

Plan Finder: Issuer Training
May 4, 2011

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen only mode. Today's call will feature a question and answer period. At that time, if you'd like to ask a question, you can do so by pressing star then 1 on your phone.

Today's call is also being recorded. If you have any objections you may disconnect at this time. I now turn today's call over to Mr. (Brian James). You may begin.

Brian: Good afternoon everyone. This week's issuer call is slightly different from normal in that we are going to actually spend the bulk of the time on training for the new templates that will be utilized for the additional data collection.

To that affect, we're going to start off with some interac- introductory statements by (Doug Pennington) and then we'll move forward with the presentation by one of the administrators of the HIOS system and then turn things over to one of the administrators of the CMP system to cover the different templates and the changes that have been implemented.

So at this point I'll jus turn things over to (Doug) and ask him to get started.

Doug: All right. Thank you everyone for joining us today. We've received several questions from many of you asking us for clarification on a few of the new HIOS fields. So we thought we would proactively help provide that. We will be also providing these in writing after the call through memo.

First of all, on grandfathered products, we wanted to make sure that you understood that an issuer should only mark yes in the grandfather products field if 100% of the product is grandfathered. So if there are situations where you feel that you have a product that isn't 100% grandfathered, we would ask that you mark no.

So in this case, again, just to reiterate, it's for products that are 100% grandfathered. We're doing this so that we can put on healthcare.gov the ability for a consumer to be able to see, especially in the small group market, if the product is a close - excuse me, not closed - if it is a grandfathered product or not.

And so that is our purpose behind this again, is it follows in line with our mission to make sure consumers have the best information available in the marketplace to make the best decisions possible.

And so if you have a product that is 100% grandfathered, well, you (just) mark yes. Otherwise mark no. Additionally because of the opt out feature or item was so confusing to many of the issuers over the, you know, basically since the beginning of our data collections, we are clarifying open versus closed by creating clarifications on open versus closed.

This actually provides issuers the ability to better discern what it means - what they mean by closed. The way that we're defining that is withdrawing from market, we're defining as these products that are no - they're products that no longer accept new enrollees and whose current enrollees are transitioning out of the product.

Pending approval by the state are products that are awaiting state approval before actively marketing. Active only during annual enrollment period are

products that are active for current enrollees and only accept new enrollees during annual enrollment periods.

Active but not open to new enrollees, these are products that remain active but you're no longer actively marketing or accepting new enrollees to them. And association product is a residual category, so we're asking that you do not use that.

And then there's other. This is included for especially unusual circumstances which do not fall into one or the other categories. It should be used sparingly and must be accompanied by an explanation in the other than closed reason field.

Finally again on association products, the issuer will now use the required to - or excuse me, the - we now ask that you identify whether or not the product is an association product on the product information pack. As a result of this new field, the value association has been removed from the product type field.

Again, that way we can clearly identify what is and is not in the association market, what is readily available to consumers versus not readily available in the standard marketplace.

All of these are designed to assist you in clarifying what you mean by what it is that you mark and for consumers so that we make sure that we display to them the information that will actually be available for them in the products and the plans underneath those products through healthcare.gov.

So with that I'm going to turn it back over to (Brian James) and we'll begin the training portion of our par- of our session today. And I will also remind you, again, we will be publishing this information out to you this afternoon so

I'm sure many of you will have continuing questions at the end of this training session, but please remember that the specific wording of all of this will be sent out to you this afternoon. Thank you.

Brian: And so all of you should've received the memo with the link to the Webinar, Web address. Hopefully everyone has had an opportunity to log in so that you're currently viewing that slide show presentation. Again, we'll be making that information available on the CCIO Web site later but at this point, we're going to go ahead and get started.

You should be seeing a slide for the health insurance oversight system. And with that, I'm going to turn things over to (Andrew) over with the (HIOS) system to take us through that process.

Andrew: Hi everyone. My name's (Andrew Adrian Crown). I'll be walking you through the changes to the HIOSS issue (redata) entry form. If we can advance the slide please.

Okay, we have one change to the issuer general info page. We've changed the titling on the issuer name to issuer legal name and now we've broken out issuer marketing name.

Issuer marketing name's an optional field for issuers who want to clarify that they have separate marketing names from their legal name. Your current issuer name will remain as your issuer legal name.

And this shouldn't present a serious issue hopefully. And that's the entirety of the changes to the issuer general info sheet.

If we could advance the slide. The product info sheet has a number of changes, the first of which is the association product field. This is a required field and we've prepopulated obvious association products.

So anybody who marked association as their product type, their association product field's yes. Also if other describes explicitly said association, we've marked that as yes. For all others, I believe that the association product field is currently blank and you will need to mark yes or no on that.

If you can advance the slide. As (Doug) mentioned, the opt out of phase two field's been replaced with an open or closed field and based on your selection, an opt out of phase two, we've prepopulated whether or not your product is open or closed.

If your product is closed, you will need to enter a closed reason. And that's required if your product is closed. And then additionally, if you select other for closed reason, the other please explain field is required.

Let's see. Okay, if we can advance the slide. Finally, you can see the various options for closed reasons. I think (Doug) went through those so I won't restate them. But what I will say is that again, closed reasons conditionally required if it is a close product. So you will not be able to finalize your file if it is not filled in.

Advance one last slide. Finally the additi- the last addition to the grandfathered product field with yes or no. This is currently blank. It's a required field. Before you can validate and finalize, you'll be required to go ahead and mark yes or no in there.

And that should encompass all the changes to HIOS. I'll turn it over to the representative from Plan Finder.

David: Hello everybody. This is (David Codero) and I'm going to talk about some enhancements we made to CMP to accommodate future rate and/or benefit updates and specifically the enhancements we made were to eliminate any manual processing on our end to capture historically these changes on the (entry) portal plan's page and to also do a level of validation to make sure that the effective dates do not reflect any gaps in coverage or overlaps in coverage. Next slide.

Before I actually go into the - take you the changes, just a couple of the key dates that you may have already seen in the HHS memo, but we did open up access to the templates and opened up all of the requests on Monday and issuers may begin submitting their request on May 16th. And the last day to submit a request is May - an initial request - is May 20th.

The only change to templates as we made a change to the benefit templates, so that in the header of each column there will now be an effective date and end date and it's important to note that that is the only change and there are no changes below the header to any of the benefit categories.

I'm going to take you to - thro- I'm going to take you through two different examples. The first example will be just one future rate and/or benefit update. And the second example will be multiple or future rates or benefit update.

So if you're going to make a rate or benefit update you go to the most recent CMP request from a previous update, go to the enter portal plan's page and select each plan that will have a rate or benefit update. So you'll see next to

each row that reflects a plan there is a select column and you would click on each of those radio buttons next to each plan that's going through an update.

