



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and  
Insurance Oversight

200 Independence Avenue SW  
Washington, DC 20201

DATE: November 30, 2010

TO: Issuers of Health Insurance

CC: State Departments of Insurance Commissioners

FROM: Doug Pennington  
Program Director, Healthcare.gov Plan Finder

SUBJECT: Data Reporting Instructions For Specific Fields in HIOS and CMP

The next refresh of the HealthCare.gov Plan Finder occurs on January 17, 2011. All Issuers must update their data between Wednesday, December 1, 2010 and Friday, December 10, 2010. This will include:

- Application, denial, and up-rate data for products using Q2 2010 information in HIOS;
- Enrollment counts as of September 30, 2010 in HIOS and CMP (including closed products);
- Any new or updated product-level data in HIOS and plan-level data in CMP.

In an effort to improve the display of plans and respond to Issuer feedback, the following guidance is provided on how to submit data in specific fields to HIOS and CMP. Please apply the following instructions:

**Provider Network URLs for Indemnity Products:** Issuers are required to enter in HIOS a Provider Network URL for all open products in the individual and small group markets. If you have an Indemnity product and do not have a link to a Provider Network, please enter the word “Indemnity” (no quotation marks) in the “*Website address (Provider Network)*” field.

**Enter Legal Name Into HIOS, Marketing Name Into CMP:** Issuers are reminded that they should enter the company’s legal name into HIOS and the company’s marketing/brand-name into CMP.

**Reporting Plans With Tiered Deductibles:** While companies may define a single “plan” as having multiple payment levels and benefits, a “portal plan” for display on the Plan Finder refers to a unique combination of benefits and pricing. As such, if there are multiple deductibles combined with different benefits or base premiums, these constitute multiple portal plans for reporting purposes. If one particular combination accounts for at least 1% or more of the Issuer’s enrollment in that market, that combination must be reported as a distinct portal plan. If these combinations are marketed under a common name, a suffix denoting the deductible should be used for differentiating between them.

**Out-Of-Pocket Limits Should Include the Deductible:** Issuers should always include the deductible in the out-of-pocket limit entry. Despite the fact that the CMP tool currently allows Issuers to mark whether the out-of-pocket limit includes or excludes the deductible, our guidance is that you must include the deductible in the out-of-pocket limit entry. The CMP tool will be updated to reflect this requirement, in the near future.

***Reporting Plans With No Out-Of-Pocket Limits:*** If a plan has an unlimited out-of-of-pocket limit, please enter “999999999” (no quotation marks) in the “*Individual Out-of-Pocket Limit*” and/or “*Family Out-of-Pocket Limit*” fields in CMP.

If your previously-submitted plan has an unlimited out-of-pocket limit and you’ve incorrectly entered “0”, you must correct the data. Failure to enter data correctly may result in inaccurate display and/or possible suppression of those plans.

***Reporting Out-Of-Pocket Limit and Deductibles for Family-Only Plans:*** For the individual out-of-pocket and deductible fields, enter the values for the first person on the plan if the plan has separate deductibles/out-of-pocket limits. If the plan has an aggregate deductible or out-of-pocket limit, enter the relevant family value in the individual field.

***Expiring Plans:*** To address Issuers’ questions regarding plans that expire prior to the next Plan Finder refresh, we have implemented a disclaimer on the website. The revised language is now posted and will remain online until we reach a regular monthly refresh schedule.

For policy questions regarding the HealthCare.gov Plan Finder, please email [OCIIOPlanFinder@hhs.gov](mailto:OCIIOPlanFinder@hhs.gov).

For technical assistance regarding product-level data submissions, please contact the HIOS Help Desk at 1-877-343-6507 or [insuranceoversight@hhs.gov](mailto:insuranceoversight@hhs.gov).

For technical assistance regarding plan-level data submissions, please contact the CMP Help Desk at 1-877-425-3708 or [cmp-support@ehealth.com](mailto:cmp-support@ehealth.com).