

NWX-DHHS-OS

Moderator: Brian James
August 31, 2010
1:00 pm CT

Coordinator: Thank you for standing by. At this time, all participants are in a listen-only mode. As you've muted your own line, please unmute your phone as your lines were automatically muted when you joined today's call. After the presentation we will conduct a question-and-answer session.

To ask a question, please press star 1 and today's conference is being recorded. If you have any objections, you may disconnect at this time. I now would like to turn the meeting over to Brian James. Sir, you may begin.

Brian James: Good afternoon, everyone. Welcome to the 3rd training regarding the data submissions for our October 1 release of healthcare.gov. I appreciate you being here. I think we have a fair number of issues to cover.

I do think that we're going to be able to address some of the questions that you had in the past and probably moving forward maybe with a little more specificity than we've been able to in the past and so I think it's going to be a really productive day.

If you've participated in the prior trainings, you know that in general what we'll do is I'll take you through kind of a high-level orientation to the data collection. We'll then move into Dave Cordero from eHealth who will take you through the specifics of the data tool that we're using to collect the data and then we'll switch over to questions and answers.

We are going to be collecting the questions submitted through the chat function but we may not be able to address those before the end of the training session today so if you do have questions that you need a more immediate answer on, please go ahead and get on the phones. Otherwise, we'll get back to you as soon as we can through those chat questions and e-mail addresses.

Before we begin with the regularly scheduled program, I would like though to introduce (Terese DeCaro). You've heard (Terese) before. She is here in OCIO responsible for overseeing this project and we do have some decisions that I think she wants to communicate so I'm going to turn it over to (Terese).

(Terese DeCaro): Great, thanks so much Brian and welcome everybody to this training. I really appreciate your time and attention on this important project.

I wanted to let everybody know based on the significant amount of feedback that we have gotten from the issuers - you all - and from the organizations that also represent you, AHIP, Blue Cross/Blue Shield Association and ACHP that you all are very concerned about the amount of time needed and resources to respond to the September 3rd deadline as well as your concerns about the small business rates template.

We are moving the date for which the small business materials will be due. This has been an incredibly difficult decision for us to come to because we

think it's important to the public to have this information up on the Website for October 1.

Nonetheless, we appreciate and take very seriously your concerns. We've wrestled with this issue mightily and have decided that what we really need to emphasize with you all today is that we're asking in exchange for delaying the small business benefits and pricing information that you all work hand-in-glove with us, not to suggest that you haven't up to this point to deliver on the individual and family side of the Web portal for purposes of displaying your planned benefits and pricing information.

We've got the September 3rd window that's closing in a number of days. Brian will be talking about the activities. I think that, you know, follow that and I just can't emphasize enough that we highly - we really need - you all full course ahead on all things related to individual and family.

We'll be back to you all after October 1 about what our timeline will be on submitting the small business benefits and pricing information and we are interested in doing some additional work on the rate template.

And I don't really have any additional information on that timeline to get to you except for you to understand that my leadership is every bit as interested in having benefits and pricing information for small business up as they are for individual and family.

And so you can expect the timeline to be aggressive but also in consideration of what we think are some issues that we need to address so with that, I hope that that's some relief for you all and I look for Brian to cover the other topics. Thanks so much for your attention.

You know, can I just mention one more thing, I'm sorry, so what that means on the small business side is that for October 1 we'll be displaying products like we're displaying products today on the individual and small group side.

So while we're not expecting you all to submit your plan level benefits and pricing information, it is nonetheless our expectation that the product level information that you submit in HIOs will nonetheless be up-to-date because we will be displaying your products for October 1 again like it's displayed today. Thank you, Brian.

Brian James: Terrific, and I know that'll be somewhat of a relief to some of you. Others I know want to get your information out there to the public so think this is just our best way of managing those variety of expectations and needs and if there are questions regarding that, clearly we'll be taking them at the end of the session as well, okay?

So hopefully you can all see the slideshow in front of you. Currently we're displaying today's date but let's go ahead and advance to the next slide and these slides are going to look familiar from our last training.

So some of this may get skipped over and I may add some additional details as we move through but I did want to discuss very briefly what we're collecting in relationship to that October release and first of course is the product refresh that is going to be occurring through the HIOs tool.

We are I believe prepared to do a final refresh to include the new template information allowing you to input the SERFF tracking number to include the number of applications, the number of denied applications including the full definition of denied and then the number of updated offers which you have issued.

Those templates are not only available through the HIOs tool but are also available through the OCIIO tool - the OCIIO Website - as well and as (Terese) just indicated, it is very important that you get your information on both the small group and the individual markets updated in that tool.

For the small group it's important clearly because that's the information we'll be utilizing on the Web portal. For the small group though, it is also critical to us because we will be using this data to determine what portal plans get displayed. We take your submission of product level data as your indication that these are products approved for sale.

If they're not approved and you anticipate that they will be approved shortly, you need to go in and enter the product and indicate that it is closed so that you can go in later on and just do a quick fix changing that closed to open so that we are able to start displaying that data on the Website.

I'll be going over a few other issues with the specifics of the portal plan information before handing it off to David Cordero who's going to provide you more of the technical training on data entry for portal plans, incorporating some of the lessons learned and nifty hints and tips and then we'll just go to taking your questions and providing any answers we can.

Next slide, please. Okay. For July you had submitted that product information on the individual and small group major medical. Those new administrative fields that we're asking for are required, were specified in the regulation from the very beginning and is our best way of indicating sort of a sense of the receptiveness to submit two applications from the public.

We'd like to get the number of applications for and for October 1st. That'll be for the 1st Quarter of this year. If you go out and check the QA documents, it'll give you the specific dates on that and tell you how that'll be handled for additional refreshes.

For that we also want to ask for the number of denials and again if you have not done so, I'm going to ask that you go out to the Q&A documents. We recognize that there are a number of different ways that you need to communicate with consumers to get their needs met.

In some cases you may not be able to offer them the plan as specified at the base prices that had been indicated publicly. In those cases you may deny them coverage and that's the end of the story or you may include additional riders, you may include postponements, you may include other ways that they are not able to sign-up for that particular plan but you're giving them an alternative.

In those cases though we are asking that you include those among the number of denials. If someone is not able to sign-up for the plan that they have requested, that's a denial for our purposes and then finally the number of upgrading offers.

This is simply the number of offers where you have had to go through and based on underwriting or other factors increased the premium rate beyond your base quotes. Finally the SERFF numbers.

SERFF numbers as you know really are only applicable to those people who are working with the NAIC and submitting their information to states through their automated system, the SERFF system.

This generally there is a tracking number associated with a submission of a product to a state. That SERFF number is generally used to account for a variety of details below its level but what we're looking for is the tracking number associated with that product as you have entered it into and submitted it to the states. Next slide.

Okay. The HIOs reopening. Here again we do have those new rules that have gone into effect. The HIOs tool had reopened on August 26th and will close again on September 2nd. We are asking you to enter the products that will be effective in October.

The new data submission is not going to be used to update the September numbers to indicate that products are open so if you have a product that will be open on October 1st, it has been approved. You can go ahead and enter it in at this time.

And let me check. I believe we've got (Caller 1) on the line who has been working with the contractors getting all this established and I just want to make sure that I'm giving that information accurately, (Caller 1).

(Caller 1): Hi, Brian, this is (Caller 1). Yes, that's correct. I did just want to clarify that the actual submission window to capture the four new data fields that you just referenced will begin on 9/6 through 9/10 so the window for this week is for issuers to enter any new products that will be available on 10/1 but there will be another resubmission window next week to update attributes for those products.

Brian James: Okay, so those four new fields are not on the templates currently in use?

(Caller 1): That is correct.

Brian James: Okay, then I apologize to everyone but in terms of we've had a few different issues in terms of making sure that the steps are in place. Part of the rationale for this decision was that we know a number of products are going to be closed, new ones are going to be opened and so this was our best attempt to try and make sure that we're getting the proper attributes associated with the proper products.

So that again is going to open up - I'm sorry, (Caller 1) - it's indicating on the 6th and will be running through the 10th.

(Caller 1): That's correct.

Brian James: Okay. Next slide. Okay. The new piece of all this to most of you though is really the issues with portal plans. For those of you who have attended the prior trainings, you're familiar with our definitions of portal plans. It's the combination of benefits and cost sharing before premium calculation.

There has been some concern as people have talked about how they need to deal with the issue of riders. We have issued a guidance. I think that went out through our mailing list.

It has been incorporated into the Q&A documents and there are additional factors where if you have particular riders associated with pharmaceuticals and three other factors, we are asking that if those are determinative in premium calculations at the end, you go ahead and enter that information as a unique portal plan.

In other words we're accepting that for those four dimensions, those types of riders enter into the definition of a portal plan and you can create

combinations of those to report to us. Now clearly we only want open blocks for this.

We only want portal plans that can be linked to reported products, i.e., if you're sending us portal plans - if you're sending us plans - for entry into the CMP, you want that information to go up. You also need to make sure that the product level information is entered in the HIOs tool.