So let's assume we have, in this particular example, there are four plans, (say for) PPO, four different plans. Let's assume that the issuer's undergoing a July 1st rate update. You'd click on those four plans and you'd click on the clone plans button to clone all of the checked plans.

And you'll notice that we have cloned the four plans and they now - the cloned plans now show up on yellow highlighting. You then need to change the effective date of the newly cloned plans to July 1st and then change the end date of the old plans to June 30th.

As I mentioned earlier, we are doing a validation to make sure that there are - the effective dates do not reflect a redundancy - in other words, the effective date and end date cannot be the same. This is going to cause a redundancy in effective error message.

In this particular screenshot, the end date of the old plans and the effective date of the new plans is both July 1st. So, you know, we cannot have on that particular day, the same plan with the old and the new updates effective on that day.

You'll see that the - if that happens you'll get a redundancy error message as shown on this screenshot and you cannot move forward unless the dates are corrected.

We're also going to check to make sure that there's no overlap in the old and the new plan. If there is, you'll see an overlap in coverage error message. On

this particular example, you'll notice that both the old and the newly cloned plans are effective May through June.

The overlap in coverage error message will appear as shown in this screenshot and you cannot move forward unless this is corrected. There is one other error message that would appear and that's a gap in coverage where if the old and new plans have a gap you'll get a gap in coverage warning message.

In this particular example you'll notice that the old plans have an end date of June 30th. The new pl- newly cloned plans are effective July 2nd. So there's a gap in coverage. Now the gap in coverage warning message is shown on this screenshot.

We made a decision that, although we're going to alert the issuer that there is a gap in coverage, we are still going to allow the issue to move forward if they desire to do so in the event that perhaps it is legitimate.

So that's the behavior on the enter portal plans page. Now as far as the templates go, the clone plans will be added as highlighted columns in the benefit and rate template.

And you'll only need to update these columns that are highlighted. So for a rate and/or benefit update, the following templates are required to be completed - both the benefit template and the rate template, the rate test cases and the test cases template.

And you only need to provide the rating eligibility questions template if there are changes. I'm going to walk through the second scenario where there potentially could be multiple future rate or benefit updates.

Again, find the most recent CMP request from previous update. Let's walk through a scenario where there's a rate update on July 1st and then another rate update on August 1st. Again, you would select the four existing plans that are in the request.

You'd click on the clone button to clone all of the selected plans. You change the end date of the four existing plans through June 30th. You would change the effective date of the newly cloned plans to July 1st. And also change the end date to those plans to July 31st, clone four more plans and change the effective date to August 1st and whatever the end date is in this particular example - let's assume December 31st.

And again, all of those cloned plans would be highlighted. Both the July and August columns are going to show up within the same template. So, for example, if you have a rate update, the July 1st and August 1st columns will show up in both the benefit and the rate template.

The rate and/or benefit update, again, the following templates are required, both the benefit and rate template, the rate test cases, and again, only provide the rating eligibility questions template if there are changes. And that concludes the demonstration. (Brian).

Brian: Terrific. Thanks (Dave). And so in essence, we've tried to make, again, kind of minimal changes to get to where ultimately we're going with things. This should, I think, better represent the products as we learned a bit about how you're operating and I think the information on the CMP that allows us to create the same plan with different dates and different rates for those dates should hopefully make this easier on everyone moving forward so that you can enter it at a single time and hopefully decrease the burden overall.

At this point what I'd like to do is go ahead and open things up for questions. I'll go ahead and kind of direct the questions. So if it's a HIOS question, we'll have the appropriate person answer. If it's a question regarding the changes to the CMP, we'll turn it over to them. But operator, at this point, if you could instruct people on how to enter their questions.

Coordinator: Thank you. At this time, if you'd like to ask a question, you may do so by pressing star then 1 on your phone. You'll be prompted to record your name so that I may introduce your question. Once again, that is star then 1 to ask a question. One moment please.

Our first question today comes from (Caller 1). That line is now open.

(Caller 1): I have a question regarding the cloning of the plans. When we clone the plans, if the only thing that is changing is the rate, is there any chance that the benefits of the plan that you're cloning are going to carryover in that benefit template?

So if there're minor changes, you can change them, but for the most part, we either don't have to retype it or are we going to have the ability to copy and paste a whole column?

Brian: Yes, and I'll let (Dave) answer this in terms of the particulars. With the current solution I think you are going to have to enter those benefits, that you should be able to copy and paste. (Dave), is that correct or is this?

David: Yes, that is correct.

Brian: Does that make sense (Caller 1)?

(Caller 1): Yes. Thank you.

Brian: Sure. Thank you.

Coordinator: Our next question today comes from (Caller 2). That line is now open.

(Caller 2): Yes, so with the rates changing, so with the benefit, so we can copy the entire column or will we have to copy it in sections?

Brian: No, you should be able to copy and paste the entire column. You don't want to copy the entire column which includes the header because those dates are what's essentially driving the change from point to point in time. Does that make sense?

(Caller 2): Yes. And could you just reiterate again - so if we have a rate change we obviously would have rate files that we'd have to change. You mentioned the questions. Would we have to update that file as well if we had rates with multiple dates?

Brian: Generally, the information on the eligibility template isn't going to change. So unless you've changed, for example, how you handle which child gets rated first, you know, it's the eligibility questions in terms of that rate, what we call the rating eligibility template.

Those generally wouldn't change and so I wouldn't expect you would need to. But if you are changing the way you're eligibility rules, you would want to go in and update those as well.

(Caller 2): Okay. One last question. The attestation is this going to change that process at all or will the entire file just fall under the single attestation?

Brian: The entire file would fall under the single attestation. We re- that is part of what we're trying to accomplish here, is not only making the data entry easier but to decrease the number of times when you've got to go and get the CEO, CFO to attest.

Generally that information is known for an entire quarter. Clearly if that information changes at some point in the quarter, you want to notify us. But we're anticipating that you should have your business plan in place for a quarter length of time at least which would allow for an easier attestation process.

(Caller 2): And can you explain how the marketing name will be used? And do we have to fill it out on the general tab for all states?

Brian: I'm not sure I understand the last part of the question. In terms of the marketing name versus legal name, currently we are populating the legal name on the Web site for these products.

And there's been some confusion because we've wanted to allow consumers to see the marketing name as well since that is how you want to represent yourselves to them. Moving forward, we are considering a variety of changes where we'll hopefully be able to represent the marketing name more prominently probably in conjunction with the legal name.

But this will give us the ability to make those changes moving forward and so that's actually how we're intending to utilize the new field, okay?

Doug: This is (Doug) and this is one of those situations where we've had requests from issuers for this type of information. We've had many requests to replace the legal name with the marketing name.

We don't feel that that's necessarily appropriate so this was our methodology of trying to adapt to try and have the best of both worlds where we can make sure that the actual legal entity that the issue- that the insurer, the consumer would possibly be able to buy insurance from is represented while still making sure that the marketing name that they clearly, that consumers are going to be able to identify with can also be represented.

