OCIIO May 18, 2010 State Data Collection Webinar

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OPERATOR: Welcome, and thank you for standing by. At this time, all participants are in a listen-only mode. During the question-and-answer session, please press star one on your touchtone phone. Please record your name clearly when prompted. Today's conference is being recorded. If you have any objections at this time, you may disconnect.

And now I would like to turn the call over to Brian Sinclair-James.

Mr. Sinclair James, you may begin, sir.

BRIAN SINCLAIR-JAMES: Thank you, Rico (ph).
  Hello, everyone. I'd like to thank you for joining us today at the training for the health care reform portal data entry training for states' department of insurance officials, administrators and whatever state representatives and organizational representatives have been able to join us.

This is the second training. And for those of you who were able to join us on the first, there will be some overlap. We're going to try to continue to cover all the main points, however we have learned a few things along the way. We're hoping that we're going to be able to provide you more final answers to some of your questions and hopefully get you all directed now to where we're able to get through the process.

I believe most of you have already seen the data entry tool. It's been provided. It is out online. We'll have the information going out on how you can access that information later in the call as well. And so I'd just like to go ahead and begin, and let's see what we can accomplish.

I wanted to start out simply by going over the goal of the portal. As you know, in the language of the regulation itself, we are directed to establish immediately a mechanism, including an Internet Web site, through which a resident of, or a small business in, any state can identify affordable health insurance coverage options in that state.

And that really is the objective here. What we want to do is provide a Web portal where people will be able to go in, see their Medicaid, their CHIP, their high-risk pool and their private insurance options and determine what is the best and most appropriate selection for them.

Additionally, there is a little bit of an objective here to provide a framework for the state exchanges. Not necessarily that this will provide the framework for those exchanges, but allow us to learn from this process, so that we can establish, moving forward, the best solution for what we're looking framework to in 2016.

The statutory basis – I simply wanted to provide this in case you would like to look up the information, but also, we'd like to make sure that you have an ample opportunity to provide comments. And so you can go through the various Web site to provide us information and feedback, both on the actual bills that came through Congress, as well as the regulation establishing the Web portal itself and the data request. That information is there, and again, the training materials provide more specific information on how to enter your comments.

For today's training, I'd just like to take you through, very briefly, sort of explain the data request, why we're asking for the things we're asking for, what we're not asking for, and kind of orient us in terms of the purpose of this and how that might direct what your answers would be.

When we're through that process, I'm going to hand the call off to Ana Nunez-Poole who will provide you some technical training on the actual data entry and take you through the specific form and address of those issues immediately related to getting your information into the form.

At the end of that process, we'll go ahead and answer questions. We do have a Q&A document that I believe is going to be out on the Web site by the end of today. We will be continuing to update that document as we move forward. But if we can get your answers handled today, we'd like to go ahead and do so.

The nature of the request – essentially I wanted to – I really wanted to emphasize that we are trying to minimize the burden that we're placing on the states for this information. It is a request. It is not a requirement. But we are really looking to you to provide us two types of information. The Medicare and CHIP information, we're actually not requiring you provide us. CMS has set up systems to extract that information. They're pulling it together, and that will be compiled through their databases for the website.

For the high-risk pools, we've been working with NASFT (ph) very closely. They have been tremendously helpful in providing us the information that we're going to need to provide residents in different states with their high-risk pool information.

And finally, for the private insurance information, we're actually going to be pulling in what's shown to consumers from the issuers themselves. All of the details of what the products are, the details down the road for what actually the plans will be, we're going to be accomplishing through requests from issuers.

Also, I wanted to emphasize that we're really just looking for major medical product filings. There have been a number of questions about catastrophic insurance, about insurance for specific – like surgery insurance, different types of medical coverage that is not major medical. We are not asking you to provide information on that – on those insurance products or plans. We simply want to get the major medical – that's what we'll be providing to the consumers through the Web site.

But very important to us is information on how consumers can reach the state. We want to make sure that we are directing people to the actual Web site that you want to use for consumers coming in for additional information. And so that is going to be a critical piece of information that we get from you.

Additionally, what's not on here but is very important to us, is we need to get the framework for which we can validate and check the information sent from issuers themselves. We are asking you for some minimal issuer information. Our objective is not to use that to directly communicate it to the consumers.

Our goal in that information is to provide the validations that we can use to answer the question whether issuers are providing us the necessary information, how we can reach them if they have not done so and additionally, to allow us to kind of set the parameters. To known the size of the Web site and also to be able to do some exploration on different ways we might be able to improve the information that we put up on the site.

The request for the July 1 release – this is the information that you're putting together for us now and that will be due, I believe, on May 21. There are, in fact, two primary tasks within the tool trying to gather information from you, and the first is general information.

We do want to make sure that we get contact information and guidance on how we should use it. We want to get you know a Web site, directly, that you know we would be able to direct people to as well as who we can contact if we have questions or needs in terms of making sure that we're representing your interests.

There is a question as well on whether your state uses community ratings or medical underwriting. And I'd like to take just a moment to clarify this, because we actually give you two options, one for we use community ratings or we use medical underwriting. I believe "yes" refers to medical underwriting. In point of fact, we – you know we are aware now that there are at least four options that states can use.

You can have straight community rating, as some states do. You can have pure medical underwriting, where you do not impose any limitations on ratings. You can have limitations on ratings, such that, within a given demographic category or reported health status, you only allow for certain variance. And then there's also, of course, modified community rating, where you break it down into finer categories of people and then define that a universal rate will be applied within that specified category.