We are not taking associations at this point in time. We are hoping to be able to fit those products into the tool but currently the factors surrounding that are simply a little bit confusing and difficult for our tool to incorporate when we're talking about prior membership being required as a condition for getting the insurance.

Currently it says we are taking individual and small group. We'd like to clarify that that for September 3rd we are only going to be taking the submissions of the individual data.

We appreciate all the work that's been going into defining those small group templates. Please do not throw those away or drop them into your delete button because we will be collecting that information particularly in terms of the benefit templates.

I don't, you know, we may based on your input decide that there need to be some adjustments but in general the opinions on the benefit templates seem to have been positive and to that extent we will try to maintain continuity with the effort that you've put into place so far.

For the ratings tables we're actually going to take some time to try and make sure that those rating tables are a better fit for the types of information that you've been indicating that you need to pass us.

Finally and this is a critical point, the 1% of enrollment for a given market - the individual market - in that zip code. Portal plans and in particular those plans where you are creating riders to be in compliance with the changes in the affordable care act legislation that go into effect for September 23rd.

If you have existing products and existing plans where you're now incorporating riders, you will have enrollment information for those plans and we do ask that any of those that you are continuing forward and represent more than 1% of your enrollment in the individual market in that zip code be included.

Clearly from new plans that you are currently issuing or will be issuing in October that do not have enrollment, you will not make this rule. We are asking that all of those new - that the significant - new plans be entered into the tool.

For those plans that you want to market to consumers, this is giving us the best opportunity for you to put your best foot forward and get that information out there and so please enter that information.

I believe you actually have 30 days from after a plan goes active but frankly I think we're going to be doing both you and consumers a much better service if you can get that information entered into the tool. Next slide.

Elements requested and I'm not going to spend as much time as I have in the past on some of these. The corporate information appropriate for consumers.

Again, we really are trying to allow you to put the information that you want in front of consumers. This is an opportunity to do that.

I will at this point indicate though that based on your comments, we are actually going to be utilizing some information from the what we call the HIOs tool, the product level information for the effort moving forward in October.

This relates to the URLs for the provider network. It relates to the URLs for formularies and it relates to the film numbers for customer service on those individual products as well.

I believe the templates have been updated to allow you to either just skip through that or at minimum you can simply enter one value into all those fields because we will be going ahead and incorporating the information from HIOs. Please don't take additional time on those URLs and those phone numbers if it isn't necessary.

We are incorporating some additional tracking information, again those SERFF codes and the HIOs IDs. That is really so that we can go back and make sure we've got the connections between the product level and the plan level information correct and it'll make hopefully it'll be a little easier for everyone to keep track of their information moving forward.

Geographic coverage. Again, we have made advances that you do not have to enter every zip code. If you cover the entire state, you can indicate that this is offered in for the entire state.

I believe we are allowing for additional coverage for multi-states in one submission. That is what I - to the extent that that makes sense for your

particular firm - by all means go ahead and do so or you can submit the submissions state by state.

The standardized benefits and cost-sharing information. There's a lot of detail. I think most of you who have gone in and looked at the actual templates at this point, for the individual markets there have not been too many concerns and it seems that they've been making sense for people.

We do ask that if there's a data field that requests "not covered" when that is the situation, you go ahead and use that exact phrase "not covered." We're going to be trying to use some of that information to summarize moving forward and so that'll simply assist us for some of our processing down the road.

Rating information. The rating information for the individual market again has been reasonably straightforward. One point I do want to make on this though is that for our processing purposes, those templates were developed with a particular format to allow us to enter them into the data system.

We noticed with some of the early submissions that people had gone through and made some changes to those templates. We are asking quite strongly that you do not change the templates. Do not add additional fields, additional columns that are outside identifying information. Simply enter the information and use the templates to the best of your ability.

We have actually loaded new templates that have some protections in terms of keeping things from being (fitted) around too much so that if you do have concerns that you may have made changes to early templates that you had downloaded, you can check that by downloading one of the templates that are available on the site today, see if they still match up.

If they don't, you should change it and enter that information into the new templates. I don't believe this'll affect too many of you but for those of you who've gone in and changed the layout of those templates, quite frankly it's going to create problems.

And if it has to wait until the actual data entry process, you may get pushed to the end of the queue so we want to ask that you go ahead and make those changes and double-check yourselves now. Finally we are asking for enrollment by plan to get at that 1% rule.

For again for many plans you may not have enrollment information at the current time. At that point, we're simply going to ask that you enter a zero instead of a null value. We recognize that this is the case and it's just a matter of us being able to account for things as best we can, all right? Next slide.

Finally some dates. Clearly this is going to be the last training. We are going to be holding some additional meetings. I suspect that how to handle small group issues will be an important point of those meetings moving forward and starting on September 8th.

The help desks are now open. We recognize that some of you may have had some difficulty getting into the CMP call lines. We are addressing that by adding additional people and we're doing other steps to hopefully get that process running a little bit more smoothly.

We apologize for any delays but we appreciate your patience with us. That help line has dedicated staff who are very familiar with eHealth's process and with their templates and so they should be able to address your specific questions as you go in and are looking for answers.

While the submission deadline is September 3rd and that is not going to move so we need you to get your individual market submission into us on September 3rd at the latest. If you can do it beforehand, by all means please do.

We will if submissions come in beforehand we will start processing those. It means that you will be able to take a look at them on the testing platform so you'll be able to see your submissions more quickly.

You can get through the process to attest for their accuracy and then when we get to the actual attestation by CEOs and CFOs, you'll be able to give your bosses a little extra time if you get those submissions in earlier.

In terms of attestation and where we stand, currently we are requesting that if at all possible you get changes to your information made by September 16th in the tool, we are going to be working very hard to make sure we get all of the data uploaded in time for you to be able to review that information in communicate with us to make whatever changes are needed by that time.

We're saying that we're requesting that because we want to have final attestation on the data by September 24th. This way we'll have enough time to go ahead, give the CEOs, CFOs, those high-level executives to get in, look at the data if they need to look in the data or get your confirmation that everything is appropriate and they'll be able to go in and make that attestation.

The way we'll be handling that is at the point where your submission is complete and you've indicated that it is complete, we'll be getting you out and e-mail with a link. That link will include the URL to the test site so that if they decide to review the data personally, they have that capability but it will also

have a link to a page where they can digitally sign that they are testing to the accuracy of the information, okay?

So data in by September 3rd. Hopefully the data will be reviewed by the 16th and signed-off on by you and then attestation by the 24th. I'm leaving that September 16th date a little flexible just to make sure that we are able to get you adequate time to review the data and make whatever changes need to happen.

Okay. All the assurance. In terms of your ability to go in, currently if you get us a submission, we will get that up as quickly as possible and you will be able to review it, make whatever changes and get that communicated to us.

Those tools are all in place. It's simply a matter of getting the data into it. The release date is October 1. This will work for the issuer's information and we think that this is going to be a significant step forward for consumers that will work for everyone.

For the small group, we're going to need to communicate those dates to you later. In particular we want to be able to gather additional information, get both from you and from other related parties so we will be releasing information on how that process will be going and then we'll move forward from there.

I do want to encourage you to join us on Wednesday, September 8th where we will be starting the first of the weekly meetings to go over concerns and hold more discussion relating to both this data collection as well as where we'll be moving forward.

If you have particular issues that you'd like to see addressed in those meetings, for now I'm going to ask that you go ahead and actually I think I'm going to ask that you wait until Friday to communicate those to us.

Let's go ahead and focus our attention on the data submission for now. After Friday please go ahead and if you want to communicate to us particular concerns, you can send them to the HIOs Web - I'm sorry, the HIOs help desk - or to communicate if you've had a direct line to us or want to go through your industry group, you can go in those directions as well.

All right, and I think that covers the primary issues that I needed to cover. At this point I'm going to go ahead and hand things over to Dave Cordero who will take you through the specifics of the data tool. Dave?

Dave Cordero: Thank you, Brian, so I'm going to - this is actually going to be - a third training session where I cover how the content management portal works but I would imagine at this point most of the issuers on this call have already entered the portal and are somewhat familiar with the flow.

What you see on the page in front of you is where you would sign-in or if you have not yet registered, you still can register by clicking on the register link which is right next to the forgot your password link.

And the content management portal is a secure site for issuers to login and enter their individual and small group plan data submission requirements.
Next page.

There are basically seven sections to the CMP. We'll ask you to enter all of your portal plan combinations. The next page will ask you to provide benefit information in our medical benefit template.

You skipped forward a page. Please go back. We'll ask you to provide rates and service area files, answer rating questions, provide rate test cases, provide information for a company profile and to download your logo and we ask for some contact information. Next page.

So the entry portal's plan page, issuers are required to submit information on all portal plans that are open for enrollment on October 1st that represent 1% of all of the issuer's total involvement for the respective individual small group market within that zip code.