Brian James: Does that answer your question?

(Caller 2): Yes. So what would we fill out on the CMP templates?

Brian: And - (Andrew), can you answer that?

Andrew: Well on the HIOS template, fill out the legal name and fill out the marketing name and that will populate inside HIOS. Each issuer or in HIOS basically an issuer and issuer state combination.

So each issuer you have for each state, you want to fill out the appropriate marketing name there. (Brian), I'm not sure about the appropriate steps to take in CMP to fill in marketing name. If you could...

Brian: Yes, and I'm sorry. I misheard the question. So our current directions on the CMP are that you can enter the marketing name and we're not making a change to that, okay? So it's essentially your preference. Currently for the current version of the Web site and what will be going for- what will be going up in the next refresh, we'll be utilizing the legal name.

But we are on a two to three week kind of refresh schedule so we can incorporate changes and so we may be able to make adaptations to get that marketing name represented sooner.

But for the initial release of this data, it will be what the consumer sees when we populate it by that legal name coming out of the HIOS tool.

Doug: So in other words, our goal is that we can incorporate both in the future so we're trying adapt for it now. But at the same point, what will be represented in the June refresh will be structure that is current today. Does that answer your question?

(Caller 2): Yes. Thank you.

Brian: Thank you.

Coordinator: Our next question today did not have a name recorded, however, it comes from the line of (Caller 3). That line is now open. Please make sure you check your mute button.

(Caller 3): Hi. Do I need to clone the plans in CMP for enrollment changes only?

Brian: No, no.

(Caller 3): Okay thanks.

Brian: Thank you.

Coordinator: Our next question today comes from (Caller 4). That line is now open.

(Caller 4): Yes, I was just curious to know, we had our - one of our products transferred over from eHealth originally. And we are still not able to make any updates within the CMP portal to that product. And I didn't know if you - if there were any plans to make those products that were transferred over from eHealth to CMP available to the users. Thanks.

Brian: Yes. No, and I - too, we'll follow upon this after the call. I'm going to ask that you go ahead and place a call to the - your representative at eHealth. I wasn't aware that this was still a problem. And so I'll check into it from our end.

But please make sure that you're just staying in touch with them and I'll pursue it from my end as well. And we'll make sure that the issue gets resolve.

(Caller 4): Can I get clarif- thank you. Can I get clarification on which eHealth contact I'm supposed to provide with CMP or actually our account representative with eHealth.

Brian: I would - I - typically you would have been assigned a particular individual with the CMP help desk. The likelihood is that that was the individual who was representing you prior to the implementation of the CMP.

If they can't direct you to the correct person, send us an email to the OCIO plan finder at hhs.gov and we'll make sure that they reach out to you.

(Caller 4): Okay thank you.

Brian: Absolutely.

Coordinator: Our next question today comes from (Caller 5). That line is now open. (Caller 5), your line is now open. Please...

(Caller 5): My question is I know you had already stated that you can copy and paste the entire column, but I've been trying to do this for the past two days and cannot. You actually have to paste it in sections.

There are some read only fields that are headings that I guess you don't want anything in those rows that don't allow you to do that. Is that going to be changed or should we continue to copy each column in sections.

Brian: And I apologize. My understanding was we could do the entire column. Let me check (Dave), the - have we tested and is that true?

David: There are - to answer her question, there are not going to be any changes if you have to copy and paste in sections and please do it that way.

(Caller 5): Okay thank you.

Brian: Thanks.

Coordinator: Our next question comes from (Caller 6). That line is now open.

(Caller 6): Hi. Thanks for taking my call. We have a question concerning the definition of grandfathered. And the state - was a little earlier was that we only mark yes if it - the product is 100% considered grandfathered. Our concern is what actually is referred to as grandfathered?

Is it any product sold before March 23rd? Is that what you consider grandfathered?

Brian: We are considering grandfathered whatever your state is considered grandfathered. So we're basically mute on the issue. And so if your state and you have considered that that product is a grandfathered product under whatever rules you have on your states, then that's what we are going by. Does that answer your question?

(Caller 6): Yes. Thank you so much.

Coordinator: Our next question today comes from (Caller 7). (Your) line is now open.

(Caller 7): My question was answered already. Thank you.

Brian: Thanks.

Coordinator: Moving on, our next question today comes from (Caller 8). That line is now open.

(Caller 8): Hi. Thank you. I have one question for CMP and one for HIOS. Regarding CMP, the change to the benefit template, I know that the effective dates are now on the template. For this upcoming refresh, we don't have any changes other than that. Would we need to reenter the information in the template and upload it or can we just keep the one that we had previously used even though the dates won't be showing?

Brian: I'm - I think the answer to that depends on what effective dates you're currently using. And may be effected by how they were prepopulated within the CMP. So I'm going to turn that over to (Dave).

David: Yes.

Brian: Right.

David: So just so I understand, (Caller 8), so you're having a benefit change only?

(Caller 8): No, we don't have any changes. We wouldn't be making any changes to that template.

David: So, no change at all? No rate changes, nothing?

(Caller 8): No.

David: Then there is no action required on your end unless the - do you know - the end date that you have for the benefits and rates that are currently on the site, if that end date is approaching, you may want to adjust that end date to further into the future.

(Caller 8): Yes, we were actually - we do have it end dated at second quarter but actually our rates for the specific products that are out there won't change all year so we were hoping to just put in 12/31.

David: Yes, that's all you need to do. So just go into the portal plans page and just enter 12/31 as the end date.

(Caller 8): Okay and we don't need to worry about the benefits template then.

David: No.

(Caller 8): Okay thank you. We have one other question about HIOS and the open and closed section. I'm going to pass it over to someone else.

(Caller 8): Yes, when we originally submitted the information to HIOS, we were told that we could list a product as closed if it had less than 1% of the membership across all of the zip codes that we offer the product in.

Is that going to be one of the closed reasons or are we now required to open that?

Brian: Yes, I think there's some confusion in terms of - the 1% rule applies to plans, okay? So if you have a plan that represents less than 1% in any given zip code, you do not need to report on the plan level information in (CNIP) - in the CMP.

We do still want you to go into HIOS and enter it and si - and you can indicate that it is open because you are actively marketing it. but if there are no plans entered for it in the CMP, it won't get displayed, okay?

But we'd prefer that you go ahead and just enter in the correct information which is that it is open and you are actively marketing it even if you don't want to go ahead and enter in specific plan information.

(Caller 8): Okay so we still list them in HIOS but we don't have to list them in CMP?

Brian: Not if they don't meet the threshold by zip code.

(Caller 8): Okay thank you.

Brian: Thank you.

Coordinator: Our next question today comes from (Caller 9). The line is now open.

(Caller 9): Yes, can you detail the August cloning of plans dynamic versus July and why July's won't just suffice all the way until the end of the rate effective period?