The objective of this question on the form is really to allow us to have an idea of the variance within the actual premiums that we're going to be calculating and getting reported from the issuers. We are not sure exactly how we are going to communicate that to the consumers at this point. We want to make sure that we've done more review, actually addressed this with consumers.

But if you use community rating, or even modified community rating, then we believe that that's going to create a situation where the premiums that we're able to calculate out of the tool for the October release is – are going to be more specific and concrete than in the other two circumstances.

So what we'd like to ask is, if you have community rating or modified community rating, we'd like you to enter "no" to the question of medical underwriting, that you are actually using community rating. If, in the other two situations, you have no limitations on the rating, or you simply create limitations within a specified cross-section of the population, then what we'd like to ask is that you indicate "yes" for medical underwriting.

Again, a rationale is that that probably means that premiums reported as a base premium by the issuer has more variance in it. We are at no point going tell consumers, hey, this premium that's being quoted to you is the absolute concrete premium. But we may want to provide them some guidance over whether that premium is fairly concrete or has a great deal of variance built into it.

OK, if there's not another – oh, does your state have an online comparison tool where we should direct consumers? That's important information. In certain cases, it may be that that's the best place for consumers to go to get information, and if so, we'd like to know where it is. We'd like to be able to direct your residents to that specific site.

If there is not an online site for direct comparison, but you do have a site where consumers can get general health insurance information, and you have a specific site where you'd like to send your consumers, that's the Web site address that we'd like to achieve. This is so we can, of course, direct people with further questions directly to the people who have the best set of answers, and we believe, at this point, that's you.

We'd also like to get contact information for the data submission, i.e., if you submit data to us, and there's a problem with the file sent, or somehow things become ambiguous and we need to get back in touch with you, we'd like a contact that we can reach out to.

And then, contact information for data validation – this may, in fact, be the same person, but as we move forward, as you may want to create new information, or we may need to check back to determine the accuracy of information, we'd like to know who we should reach out to.

In addition to the general information, we are going to be asking you for very basic issuer and product information. First and foremost, the issuer name. We really would like to obtain information on who is licensed to issue insurance in your state. The rationale for this, of course, is that you know as we start getting responses from the issuers, if they are licensed, if they have products for sale, and they don't report, then we're going to need to be able to reach out to them.

Also, though, we may hear from someone that they are selling insurance in your state, and if we don't have their name as a legitimate issuer in your state, we want to make sure that we're able to winnow those people out to determine what the actual situation is, and to make that call on whether those products should be entered into the – into the portal or not.

Another piece of information we'd like to get is the type of product by market. So we'd like to get the name of issuers who are offering individual insurance. If they also offer small group insurance, we'd also like to have their name listed separately so we can keep track of the different markets as we go through.

We'd like to gain the information of who your contact is with that issuer. Again, it just makes sense. If we need to reach out to them, the likelihood is that you had been in contact with them in the past, and so this will allow us to move forward and make sure that we're reaching out to the right people.

Finally, we'd like to ask, for the number of products – and again, our definition of "product" is referring to a package of benefits that is associated with a form filing within your state. For the majority of states, I believe that's going to make perfect sense, because that's the way you operate. You have people – they do – they have to file forms for the different packages of benefits that they're going to offer.

Some states may not require that forms be filed for particular products – particular benefit packages. In those cases, where you're forced to do your best, we are simply going to ask you to do your best. If you do not know how many HMOs are offered, what we'd really like to ask is that you put at least a one in that field, so that we know we should be hearing back from them regarding an HMO product that they have listed.

Similarly, you don't know if they have three, four or five PPOs on offer in your state, please just indicate with a one that you know, or suspect, that they are offering a PPO, and that'll allow us to cross-reference and validate with the information being sent in by the issuers.

Fee for service – I know this – different terms get used in different ways. I think most of you realize that this is also a term for indemnities. And so, in some states, it's referred to as "fee for service." In other states, it's indemnities. We're not trying to impose language at this point. We're simply trying to gain the information on what's on offer.

Additionally, there is an "other" field. We're really hoping to see very few of these get entered in. And actually, it's not field, it's an option in the drop-down. The "other" option is, if something simply does not fit – again, we are only looking for major medical. We are not looking for listings of catastrophic. We're not looking for listings of other types of more limited insurance, dental benefits, that sort of thing. We're really just looking for major medical.

I would like to point out that there's an "other" field as well. We've gotten a lot of questions about, if there are products that you're aware of that are only being offered to particular associations, we're asking that you go ahead and use that "other" field to indicate "association."

This is a text field on the form, and so – you know honestly, it's my understanding that in most products, even if it's being offered to an association, it may be offered as well to the general population with a different pricing structure. If that's the case, we simply want you to treat it as any other product. But if you know that it is an association offering, and only an association offering, and you want to make that clear to us, you can enter that information in that "other" field by typing in "association."

My final point on this is, I do want to re-emphasize that the actual information being presented to the consumers about what products are offered in your state is being gathered from the issuers. This information is being utilized so that we can validate that and that we can track against, and look for, improvements that we may be able to make moving forward with the portal for future instantiations.

Please do not you know – you know really I understand that some states are concerned. They don't want us showing certain information, so they may not want to report that information. This is simply a data request. It is not a data requirement. But I'd ask you not to leave information out that you have available with the misunderstanding that we're going to be presenting that information to consumers. There is no plan at this time to do so.

Dates – most of these you're aware of and have known for a while. The training date is wrong. We've got May 7. I believe today – what is today's date? I'm losing track.