A couple of comments. As I go along these pages, I'm going to add a few helpful tips that we've encountered as we've begun to process the initial submissions that have come in from some issuers.

I want to mention that on this page all of the fields need to be entered. The only field that is optional is the SERFF number so please do not leave any of the other fields blank.

Also within under each product there may be multiple plan combinations that can include various prescription drug options or etc., its various riders. Please make sure that the plan name that you enter for each plan combination is unique.

Remember, consumers will be looking at these plans and they'll be confused if they see the same name over and over so rather than just repeating the same name if in parentheses you could indicate some plan differentiator like you could say this is blue choice and then in parentheses with 10-25-50 RX as an example.

Before we move on, one other comment I'd like to make is if an issuer has two separate legal entities, they must enter each one through a separate request. Next page.

This is a screen where we will ask issuers to enter in their benefits into an Excel template, the medical benefits template. A couple of helpful hints here is and Brian mentioned this as the first part of this training session, please make sure you don't change or alter the templates.

So that means don't insert any additional benefit categories. Don't delete any categories. Just do make any changes to the plan names that are automatically entered into the tops of each of the columns. Those plan names are autopopulated and they match the enter portal plan names.

Another item worth mentioning is under prescription drugs within the benefit template, we have an area where issuers can enter their generic brand or non-formulary benefits but we do acknowledge that there are some issuers out there that do not represent their prescription drugs in that manner but rather using tiers or levels, tier 1, tier 2, tier 3, tier 4.

It is those instances where we have a prescription drug other coverage field where these benefits should be entered and NA should be entered in the generic brand and non-formulary.

If you're adding a rider to the plan benefits to some of your plan combinations. If it is a rider that you're including into the plan, please put an asterisk next to that benefit. There will be a note on the site that indicates this is available as an optional benefit and again as Brian mentioned, if a benefit category is not covered, please use the words "not covered."

If we can move on to the next page, this is where we will ask you to upload a PDF of your benefit brochures and exclusions and limitations so on the Website, we will show the benefits grid which is the Excel sheet that you filled-out on the prior page but as an additional level of benefits, we will post a PDF of the issuer's benefit summary. Next page.

The rate template, so we will ask a series of questions to determine the best template appropriate for you to use based on how you handle rating and then there will be a rating template that you can download and complete.

Some helpful hints, again please do not - particularly with this template - please do not edit the template at all and that again means don't add columns, don't delete cells.

There is a user type that cannot be changed so use the user types that automatically appear in the drop-down under the cells. They're also in - the example tab - will also show you the user types.

You cannot insert an additional user type that is not included. If you indicate that you do rate by region, please make sure that you complete the region column and finally make sure that you are entering a row with the user type, minimum and maximum age, gender, and tobacco or non-tobacco for each plan. We can move on to the next page.

And here's where we will collect your service area and again depending upon if your service area is the entire state, you don't need to complete this. You can just indicate that and we can set that up (use oy).

If you rate by zip code, then that's all you need to provide. If you rate by county, then please provide county as well and as I said before if you also rate by regions, you'll need to remember to include that column as well.

You can move on to the next slide. This is a page where we'll ask you some rating questions that we need to program into the site. For the most part I don't think we've had any issues with this page. You can move on to the next one.

Also in order to verify that we are generating the correct pricing, we ask that you provide some test cases with the correct result that we should be verifying. Again, just one note I'd like to make.

When this template is generated, the order of the plan names must match those in the rate template and they will automatically but I just want to point out that you should not manipulate the order of the plan names.

So for example you'll list a sample Census across the row and then the last few columns will be your plans and what the correct rates should be. Those plans are listed in the same order as the rate template and should not be altered. Next page.

Here's where we would have you enter some information so that we can provide a general summary of the issuer's profile and we've had no issues here and the next page.

And we will ask for some contact information and as Brian mentioned, some of these fields are optional as we will be getting this information from HIOs. Next page.

So again, depending upon the issuers - the best way for the issuer - to approach entering this plan submission data, we're able to accommodate a multi-state carrier can enter one request for the individual product, for example for multi-states. We can also accommodate a separate user entering this information on a state-by-state basis.

I've already explained how you can register. We do have a technical instructions document on the site that you can reference. We also have added some helpful tips, many of which I've gone through in this training and again if you have any questions, you can contact us at the CMP support at ehealth.com. E-mail or give us a call, and that concludes my presentation.

Brian James: Thank you, Dave. And so hopefully that helps take us through some of the issues we've learned as people have been going in and working with the tool. At this point in time, I think we'll go ahead and start addressing questions so operator, if you would, I'd appreciate if you'd let people know how they can submit those.

Coordinator: Okay. If you would like to ask a question, please press star 1. You will be prompted to record your name. Please state your name slowly and clearly. Once again, star 1 to ask a question. One moment, please. We do have some questions already queuing up. The first question comes from Caller 2. Your line is open.

Caller 2: Yes. I have just two quick questions. One is rather than using the zip 5 for zip code in terms of rolling-up benefits for reporting, is there any thought or consideration to allowing us to do that by zip 3?

Brian James: The current structure regarding what we're doing by October 4th, I don't think that we're going to be able - I'm sorry, yes, October 1st - I don't think it's going to be able to make that accommodation, okay?

Generally I wasn't aware that too many issuers were actually defining their coverage areas in that way and so it is not something that we have paid particular attention to to be perfectly honest.

If it's something that would be useful to you moving forward, then that's something we can look into incorporating but for October 1st, I'm just going to have to apologize that we're not prepared for it.

Caller 2: It really makes a difference in terms of provision of rates for us. We are a small rural state but we're looking at 870 or so plans on the 5 zip code. When we look at it on a 3 zip code, we're looking at 40 so in terms of again making it legible and understandable for the consumer, that certainly is preeminent in our interest as well.

Second question I have is we've heard several times for the attestation, CFO and CEO, is that CFO "and" CEO or is it CFO "or" CEO?

Brian James: It is "or."

Caller 2: It is "or." Thank you. That's all my questions.

Brian James: No, thanks.

Coordinator: Our next question comes from (Caller 3). Your line is open.

(Caller 3): Thank you. The first question is the field links in the text field on the benefit template. Is there a specific link to that that it can't exceed?

Brian James: I'm sorry. The field link on which field?

(Caller 3): The text field when you're entering in on the benefit template. If we want to put text in there versus one of your drop-downs, is there a link limit?

Brian James: Yeah, and I apologize because there are a number of different fields and so there may be different conditions relating to them. I tell you what. I think I'm going to hand this off to Dave but he may ask you if you can be a little more specific.

Dave Cordero: Yeah, I don't know the exact character limitation in those fields. I know that we've been able to accommodate quite a bit of characters but that's something I have to check on and get back to you.

(Caller 3): Obviously once the data gets uploaded in the test region, we billed a C and something got dropped off.

Dave Cordero: Yes, right.

(Caller 3): Okay. Another quick question. Do we have to load the benefit template before we link the PDFs?

Brian James: No. It doesn't matter.

(Caller 3): Okay, then when we load the PDFs, does it have to have a specific filename?

Brian James: It would be helpful if it did have a specific filename that we could...

(Caller 3): Does it have to be the exact plan name?

Brian James: It doesn't have to be the exact plan name but it would be helpful for us.

(Caller 3): Then how are you going to link it to the plan?

Brian James: We will actually open up the PDF and confirm which plan it should be linked to.

(Caller 3): Okay, okay. Yeah, okay.

Brian James: Yeah actually I think if we could, if you can utilize the plan name in the naming of the PDF, and simply drop any blank spaces so PPO 120, you know, whatever, maternity. Just go ahead and enter that in as the string name for the PDF. Will that work, Dave, if we did that?

Dave Cordero: That would work fine.

Brian James: Let's go ahead and do that if we can. I appreciate some of you have submitted already but I really do think that may help facilitate things if you're able to do so, so I really appreciate the question.

(Caller 3): Now let me talk about the benefit template then. I know the plan name is in the benefit template so do you need the same thing? Do you need the filename the same as the plan name that's in the template?

Brian James: Do you literally have a different PDF for every plan combination? Normally it's at the product level, correct?

(Caller 3): Yes. We have a different one.

Brian James: For each product.

(Caller 3): Yes.

Brian James: So if in that PDF name you can just mention what the product name is, that would suffice.

(Caller 3): Right, right, but in the benefit template we list the product - I hear the plan name - and so you're going to want that also to be named with the plan name, correct?

Brian James: Well, usually the plan name will, you know, let's say the product is the blue choice product. Normally those two words are in every plan name, blue choice 100, blue choice 500, so if you can name the PDF blue choice, we will know which plans to link it to.

(Caller 3): Okay. Okay, and the final question here and you just confused me a minute ago when you were talking about it that we have to upload the rates before we can download the test case template so it populates...

Brian James: No. What happens is the first step that you do is you enter the portal plans and you cannot move forward until that occurs and once you've finished entering the portal plans, those plan names will get written to the templates.