Brian: Yes, I'm not sure I understand the question.

(Caller 9): I thought in the training it says we have to clone plans in July and then we've got to clone them again one month later in August again.

Brian: You only have to clone them if the rate changes.

(Caller 9): Okay.

Brian: If your rate changes at the end of July, then you have to essentially be able to clone it so you put the new rate for August. But if your rates are consistent throughout the quarter, then there's no need to clone.

(Caller 9): Got it. Thanks.

Coordinator: Our next question today comes from (Caller 10). That line is now open.

(Caller 10): I just want to clarify a question that was asked earlier with regard to rate changes. During the last submission period, we had rate changes. And after we submitted, we found out that we had to update the eligibility and rating question template even though none of that information changed because it wasn't the same version of the rate template.

And so I think I heard earlier that if you have rate changes that you wouldn't need to fill out the eligibility and question template.

Brian: Right.

(Caller 10): But my - but I want to clarify. So if that's the case, is eHealth able to accept those templates if they're different versions or do you still have to transfer your data out of the old version of the eligibility and question template into the new version so that it'll all upload correctly?

Brian: Right. I think the issue last time was that there were new templates. And so this time that shouldn't be the issue. (Dave), can you confirm that?

David: That's correct. That's absolutely correct. So you should not have - if you're not - if there are no changes to the answers to any of those questions on the rate eligibility questions template, you do not need to fill it out. The last submission period, there was a new version of that template and that's why you needed to complete it.

(Caller 10): Okay and one other question. For plans who, in their states are for child-only policies where they're able to just offer them on an annual open enrollment basis but outside of that window, they do not issue child-only policies, how are you to reflect that on the portal submission? Or do we just - do those just not get reflected during that window?

David: Well one question we have is during this next quarter, will there be an open submission window?

(Caller 10): There'll be an annual enrollment, yes.

David: Yes. So there is an annual enrollment during the next quarter.

(Caller 10): Yes, but it's only for part of that period.

David: Right. Then what we've been doing is we have you go ahead and mark it as open and we have language that we've been working on that basically says that products may not ow- all products may not be open during the entire portion of the quarter.

Brian James: Right. And so in terms of the CM plete- CMP display, you'd want to use those effective dates which will determine when it actually gets displayed on the site. And I'd encourage you to go ahead and call your CMP representative to have them walk you through how to affect that implementation. Okay?

David: In other words, your product can actually end up only being open during the enrollment period.

(Caller 10): Okay, well all of the products that we offer are available for child-only during the enrollment and the rest of the year it's just available to everyone else. And so we don't have specific products that are available to child-only. And the only place that there's anything to do with child is on the eligibility questionnaire which isn't - that's not date sensitive or is it?

Brian: No it's not. I don't know that we have an easy answer for how to implement that. In fact, I'm fairly sure we don't. I think at this point what you ma- and what you may want to do is simply represent the plans in their majority representation by e- what they are available for when it covers the entire quarter or the entire period that you're able to identify.

But I'd appreciate if you could send us an email to the OCIIO plan finder email address because that's an issue that we'd like to be able to address with you and make improvements moving forward.

(Caller 10): Okay. I would assume there're probably other states and plans that may fall under that same - depending on what their states allow with regard to child-only.

Brian: It wouldn't surprise me.

David: We do try to adapt over time as we identify more and more idiosyncrasies but as of right now, we - we know we can't capture every unique circumstance but we do want to try and capture them as we identify them and come up with more methods. But thank you.

(Caller 10): Okay. And I'm assuming for product enrollment in HIOS, that the enrollment that you enter in that column should be the enrollment for the grandfathered population if you've indicated it's grandfathered or for the non-grandfathered, if you've said no to that question or if you've said no and it represents both, it should be both?

Doug: If you say no, it's the total enrollment.

(Caller 10): Okay.

Doug: If you say yes, it's the total enrollment. Either way it's the total enrollment.

(Caller 10): Even if you have - okay.

Doug: Yes, it's the total enrollment. And so if you - if it is a grandfathered product, and everything's grandfathered, then it's all grandfathered enrollment.

(Caller 10): Okay.

Doug: But if it's not grandfathered under the state of submission, it's still the total enrollment that you have for it even if you consider some of them grandfathered.

(Caller 10): Okay. And the - and when it's mixed, it's no.

Doug: Correct.

Brian: Right.

(Caller 10): Okay. That's it. Thank you.

Brian: Thank you.

Coordinator: Our next question did not have a name recorded, however, the question comes from the line of (Caller 11). That line is now open. Please make sure you check your mute button.

(Caller 11): Hi. I have a question. The only thing I'm updating is our rates. And I cloned the plans like you showed us and changed the effective dates. Do - my question is do I have to fill out those benefit templates again even though none of the benefits are changing? Or do I just upload a new rate file?

Brian: Right. And so I think the difference is on if you're cloning because there is a change in rates over the course of the quarter.

(Caller 11): Right.

Brian: Then you would need to e- reenter the benefits for that - the new rate period.

(Caller 11): For the new plans.

Brian: Right.

(Caller 11): Okay so I'm seeing the same issue the other caller had where you can't really copy and paste more than a few cells at a time. But the bigger problem is that if you make a mistake and you paste something into the wrong cell, there's absolutely no way to delete it. And you actually have to start all over again.

I found this last time with the rate sheets as well. And so what that forces you to do, particularly on the rates, is to manually enter all of these because by manually entering, I can delete it if I make a mistake.

Brian: Yes, and actually again, if you let us know - if there're particular concerns like this, even if they're of the technical nature, let us know because we will work with our contractors to improve the templates to make them easier to work with.

(Caller 11): Yes, because if - it's extremely frustrating if you make a mistake when you're 90% done with the template and now you've got to start all over again.

Brian: Right. I understand. (Dave), do you want to address this? Is there a possible solution for her?

David: We would have to take a look at that and get back to you, (Caller 11).

(Caller 11): As, basically it tells you the cells are locked so you can't get in after you paste.

David: It's actually the first I've heard of this.

(Caller 11): Yes. I actually brought this up with my I guess account representative last time and she said that there wasn't anything you could do. I find that hard to believe - someone can unlock the cells.

Brian: Well and I think for her there might not have been a way to fix it without implementing changes at a higher level.

(Caller 11): Okay.

Brian: But we can implement changes in these templates moving forward if we can figure out better ways.

(Caller 11): Yes, if you could figure out a way we could copy the whole row and if we can, you know, delete a cell if we've made an error, that would be great.

Brian: We'll work with the contractors to see what we can do.

(Caller 11): Okay great. Thank you. That (was it).

Brian: No, thank you.

Coordinator: Our next question comes from (Caller 12). That line is now open.

(Caller 12): Hi, thanks. We actually have two HIOS questions and then an associate of mine has a CMP question. On the memo from (Doug Pennington), the HIOS and CMP templates now available for June refresh memo, I think this is probably a typo but it says in addition, enrolment should be updated as of March 31, 2010.

