

ERRP

Early Retiree Reinsurance Program

Information Collection



U.S. Department of Health and Human Services

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1087. The time required to complete this information collection is estimated to average 337 hours for a sponsor's first year in the program, and 292 hours for subsequent years, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HHS Form #CMS-10321

Application

Please note that if any information in this Application changes or if the sponsor discovers that any information is incorrect, the sponsor is required to promptly report the change or inaccuracy.

Send, using the U.S. Postal Service, a hardcopy of the signed original ERRP Application (i.e. not a photocopy) and Attachments (if any) to:

HHS ERRP Application Center
 4700 Corridor Place
 Suite D
 Beltsville, MD 20705

An asterisk (*) identifies a required field.

PART I: Plan Sponsor and Key Personnel Information
A. Plan Sponsor Information
1) *Organization's Name (Must correspond with the information associated with the Federal Employer Tax Identification Number (EIN): _____
2) *Type of Organization (Check the one category that best describes your organization): <input type="checkbox"/> Government <input type="checkbox"/> Union <input type="checkbox"/> Religious <input type="checkbox"/> Commercial <input type="checkbox"/> Non-profit
3) *Organization's Employer Identification Number (EIN): _____
4) *Organization's Telephone Number: ____ ext. _____ 5) Organization's FAX Number _____
6) *Organization's Address (must be the address associated with the EIN provided above): * Street Line 1: _____ Street Line 2: _____ *City: _____ *State/US Territory: _____ *Zip Code: _____
7) Organization's Website Address: _____
B. Authorized Representative Information

<p>1) *First Name: _____ Middle Initial (optional): ____ *Last Name: _____</p> <p>2) *Job Title: _____</p> <p>3) *Email Address: _____</p> <p>4) *Telephone Number: _____ ext _____</p> <p>5) FAX Number: _____</p> <p>6) *Employer Name: _____</p> <p>7) * Authorized Representative Business Address:</p> <p>* Street Line 1: _____</p> <p>Street Line 2: _____</p> <p>*City: _____</p> <p>*State/US Territory: _____</p> <p>*Zip Code: _____</p>
<p>C. Account Manager Information</p>
<p>1) *First Name: _____ Middle Initial (optional): ____ *Last Name: _____</p> <p>2) *Job Title: _____</p> <p>3) *Email Address: _____</p> <p>4) *Telephone Number: _____ ext _____</p> <p>5) FAX Number: _____</p> <p>6) Employer Name: _____</p> <p>7) Account Manager Business Address:</p> <p>Street Line 1: _____</p> <p>Street Line 2: _____</p> <p>City: _____</p> <p>State/US Territory: _____</p> <p>Zip Code: _____</p>

PART II: Plan Information
A. Plan Information
<p>1) *Plan Name:</p> <p>2) *Plan Year Cycle: Start Month/Day: _____ End Month/Day: _____</p>
B. Benefit Option(s) Provided Under this Plan
This section of the application has been removed.
C. *Programs and Procedures for Chronic and High-Cost Conditions
<p>A sponsor cannot participate in the Early Retiree Reinsurance Program unless, as of the date of its application for the program is submitted, its employment-based plan has in place programs and procedures that have generated or have the potential to generate cost savings with respect to plan participants with chronic and high cost conditions. The program regulations define “chronic and high cost condition” as a condition for which \$15,000 or more in health benefit claims are likely to be incurred during a plan year by one plan participant. Please identify at least two chronic and high cost conditions for which the employment-based plan has such programs and procedures in place, and summarize those programs and procedures, including how it was determined that the identified conditions satisfy the \$15,000 threshold. Also, please identify the nature of each such program (e.g., disease management, case management, wellness program, etc.) If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.</p>
D. *Estimated Amount of Early Retiree Reinsurance Program Reimbursements
<p>Please estimate the projected amount of proceeds you expect to receive under the Early Retiree Reinsurance Program for the plan identified in this application, for each of the first two plan year cycles identified in this application. If you wish, you may provide a range of expected program proceeds that includes: (1) a low-end estimate of expected program proceeds, (2) an estimate that represents your most likely amount of program proceeds, and (3) a high-end estimate of expected program proceeds. For purposes of this estimate only, please assume for each of those plan year cycles that there will be sufficient program funds to cover all claims submitted by the Plan Sponsor that comply with program requirements, although this might not be the case. If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.</p> <p><u>First Plan Year Cycle</u></p>

Low Estimate (optional): _____

*Most Likely Estimate: _____

High Estimate (optional): _____

Second Plan Year Cycle

Low Estimate (optional): _____

*Most Likely Estimate: _____

High Estimate (optional): _____

E. *Intended Use of Early Retiree Reinsurance Program Reimbursements

1. Please summarize how your organization will use the reimbursement under the Early Retiree Reinsurance Program (ERRP) by checking the appropriate box that appears next to (a), (b) or (c):

(a) To reduce health benefit or health benefit premium costs for the sponsor of the employment-based plan (i.e., to offset increases in such costs);

(b) To reduce, or offset increases in, premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs (or combination of these) for plan participants; or

(c) To reduce or offset increases for a combination of any of these costs (whether reducing or offsetting increases in sponsor costs or reducing, or offsetting increases in, plan participants' costs).

For assistance with answering this question, you may wish to view the program regulations and Common Questions at www.errp.gov for information on permissible uses of ERRP reimbursement.