(Caller 3): Right, yes, I've seen that, I've seen that, okay.

Brian James: So yes, you do not - once you've entered the portal plans, you do not need to - you can handle the templates in any order you want.

(Caller 3): I see. Okay, okay, yes, I've seen that and I understand that. Okay, that's all the questions I have. Thank you.

Coordinator: One moment. I'll open (Caller 4)'s line.

(Caller 4): Hi, thank you. On the last training call, the question was asked about whether or not we could get some information about the activity or the amount of visitors that have actually gone to the current site and that was addressed as being a really great question and I was hoping that we'd have some of that information provided to us so that we can anticipate or know if there's been any volume at all.

And the second part of the question is do we expect that HHS plans to actually promote and advertise the existence of this site once all of this information is available?

Brian James: Both good questions and I apologize. I did not bring information on what the traffic currently is. I apologize. We've just been flying pretty fast here and so I'm not able to answer that right now.

In terms of the advertisement of the site, HHS will be undergoing some activities to increase the visibility of the site. I don't have any details on exactly what we'll be doing at this point in time but yes, we will be doing outreach to make sure the people are aware that the site exists and come and check it out.

So not a very detailed answer for you but I appreciate both those concerns and I think honestly in the September meetings, raising those questions would be good again. Sorry.

(Caller 4): Okay.

Coordinator: Next we have (Caller 5). Your line is open.

(Caller 5): Okay. First question, one of our regions - our Kaiser regions - is concerned about guaranteed issue products in phase 2, whether conversion plans in HIPAA A plans are part of this phase 2 portal.

Brian James: Okay. Conversion products which people are being converted into and are not available for general sale to the public are not required to report.

(Caller 5): Okay. Secondly, I think you clarified that there'll be an opportunity next week to update the phase 1 HIOs portal with the application denial and rate-up information.

Brian James: Correct.

(Caller 5): Okay, and that the portal is only for new business quotes, not for renewal quotes; is that correct?

Brian James: Yeah. We are not collecting renewal quotes, that is correct.

(Caller 5): Okay, and will there be an opportunity before October 1st for issuers to see how the portal will look from the consumer's point of view?

Brian James: To be honest, I think probably not. We are trying to provide sort of an intermediate step with the testing site so that once you load the data up into the CMP, it is going to get loaded to a Website that'll present that information

in a dynamic form but it is not really a representation of how the actual tool is going to work on the final site.

It would have been nice to give people more of a sort of insight into what the final is going to look like. Quite frankly our development schedule is pushing it so tight that we really can't guarantee people that type of access.

(Caller 5): Okay, and what about including in phase 2 like dues, subsidy, individual and family plans, community benefit plans where there is income requirements?

Brian James: Yeah, that's actually a great question. We are currently working on how best to incorporate that information later on. The problem is unfortunately fraught with peril because there are so many different combinations and varieties of what we might be looking at.

Currently for Medicaid-based or Medicaid-styled plans that are funded or subsidized directly through the state, we are not asking for that information to be incorporated into the tool, okay?

I recognize though that that's still leaves a small area of plans that would need to be sort of - they're still neither fish nor fowl - and so if you have those that are neither fish nor fowl, I'll ask you to send us in an e-mail and we'll try to deal with you directly on it.

Essentially we're just going to have to figure out a strategy for what's best moving forward.

(Caller 5): Okay, and then finally in your portals, in your various templates you have - and on the CMP portal - you have various provider, you have various places

where you can put in an issuer name and put in URLs at the issuer level and phone numbers at the issuer level and even e-mail addresses.

Are those - can you clarify - which ones are customer-facing in terms of like particularly the issuer name? There are several places to put an issuer name. Which issuer name is the one that the customers are going to see?

Brian James: Yeah, I think I'm going to - it's the one when you initially create the request and you enter the issuer name and then the state and then the product whether it's individual or small group.

(Caller 5): Okay, that's the - your profile area - of the CMP portal?

Dave Cordero: No, it's not the profile area.

(Caller 5): Okay.

Dave Cordero: It's basically when you first create your request at the very first page that comes up.

(Caller 5): Okay. All right. I'll try to figure out what that is. How about the company profile for individual - the company profile page - the URLs and phone numbers there; are those customer-facing?

Dave Cordero: Those URLs are actually going to be supplied by HIOs.

(Caller 5): From the HIOs.

Dave Cordero: Yeah.

(Caller 5): So the provider level URLs and phone numbers we had in the HIOs?

Dave Cordero: Right, right.

(Caller 5): Okay, and finally, okay. Okay. Thank you very much.

Coordinator: The next question comes from (Caller 6). Your line is open.

(Caller 6): Hello. I have several questions actually. One is on the SERFF numbers. We're wondering if we need to provide the SERFF tracking ID from the last full booklet filing or the PPACA endorsement filing.

Brian James: It's from the approval filing so if the PPACA filing has a different tracking number than the prior submissions but the new product that are being released and approved for October are premised on that, then I believe that's the number you need to give us.

(Caller 6): Okay. So I'm not sure I totally understood that answer, so if our PPACA endorsement filings are approved by October 1st or by whenever we go live on the portal, that's what we'll use?

Brian James: Okay, and so let me start by - in the first case - we were dealing with a very limited number of cases, right? We're talking about products that are already approved for sale in their current existence and you are making changes to those plans.

You are not using the original filing number for the product. You are creating a new file and submitting the new PPACA terms to the state and waiting for their approval of the preexisting product with the new information; is that correct?

(Caller 6): Yes.

Brian James: Okay, then honestly I think the best approach would still be to use the original filing because what we're looking for is that the information that we're going to be able to make the connection between HIOs and the portal plans as well as to be able if we need to go back and refer to something and go ask a state what it is and they're keeping track of the product by that original filing number, then I think that's the one we need. Sorry, I know I just reversed myself but I think that's...

(Caller 6): Okay, great. Also with the under-19 issue, we know that there's some plans out there that are considering having an open enrollment for dependents under the age of 19 for example. How are you going to address that in the Web portal or is that something you're still trying to figure out?

Brian James: I don't think we are going to particularly address it in the Web portal for October 1st. So you're indicating that you will be offering products but only to people under the age of 19?

(Caller 6): No. No. Actually this was a question that was passed off from someone else so I don't really know that much about it so that was my question and...

Brian James: Yeah, I apologize but I mean I don't - that's not an issue that I'm really familiar with - and so I think I can honestly say that it's something that we had not intended to address by October 1st and so without knowing more about it, I really don't have a better answer for you.

(Caller 6): Okay. Also we have a county in Washington that's served by our Oregon plan. It would be quite helpful to us to be able to have a second Oregon template. Would that be a possibility?

Brian James: Are we talking about HIOs or are we talking about the...

(Caller 6): CMP, the enter portal plans right now, if you've created a template for one of our states then you can't create another one? It would be helpful for us to have a second Oregon template or the ability to create a second Oregon template so that we can enter the one county in Washington that's served by Oregon.

Brian James: Let me, okay, so it's one county in Washington that's served by the plans in the Oregon template?

(Caller 6): Yes.

Brian James: I believe you can go ahead and enter that county into the current work template. You wouldn't need two Oregon templates.

Dave Cordero: Yes, that would be my response as well.

(Caller 6): Okay, so it's a different issuer number so - in HIOs - so would that be okay?

Brian James: Is it the same as the issuer number for the Washington?

(Caller 6): No. It's a separate issuer number from our Oregon plan and our Washington plan. It has its own issuer number.

Brian James: I got you. Dave, I'm going to have to defer to you on this. I don't know if you can do that with a different issuer number.

Dave Cordero: I don't think so.

Brian James: With a different issuer number, you shouldn't be having a conflict in terms of the two Oregon templates.

(Caller 6): What? Oh, okay.

((Crosstalk))

(Caller 6): So we're good? I'm sorry. So we're good on that? Okay, sorry, I'm...

Brian James: Yeah. For this level of detail honestly I think the help desk can work through some of these really specifics but I appreciate your question because it does make the point that there is more flexibility in terms of how you're getting this information into the tool for some of these weird cases.

(Caller 6): Okay. Thanks, I appreciate that, and then I have actually one or two quick questions so also we have some issues into the help desk and I was just wondering if we could get an estimated time on when - we have a password that has been either we're locked out of a certain password that we're using, a username and password - and I'm wondering how long on average it's taking the help desk to fulfill those requests to unlock the username and password.

Brian James: Yeah, actually that's the first situation I've heard of where somebody has been locked out so I don't think I have a firm answer. Are you saying that you have forgotten your user ID?

(Caller 6): No. We're saying that when we use the first user ID and our username and password, we are not allowed into it which is actually preventing some data

entry or what's preventing some data entry to occur because we had a couple of our state templates in there already.

Brian James: Yeah, can you - what was your first name, I'm sorry?

(Caller 6): It's (Caller 6).

Brian James: (Caller 6)?

(Caller 6): Yes.