Doug: Yes, that's a typo. Thank you for finding that. Yes, please do not update all of your information to the older date.

Brian: No, that should be March 31, 2011.

(Caller 12): Good. Okay. I did download the new template today and attempted to print it and I don't know whether this is operator error on my part or some sort of lock out in the template, but even with legal paper I couldn't get it to print past the (surf) number column. I couldn't get the new column. Has anybody else had that issue?

Brian: No one has reported it to me. But I don't know if the HIOS templates have been optimized for printing. (Andrew), does that seem consistent? Is that an issue you've seen before?

Andrew: It is an issue. We saw recently. We do have a workaround if you want to reach out to the HIOS help desk. We can provide you with instructions to get it printed properly.

(Caller 12): Okay, that would be great. Thank you. And now the CMP question.

(Caller 12): Hi. I just wanted to check - we had rate changes effective April 1st for individual market and then we will have subsequent rate changes for July 1st. And I just wanted to kind of walk through how this was happening since this is a - refresh is going to take place for June.

You know, when I - when we clone the plans are we cloning them and putting the April dates in in that information? And then do we have to, again, put subsequent information in for July or?

Brian: I think the issue here is that you would first want to update the information on the plan so that it incorporates the initial rates period. Then you would want to clone that to create the new dates for the new rates starting with the July 1st. (Dave), is that accurate?

David: Yes. That is accurate, bearing in mind that we are going live with these updates on June 22nd.

(Caller 12): Right. And I think that there's going to be a lot of other insurers who have the same problem because of the quarterly changes. And I guess my concern would be is that, you know, do you go into then the old template and make all the changes and use the old template to put in the April rates and then hit clone and will that update?

Brian: Well okay, so what I would do is I would make the April rate effective on June 1st because you really can't use an old date. It needs to be a current or future date.

And then - so you'd clone the plans, the - change the effective date to June 1st, provide the rates and benefit templates, et cetera, and then you would have to clone for the July 1st rate update as well.

So you're going to have June 1st plans and July 1 plans. And again, getting back to my issue that, you know, we're going live on June 22nd. Most people coming to the site would be looking in July effective dates but, you know, it's your preference as to how you want to handle it.

(Caller 12): I mean, we wouldn't have any problem with it. It's just dealing with the July 1st, the only problem is is that, you know, we would just have the end date be

what we have now which would be March 31st. It would be a gap and that wouldn't...

Doug: Yes. Right.

Brian: Okay, you want to enter in the appropriate dates for the appropriate rate structures. And so, you know, recognizing that, you know, there are occasionally with - even with a quarterly refresh, there are going to be small gaps or small periods that are a little bit out of synch.

One of the purposes of going quarterly, though, is to decrease those so that we don't have one of those every month. We only have one of those little periods every three months. So my recommendation would be to go in, enter the rates for the appropriate periods and, you know, and you can make those determinations.

(Caller 12): Okay so, I'm sorry, I just want to make sure. Are you saying then to put the two sets in, to put the rates in for April and then clone it? Or can we just put in the rates for July 1st and leave the end date for, you know, the end of...

Doug: You really should be putting in both sets of dates. And as (Dave) pointed out, because, you know, the system's really not designed for you to be back dating, he's recommending that you put a June 1st date for what was actually your April rate change.

And then go ahead and input the Jul- clone it and input the July rate change dates so that way you're accurately reflecting what your rates are for the consumers on healthcare.gov within the correct date frames. Does that make sense?

Brian: And again, if, you know, in - when it gets to the details of your particular implementation, you really should feel free to call the CMP help desk and they can walk you through the details of how to do it.

(Caller 12): Okay.

Brian: And was that the (unintelligible).

(Caller 12): All right, so basically if we do put in two sets of information, the system won't be able to do it, handle it in one refresh?

Brian: Correct, as long as the dates, you know, don't overlap that's the entire point to this.

Doug: So that we can basically make sure that with quarterly refreshes you're able to show consumers accurate rates within the quarter as your rates change.

(Caller 12): Okay, thank you.

Brian: Thank you.

Coordinator: Our next question today comes from (Caller 13). That line is now open.

(Caller 13): Just a clarification question on the dates. Is there any guidance as to how far out that we should be loading these dates for? Or should we just assume that there's going to be another refresh that will go live sometime in September so we at least need to have rates through September loaded during this refresh?

Brian: Yes, I would - we don't have guidance written on that. You can be - we will be doing a refresh in September. You definitely - if you have active plans

under a product over the course of that period, you want to make sure that you're extending out at least that far.

You can extend out farther, though, if you wish and given that we have not established the exact date on September refresh, I think it would be advisable to at least make sure you have all of September covered.

(Caller 13): Is there a limit to how far out we could go? I mean, could we load rates through the end of 2012 if we knew what they were?

Brian: Yes. But technically I believe the answer is yes. But there may be changes coming that if that's a substantial amount of work I don't want to encourage you to do so at this point because I want to make sure that this system is actually operating smoothly before we invest entering all of our rates for 2012.

(Caller 13): Yes. So if I - then looking back at my notes from the last call, I seem to recall you saying something about adding rate effective dates to CMP. And what it looks like is you're using the existing, you know, certain end dates as those sort of rate effective dates. And that's then causing us to have to clone plans and copy paste with (unintelligible) template.

Brian: That is not a bad assessment of what has happened.

(Caller 13): Okay. And - but - so we have to basically, you know, duplicate a bunch of things that are otherwise the same, you know, the benefits are the same. We have to enter, like, enrollment by plan as many times as we have rates, right, the same number in the portal plans pay? We have to enter that same number, you know, six times if we have six different rate periods.

Brian: Yes, agreed. This is not the - this is why I was saying I would not invest in the full entry of all of your information through 2012 because I think we are going to be able to make improvements in the way we enter this data moving forward.

Doug: This is a short term solution that we wanted to make sure we got out to you as quickly as possible. It's not our permanent solution.

(Caller 13): Okay. And then my last question just has to do with the sort of overlaps in information requests between HIOS and CMP. And I'm not sure if this is the right forum for it, but I'm just curious the extent to which the same information is requested under provide contact information is also in HIOS.

Can you help us understand which set of information is used and whether we're going to continue to have to enter the same information in multiple places?

Brian: Right. And to the extent that you have concerns, let me first indicate, please do reach out to us through that OCIO plan finder email address. We are very careful about making sure that we read all those emails and address those as appropriate.

In terms of the overlap, again, there has been a historical situation that meant that certain fields that probably are now overlapping were not always overlapping. And by that I mean, there might have been different contacts for the HIOS data entry as well as for the eHealth data entry.

In general, we - it has been our understanding that that's not much of a burden because at this point they don't change very much. We are making efforts to

eliminate certain overlaps in the two data collections and really I'm not sure what more to say about that at this point.