ROBERT (ph): Eighteenth.

SINCLAIR-JAMES: The 18th. Thank you, Robert (ph). The original training was on May 7. This training, I believe, is the last we have scheduled for the states and the departments of insurance. If you do have particular needs, please contact us through the help desk. Let us know, and we'll try to work something out in order to make sure that you get that information.

We've sent out the login information. You are now – the data entry is open. You can submit your data to us. The help desk is open. You can ask them for any questions that you may have. The deadline for submissions is May 21. We

would greatly appreciate hearing from you by that date, and from that point, we'll be able to go ahead and start putting that into the portal, using it for validation against what we're getting from the issuers.

The validation, where you can go back and see what we're able to do, is currently set up for May 21.

ANA NUNEZ-POOLE: And I just – this is Ana Nunez-Poole – because this was a previously used slide, I just wanted to comment on that. The system will be open for validation early next week. It will not be available on Friday. It will be available early next week, and you will be receiving communication from us when it is available, so you can go in and validate the data that you've submitted.

SINCLAIR-JAMES: Terrific, thank you, Ana.

And then, of course, our – the release is going to be on July 1. This initial release is going to be a more limited release than we ultimately plan to accomplish. We do have a process in place to create a fuller-featured Web site that will be released in October. We are going to be gathering additional data from issuers for that October release.

But for July 1, we believe we're going to have some pretty good information for consumers in terms of how to access Medicare information, the CHIP information, the high-risk pools and at least product-level information for the private insurance offerings within your state.

I did want to give you just a basic update on the issuer requirements, what we're asking them for for this July 1 release. We are asking them for their contact information. We're hoping that it's consistent with the contact information we acquire from you. And for – you know and for those where we don't get it, or they don't file with us, we'll be reaching out through the information you provide.

We will be asking them for a list of all the products from the state form filings. Again, in some cases, the definition of a product is going to be a little more – it's going to be less clear-cut, but we are working with them to resolve those issues to get these general product-level items that we can enter into the Web portal.

Again, we'll be asking them for the market types and the product types. And we'll be able to use this to cross-validate against the information that you provide us. We're going to ask them if those products are open for enrollment. We are asking for enrollment numbers, but I'd like to emphasize that we are asking them whether that is open for enrollment.

Currently, we have no plans to put products up that are not open for enrollment. We want to get information about those offerings, though, so that we're able to cross-validate the information they're sending us and reporting in different places. There may be ways that we can utilize that information to better answer questions from consumers moving forward, so we are going to be asking for that information for both of those purposes – both to improve what we do as well as to validate what they're telling us.

And finally, we're asking them for links to actual benefit summaries. We want to be able to give consumers the actual information associated with those products and offer in your states.

For the October release, we are going to be actually asking for more detailed information. Rather than product filings, rather than just groupings of benefits, we are going to be requiring that they give us information about the pricing options associated with those groups of benefits. We will be asking them for more detailed benefit information, so that we can give consumers the information they need to make the appropriate decisions about what's best for them.

We will be asking them for pricing information. We will be trying to get down to a base premium that we can provide the consumers, so that they can use that in their determination of what might – their best option might be.

And finally, we'll be asking for plan contact information. We'll want to be able to direct consumers to the appropriate spot if they decide that this is insurance that they might want to purchase or at least get more information about.

And finally, I wanted to make sure that you have both the phone number for the help desk as well as the e-mail. Some of you have submitted e-mails and may not have gotten a response yet. That is not because we're ignoring them. We actually have a number of drafted e-mails. We do want to take these through a process of review.

We are getting ready to send some of these out, and we're trying to streamline that review process, so we're going to be able to respond much more quickly. If you haven't heard from us, we do intend to reach out to you. We will be trying to reply to those e-mails as soon as possible. OK?

And at this point, I'd like to go ahead and hand it over to Ana Nunez-Poole, who is with CMS and has been directly working with the actual implementation of the data submissions into the portal.

NUNEZ-POOLE: Thank you, Brian.

Yes, this is Ana Nunez-Poole, and today I'm going to give you just a little bit of general information, but really my goal is to walk you through each item that we are requesting in the template, give you a little bit of information about what the template – how the template is structured and what type of responses we're looking for.

And at the end of my presentation, I also give you that contact information for the help desk, so that you have it again available to you. And then I believe we will be opening it up for questions and answers.

So from this initial slide, obviously this was used from the training on May 7 as well, so some of this information has already been sent out to you, but you have received the Excel templates and the technical instructions on how to complete your data entry. And, as Brian mentioned, we are looking for the submission of these templates by Friday, May 21.

And then, as I stated earlier, we will be communicating with you when you will be able to go into the Health Insurance Oversight System early next week and validate, so you can see the data that you've submitted and have another chance to look at it and make sure that everything looks OK. And if you have any changes, then you will be able to make those changes and re-submit at that time. So you will be receiving information from us about how to do that within the next few days.

As you complete your templates, and in a minute, I'm going to be walking through cell by cell, but as you complete your template, you will be able to perform some validation, so it is a little bit fancier than just a plain old Excel spreadsheet.

And you'll be able to know, as you're completing the data entry into the template, which cells may require additional information, or if there's an error in what you've typed, so that you will feel confident, by the time you're ready to submit the data to us, that it is complete and able to be processed by our system and available to you for validation early next week.