2. If the sponsor indicated in the above question that it intends to use any of the reimbursement under the ERRP to reduce the sponsor's health benefit or health benefit premium costs (i.e., the sponsor checked either (a) or (c) above), the ERRP regulation requires a sponsor to maintain its level of contribution toward the plan, solely as a way of ensuring that the sponsor does not violate the statutory prohibition on using program funds as general revenue. Therefore, if the sponsor checked either (a) or (c) above, the sponsor must attest to the following by checking the box below:

PART III. Plan Sponsor Agreement	
1.	Compliance: In order to receive program reimbursement(s), Plan Sponsor agrees to comply with all of the terms and conditions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 and in other guidance issued by the Secretary of the U.S. Department of Health & Human Services (the Secretary), including, but not limited to, the conditions for submission of data for obtaining reimbursement and the record retention requirements.
2.	Reimbursement-Related and Other Representations Made by Designees: Plan Sponsor may be given the opportunity to identify one or more Designees (i.e., individuals the Sponsor will authorize to perform certain functions on behalf of the Sponsor related to the Early Retiree Reinsurance Program, such as individual(s) who will be involved in making program reimbursement requests). Plan Sponsor affirms that all individuals that will be identified as Designees will have first been given authority by the Plan Sponsor to perform those respective functions on behalf of the Plan Sponsor. Plan Sponsor understands that it is bound by any representations such individuals make with respect to the Sponsor’s involvement in the Early Retiree Reinsurance Program, including but not limited to the Sponsor’s reimbursement under, the program.
3.	Written Agreement: Plan Sponsor affirms that, prior to submitting a Reimbursement Request, it has executed a written agreement with its health insurance issuer(s), employment-based plan, and other entities participating in the administration of the plan, regarding disclosure of information, data, documents, and records to HHS, and the issuer, plan, and other entity participating in the administration of the plan agrees to disclose to HHS, on behalf of the Plan Sponsor, at a time and in a manner specified by the HHS Secretary in guidance, the information, data, documents, and records necessary for the Plan Sponsor to comply with the requirements of the Early Retiree Reinsurance Program, as specified in 45 C.F.R. 149.35.
4.	Use of Records: Plan Sponsor understands and agrees that the Secretary may use data and information collected under the Early Retiree Reinsurance Program only for the purposes of, and to the extent necessary in, carrying out Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 including, but not limited to, determining reimbursements and reimbursement-related oversight and program integrity activities, or as otherwise allowed by law. Nothing in this section limits the U.S. Department of Health & Human Services’ Office of the Inspector General’s authority to fulfill the Inspector General’s responsibilities in accordance with applicable Federal law.
5.	Obtaining Federal Funds: Plan Sponsor acknowledges that the information furnished in its Plan Sponsor application is being provided to obtain Federal funds. Plan Sponsor affirms that it requires all subcontractors, including plan administrators, to acknowledge that information provided in connection with a subcontract is used for purposes of obtaining Federal funds. Plan Sponsor acknowledges that reimbursement of program funds is conditioned on the submission of accurate information. Plan Sponsor agrees that it will not knowingly present or cause to be presented a false or fraudulent claim. Plan Sponsor acknowledges that any excess reimbursement made to the Plan Sponsor under the Early Retiree Reinsurance Program, or any debt that arises from such excess reimbursement, may be recovered by the Secretary. Plan Sponsor will promptly update any changes to the information submitted in its Plan Sponsor application. If Plan Sponsor becomes aware that information in this application is not (or is no longer) true, accurate and complete, Plan

	<p>Sponsor agrees to notify the Secretary promptly of this fact.</p>
6.	<p>Data Security: Plan Sponsor agrees to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged under this Plan Sponsor application. Plan Sponsor recognizes that the use and disclosure of protected health information (PHI) is governed by the Health Insurance Portability and Accountability Act (HIPAA) and accompanying regulations. Plan Sponsor affirms that its employment-based plan(s) has established and implemented appropriate safeguards in compliance with 45 C.F.R. Parts 160 and 164 (HIPAA administrative simplification, privacy and security rule) in order to prevent unauthorized use or disclosure of such information. Sponsor also agrees that if it participates in the administration of the plan(s), then it has also established and implemented appropriate safeguards in regard to PHI. Any and all Plan Sponsor personnel interacting with PHI shall be advised of: (1) the confidential nature of the information; (2) safeguards required to protect the information; and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.</p>
7.	<p>Depository Information: Plan Sponsor hereby authorizes the Secretary to initiate reimbursement, credit entries and other adjustments, including offsets and requests for reimbursement, in accordance with the provisions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R Part 149 and applicable provisions of 45 C.F.R. Part 30, to the account at the financial institution (hereinafter the "Depository") identified by the Plan Sponsor. Plan Sponsor agrees to immediately pay back any excess reimbursement or debt upon notification from the Secretary of the excess reimbursement or debt. Plan Sponsor agrees to promptly update any changes in its Depository information.</p>
8.	<p>Policies and Procedures to Detect Fraud, Waste and Abuse. The Plan Sponsor attests that, as of the date this Application is submitted, has in place policies and procedures to detect and reduce fraud, waste, and abuse related to the Early Retiree Reinsurance Program. The Plan Sponsor will produce the policies and procedures, and necessary information, records and data, upon request by the Secretary, to substantiate existence of the policies and procedures and their effectiveness, as specified in 45 C.F.R. Part 149.</p>
9.	<p>Change of Ownership: The Plan Sponsor shall provide written notice to the Secretary at least 60 days prior to a change in ownership, as defined in 45 C.F.R, 149.700. When a change of ownership results in a transfer of the liability for health benefits costs, this Plan Sponsor Agreement is automatically assigned to the new owner, who shall be subject to the terms and conditions of this Plan Sponsor Agreement.</p>
	<p>Signature of Plan Sponsor Authorized Representative</p> <p>I, the undersigned Authorized Representative of Plan Sponsor, declare that I have legal authority to sign and bind the Plan Sponsor to the terms of this Plan Sponsor Agreement, and I have or will provide evidence of such authority. I declare that I have examined this Plan Sponsor Application and Plan Sponsor Agreement. My signature legally and financially binds the Plan Sponsor to the statutes, regulations, and other guidance applicable to the Early Retiree Reinsurance Program including, but not limited to Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 and applicable provisions of 45 C.F.R. Part 30 and all other applicable statutes and regulations. I affirm that the information contained in this Plan Sponsor Application and Plan</p>

