



Third Party Administrator (TPA) Pharmacy Benefit Manager (PBM) Submission Requirements to Receive the Federally-facilitated Marketplace (FFM) User Fee Adjustment

1 Purpose

This job aid targets Third Party Administrators (TPAs) and Pharmacy Benefit Managers (PBMs) who contract with an eligible organization that receives an accommodation related to contraceptive coverage (under 26 CFR 54.9815-2713A), and who intend for a participating issuer to seek a Federally-facilitated Marketplace (FFM) user fee adjustment on their behalf for payments for contraceptive services.

The Centers for Medicare & Medicaid Services (CMS), acting on behalf of the Department of Health and Human Services (HHS), adjusts FFM user fees for FFM issuers that have entered into an agreement with a TPA or PBM that is arranging contraceptive services. This job aid explains the submission requirements for TPAs/PBMs to report contraceptive payments and provides TPAs/PBMs with assistance for completing the *Third Party Administrator Submission Requirements for Claims Cost Reimbursement of Certain Preventative Services Form*, hereon referred to as the TPA user fee adjustment form.

This job aid is specific to TPAs. For resources regarding issuers reporting payments for contraceptive services, visit <https://www.REGTAP.info>.

2 Introduction

26 CFR 54.9815-2713A provides certain eligible organizations with an accommodation in connection with coverage for contraceptive services. Eligible organizations 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, eligible organizations contract with a TPA to process contraceptive claims. Eligible organizations must provide a copy of the self-certification to each TPA.

The ACA provides an adjustment in user fees to issuers on behalf of TPAs who process contraceptive claims under contract with eligible organizations. To process these adjustments, CMS requires TPAs to submit information on payments made on behalf of eligible organizations or self insured plans.

Each TPA that intends for a participating issuer to seek an adjustment in FFM user fees on their behalf must submit a notice of such intent. The Notification of Intent letter is available on the CCIIO website. A TPA/PBM should complete the letter and email it to FFMuserfeeadjustments@cms.hhs.gov.



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3 General Submission Requirements

The form has three (3) tabs: Information, TPA & PBM Reimbursement, and Instructions.

- The Information tab collects identifying information on the TPA/PBM, totals the TPA's/PBM's payments for contraceptive services and the number of participants in all self-insured plans reported on the second sheet. The Information tab also includes the attestation.
- The TPA & PBM Reimbursement tab includes lines for TPAs/PBMs to report payments for contraceptive services for multiple self Insured plans, and collects information on the date the TPA/PBM notified HHS of their intent to seek a user fee adjustment.
- The Instructions tab provides specific guidance for each field on the TPA user fee adjustment form.

TPAs/PBMs submit information for the entire benefit year annually. TPAs/PBMs should include all claims incurred in the specified year, whether or not the claims were paid by December 31.

TPAs/PBMs should email the completed form to FFMuserfeeadjustments@cms.hhs.gov.



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4 Information Tab

Figure 1 is a screenshot of the Information tab of the TPA/PBM user fee adjustment form.

Figure 1: Information Tab

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES									
Third Party Administrator Submission Requirements for Claims Cost Reimbursement of Certain Preventative Services									
<p><u>Third Party Administrator & Pharmacy Benefit Manager Information</u></p> <p>Name of Third Party Administrator (TPA) or Pharmacy Benefit Manager (PBM): <input style="width: 90%;" type="text"/></p> <p>Federal Employer Identification Number (9 digits, no hyphen): <input style="width: 60%;" type="text"/></p> <p><u>TPA or PBM Contact Information</u></p> <p style="text-align: right;">Contact Name: <input style="width: 70%;" type="text"/></p> <p style="text-align: right;">Title or Organizational Role of Contact Person: <input style="width: 70%;" type="text"/></p> <p style="text-align: right;">Telephone Number: <input style="width: 40%;" type="text"/> extension: <input style="width: 20%;" type="text"/></p> <p style="text-align: right;">Email Address: <input style="width: 70%;" type="text"/></p> <p style="text-align: right;">Alternate Contact Name: <input style="width: 70%;" type="text"/></p> <p style="text-align: right;">Title or Organizational Role of Alternate Contact: <input style="width: 70%;" type="text"/></p> <p style="text-align: right;">Telephone Number: <input style="width: 40%;" type="text"/> extension: <input style="width: 20%;" type="text"/></p> <p style="text-align: right;">Email Address: <input style="width: 70%;" type="text"/></p> <p><u>Payment Information</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border: 1px solid black;">Dollar Amount of Payments for Contraceptive Services For Plan Participants & Beneficiaries Paid by a TPA</td> <td style="width: 20%; border: 1px solid black; text-align: center;">\$0.00</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; font-size: small;">calculation from Self Insured Plan Info Tab</td> </tr> <tr> <td style="border: 1px solid black;">Number of Participants and Beneficiaries in Each Self-insured Group Health Plan</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; font-size: small;">calculation from Self Insured Plan Info Tab</td> </tr> </table> <p><u>Attestation</u></p> <div style="border: 1px solid black; padding: 5px; font-size: x-small;"> <p>On behalf of my organization, I attest that the payments for contraceptive services were made in compliance with 26CFR § 54.9815-2713A(b)(2) or 29 CFR § 2590.715-2713A(b)(2). I certify that I am authorized to attest on behalf of my organization. I certify that the information contained in this submission is true, correct, and complete to the best of my knowledge and belief, and 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> </div> <p style="text-align: right;">Signature of Attester: <input style="width: 70%;" type="text"/></p> <p style="text-align: right;">Title or Organizational Role of Attester: <input style="width: 70%;" type="text"/></p> <p style="text-align: right;">Date signed: <input style="width: 40%;" type="text"/> ex: mm/dd/yyyy</p> <p style="text-align: right;">Email Address: <input style="width: 70%;" type="text"/></p> <p style="text-align: right;">Telephone Number: <input style="width: 40%;" type="text"/> extension: <input style="width: 20%;" type="text"/></p>		Dollar Amount of Payments for Contraceptive Services For Plan Participants & Beneficiaries Paid by a TPA	\$0.00	calculation from Self Insured Plan Info Tab		Number of Participants and Beneficiaries in Each Self-insured Group Health Plan	0	calculation from Self Insured Plan Info Tab	
Dollar Amount of Payments for Contraceptive Services For Plan Participants & Beneficiaries Paid by a TPA	\$0.00								
calculation from Self Insured Plan Info Tab									
Number of Participants and Beneficiaries in Each Self-insured Group Health Plan	0								
calculation from Self Insured Plan Info Tab									