To go over the systems requirements, we do require either Excel 2003 or Excel 2007 to run these templates. And there is information here on this screen, but we really recommend that you review the technical instructions, before you open and use this worksheet, on how to enable or disable the macros as appropriate, depending on which version of Excel you are using.

As Brian mentioned, the template itself, the worksheets, there are two tabs in the Excel file. One is the general information, and one is the issuer and product information. And I will go through that in detail in just a moment.

And – here we go. And on – as you all who have attended the May 7 training – I do not follow the slides exactly, and what I want to do at this point is just walk through the Excel template, cell by cell, and tell you what we are expecting. And then you can ask questions at the end of this presentation, if you have those specific questions.

In worksheet one, where we have the state, general and contact information, the first item is simply your state's name, and that is a selection you will make from the drop-down box. The second item is the underwriting status. And Brian gave very comprehensive information on how to complete that. It is a drop-down box with a "yes" or a "no." So, as Brian instructed, you will select "yes," if appropriate, or "no," if appropriate, for the information for your state.

The number three and number four – it's broken out to 3A and 3B and 4A and 4B. Again, I wanted to highlight, as Brian did, these are the only items that you are submitting to us that will be used for the portal, that will be available for

consumers. Everything else that you submit in this template is for our internal purposes for validation and verification for what we get from the issuers. But number three and number four, where we're collecting your state's Web site information, those are the only data elements that will be passed to the portal and will be available to the consumers.

So questions 3A and 3B refer to a Web site for your state that would have information about your small group market products. If you have the interactive comparison tool, then you would select "yes" for 3A. And then in 3B, you would enter that Web site. If you do not have an interactive comparison tool, but you do have information about your small group market products on a Web site, then you can answer "no" to 3A, and then enter that more general Web site address into 3B.

Similarly, for 4A and 4B, if you do have the interactive comparison tool for your individual products in your state, then you would say "yes" in 4A and enter that Web site in 4B. If you have general information about the individual products for your state on a Web site, then you would answer "no" for 4A, and then enter that Web site address in 4B. So the only two Web site addresses in 3A and – or, 3B and 4B will be available to the portal to consumers.

The rest of worksheet one, under the state, general and contact information, is simply the contact information for our purposes. The data submission contacts – we do require a primary contact, and that is whoever is completing this template and submitting it to us, so that we can follow up with you if there are questions or problems with the file.

We allow you – it is an optional – it is a set of optional fields, to complete a backup contact. So if there's someone else in your office that may be able to address these data submission questions that we may have, and you are not available as the primary contact, you could enter a backup contact if you want to.

The next set of contacts are your data submission validation contacts. As Brian mentioned, it could be the same as your data submission contacts. It could be someone different. But the data submission validation contacts are the people that we would expect to go into the Health Insurance Oversight System next week to review and validate the information that you had submitted to us.

Again, we area asking you to provide the primary contact information, and that someone who will be receiving e-mails from us and communications from us about how to access the system and validate your data. But if you do have a backup contact as well, that you would like to provide us, so there is an additional person at your state who would be able to go into the system, then we do allow for that backup contact information to be provided as well.

So that covers tab one of your worksheet. And now I will move on to tab two – the issuer and product information. Again, Brian went over this at a high level. I just want to walk through and let you know what the template itself is expecting. The issuer name – obviously fairly self-explanatory.

I know on the last training session, there was a question about, could you put in the NAIC code instead of, or in addition to, the issuer name. And that is something that is acceptable. You could put in the NAIC code. If you have both the code and the name, we would appreciate that and ask you to put the code in first and then as much of the issuer name as you can fill out in that field.

The next item in that row is just indicated whether it's individual or small group. So if you have an issuer in your state that offers both individual and small group market products, you will have two rows for that issuer – one row for their individual information, and one row for their small group information.

And then the next three cells going across the row are the data submission contacts at the issuer. So whoever you work with at the issuer, who you believe would be able to submit their product information to us, we would like to see here – and again, as Brian mentioned, it would give us the opportunity to follow up with them if they do not complete their template and submit it to us by the deadlines that we have imposed on them.

There was a question on an earlier call about, if you have a name and a phone number, but not an e-mail address for the issuer data submission contact. And we understand that that may be a problem. Obviously, we're asking you to provide us as much information as you can, but if you do not have an e-mail address – there is a validation check that we are looking for that e-mail address – but if you don't have a valid one, you could simply put in xxx@xxx.com. And

at least that would allow you to finalize and validate your file and submit it to us, even though you don't have an e-mail address, and at least we'd be able to process the information and get the rest of your data into the system.

Continuing across that row, we're asking, if you have available a consumer service contact information for the issuer. This is not something that we are going to publish on the portal. Is it something that we are looking for, and again will help us in the follow-through with the issuers to make sure that we have complete data from them.

And then the next couple of cells going across the row are what Brian was talking about before. We're asking for the number of products – again, broken out by individual and small group market, that are being offered by that issuer, by product type. So the fee for service, or indemnity, column, the HMO, the PPO, the EPO, POS and then other.

And, as Brian mentioned earlier, if you don't have an exact count, but you know that at least the issuer is offering HMO products in your state, then at least select a "1." It is a drop-down box with numbers in those fields. So just select a "1," and that way we'll know to be on the lookout for information from that issuer about their HMO products or any of these product types that you have completed a one for.

As I mentioned earlier, as you are completing the data entry, and we do recommend that you do this periodically instead of waiting for the complete submission, you can select the "validate" button at the top of the – of the worksheet, and it will show you red circles around any of the cells that have incomplete or invalid data entry done on those cells. And then you will visually be able to see where you need to go back and make corrections or fill out something that you may have skipped.