Sponsor Agreement is true, accurate and complete to the best of my knowledge and belief, and I authorize the Secretary to verify this information. I understand that, because program reimbursement will be made from Federal funds, any false statements, documents, or concealment of a material fact is subject to prosecution under applicable Federal and/or State law.

*Signature _____

Only the Authorized Representative specified in Part I.B. can sign this agreement.

Access to ERRP Secure Website

Part I – User Registration Information

The individual attempting to register in the ERRP Secure Website must either provide or confirm the accuracy of the following data:

- 1) *Enter the Pass-phrase (Designee only)
- 2) *Read and accept the user Agreement and Privacy Policy (located in “Access to ERRP Secure Website”, Part V of the document.
- 3) *First Name: _____ Middle Initial (optional): ____ *Last Name: _____
- 4) *Job Title: _____
- 5) *Date of birth (Month/Day/Year): _____
- 6) *Social Security Number: _____
- 7) *Email Address: _____
- 8) *Telephone Number: _____ ext _____
- 9) FAX Number: _____
- 10) *Employer Name: _____
- 11) *Business Address of the Registering Individual:
*Street Line 1: _____
Street Line 2: _____
*City: _____
*State/US Territory: _____
*Zip Code: _____
- 12) *Login Information
*Login ID: _____
*Password _____
*Security Question 1: ____
*Answer 1: _____
*Security Question 2: _____
*Answer 2: _____

Part II – Designee Invitation

- 1) *Email Address: _____
- 2) *First Name _____ Middle Initial _____ *Last Name
- 3) *Pass-phrase
- 4) *Specify actions designee can perform (e.g., report costs, request reimbursement).

Part III – Login Warning

Registered secure website user must read and agree to the following terms prior to each login.

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW

The ERRP Secure Website is maintained by the U.S. Government and is protected by Federal law. Use of this computer system without authority or in excess of granted authority, such as access through use of another's Login ID and/or Password, may be in violation of Federal law, including the False Claims Act, the Computer Fraud and Abuse Act and other relevant provisions of Federal, civil, and criminal law. Violators are subject to administrative disciplinary action and civil and criminal penalties including civil monetary penalties.

For site security purposes, HHS' ERRP Center employs software programs to monitor and identify unauthorized access, unauthorized attempts to upload or change information, or attempts to otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual and may be used for administrative, criminal, or other adverse action. You may access the ERRP Privacy Policy by clicking on the link at the bottom of most ERRP Secure Website pages after you log in.

By clicking on "I Accept" you indicate your awareness of, and consent to, the terms and conditions of use stated in this Login Warning.

Click Decline IMMEDIATELY if you are not authorized to access this system or if you do not agree to the conditions stated in this warning.

[I Accept](#)

[Decline](#)

Part IV – User Agreement and Privacy Policy

Registered secure website user must read and agree to the following terms prior to each login.

THE FOLLOWING DESCRIBES THE TERMS AND CONDITIONS ON WHICH THE EARLY RETIREE REINSURANCE PROGRAM (ERRP) CENTER OFFERS YOU ACCESS TO THE ERRP CENTER SECURE WEBSITE.

You must read and accept the terms and conditions contained in this User Agreement expressly set out below and incorporated by reference before you may access the ERRP Center Secure Website.

The ERRP Center may amend this User Agreement at any time. Except as stated below, all amended terms shall automatically be effective 30 days after they are initially posted on the Site. This User Agreement is effective immediately.

1. Purpose of ERRP Center Secure Website

The U.S. Department of Health & Human Services (HHS) recently published interim final regulations for the Early Retiree Reinsurance Program (ERRP), which is established in section 1102 of the Patient Protection and Affordable Care Act (the Affordable Care Act). Section 1102 and its implementing regulations at 45 C.F.R Part 149 contain the provisions governing the ERRP, which is designed to assist employers and unions with continuing provision of high quality health benefit coverage to early retirees and their spouses, surviving spouses, and dependents, as well as to other individuals.

2. Privacy Policy

The U.S. Department of Health & Human Services (HHS) at (<http://www.hhs.gov/>), of which the ERRP Center Secure Website is a part, has a clear privacy policy. When you access the ERRP Center Secure Website, **we collect the minimum amount of information about you necessary to manage your ERRP account.**

Information Automatically Collected and Stored

When you browse through any website, certain personal information about you can be collected. We automatically collect and temporarily store the following information about your visit:

- the name of the domain you use to access the Internet (for example, aol.com, if you are using an American Online account, or stanford.edu, if you are connecting from Stanford University's domain);
- the date and time of your visit
- the pages you visited
- the address of the web site you came from when you came to visit

This information is used for statistical purposes only and to help us make this site more useful to visitors. Unless it is specifically stated otherwise, no additional information will be collected about you.