But by all means, reach out to us and let us know your concerns and suggestions because (as was) indicated, this - we intend to make improvements and we are very much interested in making improvements that will adapt to your needs and what's going to be easier for you.

(Caller 13): Okay thank you.

Brian: Thank you.

Coordinator: Our next question today did not have a name recorded, however, it comes from the line of (Caller 14). That line is now open. Please make sure you check your mute button.

(Caller 14): Yes, I had two questions. Can you hear me?

Brian: Yes.

(Caller 14): Okay, at the beginning of the call you were talking about association plans, I think it's the HIOS template that you have to check yes or no whether a particular plan is an association plan. Do you consider chambers - chamber plans association plans or not?

Doug: Yes.

(Caller 14): Yes okay. And is there a difference between association plans and associated plans?

Doug: Typically speaking, no because associated plans are, again, plans that are offered through some form of an agreement where they're not generally open to anyone and everyone on the planet without having to be associated with some other organization or entity. Do you agree?

(Caller 14): Yes, I agree. Thank you very much.

Brian: Thank you.

Coordinator: Our next question today comes from (Caller 15). That line is now open.

(Caller 15): Hi this is (Caller 15). I have a question in regards to when we have products, benefits and/or rates that are not approved by the time that the window closes, however, we get approval thereafter and how we'll be handling those types of situations. Will we be allowed to have an off cycle release?

Brian: Yes, and it's a great question, (Caller 15). We currently have a plan in place to make re-kind of - not refreshes but kind of mini opportunities within the quarter to update that information. So in essence, the - say, for example, you enter things as closed products within HIOS and that is because they're - haven't received approval.

We will be communicating to you how you can then go in, make corrections, and when those would get refreshed between HIOS and the CMP.

Doug: But we do not yet have that in place.

(Caller 15): Okay. And then if we just had rates, we have 7/1 rates that we're eagerly awaiting for, and they may come in right after the closure of the refresh

window, and we'd want to get those in otherwise we would have to suppress those plans. So would we have some opportunity to get those rates in as well?

Doug: As of right now, until we have another methodology in place, those would be closed pending approval by the state.

(Caller 15): Okay.

Doug: So you would close the product pending approval by the state, and no, we do not yet have the methodologies in place to allow you to uncloset them during refreshes. Now that isn't to say that we won't come up with that methodology but we're honestly working on that.

And so, you know, it's one of those - I guess it's - we get to say coming to an opportunity near you in the future but not yet.

(Caller 15): Okay great. We'll look forward to hearing more about that. In the past we haven't had any - an opportunity to make corrections to our HIOS submission. Usually if we have any problems with that - the data that we provided that went through, we're notified after the window closes. Will there be any opportunity in future - this submission or future submissions to make any kind of corrections to that HIOS data?

Brian: Essentially the answer is the same as the last one. We do intend to allow for corrections to be made or updates to be made during the quarter. But we really haven't established the schedule for that yet, (Caller 15).

(Caller 15): Okay.

Brian: And so we will be reaching out to you on what those opportunities are going to be. But we need to finalize those plans before we communicate them.

(Caller 15): Wonderful. And my last question is in regards to - and this is just really getting a confirmation. We have several states that are having rate only changes for this refresh. The rate changes are effective 7/1. So we would have no benefit updates whatsoever. And I just want to make sure I understood what you explained to the other callers.

What we would be doing is cloning the existing plans and putting in the end date as 6/30, per se, and then we'd have a 7/1 effective date for those 7/1 rates. We would also need to create benefit templates even though the benefit data is not changing, and have to submit benefit templates for (dates). Is that a correct assumption?

Brian: As stated, I believe that is correct. (Dave)?

David: Yes, that is a correct assumption.

(Caller 15): So if we have 7/1 and 8/1 rate updates we have to do the benefit - template will have 7- a column for 7/1 then 8/1 and similar states have a lot of plans, so it's a little painful having to put all that data in and copy it and paste it into the template when the benefits aren't changing at all.

Doug: That is true, but the other positive side is that we're not doing monthly refreshes where you would have to do it every month anyway. So we're trying to, you know, in this case we are hoping to have better methodologies in the future where you will not have to go through that for redundant information.

But in the interim, in the short term, it does mean that you are going to have to have that unfortunate step. But, again, at least we do not have to do it on a monthly basis either.

(Caller 15): And that's it. Thank you so much.

(Brian James): Thank you (Caller 15).

Coordinator: Our next question today comes from (Caller 16). The line is now open.

(Caller 16): Thank you. Earlier you mentioned that the open and closed with the less than 1%, and you indicated to mark it as an open, but then you would not be putting the information in CMP, which means that the information would not flow into the portal for the consumer.

However, what if you have group plans because then that doesn't - methodology doesn't work because we don't populate them into CMP?

Brian: Well for a small group - so we're not putting...

Doug: Let me restate it this way. The 1% rule only affects plans. There's no 1% rule for products. And so the expectation is if you have an open product, that you will be inputting the open products into HIOS, whether it's for individual or small group.

And so it doesn't meet a 1% threshold or not, it does not matter. The expectation is if it is open it is in HIOS. And so that way that plan - or excuse me - that product, small group product, would show up on healthcare.gov in the list of products that you have available for issue - for consumers for that given state.

Now if it is an active product that you're not accepting enrollees for, you know, that would be one of those examples of the closed product that you can still list as closed. But if it's an open product that you are actively (thinking) enrollees, it just doesn't hit the 1% threshold. It should still be listed in HIOS as open. Does that answer your question?

(Caller 16): So to say that further, with the closed reason, saying withdrawn from the market, is that our decision, meaning for example, if we're currently withdrawing a product or a plan from the market, but it's not yet completely closed out of the state - because I know you have to go through, you know, a process to get it removed from the state. If it's still with the state but we are not actively seeking enrolment, we can close it and say withdrawn from market?

Brian: Correct. Yes.

Doug: Well, the question becomes this - I mean, withdrawn from the market in most states has a special connotation. So if you sent notification of withdrawal, then that would be when you'd note withdrawal from market.

If you are - if it is an active product that you are no longer accepting new enrollees and so you are in the process of beginning to withdraw from the market, that would be active but not open to new enrollees. Do you see the difference?

(Caller 16): Okay. And that's the same that we would use for a grandfathered - we would state clo- we would say active but not expect - but not open to new enrollees and it would be grandfathered.

Doug: Well no, grandfathered is a separate issue. Grandfathered is - if the product is grandfathered and 100% of the product is grandfathered, then you just put yes. That may be a closed product line. It may be an open product line. In some states you can continue to sell grandfathered products.

So that depends upon your state and what's allowable in your state as to whether it's open or closed. Does that make sense?

(Caller 16): Yes.

Doug: All right.

(Caller 16): Okay, thank you.

Brian: Thank you.

Coordinator: Our next question today comes from (Caller 17). Your line is now open.

