitions related to the Form.

Table 8: Glossary of Terms

Term	Definition
ACA Transitional Reinsurance Annual Enrollment and Contribution Submission Form	Referred to in this document as the 'Form.' Use this Form to file the Gross Annual Enrollment Count, upload Supporting Documentation, and schedule contributions payments. This Form will be available on https://www.pay.gov.
Annual Enrollment Count[4]	Referred to in this document also as 'Covered Lives.' The number of Covered Lives generally in the first nine (9) months of the applicable benefit year reported by a fully-insured issuer or self-insured group health plan. The number of Covered Lives is the basis for the Reinsurance Contributions calculation.
Automated Clearing House (ACH)	The ACH is an electronic network for financial transactions in the United States. ACH Debit is the only payment method accepted for remitting reinsurance contributions payments.
Automated Clearing House Debit Block	Automatic debits to the Contributing Entity's business account that may be blocked by the bank. This security feature is called an ACH Debit Block, ACH Positive Pay, or ACH Fraud Prevention Filter. An ACH Debit Block is removed by providing an allowed list of ACH codes; this list enables allowable automatic debits. When working with the US Government, these codes are referred to as the ALC+2. Contact your bank to have added the ALC+2 added to a list of approved automated debit transactions. The Transitional Reinsurance Contribution Program's ALC+2 is 7505008015.
Benefit Year	As defined in 45 CFR 153.20, a benefit year is a calendar year for which a health plan provides coverage for health benefits.

[4] See 45 CFR 153.405 (d) through 45 CFR 153.405 (g)

Term	Definition
Comma Separated Value (CSV) file	Also known as a "flat file" or "comma delimited file". Each line represents one entry or record and a comma separates each data element within a record.
Contributing Entity	Pursuant to the definition in 45 CFR 153.20, Contributing Entities are health insurance issuers and certain self-insured group health plans including group health plans that are partially self-insured and partially insured, where the health insurance coverage does not constitute major medical coverage.
Counting Methods	Counting Methods are the way in which a Contributing Entity or Reporting Entity will calculate Covered Lives for the reinsurance program filing purposes. These methods are generally based on enrollment in the first nine (9) months of the benefit year, regardless of when the plan year begins and ends. Please refer to the document titled 'Examples of Counting Methods for Contributing Entities' on CCIIO's Transitional Reinsurance Program webpage at http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html or in the REGTAP Library at https://www.regtap.info.
Job Aid for Supporting Documentation	The Job Aid supports Reporting Entities in the creation of the Supporting Documentation. The Job Aid is an MS Excel workbook that allows users to enter, validate and convert Contributing Entity information into a CSV file format. The Job Aid is available on CCIIO's Transitional Reinsurance Program webpage at http://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs/The-Transitional-Reinsurance-Program/Reinsurance-Contributions.html or in the Library on REGTAP at https://www.regtap.info.
Reinsurance Contribution	Calculated by multiplying the number of Covered Lives (determined under a permitted counting method set forth in 45 CFR 153.405(d) through 45 CFR 153.405(g)) during the applicable benefit (calendar) year for all applicable plans of the Contributing Entity by the applicable reinsurance contribution rate.

Term	Definition
Reporting Entity	An organization carrying out the steps for the reinsurance contribution submission process. This can be: (a) a Contributing Entity or (b) a TPA, ASO contractor, or other third party on behalf of a Contributing Entity.
Transitional Reinsurance Program	A temporary three-year program established by Section 1341 of the ACA to help stabilize premiums in the individual market.

Acronyms

Table 9 lists some common acronyms and their terms that the Reporting Entity may encounter when completing the ACA Transitional Reinsurance Contribution and Annual Submission Form.

Table 9: Acronyms

Acronym	Term
ACA	Affordable Care Act
ACH	Automated Clearing House
ASO	Administrative Services-Only
CCIIO	The Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare and Medicaid Services
CSV	Comma Separated Value
HHS	Health and Human Services
HII	Health Insurance Issuer
LBN	Legal Business Name
MGHPS	Multiple Group Health Plan – Aggregate reporting, treated as a single group health plan
MGHPM	Multiple Group Health Plan – Separate reporting, treated as a separate group health plan
REGTAP	Registration for Technical Assistance Portal
SI	Self-Insured
SISA	Self-Insured; Self-Administered
TIN	Federal Tax Identification Number
TPA	Third Party Administrator

Appendix F: Reinsurance Contribution Rates

The Transitional Reinsurance Program requires submission of reinsurance contributions for 2014, 2015, and 2016. The annual per capita contribution rates are listed in Table 10, and are to be submitted per covered life for the applicable benefit year.

Table 10: Reinsurance Contribution Rates

Activity	2014	2015	2016
First Collection	$52.50	$33.00	TBD with 2016 Payment Notice
Second Collection	$10.50	$11.00	TBD with 2016 Payment Notice
Total	$63.00	$44.00	TBD with 2016 Payment Notice