So this is really an attempt to make sure that everything that you need to provide is complete before it gets to us, and then that'll reduce the back-and-forth between us and you as we try to get the data into the system and available for you to validate next week.

As you go through – oh, and the next screen just shows you where that "validate" button is, and it's at the top of the worksheet. And this shows you what the red circles will look like. If you do hit "validate" and there is incorrect or missing information, you'll see those red circles and you'll know that's where you need to go back to fix the data.

Once you believe you've completed all your data entry, and you feel confident that the – that it is as complete as you can make it, you will click on the "validate and finalize." It's next to the "validate" button at the top of each worksheet. You will click on "validate and finalize."

Again, it will show you if there are any errors that you would need to go back and correct, and it will give you an error report so that you'll know if something is missing, a required field that you may have skipped by accident, and you'll be able to complete that before you finalize and submit your data to us.

As you finalize your file – you'll be working, obviously, in this Excel file, you can call it whatever you want as a working document. If you need to save it and come back to it, not a problem. But when you're ready to finalize and submit it to us, when you click on that "validate and finalize," and there are no more errors or red circles in your template anymore, then it will create a read-only version – a final version for you – in the same location where you've saved your working file.

We ask you, and we need you, to please not change the name of that finalized file. Otherwise we will not be able to process it and get it into the system. So once you've finalized the file, and it is saved on your computer, or on your system, on your network, do not change the name of that finalized file, and that is the file that you will submit to us, and we will be able to process it and use it in the system for you to validate next week.

Again, as we've asked, once you complete the template, please submit it by this Friday on the 21st, and then you will hear from us very shortly about how to access the Health Insurance Oversight System and validate it early next week.

The contacts that are listed in your template for data submission and data validation will be the primary people that we will be working with and communicating with to get the information out to you on how to validate your data.

And, again, the help desk e-mail address is available in my slides, and Brian provided the phone number in one of his earlier slides as well. So if you have additional questions that we may not be able to get to on today's call, please send us an e-mail. Please call the help desk, and we will get back to you as quickly as possible.

Brian?

SINCLAIR-JAMES: Thank you, Ana.

I'll tell you what, before I open up the phone lines and – have Rico (ph) open up the phone lines for us, I think it makes sense to go through the different chat questions that we've gotten, as questions have come in. And so, let's see if we can do that, and then we'll go ahead and open up for any additional questions you may have.

Let's start off – I believe this is the South Dakota Division of Insurance. "If we've already entered the data, and we need to make changes, how do we do so?" I'm not sure if Ana has addressed it, but let's let her ...

NUNEZ-POOLE: Sure, and again, as I mentioned in my presentation, if you've gone in and done data entry and need to save it and go back and make changes, that's not a problem. Once you feel confident that it is as complete as you can get it, go ahead and click that "validate and finalize" and submit that to us.

Now, if you've already completed all of that – you've finalized your file, you've e-mailed the file in to the higher (ph) submissions e-mail box, and you realize, oops, I still have more data entry to do, or I need to make some corrections, then go ahead and send us a new file. Whatever we have as of Friday is what will be loaded into the system that you will be able to validate early next week. So, obviously it is not too late to make changes at this point.

SINCLAIR-JAMES: The next question is from the Washington State Insurance Commissioner. "What if use community ratings for small group and individual?" An excellent question that, frankly, we should have built in capability in the tool to do, but we did not.

Again, though, given the intent of the Web portal, and of the question, which is to ascertain how much specificity should we indicate is occurring with those base premiums, I think the answer to this is that, if you use individual – or, I'm sorry, if you use community rating for the individual, for either market, you should indicate – I'm sorry, yes – if you – if you use community rating for either, but allow for medical underwriting for either, then we should indicate that there's medical underwriting.

We don't want to indicate more specificity than is appropriate. So if there is medical underwriting for either, than what we'll do is go ahead and use whatever the appropriate warning is to that market. So if there is medical underwriting for either, please indicate that you use medical underwriting.

OK, and I believe this is Connecticut. "If it is the intent to provide the consumer with a rate through this portal, is it anticipated that these rates are going to be firm, or will consumers be given notice that the rates obtained via the portal are subject to actual underwriting by the company and that the portal cannot guarantee any particular rate?"

I will – you should be aware, this portal, at any point, is going to indicate that we cannot guarantee the premiums that are being quoted as a base premium. If you have seen any of the current vendor sites, where they include the specific you know warnings there, not providing a concrete premium, but simply a base premium that's being used for comparison purposes, that is our intent.

If our real intent was, for those states where there is community underwriting, and a base premium is actually a much more concrete thing, we will still warn that we cannot quote a specific premium and guarantee it, but our warning may be less stringent than it would be for a market that is completely medically underwritten, OK?

Everything is going to carry a warning. Sometimes we may decide for a more stringent warning where there are fewer controls in place.

OK, next question from the Utah Insurance Department. "Are high-deductible health plans included in the products offered by type?" It's an excellent question. High-deductible health plans actually get called a variety of things in a

variety of different places. Again, the actual information that we'll be showing to consumers is going to be coming from the issuers. Issuers are instructed to identify their product by product type, so whether it is a PPO or an HMO or an EPO, but also to indicate if it allows for the – I apologize – for the actual – what do they call them – the health – I'm sorry (INAUDIBLE), frankly (ph) because I'm not sure what I'm trying to say.