Information Collected to Process Reimbursement Requests and Manage Accounts through ERRP Center Secure Website

When Users of the ERRP Center Secure website register to use the website, we will collect personal information necessary to validate Users, to process reimbursement requests, and to manage information related to the application. The authority to collect this information is granted by § section 1102 of the Patient Protection Act and the ERRP implementing regulations at 45 C.F.R. Part 149. The provision of this information is mandatory for participation in ERRP, and may include your name, address, telephone and fax numbers, e-mail address, social security number, Federal Employer Identification Number (FEIN), banking information, certain certifications, or other payment information. Your e-mail address will be used by the ERRP Center to send you mandatory program and account e-mail notifications. The ERRP Center may also collect a password and password hint for each User accessing the ERRP Secure Website. We use this information to verify Users' identities in order to prevent unauthorized access to Plan Sponsors' secure ERRP accounts. ERRP Center staff has role-based access to this information, and use only the information minimally necessary to accomplish their jobs.

The personal information you provide is encrypted and sent to us using a secure method, in order to assure that your personal information is securely and safely transmitted. However, no one can give an absolute assurance that information intended to be maintained as private, whether transmitted via the Internet or otherwise, cannot be

accessed inappropriately or unlawfully by third parties. We have taken and will continue to take reasonable steps to ensure the secure and safe transmission of your personal information.

Personally Provided Information

If you are not involved with the submission or management of an ERRP application, or the submission or management of data related to a reimbursement request on the ERRP Center Secure Website, you do not have to give us personal information. If you choose to provide us with additional information about yourself through e-mail, forms, surveys, etc., we will maintain the information as long as needed to respond to your question or to fulfill the stated purpose of the communication.

Disclosure

HHS does not disclose, give, sell or transfer any personal information about its visitors, unless required for law enforcement or statute.

Intrusion Detection

This website is maintained by the U.S. Government. It is protected by various provisions of Title 18, U.S. Code. Violations of Title 18 are subject to criminal prosecution in federal court.

For site security purposes and to ensure that this service remains available to all Users, we employ software programs to monitor traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual.

3. Systems of Records

Information originally collected in traditional paper systems can be submitted electronically, i.e., electronic commerce transactions and information updates about eligibility benefits. Electronically submitted information is maintained and destroyed pursuant to the Federal Records Act and in some cases may be subject to the Privacy Act. If information that you submit is to be used in a Privacy Act system of records, there will be a Privacy Act Notice provided.

4. Links

References from this website to any non-governmental entity, product, service or information do not imply endorsement or recommendation by HHS or any other HHS agency or employees.

We are not responsible for the contents of any "off-site" web pages referenced from this server. We do not endorse ANY specific products or services provided by public or private organizations. In addition, we do not necessarily endorse the views expressed by such sites, nor do we warrant the validity of any site's information or its fitness for any particular purpose.

5. Pop-up Advertisements

When visiting our website, your web browser may produce pop-up advertisements. These advertisements were most likely produced by other websites you visited or by third party software installed on your computer. HHS does not endorse or recommend products or services for which you may view a pop-up advertisement on your computer screen while visiting our site.

6. Outdated Information

Many HHS documents are time sensitive. Department policies change over time. Information in older documents may be out-dated. You also may wish to review our Privacy Policy, above.

7. Accessibility

This page provides information for those visitors who use assistive or other devices to access the content on this website. Please see the Contact Us section at <http://errp.gov/contact/default.htm> if you have general questions and comments or have difficulty finding something on this site.

Synopsis of Section 508 Accessibility Requirements

Section 508 requires that individuals with disabilities, who are members of the public seeking information or services from this website have access to and use of information and data that is comparable to that provided to the public who are not individuals with disabilities, unless an undue burden would be imposed on us. Section 508 also requires us to ensure that Federal employees with disabilities have access to and use of information and data that is comparable to the access to and use of information and data by Federal employees who are not individuals with disabilities, unless an undue burden would be imposed on us. (To learn more about the regulations governing the accessibility of Federal electronic information, read the Synopsis of Section 508 Accessibility Requirements at <http://www.section508.gov/index.cfm?FuseAction=Content&ID=11>.)

8. Freedom of Information Act (FOIA)

The ERRP Center website is a service of the U.S. Department of Health & Human Services at <http://www.hhs.gov/>. Any Freedom of Information Act (FOIA) requests concerning this website should be submitted in accordance with the Department's FOIA guidelines, which are online at <http://www.hhs.gov/foia>. Information on making FOIA requests is available at the Freedom of Information Group page. You also may wish to review our Privacy Policy above.

I accept

I decline

Reimbursement Request Information

An asterisk (*) identifies a required field.

PART I: Reimbursement Request Setup Information
A. Early Retiree List : Submission Information
Note: The Plan Sponsor must provide the following information <u>for each plan year</u> .
1) * Early Retiree List Submission Method (Choose one):
___ Submission via ERRP Secure Website – Response via the ERRP Website
___ Submission via Plan Sponsor Mainframe to ERRP Data Center Mainframe – Response via ERRP Data Center Mainframe to Plan sponsor Mainframe
___ Submission via Plan Sponsor Mainframe to ERRP Data Center Mainframe - Response via ERRP Data Center Mainframe to Plan sponsor Mainframe with a copy of all Early Retiree Response files sent to the ERRP Secure Website
___ Submission via Vendor Mainframe to ERRP Data Center Mainframe – Response via ERRP Data Center Mainframe to Vendor Mainframe
___ Submission via Vendor Mainframe to ERRP Data Center Mainframe - Response via ERRP Data Center Mainframe to Vendor Mainframe with a copy of all Early Retiree Response Files sent to the ERRP Secure Website
Note: Items 2-4 are required if sending data using the mainframe-to-mainframe method. If a Plan Sponsor chooses this method, it must work with HHS to establish mainframe communications protocols.
2)*Mainframe Vendor ID (assigned by HHS): _____
3)*Name of Organization Submitting Early Retiree Data: _____
4)*Contact Information:
4a)*First Name: _____ Middle Initial (optional): _____ *Last Name: _____
4b)*Email Address: _____
4c)*Telephone Number: _____ ext _____
4d) FAX Number: _____
4e)* Address:
*Street Line 1: _____