(Caller 17): Hi. I had a question about the quarterly concept for data collection. I understand that this refresh is June 22nd. I just wanted to reiterate, make sure that I understood from a previous caller's perspective.

If we have, for example, a rate change that occurs on a monthly basis, we - at this point in time I should be entering and cloning the plans accordingly so that I can reflect a rate change that could happen in June, July, August, September and potentially even October. Is that accurate?

Brian: Yes.

(Caller 17): Okay. That's all I needed. Thank you.

Brian: Of course. Thanks.

Coordinator: Our next question today comes from (Caller 18). That line is now open.

(Caller 18): Good afternoon. I just have a quick request. When you send out the memo this afternoon after the meeting is done, could you also send out the presentation, the training presentation so we can use that as a reference?

Brian: I can't commit to absolutely doing it. I will say, (Caller 18), that we'll try. Sorry, somebody's trying to mention something to me on the side. I can't send it out until we have made it accessible.

(Caller 18): Okay.

Brian: And so - and my understanding is that it may already be in that form and if so, we'll go ahead and make sure it's released, either include it in the memo or provide the link to a location where it will be posted.

(Caller 18): Okay that would be great. Thank you.

David: (Brian), it's (David). Also the technical instructions out on CMP have been updated to incorporate what was just presented.

Brian: Terrific. So that's another source where you'll be able to get it (Caller 18).

(Caller 18): Okay, good to know. Thank you.

Brian: Thanks.

Coordinator: Our next question today comes from the line of I believe the name was (Caller 19). That line is now open.

(Caller 19): Close. This is (Caller 19). Question - we're going to be updating our enrollment data and application data in HIOS, of course, and then the only change we're making to CMP is that enrollment membership column on the enter portal plans tab.

Everything else stays the same. So to clarify, since we are making a change to CMP, CFO attestation is required, correct?

Brian: Correct.

(Caller 19): Even though it's just the enrollment count.

Brian: Correct.

(Caller 19): Okay, just wanted to clarify. Thank you.

Brian: Thank you.

Coordinator: Our next question today did not have a name recorded, however, it comes from the line of (Caller 20). That line is now open. Please make sure you check your mute button.

(Caller 20): Hi. Thank you. My question was kind of off another question earlier where the person mentioned there were no changes to rates or benefits, however, it was recommended that we go into the enter portal plans page and change the end date so that it would be effective through the end of when those rates would be effective for.

So we were going to change them all the way through the end of the year. Now do we need to go in and update those effective end dates on the rate templates that were previously loaded.

Brian: That's a good question. (Dave), I think if we have the effective dates and the end dates through the end of the year we should be okay. Is that correct?

David: Yes. I would just update the end date on the enter portal plans page, (Caller 20).

(Caller 20): Okay. So it does not need to match up with the end date that - for these files that were previously loaded for the rates?

David: No.

(Caller 20): Okay, that was my question. Thank you.

Coordinator: Our next question today comes from (Caller 21). That line is now open.

(Caller 21): Was it?

Brian: It is (Caller 21).

(Caller 21): Okay. This whole process is very new to us. We'll be submitting on the individual products for the first time.

Brian: Okay.

(Caller 21): And we just want to, since it's new, we want to make sure - we have a couple questions and I don't know if this is the right forum necessarily, but tell me if it's not. The one question I had is when we're entering information, are we - will we get error notices if - like, if we made a mistake on something or have, you know, omitted something in error, are we going to get something right away or does it happen after you submitted everything and then we get something back?

Brian: Yes, and unfortunately the answer is sort of it depends on what the error or the problem is. In general, when you go through for the HIOS templates, for most of the things that would be considered an error other than you entered the wrong - something other than what you meant to enter, you will see when you go to save the templates, you have the checks kind of built in and you'll get a fairly immediate analysis.

(Caller 21): Okay.

Brian: For the eHea- for the CMP templates, there are various fields where you will get a more immediate notification. So for example, where he was talking about the enter new portal plans and we have reproduction of the same day across two plans that are meant to be the same plan.

You know, so there are some in built checks but there is also a review process of those templates since the information is more extensive. And so we do reviews on our end and then review them and check back in with you to notify you if we've found a larger particular error, okay.

So it's a little bit of, you know, we've done what we can to give you the more immediate feedback but for some things, you know, we just don't have

automated checks built in quite yet. And I don't know, (Dave), - was my answer adequate or do you think there's something else to add there?

Dave: I think it was adequate, yes.

(Caller 21): Okay.

Brian: Does that answer the question?

(Caller 21): Yes. Yes, it does. I guess, you know, depending on the amount of trouble we have being it will be the first time, you know, is there any type of extension available if you notice that, you know, we're getting a lot of errors back or just missing information? Is there any work around there?

Brian: Yes, there aren't really extensions but please do utilize those contacts at HIOS and the CMP. If you're having particular problems, they generally are very good at working with you to get them resolved.

You know, again, we have basically a, you know, a dead date at the end in terms of when we can allow for corrections and submission. If you should find yourself at the very end needing an extension, you can communicate to us what the problem was, why you desire it, and depending on the particulars, it's theoretically possible.

Doug: But not likely.

Brian: But not likely.

(Caller 21): Okay and then just one other question. Again, it's sort of more of a general question. Do you have any feedback as to how other carriers handle the

submission of this information? So for instance, is it being funneled through one particular area? And if so, what is that area that, you know, product, marketing? Or is there the ability or, you know, do people take advantage of being able to submit the information from various sources?

Brian: Yes, unfortunately I can't help you with that question. You know, if you have others in the industry that you want to contact, you may want to do so. But unfortunately, I'm not going to be able to help you with that one.

(Caller 21): Okay. That's all.

Brian: Thank you.

(Caller 21): Thank you.

Coordinator: Our next question today comes from (Caller 22). That line is now open.

(Caller 22): Hello. On the HIOS template updates, the open/closed field, now if there's a particular product that has multiple plans within that product, how would that be addressed? What do we do when some plans are open and some are closed within the same category within that same product?

Doug: Let me ask you a quick question on this.

(Caller 22): Sure.

Doug: A plan is just the deductible level of a product and so I'm not quite sure how you can have some deductible levels that are open and some deductible levels that are closed. I mean, plans are just a fina- a cost sharing representation for pricing purposes that we created. And so how would you have that?

(Caller 22): I'm thinking if, within an HMO product, there - you'll have let's say a portfolio of ten particular HMO plans within the HMO product.

Doug: Yes, but remember - I think you're cross pollinating what industry would call a product with what we call a portal product.

(Caller 22): Okay.

Doug: And so the portal product would be a particular set of cost sharing and benefits that have been approved at the state level. The portal plan is really just a representation of that product set, you know, specific to a cost sharing level that can represent a specific price for a specific individual. Does that make sense?

(Caller 22): It does, yes.

Doug: So you typically can't have the scenario you just represented.