We're trying to indicate that if you allow for the health savings accounts – thank you, HSAs, then that is a separate field that they indicate. We will be passing that information on to consumers, but we're – but since – depending on the state, and depending on all the different permutations, there can be high-deductible HMOs, there can be high-deductible PPOs. We want to gather both the type of the program as well as whether it is really a high-deductible product, OK?

And next question from the Maine Bureau of Insurance, "How do you fill in the Excel sheet if a product is a closed book?" If you look at the Excel sheet, you'll notice you never actually report on a specific product. You're reporting by issuer and then simply how many products they offer.

Issuers are responsible for indicating whether a product is a closed book. They have a separate field to enter that information, and if they enter that information, it is our intent not to post that information on the portal. We really, though, want to get that information.

We do want to see – even if you know you have an issuer who has nothing but closed books, we'd still like to get that issuer's name from you, both because they may turn around and, at some point, be able to offer insurance again in your state as well as, in some states, it really doesn't work this way, and we understand that. Someone may be licensed to offer insurance even though they don't actually file for a given form.

What we're trying to do is gather the information on what that universe of issuers is, get as close to the information on what we should expect from them or not – so if we see their name, we see that there's an HMO, you may know that's a closed product. They may report it as a closed product, and if they report it as a closed product, there's no problem at all.

If they don't report it at all, though, we want to be able to reach out to them and find out about what the offerings in your state have been. Because if they tell us they've got you know 10,000 people covered in the state of Maine, but they're not reporting to us, we want to know that that's actually a closed product out there that we're working with. It's not something where they simply haven't provided us the information about a consumer plan that they should be making available and should be reporting. That's really the intent behind this.

And is there one more question?

The final question from Washington Insurance Commissioner, "If we consider association business as large group, should we exclude it?" The answer to that is yes. If it – we are operating with the state definitions for the small group insurance market. So if an association plan is really, in your state, it is a large group plan, or a large group product, then we are not asking you to report that information to us.

We are not gathering that information, and honestly, it'll probably confuse us more than anything else. The intent here is to gather insurance that's being offered to the individual market and to the small group market in major medical products only, OK?

And one more question from the Utah Insurance Department, "Data submission template – can you submit the Excel template to," – oh, they're asking us to send it to you at that address?

NUNEZ-POOLE: If you could just – for the Utah Insurance Department that submitted this chat question, if you could just send an e-mail to the InsuranceOversight@HHS.gov and ask for the state template, we will – we will e-mail that out to you today.

SINCLAIR-JAMES: Right, and that is more generally to everyone. If you do need information, if you have any questions that have not been answered, that is what that e-mail address and that phone number are for. We are taking it quite seriously, and as I said, if we have not reached out to you, please be aware, we intend to, and we're working on getting replies out to people, all right?

And Rico (ph), if you're still on the line, I think we'd like to go ahead and open it up for questions.

OPERATOR: Thank you, sir.

And at this time, if you would like to ask an audio question, please press star one on your touchtone phone. Please record your name clearly when prompted. Once again, if you'd like to ask an audio question at this time, please press star one on your touchtone phone. Please record your name clearly when prompted. To withdraw your question, please press star two.

Our first question comes from Bill McAndrew (ph).

Mr. McAndrew (ph), your line is open, sir.

BILL McANDREW (ph): Hi, this is Bill McAndrew (ph) at the Illinois department. I was going to ask about the HSA high-deductible, but that's already been answered. So I'm going to ask a different question.

Right now, our licensure and how we license health companies does not recognize the line of business that a health company is in. As such, under our health license, we will have companies that write, for instance, only disability, which you're not interested in. And we will have companies that write the whole gamut, which you are interested in.

We currently do a survey of all companies, called a Policy In Force survey, which doesn't distinguish between new business and old business, except anybody who has a major medical health policy out there. We were going to give you that list rather than the list of everybody who is licensed as a health carrier, because, from our knowledge, we have collected all of the real health carriers on our Policy In Force. Will that be sufficient?

SINCLAIR-JAMES: OK, I – and I apologize, I – so you're indicating that, from the survey where those have indicated yes, we are actually selling major medical within the state ...

McANDREW (ph): Or even if it's a closed block, they will indicate that they have active policies out there that are open for claim and benefit.

SINCLAIR-JAMES: Then I think the answer is yes. I mean, to be perfectly honest, we really are not trying – we really don't want to make this as burdensome as we can. And while we would prefer to get the entire universe of licensed offerers, so that even if they are currently only selling, say catastrophic insurance, but they are licensed to sell major medical, we'd probably like to have their name. Because we know the situation can change, and it would just allow us to make sure that we're reaching out to everyone who may be selling insurance in your state.

That said, if you have a tool that's gathering the information that we need, it is easier for you to use that tool to get this information to us, then by all means, please provide that. You know we're really just trying to get the best information we can. We like to err on the side of you know more, but that's simply – you know that's simply a matter of making sure that we've got all our bases covered. If you have a tool that's giving you the information we require and it's easier for you to work off that, absolutely you may do so.

OPERATOR: And our next question comes from Chris Hollenbeck (ph) with the State of Kansas Insurance Department.

Your line is open, ma'am.

CHRIS HOLLENBECK (ph): (INAUDIBLE) ...

OPERATOR: Ma'am, you need to speak up. We cannot hear you in the queue.

HOLLENBECK (ph): Yes, this is Chris Hollenbeck (ph) with the Kansas Insurance Department, and we just wanted to verify that it was OK to only go down to 1 percent of the market.