Street Line 2: _____
 *City: _____
 *State/US Territory: _____
 *Zip Code: _____

B. Submit Detailed Claims Data: Submission Information

Note: The Plan Sponsor must provide the following information for each plan year:

- 1) *Submit Detailed Claims Data: Submission Method (Choose one):
- ___ Secure file upload using Hypertext Transfer Protocol Secure (HTTPS) to ERRP Secure Website
 ___ Plan Sponsor (or Vendor) Mainframe to HHS Mainframe

Note: Items 2-4, as applicable, are required if sending data using the mainframe-to-mainframe method of delivery. If a Plan Sponsor chooses the mainframe to mainframe method, it must work with HHS to establish mainframe communications protocols.

- 2)*Mainframe Vendor ID (assigned by HHS): _____
- 3)*Name of Organization Submitting Claims Data: _____
- 4)*Contact Information:
- 4a)*First Name: _____ Middle Initial (optional): _____ *Last Name: _____
- 4b)*Email Address: _____
- 4c)*Telephone Number: _____ ext _____
- 4d) FAX Number: _____
- 4e)* Address:
- *Street Line 1: _____
 Street Line 2: _____
 *City: _____
 *State/US Territory: _____
 *Zip Code: _____

C. Assign Reimbursement-Related Privilege to Account Manager

- 1) *Specify one of the following privileges for the Account Manager (Choose one)

- Report Costs
- Request Reimbursement
- View Only

D. Banking Information

Provide the following information:

Account information

- 1) *Bank Name: _____
- 2) *Account Type (Indicate Checking or Savings): _____
- 3) *Organization Name Associated with Account: _____
- 4) *Account Number: _____
- 5) *Bank Routing Number: _____

Bank Contact Information

- 1) *First Name: _____ Middle Initial (optional): ____ *Last Name: _____
- 2) *Telephone Number: _____ ext _____

Bank Address

- 1) *Address:
 - Street Line 1: _____
 - Street Line 2: _____
 - City: _____
 - State/US Territory: _____
 - Zip Code: _____

E. Affirmation by Authorized Representative

Prior to the Sponsor’s first reimbursement request for an ERRP application, its Authorized Representative must agree to the following:

As the Authorized Representative of the plan sponsor identified in this application, I hereby affirm that the sponsor will make a reasonable, good-faith effort to satisfy the following requirements, and that the sponsor will be prepared to demonstrate that it has made such a good-faith effort with respect to the following requirements, upon the request of the U.S. Department of Health & Human Services:

- Sponsor will use any and all Early Retiree Reinsurance Program (ERRP) reimbursement proceeds to: (A) Reduce the sponsor’s health benefit premiums or health benefit costs, (B)

Reduce health benefit premium contributions, copayments, deductibles, coinsurance, or other out of pocket costs, or any combination of these costs, for plan participants, or (C) Reduce any combination of the costs in (A) or (B).

- If sponsor uses any portion of ERRP reimbursement funds to offset increases its own health benefit premiums or health benefit costs, sponsor will comply with the statutory and regulatory prohibition against using ERRP reimbursement as general revenue, by maintaining its level of contribution toward supporting the plan.
- Sponsor will provide a notice to all plan participants notifying them that, because the plan is participating in the Affordable Care Act's Early Retiree Reinsurance Program, the plan may use the payments to reduce premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs, and therefore that plan participants may experience such changes in the terms and conditions of their plan participation. Sponsor will provide this notice, drafted by the U.S. Department of Health & Human Services (HHS), in a manner specified in HHS guidance.
- Sponsor will submit claims only for items and services that Medicare would cover, as specified in HHS guidance.
- Sponsor will not submit claims associated with plan participants who are not U.S. citizens or lawfully present in the U.S.

***Click here to make the affirmation**

PART II: Reimbursement Request Information

A. Initiate Reimbursement Request

An individual with the appropriate privilege must

- 1)*Select sponsor
- 2) *Select application
- 3) *Select plan year

B. Submit List of Early Retirees and Process Response Files

A Plan Sponsor must submit with each Reimbursement Request an electronic cumulative list of Early Retirees for whom it is seeking or has sought program reimbursement for the plan year. The form and content of the list will vary, depending on the method of delivery, as follows.