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4.1 TPA/PBM Information and TPA/PBM Contact Information

The TPA Information and TPA Contact Information sections collect the TPA's/PBM's identifying information. The form requires contact information for a person at the TPA/PBM who can answer questions regarding the submission or respond to CMS if CMS identifies a discrepancy. TPAs/PBMs should also include an alternate contact person's information.

4.2 Payment Information

The Payment Information section of the Information tab results from calculations using data entered on the TPA & PBM Reimbursement tab. **TPAs/PBMs should not populate the fields in this section; the fields will populate automatically.**

The Dollar Amount of Payments for Contraceptive Services for Plan Participants & Beneficiaries Paid by a TPA field reflects all of the payment amounts entered for all of the self insured plans in Column E of the TPA & PBM Reimbursement tab. TPAs/PBMs should include payment amounts incurred for the entire benefit year, through December 31st.

The Number of Participants & Beneficiaries in each Self Insured Group Health Plan field reflects the sum of all of the beneficiary and participant counts for each self insured plan reported in Column D of the TPA & PBM Reimbursement tab.

4.3 Attestation

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

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 attester is authorized to attest on behalf of the organization,
- The attester certifies that the information contained in the submission is true, correct, and complete to the best of the attester's knowledge or belief,
- The attester has taken reasonable steps to ascertain the truth, correctness, and completeness of the reported information, and
- 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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TPA & PBM Reimbursement Tab

Figure 2 is a screenshot of the TPA & PBM Reimbursement Tab.

Figure 2: TPA & PBM Reimbursement Tab

Information			
Self Insured Plan Federal Employer Identification Number (FEIN 9 digits, no hyphen)	Date TPA or PBM Notification of Intent Sent to HHS <i>(please use this date format - mm/dd/yyyy)</i>	Number of Participants and Beneficiaries in Self Insured Plan Administered by the TPA or PBM	Amount of Total Contraceptive Claims Paid by the TPA or PBM

The TPA & PBM Reimbursement tab collects:

- Self Insured Plan Federal Employer Identification Number (FEIN 9digits)
- The date each TPA or PBM sent HHS a notification of intent to seek a user fee adjustment.
 - Enter the date in *mm/dd/yyyy* format.
- The Number of Participants and Beneficiaries in each plan.
 - TPAs/PBMs should report the total number of beneficiaries for the target benefit year.
- The total amount of all contraceptive claims paid by the TPA or PBM.



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5 Instructions Tab

Figure 3 is a screenshot of the first portion of the Instructions tab.

Figure 3: Instructions Tab

Third Party Administrators' Submission Requirements for Claims Cost Reimbursement of Certain Preventative Services Form Instructions		
Form Objective	<p>This form allows third party administrators (TPAs) and pharmacy benefit managers (PBMs) 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 so that they are not required to provide, arrange, or make payment for these services.</p> <p>As is described in 26 CFR 54.9815-2713A(b)(3), CMS will use the amounts reported in this form to adjust FFM user fees for FFM issuers that have entered into an agreement with a TPA or PBM that is arranging for contraceptive services to be provided to participants and beneficiaries in self-insured plans of organizations that receive the accommodation.</p> <p>This form is designed for TPAs and PBMs only. Issuers submitting information on payments for contraceptive services should use the version of this form specific to issuers.</p>	
Submission Guidelines	<p>Email this form to FFMuserfeeadjustments@cms.hhs.gov</p> <p>45 CFR 156.50(d)(2)(iii) requires a participating TPA seeking an FFM user fee adjustment to submit payment amounts for contraceptive services to CMS in the year following the calendar year in which the contraceptive services were provided.</p> <p>45 CFR 156.50(d)(2)(iii)(A) through (E) specifies that TPAs must submit:</p> <ul style="list-style-type: none"> • Identifying information for each TPA, • Identifying information for each self-insured group plan for which the TPA is seeking an adjustment, • The total number of beneficiaries and participants in each self-insured group plan, • The total dollar amount of payments for contraceptive services, and • An attestation that the payments for contraceptive services were made in compliance with federal law. 	
This section lists each data element required for the form and detailed instructions on how to populate each data field in the workbook.		
<i>Column Name</i>	<i>Column and Cell #</i>	<i>Instructions</i>
Information Tab		
Third Party Administrator (TPA) and Pharmacy Benefit Manager (PBM) Information		
Name of TPA or PBM	C11	Enter the business name of the TPA or PBM submitting the form.
Third Party Administrator (TPA) Contact Information		
TPA User Fee Adjustment Contact Name	D17	Enter the name of the person CMS can contact if CMS identifies a discrepancy or has a question about the TPA's submission.
Title or Organizational Role of Contact Person	D18	Enter the title or organizational role of the TPA user fee adjustment contact identified above.

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



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6 Additional Resources

For additional resources regarding reporting payments for contraceptive services, visit <https://www.REGTAP.info>.