SINCLAIR-JAMES: Again, the answer honestly is basically the same as the last one. We would prefer everything, particularly given the time constraints. And we're aware – I mean, honestly the time constraints have been tough on us. We know the time constraints are tough on you as well. If what you have is the available information down to 1 percent, then we will accept that information, and obviously this is a request, not a requirement, you have provided us the information you can, and that's terrific.

Ultimately, we would like to get the entire universe. And again, it really is just an issue of – you know and it differs by state. Let's admit it. There are some states where the way people report is very clean-cut, clear, and the way the state can then report the information to us is going to be clear-cut and clean. In other cases, it may be more ambiguous in terms of exactly what's happening with an insurance issuer or at least in the terms of how it gets reported to us. And we're aware of that.

We are more than happy to get as much information as we can. If you have that down to 1 percent of the market, and going deeper than that is going to be especially burdensome, please send us what you've got. If you do have the available information below that, and it's not too much of a burden to enter it, we would appreciate knowing it.

OPERATOR: And our next question comes from Anthony Behrens (ph) with the State of Oregon Insurance Division.

Your line is open, sir.

ANTHONY BEHRENS (ph): Thank you. Will it be possible to submit information after the May 21 deadline?

SINCLAIR-JAMES: Yes, it will. We would like to get as much information as we can beforehand. If you have a template, and I should actually make sure Ana is OK with this answer before I give it, if you have a tool – if you have a template that you have most of the information by May 21, I think we would prefer that you submit the template and then use the validation process to make sure the rest of the information gets entered.

But if, for whatever reason, you are unable to get the template to us in time for the May 21 deadline, by all means, we will still collect the information, and we'd appreciate hearing from you.

OPERATOR: And our next question comes from Robert Turner (ph) with the State of Alabama.

Your line is open.

ROBERT TURNER (ph): Yes, Robert Turner (ph), State of Alabama, my question is similar to the Illinois question, but I need a little more clarification. We can put the – again, we have – our state licenses companies by a health license, a certificate of authority. We don't know what products they issue. We may have 600 companies that have a health license, and probably less than 50 that issue individual major medical and small group.

We can put the – all 600 names in the field, but the drop-down box for individual or small group, we can't fill that out for these companies we don't know, and you can't validate the data if you don't put something in that box.

SINCLAIR-JAMES: Right. No, and Mr. Turner (ph), you're actually one of the people who has an e-mail response through us that's sitting in clearance at the moment and will be going out. I was actually able to listen in to a prior conversation where you were expressing the same concern. And we respect and appreciate that problem.

What I'd like to ask – my understanding is that you do have the information for the small group market.

TURNER (ph): That's correct.

SINCLAIR-JAMES: Yes, and that's fantastic. If you can give it to us for the small group, that gets us you know 50 percent of the way. In terms of the individual insurance market, we would actually like and appreciate if you could send us that full list of people who are issuing health insurance in your state. I – even if it is not a major medical product.

The reason is that you know honestly, I think there's no way for us to know, going in, who actually is or is not offering major medical. And that'll give us the universe to reach out to people to find out what actually is going on.

When it comes to those data fields, I – and if I recall correctly, you do actually use the Surf (ph) tool for some reporting. If you can use that information to simply identify – and again, this is a request. You know, so if it is too burdensome to do, I will respect – I respect that and understand.

If you know, hey, here are the 25 to 50 issuers who are actually offering an HMO or a PPO, what we'd like to ask is if you could simply enter a one into the field for that HMO or PPO, or both if you can't actually distinguish. That lets us know that we should at least be hearing from that issuer in terms of a product filing. And that allows us to actually validate and cross-reference against what we're hearing.

If you also know, hey, these people don't, then if you can enter zeroes in that field, that would be fantastic. You should be able, I believe, again, to just go ahead and type in zeroes. Paste those in there. It should validate without any problem. And you know if that's the best we can do that's fantastic. That's actually great.

You know, it's difficult, I – you know to everyone. I know every state is somewhat difficult in terms of how they do these things. We tried to build the tool to be as flexible as possible. And obviously some states – and you're not alone in having this problem – some states are not able to identify things the way we've asked you to.

In those cases, we'd just like your best stab at identifying, should we be hearing or reporting on a major medical product from this issuer or not? And frankly, if you can do that for us, that's fantastic.

TURNER (ph): OK, yes, I think we can get individual and small group, and that would be it.

SINCLAIR-JAMES: That would be great, Robert (ph). Seriously, I appreciate your problem, and you do the best you can (ph).

TURNER (ph): It won't be the universe, but it'll be what we have.

SINCLAIR-JAMES: Right, and that's all we can ask for.

TURNER (ph): Thank you.

OPERATOR: And our next question comes from Shelby Foster (ph) with the New York – New York State Insurance Department.

Your line is open.

SHELBY FOSTER (ph): Thank you, our question's already been answered.

SINCLAIR-JAMES: Terrific.

OPERATOR: All right, then our next question, unfortunately comes from a party that the name was not recorded properly, and I couldn't hear the name, but they are from the Pennsylvania Insurance Department.

Your line is open.

UNIDENTIFIED PARTICIPANT: Well, our question is slightly different from the gentleman from Alabama. It was indicated that you're looking for the universe of everyone who is licensed to sell individual or small group.

There are about 1,800 of those people or entities that are licensed in the state of Pennsylvania. Now, there are only about 300 that are actually actively selling. For the 1,500 or so that are not selling, have – you know are not active, not doing any business, on the Excel spreadsheet, where it's required to indicate individual or small group, what do we do for those 1,500?