ERRP Mainframe Early Retiree File Processing Layout

Data Element	Size	Alpha / Numeric	Incoming Early Retiree File	Outgoing Response & Notification Files	Allowable Values / Notes
HEADER RECORD					
Record Type	1	A	X*	X	"H"
Application ID	10	N	X*	X	
Plan Year Start Date	8	N	X*	X	CCYYMMDD
Create Date	8	N	X*	X	CCYYMMDD
Create Time	6	N	X*	X	HHMMSS
Filler	217	A/N	X*	X	Must be spaces
DETAIL RECORD					
Record Type	1	A	X*	X	"D"
Subscriber SSN	9	N	X*	X	The Early Retiree
Member Unique Person ID	20	A/N	X*	X	Beneficiary for whom you are seeking reimbursement (For the Subscriber it will be the same as Subscriber SSN)
Unique	1	N	X*	X	Type of Member

Person ID Type					UPI: 1=SSN 2=Alien ID 3=I-94 ID 4=Other Federal ID
Member First Name	30	A	X*	X	
Member Middle Initial	01	A	X	X	Not Required
Member Last Name	40	A	X*	X	
Member Date of Birth	08	N	X*	X	CCYYMMDD
Member Gender	01	N	X*	X	0 = Unknown, 1 = Male, 2 = Female
Member Relationship to Early Retiree	02	N	X*	X	01 = Self, 02 = Spouse, 03 = Dependent
Member ID	30	A/N	X*	X	See accompanying instructions
Member Group ID	20	A/N	X*	X	See accompanying instructions
Member Coverage Effective Date	08	N	X*	X	Date coverage begins for the Member CCYYMMDD
Member Coverage Termination Date	08	N	X*	X	Date coverage ends for the Member CCYYMMDD (Blank if not terminated)
Member Coverage Termination Reason	1	N	X*	X	1 = Death, 2 = Other (Needed for spouse/dependent coverage continuation determination)
Filler	70	A/N	X*		Must be spaces
Reason Code 1	02	N		X	Reason for full or partial denial of ERRP eligibility.
Reason Code 2	02	N		X	Reason for full or partial denial of ERRP eligibility.
Reason Code 3	02	N		X	Reason for full or partial denial of ERRP eligibility.

Reason Code 4	02	N		X	Reason for full or partial denial of ERRP eligibility.
ERRP Effective Date	08	N		X	ERRP Center calculated eligibility start date. CCYYMMDD
ERRP Termination Date	08	N		X	ERRP Center calculated eligibility end date. CCYYMMDD
Filler	46	A/N		X	Must be spaces
TRAILER RECORD					
Record Type	1	A	X*	X	"T"
Application ID	10	N	X*	X	
Plan Year Start Date	8	N	X*	X	CCYYMMDD
Create Date	8	N	X*	X	CCYYMMDD
Create Time	6	N	X*	X	HHMMSS
Record Count	7	N	X*	X	Record count corresponds to number of Detail records only (not Header/Trailer)
Filler	210	A/N	X*	X	Must be spaces

ERRP Secure Website Early Retiree File Processing Layout

Data Element	Max Size	Alpha / Numeric	Incoming Early Retiree File	Outgoing Response & Notification Files	Allowable Values / Notes
Application ID	10	N	X*	X	
Plan Year Start Date	8	N	X*	X	CCYYMMDD
Subscriber SSN	9	N	X*	X	The Early Retiree
Member Unique Person ID	20	A/N	X*	X	Beneficiary for whom you are seeking reimbursement (For the Subscriber it will be the same as Subscriber SSN)
Unique Person ID Type	1	N	X*	X	Type of Member UPI: 1=SSN 2=Alien ID 3=I-94 ID

					4=Other Federal ID
Member First Name	30	A	X*	X	
Member Middle Initial	01	A	X	X	Not Required
Member Last Name	40	A	X*	X	
Member Date of Birth	08	N	X*	X	CCYMMDD
Member Gender	01	N	X*	X	0 = Unknown, 1 = Male, 2 = Female
Member Relationship to Early Retiree	02	N	X*	X	01 = Self, 02 = Spouse, 03 = Dependant
Member ID	30	A/N	X*	X	See accompanying instructions
Member Group ID	20	A/N	X*	X	See accompanying instructions
Member Coverage Effective Date	08	N	X*	X	Date coverage begins for the Member CCYMMDD
Member Coverage Termination Date	08	N	X*	X	Date coverage ends for the Member CCYMMDD (Blank if not terminated)
Member Coverage Termination Reason	1	N	X*	X	1 = Death, 2 = Other (Needed for spouse/dependent coverage continuation determination)
Reason Code 1	02	N		X	Reason for full or partial denial of ERRP eligibility.
Reason Code 2	02	N		X	Reason for full or partial denial of ERRP eligibility.
Reason Code 3	02	N		X	Reason for full or partial denial of coverage.
Reason Code 4	02	N		X	Reason for full or partial denial of ERRP eligibility.
ERRP Effective Date	08	N		X	ERRP Center calculated eligibility start date. CCYMMDD
ERRP	08	N		X	ERRP Center

Termination Date						calculated eligibility end date. CCYYMMDD
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C. Sponsor Must Review Response Files

After submitting an Early Retiree List, a Plan Sponsor will receive from the ERRP Center a response file specifying which individuals on the Early Retiree List are approved or rejected for the purpose of submitting cost/claims data and requesting reimbursement. If an individual is approved, the response file will include the dates within the plan year for which the sponsor can submit cost/claims data and request reimbursement. Also, the response file, for records that are either rejected or approved only for a portion of the time period requested, will specify the reason(s) for the rejection or partial approval.

See the column labeled "Outgoing Response & Notification Files" in both tables in Part II.B. to identify the data elements returned to the Plan Sponsor in the response file.

