



## Issuer Submission Requirements to Receive the Federally-facilitated Marketplace (FFM) User Fee Adjustment

### 1 Purpose

This job aid is for an issuer that makes payments for contraceptive services in connection with an eligible organization that provides benefits on a self-insured basis that is seeking an accommodation for the coverage of preventive services under 29 CFR 2590.715-2713A, where the issuer is seeking a Federally-facilitated Marketplace (FFM) user fee adjustment for these payments.

The Centers for Medicare & Medicaid Services (CMS), acting on behalf of the Department of Health and Human Services (HHS), adjusts user fees for issuers based on payments for contraceptive services. This job aid explains the submission requirements for issuers to report these payments and provides issuers with assistance for completing the *Issuer Submission to Receive the Federally-Facilitated Marketplace User Fee Adjustment Form*, or the “issuer user fee adjustment form.”

This job aid is for issuers that offer a plan through an FFM. For resources regarding Third Party Administrators (TPAs) or Pharmacy Benefit Managers (PBMs) reporting payments for contraceptive services, visit <https://www.REGTAP.info>.

### 2 Introduction

29 CFR 2590.715-2713A provides certain eligible organizations with an accommodation in connection with coverage of contraceptive services. Eligible organizations must oppose providing coverage for some or all contraceptive services provided under the Affordable Care Act on account of religious objections, in addition to other requirements.

Eligible organizations providing benefits on a self-insured basis receive an accommodation relating to contraceptive coverage so that the organization is not required to provide, arrange, or make payment for these services. In lieu of providing contraceptive coverage, the TPA of the self-insured group health plan established or maintained by an eligible organization, must provide separate payments for the contraceptive services.

A participating issuer in an FFM is eligible to receive a reduction in FFM user fees equal to the sum of the total dollar amount of payments for contraceptive services submitted by applicable TPAs, plus an allowance for administrative costs and margin. For benefit year 2014, HHS has set the rate for the administrative cost allowance at 15 percent of the total payment amount.

If the adjustment in FFM user fees for payments is greater than the issuer’s FFM total user fee obligation, the issuer will receive a credit in succeeding months. Any adjustment amounts that have not been credited by the end of the calendar year will be rolled over and applied in the next calendar year.

Within 60 days of receiving an adjustment of FFM user fees, a participating issuer must pay each TPA for which the issuer received an adjustment an amount no less than the amount of payments made by the TPA for services. Issuers are not required to forward the 15 percent administrative adjustment, which is intended to account for the costs of arrangements between the TPA and the participating issuer. The



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requirement for an issuer to forward user fee adjustments to a TPA does not apply if the issuer made payments on behalf of the TPA, or if the issuer and the TPA are in the same issuer group.

45 CFR 156.50(d)(2) requires participating issuers seeking a user fee adjustment to submit:

- Identifying information for the issuer and each TPA that received a copy of the eligible organization's self certification or is otherwise obligated to provide or arrange payments for contraceptive services, and for which the issuer is requesting an adjustment.
- Identifying information for each self insured group health plan seeking the accommodation and with respect to which the issuer is requesting an adjustment.
- For each self-insured health plan for which the issuer is requesting an adjustment, the total amount of payments made for services.

### 3 General Submission Requirements

The issuer user fee adjustment form has three (3) tabs: Information, User Fee, and Instructions.

- The Information tab collects identifying information on the issuer's company and totals the user fee adjustment, using the information entered in the second sheet.
- The User Fee tab also collects the total amount paid to the TPA by the issuer for contraceptive claims incurred through December 31.
- The Instructions tab provides specific guidance for each field on the issuer user fee adjustment form.

Issuers should submit information for the entire benefit year annually, in the year following the calendar year in which the payments were made.

To submit the form, issuers should email the completed form to [FFMuserfeeadjustments@cms.hhs.gov](mailto:FFMuserfeeadjustments@cms.hhs.gov).



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### 4 Information Tab

Figure 1 is a screenshot of the Information tab of the issuer user fee adjustment form.

Figure 1: Information Tab

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	
<b>Issuer Submission to Receive the Federally-Facilitated Marketplace User Fee Adjustment</b>	
<b>Company Information</b>	
Legal Business Name (LBN):	<input type="text"/>
Tax Identification Number (TIN) (9 Digits):	<input type="text"/>
HIOS Issuer ID (5 Digits):	<input type="text"/>
<b>Company Contact Information</b>	
Contact Name:	<input type="text"/>
Title or Organizational Role of Contact Person:	<input type="text"/>
Telephone Number:	<input type="text"/> extension: <input type="text"/>
Email Address:	<input type="text"/>
Alternate Contact Name:	<input type="text"/>
Title or Organizational Role of Contact Person:	<input type="text"/>
Telephone Number:	<input type="text"/> extension: <input type="text"/>
Email Address:	<input type="text"/>
<b>Payment Information</b>	
Total User Fee Adjustment Amount for Contraceptive Claims Incurred through 12/31/14	\$0.00
<small>calculation from User Fee Tab (15% applied)</small>	
<b>Attestation</b>	
<p>On behalf of my organization, for which I am submitting this submission for the Federally-Facilitated User Fee Adjustment, I attest that my organization qualifies for an adjustment in its Federal-facilitated Exchange user fee pursuant to 45 CFR § 156.50. I attest that, to the best of my knowledge and belief, the payments for contraceptive services were made in compliance with 26 CFR § 54.9815-2713A(b)(2) or 29 CFR § 2590.715-2713A(b)(2). I certify that the information contained in this submission is true, correct and complete to the best of my knowledge and belief. I attest that I have taken reasonable steps to ascertain the truth, correctness and completeness of this information. I attest that my organization will promptly inform CMS if my organization becomes aware that any of the information contained in this submission is untrue, incorrect or incomplete.</p>	
Signature of Attester:	<input type="text"/>
Title or Organizational Role of Attester:	<input type="text"/>
Date signed:	<input type="text"/> ex: mm/dd/yyyy
Email Address:	<input type="text"/>
Telephone Number:	<input type="text"/> extension: <input type="text"/>

#### 4.1 Company Information and Company Contact Information

The Company Information and Company Contact Information sections collect the issuer's identifying information, including the legal business name and Tax ID number (TIN). The form also requires contact information for a person at the issuer who can answer questions regarding the issuer's submission or respond to CMS if CMS identifies a discrepancy. Issuers should also include an alternate contact person's information.



