

## Reinsurance Fee Overpayment Refund Request Deadline is April 30

For the 2014 benefit year, contributing entities (insurance carriers and employers with self-insured group health plans) were required to submit their annual enrollment count and remit their resulting contributions utilizing the “ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form” (Form) via [www.pay.gov](http://www.pay.gov) by December 5, 2014. By using this website, the contributing entity (or third party administrators or administrative services-only contractors on their behalf) entered their self-reported annual enrollment count in the Form which auto-calculated the annual contribution amount due based on the 2014 contribution rate of \$63.00 per covered life.

The Centers for Medicare & Medicaid Services (CMS) is aware that some contributing entities may have misreported their annual enrollment count for the 2014 benefit year due to misapplying the permitted counting methods or including individuals who are otherwise exempt for purposes of reinsurance payments. This potentially may have resulted in an overpayment. In the case of such an overpayment, where payment has been processed, the contributing entity must re-file the Form with the correct annual enrollment count and CMS will rerun the payment associated with the erroneous filing.

An employer must also send an email to: [reinsurancecontributions@cms.hhs.gov](mailto:reinsurancecontributions@cms.hhs.gov).

For the 2014 benefit year, contributing entities must send refund requests resulting from annual enrollment count misreporting to CMS by April 30, 2015 or 90 days from the date of their Form submission, whichever is later.

For the 2015 and 2016 benefit years, refund requests resulting from annual enrollment count misreporting must be submitted 90 days from the date of Form submission.

Please note that the deadlines outlined above do not apply when a contributing entity:

- requests a refund because it has paid reinsurance contributions more than once for the same covered life; or
- correctly applied one of the counting methods requests to change its annual enrollment count and associated payment after the reporting deadline for the applicable benefit year.

Inquiries the reinsurance contribution submission process should be sent to [reinsurancecontributions@cms.hhs.gov](mailto:reinsurancecontributions@cms.hhs.gov).

For more information, contact CMS at the above email address. A copy of the announcement of this refund process is available here:

<http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/RIC-Guidance-Refund-Request-Deadline-final-.pdf>.