



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact**

Fiscal Years	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Capital Expenditures					
Operating Costs	\$468,057.24	326,897.12			
External Revenues					
Program Income (County)					
In-Kind Match (County)					
<b>Net Fiscal Impact</b>					
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	0	0	0	0	0

Is Item Included In Current Budget?	Yes	<u>X</u>	No			
Budget Account	Exp No.:	Fund	5012	Dept	700	Unit
	Rev No.:	Fund		Dept		Unit
						7315
						Obj
						4901
						Obj

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

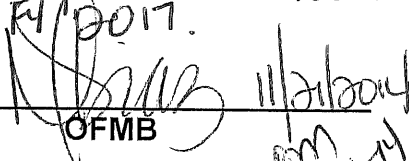
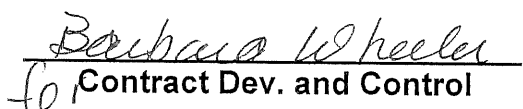
<u>Employee Health Insurance Fund/ Budget Line 5012-700-7315-4901</u>	
2014 Contribution Per Life	\$63.00
Covered Lives	<u>7,429.48</u>
Total Contribution FY2015	\$468,057.24
2015 Contribution Per Life	\$44.00
Covered Lives (estimated at 2014 levels)	<u>7,429.48</u>
Total Contribution FY2016	\$326,897.12

**C. Departmental Fiscal Review:**

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Dev. and Control Comments:**

*\*The 2016 fee is not available to calculate the operating costs for FY 2017.*

OFMB pm 11-21-14 for Contract Dev. and Control 11-25-14

**B. Legal Sufficiency:**



Assistant County Attorney 11/29/14

**C. Other Department Review:**

\_\_\_\_\_

Department Director

**ACA Transitional Reinsurance Program  
Annual Enrollment and Contributions Submission Form**



Type of Payment

- First Collection - Contribution for Program Payments and Program Administration Funds
- Second Collection - Contribution for General Fund of the US Treasury
- Combined Collection - First Collection + Second Collection (as described above)
- Invoice
- Resubmission - File Attachment

Benefit Year for Reporting Gross Annual Enrollment Count	2014
Total Applicable Benefit Year Contribution Rate	63.00
Gross Annual Enrollment Count	7,429.48
Verify Gross Annual Enrollment Count	7,429.48
Contribution Rate for Program Payments and Program Administration Funds	52.50
Contribution Amount Due for Program Payments and Program Administration Funds	390,047.70
Contribution Rate for General Fund of the US Treasury	10.50
Contribution Amount Due for General Fund of the US Treasury	78,009.54
Total Contributions Due for the Applicable Benefit Year	468,057.24
Pay.gov Tracking ID	
Invoice Number	
Verify Invoice Number	
Invoice Payment Amount	
Gross Annual Enrollment Count	
Verify Gross Annual Enrollment Count	

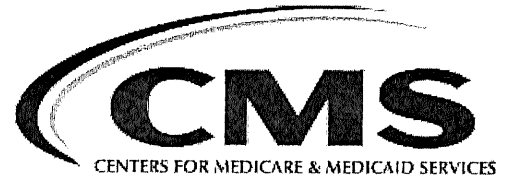
- The gross annual enrollment count entered in this form matches the aggregate enrollment count by entity in the supporting documentation.
- Acknowledgment: My acknowledgment is on behalf of my organization and the contributing entity or entities for which the data and accompanying payment(s) are being submitted. My acknowledgment legally and financially binds my organization and each contributing entity to the applicable laws, regulations and program instructions of the Affordable Care Act (ACA). By my submission, I certify that the data are true, correct and complete. If my organization or any contributing entity becomes aware that data are untrue, incorrect or incomplete, CMS shall be promptly informed. If CMS identifies a discrepancy or has questions about the data being submitted, I agree to be the contact for responding to such questions. I acknowledge that the provisions of the Affordable Care Act specifically make payments made by or in connection with an Exchange subject to the False Claims Act if those payments include any Federal funds. This includes, but is not limited to, the transitional reinsurance program established under Section 1341 of the Affordable Care Act.

Authorizing Official for Reporting Entity's Acknowledgment

First Name: Robert Last Name: Weisman Title: County Administrator  
 Email Address: RWeisman@pbcgov.org Telephone: (561) 355-2712 Ext: \_\_\_\_\_

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# ACA Transitional Reinsurance Program Annual Enrollment and Contributions Submission Form



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Current Date: 11/13/2014

Legal Business Name (LBN): Palm Beach County Board of County Commissioners

Federal Tax ID Number: 59-6000785

## Billing Contact

First Name: Brian Last Name: Palacios Title: Fiscal Analyst II  
 Email Address: BPalacios@pbcgov.org Telephone: (561) 233-5419 Ext: \_\_\_\_\_

## Billing Address

Line 1: 301 N. Olive Avenue Line 2: \_\_\_\_\_  
 City: West Palm Beach State: Florida Zip Code: 33401

## Contact 1 for Submission

First Name: Nancy Last Name: Bolton Title: Director, Risk Managem  
 Email Address: nbolton@pbcgov.org Telephone: (561) 233-5441 Ext: \_\_\_\_\_

## Contact 2 for Submission

First Name: Andrea Last Name: Mackey Title: Manager, Group Insura  
 Email Address: AMackey@pbcgov.org Telephone: (561) 233-5400 Ext: \_\_\_\_\_

## Contact 3 for Submission

First Name: Luisa Last Name: Alarcon Title: Administrative Secreta  
 Email Address: LAlarcon@pbcgov.org Telephone: (561) 233-5442 Ext: \_\_\_\_\_

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