

WHAT YOU NEED TO KNOW



Instructions for Completing the Transitional Reinsurance Fee Filing

The transitional reinsurance fee (TRF) applies to fully insured and self-funded major medical plans for 2014, 2015, and 2016. Insurers of fully insured major medical plans and sponsors of self-funded major medical plans are responsible for filing and submitting contributions for the transitional reinsurance program, which was implemented to provide funds to help stabilize premiums in the individual insurance market. The plan's third-party administrator (TPA) may assist with the calculation and pay the associated fee on behalf of the plan sponsor. This communication piece, however, is addressed to sponsors of self-funded plans that are filing for the 2016 calendar year.

Below, please find general guidance on registration, completion of the Contribution Form (Form), uploading supporting documentation, and entering payment information.

For more information on completing the 2016 Form or the 2016 Supporting Documentation, use the 2016 Reinsurance Contributions Form Completion and Submission Web-Based Training (WBT). This WBT is readily available to walk users through the process to create the 2016 Supporting Documentation and complete the 2016 Form. This training is available at: <https://www.regtap.info/ricontributions.php>.

Before Getting Started

1. Calculate your Annual Enrollment Count using one of the approved counting methods.
2. Prepare Supporting Documentation, if you are reporting for four or more Contributing Entities.

Navigate to the 2016 Form on Pay.gov

1. Go to the Pay.gov website at <https://www.pay.gov/>.
2. Select **Log in** to log in with your Username and Password. If you do not have an existing account with Pay.gov, select **Register** to create an account.
3. In the Search box at the top of the Home page, search for **2016 ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form**.
4. On the Search Results page, navigate to the 2016 ACA Transitional Reinsurance Program Annual Enrollment Contributions section and select **Continue to the Form**.

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5. On the Acknowledgment of Accepted Payment Methods page, select **Continue to the Form** to acknowledge the accepted payment method of Bank Account (ACH).

You can select the blue question marks (?) throughout the form for more information. The **Save** and **PDF Preview** buttons will let you save and check your progress.

Complete Contact Information

1. On the Contact Information page, enter required information (indicated by an asterisk).
2. Answer the question, "Are you reporting for three (3) or fewer Contributing Entities using this Form?" by selecting **Yes** or **No**. Then select **Yes** or **No** to answer the question, "If yes, are you both the Reporting Entity and Contributing Entity for this Form submission?"
3. Select **Continue** to continue with the 2016 Form.

Complete Contributing Entity Information

1. If you selected **Yes** for the question, "Are you reporting for three (3) or fewer Contributing Entities using this Form?" then complete these steps:
 - a) Select the Organization Type (For Profit or Nonprofit) from the dropdown list.
 - b) Select the Domiciliary State from the dropdown list.
 - c) Enter the Annual Enrollment Count for the applicable benefit year.
 - d) Select the Type of Contributing Entity from the dropdown list.If applicable, select the radio button next to Contributing Entity 2 and Contributing Entity 3 to enter information, and select **Continue**.
2. If you selected **No** for the question, "Are you reporting for three (3) or fewer Contributing Entities using this Form?" the second question does not apply. Select **Continue** to proceed to the Contributions Information section.

Complete Contributions Information

1. Select the Type of Filing: **New**, **Re-Filing**, or **Resubmission**. Even if you filed a Form in 2014 or 2015, you will need to select New for the 2016 Form the first time you submit a 2016 Form.
2. If you selected **New** or **Re-Filing** as the Type of Filing, the Payment Question is required. Answer the question, "Do you want to make the Full Contribution for 2016 in one payment?" by selecting **Yes** or **No**.
 - a) If you selected **Yes** for the Payment Question, then go to Step 3.
 - b) If you selected **No** for the Payment Question, select one of the following options to the follow-up question: "If No, select one of the two payments for which you are filing this Form."
 - "(1) First Collection - \$21.60 per covered life. (Regulatory Payment Due Date - January 17, 2017)"
 - "(2) Second Collection - \$5.40 per covered life. (Regulatory Payment Due Date - November 15, 2017)"

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3. If you selected **New** as the Type of Filing, complete one of the following steps.
 - a) If reporting for three or fewer Contributing Entities, the sum of Annual Enrollment Counts will pre-populate from the Contributing Entity Page. Enter the sum of Annual Enrollment Counts in the **Verify the Annual Enrollment Count** field.
 - b) If reporting for four or more Contributing Entities, enter and verify the sum of Annual Enrollment Counts from the Supporting Documentation (.CSV file).
 - c) The 2016 Form will pre-populate the remaining information based on the Annual Enrollment Count.
4. If you selected **Re-Filing** as the Type of Filing, answer the Payment Questions, enter and verify the Annual Enrollment Count, and enter your Previous Pay.gov Tracking ID. The 2016 Form will pre-populate the remaining information based on the Annual Enrollment Count.
5. If you selected **Resubmission** as the Type of Filing, enter your Previous Pay.gov Tracking ID, and enter and verify your Annual Enrollment Count at the bottom of the 2016 Form.
6. Select the checkboxes to confirm that the Annual Enrollment Count entered matches the sum of Annual Enrollment Count by entity in the Supporting Documentation, if applicable, and acknowledge and certify that all entered data are true.
7. Enter the Authorizing Official for Reporting Entity's Acknowledgment contact information.
8. Select **Continue** to continue with the 2016 Form. A pop-up window will display a message reminding you to change the Payment Date on the Payment page.

Upload Supporting Documentation (If Applicable)

If you answered **Yes** to the question, "Are you reporting for three (3) or fewer Contributing Entities using this Form?" you will not be directed to this page and can continue to the Payment page.

If you answered **No** to the question, "Are you reporting for three (3) or fewer Contributing Entities using this Form?":

1. Select the **Browse** button to search for your Supporting Documentation and select your file.
2. Select the **Attach** button to attach it to the 2016 Form.
3. When you have attached the file, select **Next**.

Complete Payment Information

1. On the Payment page, use the calendar feature to select a Payment Date, enter the Account Holder Name, select "I want to enter a new account," and select the Account Type.
2. Enter the Routing Number, enter and confirm the Account Number, and select **Review and Submit Payment**.

Review and Submit Payment

1. Review your Payment and Account Information.
2. If you wish to receive an email confirmation of your transaction, select the checkbox and enter and confirm your email address.

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3. Review the Pay.gov Authorization and Disclosure Statement, select the checkbox to agree to the statement, and select the **Submit Payment** button.
4. Review your Payment Confirmation. You may view the payment on the Payment Activities page, view the 2016 Form in the My Forms page, and Print a Receipt.

Note: Automatic debits to a business account may be blocked by the bank through a security feature called an ACH Debit Block, ACH Positive Pay, or ACH Fraud Prevention Filter. To remove the ACH Debit Block, an organization must provide a list of allowed ACH Company IDs to enable automatic debits from authorized companies. When working with the U.S. Government, these ACH Company IDs are referred to as the Agency Location Code (ALC+2). Contributing Entities must contact their bank to add the ALC+2 to their list of allowed ACH company IDs for debit transactions. The Transitional Reinsurance Program's ALC+2 is 7505008016 and the company name is USDEPTHHSCMS.

More information can be found in our [FAQ on the transitional reinsurance fee](#).

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This information is general and is provided for educational purposes only. It is not intended to provide legal advice. You should not act on this information without consulting legal counsel or other knowledgeable advisors.



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