D. Submit Summary Cost Data

A Plan Sponsor must submit with each Reimbursement Request (via data entry in the ERRP Secure Website) the following summary cost data related to the Reimbursement Request, on a cumulative basis. The data must correlate to the actual cost data specified in E. that is submitted for the same reimbursement request:

1. *** Cost Paid by Plan** - User enterable text field. This represents the aggregated actual costs for health benefits paid by the plan and incurred for Early Retirees
2. *** Cost Paid by Early Retiree** - User enterable text field. This represents the aggregated actual costs for health benefits paid by approved Early Retirees
3. *** Threshold Reduction** - User enterable text field. This field represents the aggregated cost threshold reduction amount for all approved Early Retirees with costs for health benefits reported for the plan year. The Plan Sponsor's data aggregator shall be responsible for calculating and inputting the threshold reductions.
4. *** Limit Reduction** - User enterable text field. This field represents the aggregated cost limit reduction amount for all approved Early Retirees with costs for health benefits reported for the plan year. The Plan Sponsor's data aggregator shall be responsible for calculating and inputting the limit reductions.
- 5.

E. Submit Detailed Claims Data

A Plan Sponsor must submit with each Reimbursement Request the following data:

- 1) *Reimbursement Request Number (assigned by HHS)
- 2) *Vendor ID (if applicable)
- 3) *Plan Sponsor ID (assigned by HHS)
- 4) *Application ID (assigned by HHS)

For each item or service for which the Plan Sponsor is seeking program reimbursement, a Plan Sponsor must submit each of the following data elements when appropriate (all data elements are not required for each claim type, e.g. institutional, professional, and pharmacy):

Field Name	Definition
Record Type	Code value used to identify the record format
Application ID	10 digit identifier assigned to the Plan Sponsor's ERRP application
Plan Year Start Date	The starting date of the Plan Sponsor's plan year
Create Date	The date the file is created
Create Time	The time of day the file is created
Member First Name	First name of the member associated with a given claim
Member Middle Initial	Middle Initial of the member associated with a given claim
Member Last Name	Last name of the member associated with a given claim
Member Date of Birth	Date of birth for the Member (Subscriber, Spouse, or Dependant) associated with a given claim
Member Gender	Gender for the Member associated with a given claim
Member ID	The Plan's unique identification number for the Member associated with a given claim
Member Group ID	The Plan's group number for the Member associated with a given claim
Claim Number	Unique ID of a given claim that is assigned by the claim processing system
Claim Line Item Number	Line Number identifying the Service line associated within a claim assigned by the claim processing system
Claim Type	Code value used to designate type of claim
Plan Paid Date	Date claim system adjudicated the claim
Derived Claim Indicator	Code value indicating whether a given claim was paid as a fee for service claim or paid under a capitated arrangement
Cost Paid By Early Retiree	The aggregated actual costs for health benefits paid by approved Early Retiree for a given claim

From Date of Service	Service Begin Date
To Date of Service	Service End Date
Place of Service	Code value used to identify the location/facility where the service was rendered
Type of Service	Code value used to designate the classification of service or benefits
Procedure Code	Code value used to designate the specific health interventions taken by medical professionals (HCPCS/CPT)
Procedure Code Modifier1	Code value used to provide further information about the service being performed (HCPCS/CPT)
Procedure Code Modifier2	Code value used to provide further information about the service being performed (HCPCS/CPT)
Procedure Code Modifier3	Code value used to provide further information about the service being performed (HCPCS/CPT)
Procedure Code Modifier4	Code value used to provide further information about the service being performed (HCPCS/CPT)
ICD Diagnosis Code Qualifier	Code value used to identify which version of ICD is being utilized
Principal Diagnosis Code	Primary diagnosis associated with the Member's (patient) condition
Other Diagnosis Code2	Other diagnosis code associated with the Member's (patient) condition
Other Diagnosis Code3	Other diagnosis code associated with the Member's (patient) condition
Other Diagnosis Code4	Other diagnosis code associated with the Member's (patient) condition
Other Diagnosis Code5	Other diagnosis code associated with the Member's (patient) condition
Other Diagnosis Code6	Other diagnosis code associated with the Member's (patient) condition
Quantity Qualifier	Code value used to identify the type of measurement used in the Unit Quantity field.

Unit Quantity	Quantity of services/product delivered
Item Plan Paid Amount	Dollar amount paid by the plan for this claim item
Rendering Provider ID Qualifier	Code value used to identify the type of Provider ID reported in the Rendering Provider ID field.
Rendering Provider ID	ID of the Provider/Supplier rendering the services to the Member (patient).
Service Location Zip Code	US Zip Code of the location where the service was rendered.
Type of Bill	Code value which identifies the specific type of bill for institutional claims.
Facility Provider ID Qualifier	Code value that defines the type of Provider ID reported in the Facility Provider ID field.
Facility Provider ID	ID of the Facility where service were provided for institutional claims.
Admission Date	Date admitted to facility for institutional claims.
Principal ICD Procedure Code	Principal procedure performed within an institutional setting
Other ICD Procedure Code2	Other procedures performed within an institutional setting
Other ICD Procedure Code3	Other procedures performed within an institutional setting
Other ICD Procedure Code4	Other procedures performed within an institutional setting
Other ICD Procedure Code5	Other procedures performed within an institutional setting
Other ICD Procedure Code6	Other procedures performed within an institutional setting
Revenue Code	Code value that identifies the specific cost center related to the service for institutional claims.
Prescription Service Provider ID Qualifier	Code value that defines the type of Service Provider ID reported in the Prescription Service Provider ID field
Prescription Service Provider ID	ID of the Pharmacy or Supplier for prescription claims
Prescription Filled Date	Date Prescription was filled for prescription claims