Brian James: Can you send an e-mail to that e-mail address and I'll make sure somebody gets back to you right away.

(Caller 6): At CMP support?

Brian James: Yeah, yeah, and actually add into the subject line spoke to David and then we can track it.

(Caller 6): Okay. And then I actually walked in just about 10 minutes late and I'm wondering if you have a deadline - and if you've announced this already, I'm sorry that I missed it - if you have a deadline for when the small group will need to be entered.

Brian James: Yeah. We don't yet. We'll be communicating that later is we are not asking for the small group for the October 1st yet and frankly we want to hold some discussions because I mean essentially people have told us hey, we can't do this by now so we want to get a realistic estimate of when that's going to be able to happen before we set a new deadline.

(Caller 6): Okay, so I think those were all my questions. Thank you.

Brian James: Thank you.

Coordinator: Next we have someone from (Caller 7)'s line. Please unmute your phone and identify yourself.

(Caller 7): Hi, this is (Caller 7). Just to clarify on the small group submission, is there any reason we should be continuing to work on our submission based on the regulations that we're given or would you advise to stop until further guidance is given since there may be changes? Hello?

Dave Cordero: Brian, did you want to handle or do you want me to?

Brian James: Yeah, I'll handle it. The answer is that you should continue to keep your information in HIOs updated, okay, so the product level information we want to pay in fact additional attention to but you should stop work on filling-in the templates and producing the information for the current time, and I'm sorry, (Terese).

(Terese DeCaro): Just until we provide more guidance.

Brian James: Yeah. We will be getting out more guidance to you regarding those timeframes but as I said hey, you know, frankly we just want to be able to assess the situation before we determine the best way to move forward.

(Caller 7): Okay, and another question related to HIOs, changes that were submitted for the week of August 20th, would they be reflected on healthcare.gov yet?

Brian James: Sorry, I'm trying to remember this timeframe. (Karen), do you know when the schedule was?

(Karen): They will be reflected in the September 1st refresh so they should be reflected tomorrow.

(Caller 7): Okay, thank you, and one last question about eHealth. What is the exact day that eHealth will be transferring data and will it be showing up in CMP and then how long do we have to validate and update that information?

Brian James: I don't know that an exact date has been set but David, do we have any details on the process or know when you'll be sending that information out?

Dave Cordero: Yeah, so we - so (Caller 7) - I'm not sure if you received a communication on this from your eHealth contact person in carrier relations.

(Caller 7): We did receive some sort of e-mail. I'm asking questions for someone else so I'm not explaining it. We did receive some sort of e-mail.

Dave Cordero: To answer your question, we are targeting September 15th to transfer the data.

(Caller 7): Okay, and the CEO will need to attest to all that by the 24th?

Dave Cordero: Yes, the CEO or CFO will need to attest to the data that you have entered through CMP and any other data that's being transferred from eHealth.

(Caller 7): Okay, and so the time that we have to validate from when it's sent on the 15th, can we go in and make changes before the 24th or...

Dave Cordero: Yeah, so you'll have about a week to do that.

(Caller 7): Okay.

Brian James: And this gives me an opportunity, one last point on the attestation - just because I know there's particularly relating to small group there were some questions - bear in mind that the attestation is that the information entered is correct.

It is not necessarily that the calculations of what premium is going to be shown to what person is as accurate as possible. We simply want to indicate that the information entered into the tool is attested to as yes, this is our best effort of providing the accurate information.

(Caller 7): Okay, thank you.

Brian James: Thank you.

Coordinator: (Caller 8), I'll open your line now.

(Caller 8): Thank you very much. I think one of my questions has been answered but I want to just clarify. As far for the small group in the CMP, we don't need to worry about the logo, marketing materials or any of the things whether or not they relate to the rating; is that correct?

Brian James: That is correct.

(Caller 8): Okay. As far as the HIOs update, we do have some October 1 changes to benefits to the products that are already listed there. May we make those changes next week when we also during the 9/6 to 9/10 window when we

answer those other questions that are going to be available then or do we need to do it by September 2nd?

Brian James: If these are changes to benefits and, i.e., they're actually changes at a plan level in terms of the way we're collecting the information, then you actually need to get them in by September 3rd.

(Caller 8): Okay.

Brian James: Okay, but in terms of the HIOs-level data, yeah, that you'll have that additional opportunity but to make those benefit changes, you actually want to submit for September 3rd what is going to be on offer in October.

(Caller 8): Even if we're doing that through the HIOs system?

Brian James: Well, the HIOs system will allow you to indicate hey, it's open or closed. It's being offered, it's not being offered but if it's not being offered then there really is no point in entering it into the tool for September - I'm sorry, too many dates to lay around - for the September 3rd deadline.

The September 3rd plans are only going to be shown after October 1st so if there are things that do not apply or only apply up to October 1st then you really don't need to reflect that in your data submission.

(Caller 8): To your point, on September 3rd.

Brian James: Right.

(Caller 8): All right. As to the new questions, one of the new questions that's coming next week is the number of denied applications. In our state, small groups - for

every valid small group - you have to give a quote so would that be zero or would we say not applicable, or denial?

Brian James: Well, in every - in fact - every state has some form of guaranteed issue for small group. Bear in mind we are not collecting the small group information at the lower levels.

For the HIOs tool when you go in and enter that information, you should enter the actual number, okay, so if you have not denied anything, then it should be a zero.

If on the other hand you have some form of tracking administrative denials and in part we didn't want to make our definitions too hard so that different situations might not emerge.

In some cases you may have denied things for reasons that the state allows and if so you would just indicate they're in there, you know, five, but if there have been no denials, it's just a zero.

(Caller 8): Okay, and one other thing. I think that we'll take this up further next week but just to be thinking about as far as the small groups and the rating module, if I guess my suggestion would be with this postponement that we postpone to go live January 1 because it is quite a bit of work and we for instance only have one underwriter so if we've got to go through all of this for plans that are only good for two months of the year and then do it all over again for January, that seems like a lot of time and energy for a short benefit.

Brian James: Right. We are going live on October 1st. Particularly in terms of providing that individual information and developing a structure to work with things,

that's simply the situation. I do appreciate it and we will be giving plenty of opportunities. We really do want to get feedback but that's where we're at.

(Caller 8): Well, we only have a small group so that's what I'm talking about. We don't do individual...

Brian James: No, I appreciate that and we will be providing guidance in terms of how we do that but I do appreciate that and that may well be the case.

(Caller 8): Thank you very much.

Brian James: Thank you.

Coordinator: Next we have someone from (Caller 9)'s line. Please unmute your phone and identify yourself.

(Caller 9): Hi, this is (Caller 9).

Brian James: Hi, (Caller 9).

(Caller 9): The question that I have on the individual product side of what we're doing. I'm trying to really get my hands around how do we know that the information that you're transferring or what's being transferred from eHealth I assume by this Friday? How do we attest to that specifically?

Brian James: I'm sorry, (Caller 9), I don't - so you're saying you are a current customer of eHealth and you have information in their current tool that you are going to be having transferred over?

(Caller 9): Correct.

Brian James: Okay, then I think the answer to - I forget which previous caller it was - Dave, do you want to address it?

Dave Cordero: Yes. (Caller 9), I didn't catch what company you're from.

(Caller 9): Regents Blue Shield in Seattle.

Dave Cordero: Oh, Regents, okay, and I'm not quite sure I understand your question but we are planning on transferring - if you have given us an approval - we're planning on transferring the data - the plans - over on September 15th.

(Caller 9): Okay, so which is a different date than what I'm assuming is our deadline of September 3rd?

Dave Cordero: Right. Did you by chance did you get the communication that went out from your carrier relations representative that described the process?

(Caller 9): We did receive an e-mail from - I use first names - (Eric) I think identifying that information would be transferred. I guess I'm trying to put the two parts together and figure out what's going over, what's missing, what needs to be loaded into HIOs, what needs to be loaded into CMP.

Dave Cordero: I tell you what. Can you send your questions to (Eric) and I'll make sure that he will probably send them to me and I'll make sure that we communicate directly on this?

(Caller 9): Okay, thank you. That's it. Thank you.

Brian James: Thank you.

Coordinator: If you would like to withdraw a question if it has already been answered, you may press star 2. Our next question comes from (Caller 10). Your line is open.

(Caller 10): Yes, I have a couple of questions. If we're submitting prescription benefits of the rider and we're going to put an asterisk on it as you discussed earlier, should we include the rider in our ratings?

Brian James: Yes. Yeah, great question, I appreciate it, but yes, you should.

(Terese DeCaro): Not should. I mean, the bottom line is anybody who's representing riders, those riders - the policy is - you're required to reflect them in your rates.

(Caller 10): Okay, and my other line I just want to confirm we have small groups only so we are not submitting our information this Friday?

Brian James: Not into the CMP. Yeah, if all you have is small group, you're off the hook for this particular date.

(Terese DeCaro): Except for products in HIOs.