SINCLAIR-JAMES: So, that's a good point. In terms of the – I'll tell you what, I think the answer here would be that you – if they are licensed to do either, but you are not aware that they are doing either, I think for validation purposes, if we could simply enter, I believe it's one for the individual market?

NUNEZ-POOLE: Well, it's either individual or small group, they'd select from the drop-down box.

SINCLAIR-JAMES: I think – I think if you were to enter individual, that's going to be fine, particularly if we get zeroes in the type fields. Because then we know, OK, you know so to the best of our knowledge, they're not actively offering within the state. And so they are licensed to sell individual, even if they're not doing so. And I think that's the best answer I can give you at this point.

UNIDENTIFIED PARTICIPANT: OK, thank you.

SINCLAIR-JAMES: Does that sound like it'll work for your situation?

UNIDENTIFIED PARTICIPANT: I think that's – you know it'll work for now, yes.

SINCLAIR-JAMES: Terrific. We will try to improve this as we move forward. As I said, the October release, we're actually going to be trying to gather the information that we report to consumers a little bit differently. You know and as we move forward and get better information in here, work with you, we will hopefully be able to improve this tool to make it easier on everyone moving forward.

UNIDENTIFIED PARTICIPANT: OK, and I just have one follow-up point of clarification. With point of service, how is that defined? Is it applicable only to HMOs?

SINCLAIR-JAMES: I believe the answer would be yes. My hesitancy here is that I don't have our specific definitions in front of us. HMOs can be defined that they do include point of service. They can also be defined in ways that don't include point of service. I would have to refer back to the specific definitions that we provide in the legislation. I don't have that.

But it sounds to me like, within the definitions that you utilize within your state, a point of service would be in the HMO. I think, honestly, you could provide that information either way. What's really going to matter, as we – as we really push forward on this is how the issuer answers that question, so that we can communicate it to consumers. And believe me, we will do a better job of communicating what this is to a consumer than I'm doing right now to you.

But that's the information that will be actually going into the Web portal. And so we'll be using the information from you simply to validate against that. So if we hear from them that they have a point of service, and you're indicating that they actually are issuing an HMO, I don't think that's going to raise any sort of red flag for us. So I think we'll be OK moving forward on that, whichever definition works best for your state.

UNIDENTIFIED PARTICIPANT: OK, thank you very much.

SINCLAIR-JAMES: Thank you.

OPERATOR: And our next question comes from Ms. Tina Armstrong (ph) with the Minnesota Department of Commerce.

Your line is open, ma'am.

I'm sorry, or next question comes from Luther Ellison (ph) with the Department of Insurance.

Your line is open, sir.

LUTHER ELLISON (ph): Yes, we have a question about entering data. There's fields for entering phone numbers. Are they entered as just 10 digits, or is it period-delimited, comma-delimited or something like that? Don't want to have to enter them all over again if there's a validation problem. Is there a specific format to input telephone numbers?

SINCLAIR-JAMES: I know the dashes will work.

NUNEZ-POOLE: Sharon (ph), could you please answer that question so that it is accurate?

SHARON (ph): Yes. The template will accept any form of entering a phone number, it just requires less than 15 digits. So there's no preferred way.

NUNEZ-POOLE: So you may enter with our without the dashes.

SHARON (ph): With or without the dashes, with our without parenthesis on the area code. It doesn't matter.

NUNEZ-POOLE: Thank you.

SHARON (ph): Yes.

OPERATOR: And our next question comes from Ms. Tina Armstrong (ph) with the Minnesota Department of Commerce.

Ms. Armstrong (ph), your line is open, ma'am.

TINA ARMSTRONG: Yes, I have a question – we've got the same situation as Pennsylvania and Alabama, with hundreds of health carriers here. And what I am wondering about is, I heard a rumor from the carriers that they were getting a five-day extension in their data. If we're going to provide you the whole universe and those hundreds of carriers, I – you know I know you mentioned you may not need it by the 21st. Will – could we have a similar extension?

SINCLAIR-JAMES: I think the answer to that is simply yes. Again, we – you know the 21st is a date that we were using to make sure that we could get the data entered into our system to utilize for the actual development. We would prefer to get as much information as you're able to give us by that date. If you need to extend it beyond that, though, we're not going to refuse information that you can provide us.

The issuers have had their data submittal deadline extended to May 26. And you know clearly we'd like to get information by that point in time. So if you can use that date, that would be fantastic. But we'd appreciate whatever you can send us.

OPERATOR: And once again, if you'd like to ask an audio question at this time, please press star one on your touchtone phone. Please record your name clearly when prompted. Once again, if you'd like to ask an audio question at this time, please press star one on your touchtone phone, and please record your name clearly when prompted.

One moment, please. And at this time, we have no other questions in the queue.

SINCLAIR-JAMES: Terrific. Everyone, I would really appreciate your time this afternoon and, quite frankly, sharing your ideas with us, sharing your comments with us, getting back to us to let us know your concerns. It really is our intent to produce something that is going to be useful to you and to the consumers in your states.

We will be continuing to work with you to improve this process, both to make it easier on you and to improve the information that we're providing to people. So I'd like to thank you all for taking the time with us. And if you have any questions at all, please just contact the help desk or us. All right, have a great afternoon.

OPERATOR: Thank you, and at this time, your call has concluded. You may disconnect at this time. Once again, your call has concluded, you may disconnect at this time. Thank you and have a good day.

SINCLAIR-JAMES: Thank you.

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