Prescription Product/Service ID Qualifier	Code value that defines the type of Product/Service ID reported in the Product/Service ID field on prescription claims
Prescription Product/Service ID	Code value used to identify the product delivered
Prescription Product/Service ID Modifier1	Code value used to provided further information about the service being performed
Prescription Product/Service ID Modifier2	Code value used to provide further information about the service being performed
Prescription Product/Service ID Modifier3	Code value used to provide further information about the service being performed
Prescription Product/Service ID Modifier4	Code value used to provide further information about the service being performed
Prescription Product/Service ID Modifier5	Code value used to provide further information about the service being performed
Prescription Product/Service ID Modifier6	Code value used to provide further information about the service being performed
Prescription Product/Service ID Modifier7	Code value used to provide further information about the service being performed
Prescription Product/Service ID Modifier8	Code value used to provide further information about the service being performed for prescription claims
Prescription Product/Service ID Modifier9	Code value used to provide further information about the service being performed for prescription claims
Prescription Product/Service ID Modifier10	Code value used to provide further information about the service being performed for prescription claims
Prescription Unit of Measure	Code value specifies the type of Quantity Reported for prescription claims
Prescription Quantity Dispensed	Quantity of services/products delivered for prescription claims
Prescriber Provider ID Qualifier	Code value that defines the type of Prescriber Provider ID reported in the Prescriber Provider ID field for prescription claims
Prescriber ID	ID of the Prescriber for prescription claims

Total Number of Unique Early Retirees Included in Claim File	Sum of the unique Early Retirees within the claim file
Total Number of Claim records	Sum of unique claim records within the claim file
Total Number of Claim Service Line Records	Sum of unique claim service line records within the claim file
Total Cost paid by Plan	Aggregated actual costs for health benefits paid by the plan and incurred for Early Retirees for claims included in the claim file
Total Cost paid by Early Retiree	Aggregated actual costs for health benefits paid by approved Early Retirees for claims included in the claim file
Total Cost Adjustment	Post point-of-sales concessions and rebates that were not included in the Costs Paid by Plan Sponsor for claims included in the claim file

F. Submit Evidence of Early Retiree Payment

When required, a Plan Sponsor must submit an Early Retiree Paid Claims Receipt or other evidence of payment for each item or service for which it is seeking program reimbursement for amounts that the Early Retiree paid. The evidence must correlate to the summary cost data specified in D.: The following must be submitted:

1. Actual or copies of receipts, that each includes the following information:

- Receipt identifier;
- Amount paid by the individual;
- Date paid;
- Identity of entity paid:

2. Cover sheet that includes the following information:

- Number of pages to follow;
- Application ID to which the receipts apply;
- First day of the Plan Year to which the receipts apply;

A list of receipts, by receipt identifier;

Next to each receipt identifier: The individual's first and last name, the amount paid by the individual, the applicable Member ID for the individual, the applicable Member Group ID, and the Claim ID.

G. *Authority to View Protected Health information

An individual sending and or receiving retiree data, and/or claims or summary cost data, must read and agree to the following statement:

NOTE: Your privileges permit you to access certain Electronic Protected Health Information (e-PHI) associated with this ERRP application. E-PHI is subject to protection under the federal privacy and security regulations established at 45 CFR Parts 160 and 164 and promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable statutes and regulations, and is intended for the access and use by individuals only as authorized by the Plan Sponsor. Disclosure of this e-PHI to any other party, unless authorized by the Plan Sponsor or required to do so by law, is prohibited.

By clicking on the "I Accept" button below, you hereby acknowledge that you are authorized by the Plan Sponsor to access or use e-PHI associated with this ERRP application, and that you will do so in accordance with applicable statutes and regulations. Clicking the "Cancel" button will allow you to navigate away from this page, and you will not be permitted to access the Plan Sponsor's Retiree Response files.

[I Accept](#)

[I Decline](#)

Appeal Information

An asterisk (*) identifies a required field.

A Plan Sponsor must submit the following information if it wishes to appeal a reimbursement determination:

- 1) *Plan Sponsor ID (assigned by HHS)
- 2) *Application ID (assigned by HHS)
- 3) *Copy of the Determination being appealed
- 4) *The findings or issues with which the sponsor disagrees, and the reason(s) for disagreement with the determination
- 5) *The items and/or services at issue
- 6) *The amount of reimbursement at issue
- 7) *The individuals to whom the items and/or services at issue, were provided
- 8) Supporting documentary evidence
- 9) Will additional supporting documentary evidence be submitted?
- 10) Estimated date by which any additional supporting documentary evidence will be submitted
- 11) Request for extended due date for submitting any additional documentary evidence
- 12) Additional supporting documentary evidence

Reporting Data Inaccuracies

- 1) To report data inaccuracies, a Plan Sponsor must submit a new reimbursement request, reflecting an accurate Early Retiree List, accurate Summary Cost Data, accurate Detailed Claims Data, and accurate Evidence of Early Retiree Payment (if applicable), in a form and manner specified in Reimbursement Request Information, Part II.

Reporting Change of Ownership

An asterisk (*) identifies a required field.

A Plan Sponsor must report the following information when reporting a Change of Ownership:

*Information necessary for HHS to understand the transaction and structure of the ownership change.

Other Information to be Produced Upon Request

- 1) *Fraud, Waste, and Abuse (FWA) Policies and Procedures related to the ERRP
- 2) *Data demonstrating the effectiveness of the FWA Policies and Procedures
- 3) *Written agreement with its health insurance issuer (as defined in 45 CFR Section 160.103), group health plan, or other entities participating in the administration of the plan regarding disclosure of information to HHS
- 4) *Any other documentation or data necessary for the Secretary to effectively administer the ERRP.