(Caller 10): Great. Thank you very much.

Coordinator: The next question, one moment. Next we have - sorry for the delay - we have (Caller 11). Your line is open.

(Caller 11): Okay, I have a couple of questions. I first want to clarify on the SERFFs number, we have a number of different products that have been in existence for a number of years and occasionally every couple of years or year or so we will refresh the plans that are offered on those product platforms.

When we file materials with our state and we just started - our state just started - using that NAIC system in 2008, we could potentially file an application versus the actual rates versus the actual policy or a coverage manual in separate filings and my understanding is that SERFF number is more of a tracking number.

It's not really specific to a given product so based on what I'm hearing, it sounds like we want to use whatever the most current or latest SERFF number is from a component of that process that has been approved.

Brian James: No, and I apologize because I tried to reverse myself earlier. Really what you want is the tracking number for the approval or the submission for the product.

(Caller 11): Okay, and our products have been in existence for a number of years and they just started using this system in 2008 so all of the products we've listed in HIOs that we're now setting up at the plan detail for in CMP, those were all filed and approved years ago before this SERFF number was even used or available.

Brian James: Right, no, we recognize that there are a number of products that are not going to have SERFF numbers for a variety of reasons. This is really just our attempt to help everybody tap into a system that's used to keep track of things but if we enter different SERFF numbers for the plan level information, it really is just going to create a disjunction, okay?

And again, it's all of this is so state-dependent. In many states it's very straightforward. For those who are just entering into the NAIC system and the

SERFF system, it may be awhile before they figure out even what they want you to do.

But for our purposes, I think the best approach here is that we should be using the tracking number associated with the product, okay, and if that doesn't exist, it doesn't exist.

(Caller 11): Both at the product level in HIOs and at the plan level?

Brian James: Correct, because again...

(Caller 11): So when I have say five plans that are underneath a specific product, I'm going to have the same SERFF number in CMP...

Brian James: That is the intent.

(Caller 11): ...for those plans because it's the SERFF number associated with the product.

Brian James: That's the intent.

(Caller 11): And where those products have been in existence for a number of years and I have no SERFF number, then it's okay even though our state is a state who uses it not to have it because it didn't exist at that time.

Brian James: That is correct.

(Caller 11): Okay.

Brian James: And quite honestly if your state develops a system to do this where it's going to allow for communication across product and plan types despite the fact

they're coming into things after all their product are approved, please let us know or feel free to reflect that but what we are looking for is the product level SERFF tracking number, then applying that to the plans.

(Caller 11): Okay, and then my next question or confirmation has to do with the - actually I'm going to wait on that one - on the benefit template, you mentioned about the prescription drug structure and that if you have a tier structure to use the "RX other" field to do that.

In our case we have some plans that have a three-tier structure and our definition for those tiers are tier 1 generic, tier 2 formulary, tier 3 non-formulary. Is it okay if we go ahead and put those copays in those appropriate fields and use those even though it's a tier structure?

Brian James: Absolutely.

(Caller 11): And then use that "RX other" in a case where we have say a four-tier benefit that's got something different?

Brian James: Absolutely.

(Caller 11): Because I heard earlier that you were requiring that tier structures needed to go in the other field.

(Terese DeCaro): I actually think - this is (Terese) - we're going to do some work on this and probably make some revisions in the templates in the future.

Brian James: Okay.

(Terese DeCaro): I think that you should wonder about whether you're going to create confusion. I mean, what are you going to call tier 4 when you put something in the other category?

(Caller 11): Well, we hadn't set it up using the other category. We actually went in and typed in our tiers for those three because our definitions are essentially generic yeah.

(Terese DeCaro): Right but it's not going to say tier 1, tier 2, tier 3.

(Caller 11): Right.

(Terese DeCaro): It's going to put the other category that's not going to consumers that it's something different than the other three.

(Caller 11): Right, and actually I can think of one. We have a couple of plans that have a four-tier structure and we just went ahead and in the not because it's technically tier 3 and 4 are both non-formulary drugs so we went ahead and put in the copays in that non-formulary for both as well as our specialty copay.

So what we might do is just be a little clearer on that specific template, that for non-formulary it would be tier 3 and tier 4 in specialties. I just wanted to make sure, to find out if we were going to need to change and go to the use of the "RX other" or if we can leave it in there the way it is today because our definitions are the same and I think I heard you say that that was okay.

Brian James: I did indicate - I did say - that that was okay and in particular I think when we've got the three tiers that line up directly. I think that's fully appropriate.

(Caller 11): Okay.

Brian James: In terms of the four-tier structure, I'm not sure that it doesn't - my best communication may be - to say do what makes the most sense in terms of communicating properly to consumers.

Dave Cordero: I would say use one or the other. Don't use both fields so either use the predefined three fields if it fits or use the other category. I wouldn't try to do both.

(Caller 11): Okay. All right, and then on the contact information, I just want to make sure that again that we're clear and that it sounds like for the purposes of the portal and the 10/1 release date that you'll be using contact information that was included on HIOs for the customer-facing pieces.

And that with regard to the contact information that's been entered into the CMP, I didn't hear you say that any of that at this time would be customer-facing.

Brian James: That's correct. We're going to use the customer-facing data from HIOs and the data that we'll use in CMP is like the contact information so who we need to contact when this test site is ready for example.

(Caller 11): Okay, so that'll just be used for eHealth and/or HHS to make contact with the plan.

Brian James: Correct.

(Caller 11): Sure. That won't be customer-facing at this time.

Dave Cordero: That's correct.

(Caller 11): And then how will you communicate then with regards to the contacts that are listed in CMP as the initial submission and then there's a backup and then there's a primary and backup for validation. Do you plan on generating e-mails out of those or...

Brian James: Yes. Yes, those are the individuals we will contact when the plan data is ready to be reviewed.

(Caller 11): Okay, and will that e-mail be sent to both the primary and the backup or just to the primary?

Brian James: That's a great question. We were going to send it to the primary but I think it's a great idea to copy the secondary.

(Caller 11): Okay. We just wanted to know when we build our processes whether the primary needed to then forward it to the backup or not.

Brian James: We'll make sure to include both.

(Caller 11): Okay, and then my final question has to do with the small business group. I know that you've obviously made a decision with regards to not including either the rating information or the benefit information for the 10/1 release but I'm just wondering if there's been any consideration given to just having the benefits and the plan level information available with no rating.

And if you've already made the - considered that - and made a decision not to do that for 10/1, is that certainly maybe something that's being considered for the whatever the date is beyond the 10/1 date?

(Terese DeCaro): Yeah, we considered all of our options and we'll be providing more guidance.

(Caller 11): And that's all of the questions from my end. Thank you.

Coordinator: Our next question comes from Caller 12. Your line is open.

Caller 12: Thank you for taking my call. The first question I have is you let us know that you were going to delay this date today on this call which we do appreciate. When will you be sending out something in writing to that effect after the call?

(Terese DeCaro): Actually we are going to be sending a notice out that summarizes the variety of things that we talked about today.

Caller 12: Okay.

(Terese DeCaro): And that'll be in there as well.

Dave Cordero: Right.

Caller 12: Okay, great. And then I just want to confirm and I think I heard this on one of the other questions, is that there will be some changes to those spreadsheets. You don't know what they are at this point but there will be changes that we should definitely stop the work that we've been doing.

Brian James: Yeah. I can guarantee that there will be changes to those templates but I can't guarantee that there won't be so honestly I think it's in everybody's best interest if we just...

(Terese DeCaro): Wait for guidance.

Brian James: ...right.

Caller 12: Okay, excellent. My next question probably is for the CMP. I'm from Coventry Healthcare, I'm representing most of our health plans with my questions and there's multiple of us so all day today many of us have had trouble with the CMP portal.

I don't know if it's just the sheer volume of people in there. I've heard complaints from some of my (coops) to contact, portion is blocked out, that they can't put anything in there. Documents aren't uploading, anything they save isn't saving.

They've all made calls independently into the help line and they have not received any responses and it just went to I think a voice mail system. I think some of them have e-mailed and have not heard back. Is it just the sheer volume you expect to be able to chug through that at some point today or what's going on?

Brian James: Yeah. We are currently looking into some of those issues. We are going to be adding staff and making some other changes to the system to improve things. I apologize for the inconvenience sincerely. If it is...

(Terese DeCaro): We'd like you to continue to notify us if you're having this problem.

Caller 12: Okay. I mean, hopefully the things will get resolved before the end of the day today on all the issues they've had today. If it continues tomorrow, I'm sure we'll be in contact once again.

Brian James: Absolutely.

Caller 12: So in light of that, I mean, I'm thankful you delayed the date because we would have all been trying to get in there probably even more volume as we went throughout the rest of the week so it's fortunate that we don't have to do any more work in there but I am concerned about next time but it sounds like you're going to be working on that.

Brian James: We absolutely are going to be working on that.

Caller 12: And I think that concludes most of my questions. Let me just make sure.