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### 4.2 Payment Information

The values in the fields in the Payment Information section of the Information tab result from calculations using data entered on the User Fee tab. **Issuers should not populate the fields in this section; the fields will populate automatically.**

The Total User Fee Adjustment Amount for Contraceptive Claims Incurred through 12/31 field reflects all of the amounts paid to a TPA and entered for all of the self-insured plans in Column D of the User Fee tab. This field includes a 15 percent adjustment added to the total payment amount for administrative costs.

### 4.3 Attestation

The final section of the Information tab is an Attestation. The text of the attestation certifies that:

- The person signing attests on behalf of the organization that the organization qualifies for a user fee adjustment,
- To the best of the attester's knowledge and belief, the reported payments for contraceptive services were made in compliance with federal law [26 CFR § 54.9815-2713A(b)(2) or 29 CFR § 2590.715-2713A(b)(2)],
- The information contained in the submission is true, correct, and complete to the best of the attester's knowledge and belief,
- The attester has taken reasonable steps to ascertain the truth, correctness, and completeness of the reported information.
- The organization will promptly inform CMS if the organization becomes aware that any information submitted on the form is untrue, incorrect, or incomplete.

Attesters should read the text of the attestation carefully before signing.

The attestation section also requires the attester's signature, title, and contact information, as well as the date the attestation was signed.



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### 5 User Fee Tab

Figure 2 is a screenshot of the User Fee Tab.

Figure 2: User Fee Tab

TPA or PBM Legal Business Name	Federal Employer Identification Number for TPA or PBM (9digits 00-0000000)	Total Amount Paid to the TPA by the Issuer for Contraceptive Claims Incurred through Dec 31	User Fee Adjustment Amount (this column is locked and auto-calculated for the user )	Is the issuer part of the same entity as the TPA (same parent company?)
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	

The User Fee tab collects:

- TPA or PBM Legal Business Name.
- Federal Employer Identification Number for TPA or PBM (9digits).
- The total amount paid to the TPA by the Issuer for contraceptive claims incurred through December 31.

**Issuers should not populate the 15 percent user fee adjustment amount in Column E; Column E will populate automatically based on the amount entered in Column D for the same self-insured plan.**

Finally, issuers should use Column F to denote if the TPA used to pay claims for the self-insured plan on this line shares the issuer’s same parent company.



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### 6 Instructions Tab

Figure 3 is a screenshot of the Instructions tab.

Figure 3: Instructions Tab

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		
Data Elements for Issuers Submission Requirements to Receive the Federally-Facilitated Marketplace User Fee Adjustment Form Instructions		
<b>Form Objective</b>	<p>This form allows issuers to submit information on payments for contraceptive services made under contract with an eligible organization as described in 26 CFR 54.9815-2713A. Eligible organizations receive an accommodation relating to contraceptive coverage.</p> <p>HHS will use the amounts reported in this form to adjust Federally-Facilitated Marketplace (FFM) user fees, as is described in 26 CFR 54.9815-2713A(b)(3). For the 2014 benefit year, these user fee adjustments to issuers will include a fifteen percent adjustment to compensate for administrative costs and margin.</p> <p>This form is designed for issuers. TPAs submitting information on payments for contraceptive services should use the version of this form specific to TPAs.</p>	
<b>Submission Guidelines</b>	<p>Email this form to <a href="mailto:FFMuserfeeadjustments@cms.hhs.gov">FFMuserfeeadjustments@cms.hhs.gov</a></p> <p>45 CFR 156.50(d)(2) requires a participating issuer seeking an FFM user fee adjustment to submit payment amounts for contraceptive services to HHS in the year following the calendar year in which the contraceptive services were provided.</p> <p>45 CFR 156.50(d)(2)(i)(A) through (E) specifies that issuers must submit:</p> <ul style="list-style-type: none"> <li>• Identifying information for each issuer and each TPA that received a self-certification for the organization for which the issuer is seeking an adjustment. Issuers should include this identifying information whether or not the participating issuer was the entity that made the payments for contraceptive services.</li> <li>• Identifying information for each self-insured group plan for which a self-certification was received by a TPA, and for which the issuer is seeking an adjustment.</li> <li>• For each self-insured group plan, the total dollar amounts of payments made for contraceptive services provided during the applicable calendar year.</li> <li>• If a TPA made or arranged for such payments, the total dollar amount should reflect the amount reported to the participating issuer by the TPA.</li> </ul>	
This section lists each data element required for the form and detailed instructions on how to populate each data field in the workbook.		
Column Name	Column and Cell #	Instructions
Information Tab		
Company Information		
Legal Business Name (LBN)	C11	Enter the Legal Business Name (LBN) of the issuer submitting the form.
Tax Identification Digit (TIN)	C12	Enter the nine-digit Tax Identification Number (TIN) of the issuer submitting the form.
Company Contact Information		
Federally-Facilitated Marketplace (FFM) User Fee Adjustment Contact Person Name	D17	Enter the name of the person CMS can contact if CMS identifies a discrepancy or has a question about the issuer's submission.

The Instructions tab includes detailed information on filling out each field in the issuer user fee adjustment form.