Brian: Right. But that - and so essentially if the product is open, so that you have different representations of that product through what we're calling different portal plans, then the product is open, right?

(Caller 22): Okay.

Brian: And you would just enter the appropriate portal plans through the CMP.

(Caller 22): Okay thank you.

Brian: Thank you.

Coordinator: Our next question today comes from (Caller 23). The line is now open.

(Caller 23): Oh question's been answered. Thanks.

Brian: Perfect.

Coordinator: Moving on, our next question today comes from (Caller 24). That line is now open.

(Caller 24): Hi. I know we've brought up the end date and start dates several times. But we're just trying to get our heads around what value you're trying to achieve by us entering that end date and start date on the benefits template.

Brian: In essence, the issue is a technical one rather than a functional advantage. In point of fact, I don't think there is a, you know, kind of functional advantage to getting those roles - rows - or columns, I'm sorry, multiplied many times.

The issue is that given the tool that we're working with, that was the best way to implement the date structures so that we could allow you to enter differing rates based on the dates.

So it really was a compromise to achieve what we wanted to achieve and we are working with the contractors to try and develop a more streamlined process moving forward. But, I mean, in terms of the current structure, that's the way we have to implement the different dates and the different rates associated with them.

Doug: Does that answer your question?

(Caller 24): I think so. Thank you.

Coordinator: Our next question today comes from (Caller 25). That line is now open.

(Caller 25): Hello. I called in for another reason and I'd like to ask that question too. But I can't help but respond to a question and answer series I heard about three questions ago. I think I heard you all say that you could not, in theory, have a plan that's closed under HIOS's product, another plan that's open under the same HIOS product.

Brian: Actually...

(Caller 25): And I would say that you absolutely could.

Brian: Right. No. That's really not what we're indicating. What we're indicating is that within HIOS, you have a product which is either open or closed, okay?

(Caller 25): Right.

Brian: And then there're plans that are associated with that open product, right? So when you're dealing with the CMP, those things that you are marketing, those plans within that product that you are marketing, should get entered.

(Caller 25): Right.

Doug: So you can't have a product that is both open and closed is the point, not that you can't have plans underneath it that aren't open and closed, but you can't have a product...

(Caller 25): Okay, so your point is the plans that you would reflect in CMP would be the open plans because those are the only plans that would be put on the CMP portal. Is that correct?

Doug: Correct.

(Caller 25): Okay, because I want to make sure you realize that there'll be plenty of plans...

Brian: Oh, absolutely.

(Caller 25): Under that HIOS product, you wouldn't be putting in CMP and would be closed.

Brian: Oh absolutely. We know that.

(Caller 25): Okay. All right, because that's one of the complicating issues that we've had. And then the real reason that I called was to clarify - I know this call has not been specifically about small groups, but we've been waiting in great anticipation of some decisions that we thought that you all would be making as we approach the September date for small group.

And you were going to basically lay out some potential simplifying approaches to make the small group work better than it did the first time.

Doug: It is our hope to begin those conversations in May.

(Caller 25): Okay because I'm concerned that decisions are being made because if you just start talking about it in May, there's a tremendous amount of work that will need to take place to - if we land anywhere near the direction...

Doug: Here's what I can share with you.

((Crosstalk))

(Caller 25): Okay, okay. Great. Great.

Doug: (And I want to) share it quickly. All right, it is our current anticipation that we will have small group benefit and cost sharing information at the plan level available in the September refresh but we are not anticipating rating available until January.

(Caller 25): And I understand that. And that does help (balance) particularly on the actuarial side of the formula but it still leaves very complex issues, huge volumes, for some states of plans based on the definition that you're using for a plan that are very problematic.

Doug: Absolutely. And that's what we want to work out and that's why we're having the conversations starting hopefully in the next two weeks.

(Caller 25): Okay, wonderful. I want to make sure that we're not missing something and then all of the sudden we're going to have a change that we don't still have time to implement a change for (unintelligible).

Doug: Absolutely.

(Caller 25): Okay, thank you very much.

Brian: Thank you.

Coordinator: Our next question today comes from (Caller 26). That line is now open.

(Caller 26): Yes, hi. Just have a quick question. I think you've maybe answered it. But I know you said for small group you're looking to put this as a September refresh, so our next refresh for individual market would be in September for October 1st. So any October 1st rates, we would not have to be concerned about at this time. Correct?

Doug: That would be a fair assumption.

(Caller 26): Okay. Thank you.

Doug: You're welcome.

Brian: Thank you.

Coordinator: Our next question did not have a name recorded, however, it comes from the line of (Caller 27). That line is now open.

(Caller 27): Hi. I just have a question about the CMP templates. The memo actually states that there's an update to the benefit template, and that should be Version 3, but there wasn't any mention to the rate template. And I just want to make sure that all of the rate templates should still show Version 2.

Brian: I believe that the version number is still the same. You will - if you update the rate templates being populated from the benefits templates, which is generally the way this works, if you are entering in new plans, you may want to utilize the templates from the download.

But the version number, I believe, is still the same on those templates. (Dave), again, reality check and whether I'm off base or not.

David: Yes, the rate template version has not changed since the last submission period.

(Caller 27): Okay.

Brian: Does that answer the question?

(Caller 27): Thank you very much.

Brian: Thank you.

Coordinator: Our next question today comes from (Caller 28). That line is now open.

(Caller 28): Just a quick association question - (we're sort of) running out of time - can you just confirm that if a product is marketed as an association product that it will not appear on the plan finder?

Brian: That is correct. If it's an individual - yes.

Doug: No. If it's marked as an association product it will not show up on the plan finder.

(Caller 28): Okay. And then if we offer large group products to small groups through associations, should those be reported in HIOS so it's not a small group product that we're offering but through the association, small groups can purchase large group products?

Doug: We utilize state definitions at this point and so until further guidance comes out, I would follow whatever the state rules are for the - how they're supposed to be reported through the state.

(Caller 28): Okay thank you.

Doug: Yes.

Brian: Okay, and I do want to indicate to people, we are, I believe, at 3:30. I think we can go ahead and take two more questions if there are questions. Operator.

Coordinator: At this time we have no questions in queue.

Brian: Okay, then I'm going to go ahead and thank everyone very much for your participation. I hope that the presentation was useful in terms of making the new data entry. But I also appreciate all the questions and I do want to encourage you again for any issues, policy level questions, or comments about things that we may be able to improve.

Please do use that OCIO plan finder at hhs.gov email address. And let us know what you're thinking. We'll be reaching out to you this afternoon with a memo regarding some of the current data elements that we talked about in today's call.

And then we'll be reaching out to you hopefully soon about additional elements that we're going to be factoring in including small group. But we probably won't be having that particular conversation for another couple of weeks yet.

All right. So thanks everybody and, operator, take it away.

Coordinator: That concludes today's conference. Thank you for your participation.

END