Brian James: If you don't mind...

Caller 12: I think I've got it. That's it. Thank you very much.

Brian James: Terrific.

Coordinator: (Caller 13), your line is open now.

(Caller 13): Great, thank you. We're in the process of completing our individual plan submission and we wanted to make sure for some of the rating questions template, the responses to the questions change depending on what plan it is. Should we indicate the differences in separate columns or on separate worksheets?

Brian James: I'm not sure I understand the question so I'm going to defer to Dave. Dave?

Dave Cordero: Just hang on one second. This has never come up before. Go ahead and list what the differences are in the template and which company is this? The reason I ask is I want to keep an eye out.

(Caller 13): Great. This is for HMSA, the Hawaii Medical Service Association. We're the Blue Cross/Blue Shield in Hawaii.

Dave Cordero: Okay.

(Caller 13): Okay, so I'm not clear on what the answer was.

Dave Cordero: The answer is go ahead and list what the differences are across the plans and we'll look at it.

(Caller 13): No, but do we do it in separate worksheets or in separate columns within a single worksheet?

Dave Cordero: Okay, so we're talking about the rating questions worksheet, correct?

(Caller 13): Correct.

Dave Cordero: Rating questions. Can you - I'm sorry, I didn't catch your first name.

(Caller 13): (Caller 13).

Dave Cordero: (Caller 13)?

(Caller 13): Mmh-hmm.

Dave Cordero: Can you send an e-mail to that CMP e-mail address?

(Caller 13): I have.

Dave Cordero: Right. Okay, I will look for that e-mail and get back to you.

(Caller 13): Okay. If it's helpful I think it sent it last week Wednesday.

Brian James: Right and (Jeri), as a default position, if you need to create additional sheets within the workbook to include - actually, no, I'm going to hold off on and allow Dave to answer. Sorry, okay. Sorry.

(Caller 13): Okay, great. One more thing. On the brochure materials, because of the addition of the riders now for the individual plans, if the rider is optional but how are materials on two separate PDFs, why do we link those two PDFs to one plan?

Brian James: Yeah, actually if you can go ahead and combine those into one PDF file, I think that's the most appropriate way to handle it.

(Caller 13): Okay. I'll see if I can do that and if not?

Brian James: Dave, do we have...

Dave Cordero: There was no direction to provide a PDF of the actual rider. That's something we have not talked about. As you said Brian, it's be great if you could combine the two but we don't have a requirement to provide a separate PDF for the rider that's being included in the plan combination.

(Caller 13): So we only have to submit the information for the medical and not for the rider?

Brian James: Yeah. I honestly - I think the deferred - or the preferred position here is to include both as a single PDF.

(Caller 13): Understood.

Brian James: And in terms of how to handle the situation though that's impossible, we'll have to figure something out but I think in terms of providing consumers with an accurate reflection of the information of the products they'd be purchasing, we really need to combine that information.

(Caller 13): Okay. We'll do our best but if not we'll at least put the medical and when we have the opportunity to put up a merge document and do it at that time.

Dave Cordero: Terrific.

Brian James: No, thanks.

(Caller 13): And does that general rule of thumb go across all products because we are in the process of revising our documents to we may not have everything ready by the end of this week. Should we put up what we have now?

Brian James: Yes. The requirement is to get everything up and so that is our communication. Certainly we do not want to wait for other information to become available. You really want to get your full submissions up and into the system as quickly as you can for September 3rd.

(Caller 13): Great. Finally, last question. We were talking about the ratings service area. We have the entire state is our sales area and we do not do any kind of specific rating per se and you said to indicate that situation but indicate how?

Brian James: Just indicate on the template that you cover the entire state.

(Caller 13): Okay, because on the template it says leave blanks.

Brian James: Indicate on the template that you cover the entire state and then just leave the rest of the template blank.

(Caller 13): Great. Super duper. Just one more clarification on the benefits template when it comes to the drugs because I heard two different things. If we can - if we have - a tiered structure and some of our tiers fit into the existing categories, do we put them in or do we put the entire tier structure in the other category?

Brian James: Right. I think the answer here is that if your tier structure exists within and reflects the three categories then use that. If...

(Caller 13): But if it fits in some but not all?

Brian James: If it is a four tier or if some fit, some don't, you want to use that other field and just put it all in that other field.

(Caller 13): And leave the rest as not applicable.

Brian James: Yes.

(Caller 13): Great. Thank you. That's all I have.

Coordinator: Next we have (Caller 14). Your line is open.

(Caller 14): Thank you. We have a particular product that is on the HIOs tool showing as open for enrollment; however, it's only open for enrollment for HCTC-qualified individuals so do we need to go ahead and just follow the 1% test rule to know whether or not to put it on the phase 2 October 1 CMP tool or what is your suggestion there because it's only open to HCTC-qualified individuals?

Brian James: Yeah. I'm sorry. Yeah, and I apologize because I'm not familiar with the acronym.

(Caller 14): Health Coverage Tax Credit.

Brian James: Yeah, I was going to say, I think you should include this. It's almost like an association plan in terms of particular qualification. I tell you what. I think for now - yeah, I apologize - I think for now if there are limits - and I apologize for putting you on mute but (Terese) and I are talking across at each other - for now where there are specific limits that are going to make the plan inapplicable to the majority of consumers within the marketing area, then I think for this iteration we should not collect it at the level of the portal plans but should continue to collect it in the product level information.

And I apologize for the weird sort of answer. It's again it's one of those things where it's not quite fish nor fowl.

(Caller 14): Right.

Brian James: Our intent is to provide long term the capability of dealing with things which are not fish nor fowl but other than that, yeah, that's the best answer I can give you.

(Caller 14): Okay. Okay, even though it would show up as open in phase 1 but we would not be submitting it in the CMP tool?

Brian James: Yeah, I think that's...

(Caller 14): Okay.

Brian James: In fact, yeah, can I ask the issuer name?

(Caller 14): Alabama, Blue Cross and Blue Shield of Alabama.

Brian James: Okay.

(Caller 14): Okay. My other question is can you tell me how you're using the effective dates and the end dates on the interportal plans tab? For example, we have a plan that will be open for enrollment through 2010; however, on the phase 1 HIOs tool we will want to in November show it closed so that December 1st on the HIOs tool it shows closed.

Brian James: Right.

(Caller 14): But I've got an end date here on this particular plan of 12/31/2010 at the end of December because the benefits and rates are effective through 12/31/2010 so are you using these end dates in the CMP tool to know whether or not to display it or is that all driven by what we have in the HIOs tool of what's open?

Brian James: I think the appropriate answer here is that it's a little bit of both. If something shows up as closed in the HIOs tool then at the most recent refresh of data

between those two systems, if something goes from open to closed it will no longer be reflected on the Website.

However, if the effective date - the end effective date - predates that, it will actually get removed from the system even before that refresh which would indicate that it's closed.

(Caller 14): Okay. What if the end date on the CMP tool postdates that?

Brian James: Then the refresh from the HIOs data structure would remove it if it is indicated that it is closed or is no longer indicated as open on that system.

(Caller 14): Right, okay, so the HIOs tool is really the driver of whether or not...

Brian James: Yes.

(Caller 14): Okay.

Brian James: The HIOs tool is the driver but then we've got some safety nets in place.

(Caller 14): Right. Okay, thank you. That completes my questions.

Coordinator: Next we have (Caller 15). Your line is open.

(Caller 15): Hi, this is (Caller 15) from CareFirst Blue Cross/Blue Shield. I just wanted to verify for the individual market we have a few products that we do not display on eHealth today and we're planning on submitting those for the Friday submission.

For all of our other products that are on eHealth today that will be transferred over for 9/15, can you 100% verify that we do not have to enter anything into CMP until that data transfer occurs?

Dave Cordero: Okay, let me answer that one. So there's two products that are not on the eHealth site that you will be entering through CMP. You should do that by the deadline of this Friday.

(Caller 15): Yeah, there's a few. There's about five to 10 products.

Brian James: Okay.

(Caller 15): That we plan on entering by the 9/3 submission by Friday and then for all of our other products that show up on eHealth that will be transferred over on 9/15, just want to make sure that we don't even have to enter the portal plans into CMP for those?

Dave Cordero: No, you do not but you will be getting a communication from us to confirm the issuer, product ID and membership for each of the plans that we're transferring over, probably next week.

(Caller 15): Okay, and will that communication go to your contact or eHealth's contact?

Dave Cordero: It will go to the contact - the eHealth person - the eHealth contact.

(Caller 15): Okay, thank you. That's my only question.

Brian James: Thanks.

Coordinator: Next we have someone from Caller 16's line. Please unmute your phone and identify yourself.

Caller 16: Hi, my name is Caller 16. I'm with Group Health Cooperative and I'm doing some work for KPS Health Plans as well in Washington State. From the questions it was evident that not everyone as well as myself not everyone understands how HIOs and the CMP sites interact if they do at all.

I guess I would imagine that one would supersede the other but we're continuing to have to feed the HIOs while feeding redundant information to the CMP. Could you address my confusion a bit?

(Terese DeCaro): This is (Terese) and the way to think about this is that HIOs is the system of record so an issuer that's in HIOs can be displayed on the Web portal. A product that is represented in HIOs as open, plans associated with that product can be displayed on HIOs.

Information that'll be displayed on the Website and that includes contact information that HIOs requires, that's where that information is going to come from so the way to think about this is that HIOs is the system of record.

So basically if you're not represented in HIOs as an issuer, if you've got plans that you're providing to us that don't relate back to issuer product numbers, then they won't display and I can appreciate that you all are operating in two different systems.

I mean, we've got a contractor that we've brought on for literally a few weeks ago and some of this duplication will smooth out over time but to the extent that you're providing the same information in two different systems, what'll display is what's coming from HIOs.

Caller 16: Is there any expectation that we won't in the future need to feed two separate systems or will that be the case as things go forward?

(Terese DeCaro): I think that that's a work in progress and I can't answer that question right now but we appreciate the complexity it creates.

Caller 16: I guess along those same lines, is there - we have differing timeframes - while it only seems to be a couple of weeks that the information that I expected to provide to the CMP regarding number of applications received, etc., I now need to feed that to HIOS even sooner.

And I admit that I'm a little bit behind the - I'm not getting the information I need - directly from you so that's something I need to satisfy within my organization but is there a way that you can address the problem of differing timelines for the same information? I guess I'm saying I think it'd be helpful if we had...

Brian James: Right. I hear your pain and it is complicated for us as well. Bear in mind that in part this is being driven by the fact that this is the first time we're doing it so that things are particularly complicated.

I cannot at this point guarantee to you that we will get things resolved to an area of comfort to you right now. I can assure you that we do want to create more of a sense of process into both of these systems and so this is definitely something that we're taking into consideration and we'll continue to work on but it's not something we can issue a guarantee on today.

(Terese DeCaro): Right. I'm not sure that that's answering your question. I think what you're wondering about is that there are different timelines for HIOs than for CMP; is that your question?

Caller 16: Yes, basically it is.

(Terese DeCaro): Okay, so we've provided dates to you and we can go back over them for when products have to be submitted in HIOs in order for plans associated with HIOs to display on October 1 and the date - let's see, the last date for that - I don't know when that window closes. Could somebody from HIOs please let me know?

Woman: (Terese), we have an open window right now through Friday where insurers can create new products and then use those product IDs to complete their submission on the CMP side and then we have another window beginning on Monday where they can still create new products but the window for the CMP side will already have been closed.

(Terese DeCaro): Right, so I think that the simple answer to your question is that products and plans that match those products have to be in the system by this Friday or they won't display for October 1.

Caller 16: Okay, thank you very much.

Coordinator: Next we have (Caller 17). Your line is open.

(Caller 17): Hi, I just have a couple of questions. I asked last week about the community rating process and the fact that age, sex, gender isn't really applicable in those cases and I didn't really hear back and was wondering because we're going in

the individual direction with the still-community-rated. What was decided upon from a rating perspective?

Brian James: Yeah, I apologize. I thought we had actually answered that question and correct me if I'm wrong Dave but essentially it's just populating the matrix with the actual value. If men and women both get \$100, then it's \$100 in both those fields.

(Caller 17): Right, whether the sex of the individual, the age of the individual isn't really factored in. It's just the dollar amount you're more concerned with than the other specifics.

Brian James: Yeah, I mean, if the structure results in the same end result for all cases, then all cases should have the same value.

(Caller 17): Okay. Yeah, and if we don't have a particular value because of that fact, what would we enter?

Brian James: Now I'm confused.

(Caller 17): Like the tobacco question. I mean, we don't really track that as a particular feature.

Brian James: Right, well, if it's a factor then yeah, it would be zero but in terms of the actual rate tables, if it's well in this case and I should probably defer to Dave in terms of how the tobacco use gets handled.

Dave Cordero: There's an option "no preference" so that's what I would use.

(Caller 17): Okay.

Dave Cordero: In other words, a drop-down says smoker, non-smoker, no preference so if you don't have different rates for smoker/non-smoker, you'd say no preference.

(Caller 17): Okay, and kind of going back to the age/sex of a particular piece, if we don't use that as a particular factor for community-rated, do we just kind of leave it open or just use the expansion of zero to 64?

Dave Cordero: I would use the expansion zero to 64.

(Caller 17): That makes sense.

Dave Cordero: That's a pretty simple input it sounds like.

(Caller 17): Correct. I just didn't want to oversimplify it. And along those lines, I'm actually having some difficulty getting the test case template opened and I'm working through the help desk on that but along the lines of community-rated, you would still want the individual test cases in those cases or is that not as necessary?

Dave Cordero: I don't think you need to provide as many as we're recommending.

(Caller 17): Because I know with a hundred for the non-group or the direct pay, a smaller sampling is okay?

Dave Cordero: Yes.

(Caller 17): Okay, and because we're moving actually away from the small group piece and not listing the benefit and rating piece, I didn't hear mention or maybe I

missed it that the plan or the portal plan designs in the first step, is that necessary as well or not necessary for small group?

Dave Cordero: No. you do not need to submit small group plan level information in the CMP for October 1st.

(Caller 17): For small group.

Dave Cordero: Correct.

(Caller 17): And then everything that I have entered to date, should I just leave it there or should I remove it?

Dave Cordero: As painful as it is to say this, I think remove it from your submission if it really is not going to get used and so just for the sake of simplicity, yeah, if you can remove it we'd appreciate it.

(Caller 17): Okay, and I think lastly you were talking about the benefit templates and really not messing around with the rows and the columns. If I did an autoformat, is that something that I should not have done? I mean it just expands the cell so that everything can be read within a particular cell.

Dave Cordero: That should be okay.

Brian James: Yeah, as a recommendation to most people out there, since autoformat can do a variety of different things, you may not want to go that route but if all it's doing is changing the cell sizes, then I think Dave's right, it won't matter.

(Caller 17): How will I know if it does, when it doesn't let me do what I want it to do Friday?

Brian James: If you have concerns and particularly given that this does seem to be a simpler version, if you can use the template that's out there on the Website now, even just cut and paste, then that might be the best way of making sure that it's not going to create problems.

I suspect if all you are doing is expanding the cell size, then really that's not affecting the structure of anything so we should be okay.

(Caller 17): Okay. And that's all I had. Thank you very much.

Brian James: All right, and I apologize. We had called for the meeting to run through 4:00. It is now five after. I always hate to be the last person in queue right after it closes so I want to take one more call but I think at that point you're going to need to submit your questions via e-mail and we will try to get back to them as quickly as we can.

Coordinator: Thank you. Our next question is from (Caller 18). Your line is open.

(Caller 18): Yes, thank you very much. Couple of questions. I know you had addressed the small group issue here in the submission by this Friday and so on so that's covered. The other one that I have was in regards to the attestation language. Is that available for viewing yet of any kind?

Brian James: We have not sent out the attestation language yet. To provide people with an example of what it will be beforehand should really be possible so I'll go ahead and try to get that language out and we can send it through the HIOs list serve.

I can't guarantee the date because I'll want to make sure that I've got clearance on it before I send it out to you but we should be able to get that out to you in a reasonable timeframe.

(Caller 18): You said through the HIOs what?

Brian James: Just the list serve. If you've gone in and entered data into the HIOs tool, then we'll have your e-mail address to send things out and we send kind of blanket e-mails through that system.

(Caller 18): Okay. Okay, and then I did have another one. You had mentioned on well, I guess, that's covered already, I wondered if there were any changes to the small group sheets and that may be forthcoming I'm understanding.

Let's see. For the non-group plans, did I just hear perhaps it was the previous caller for non-group plans, the hundred test cases, the ratings test cases. Did you say that that was not necessarily firm and that a sampling was okay?

Dave Cordero: That's just the recommendation.

(Caller 18): Okay, so what size sampling would you say would be...

Dave Cordero: A hundred.

Brian James: It is our recommendation. The prior caller was from a community rating state and I believe it was from New York so in essence he was indicating there aren't even 100 different values that could come out of it so why give you 100 records?

We want to make sure that we're providing as accurate a portrayal of your pricing structure to consumers as we can, okay, so our recommendation is to provide 100. If you feel that can be accomplished with less, then okay but we really would prefer that you submit the hundred.

(Caller 18): Okay. Okay. And I think that was it. I appreciate it. Thank you very much.

Brian James: Thank you. All right, everyone. Thank you very much. Hopefully we got through most of your questions and I believe hopefully you have enough to go on to get things into the tool. Get us that data by this Friday and we will be doing our best to process and put it forward in the best possible light for consumers on October 1st.

We will continue communications. If you have concerns, please contact us via one of the help desks or reach out to us through your industry organizations and we will try to be as responsive as possible. Thanks, everybody. Have a great afternoon.

END