



DATE: January 12, 2011

TO: Issuers of Health Insurance

CC: State Departments of Insurance Commissioners

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

SUBJECT: March 2011 Plan Finder Refresh – Data Submission Schedule

Thank you for your participation and continued cooperation in the HealthCare.gov Plan Finder's display of benefits and pricing data for the individual and small group health insurance markets.

The next Plan Finder refresh will occur on March 2, 2011. All Issuers with open products or have active policies within closed products on March 2<sup>nd</sup> are required to enter new or revised product-level data into the Health Insurance Oversight System (HIOS) for the individual and small group markets. Products that have not yet obtained approval from the state Department of Insurance may be entered into HIOS, but must be marked as "closed" until they have been approved.

In addition, Issuers are required to submit new or revised plan-level data into the Content Management Portal (CMP) for the individual market. As a reminder, only plans that have been approved by the state Department of Insurance should be entered into CMP.

The remainder of this notice outlines the deadlines and timelines for submitting this data.

***January 31-February 4, 2011: HIOS Data Submission Window for all Issuers:*** All Issuers must update the application, denial, and up-rate data for their products using Q3 2010 experience; update their enrollment counts; and submit any new or other updated product data, during the open HIOS data submission window that begins on Monday, January 31 and ends on Friday, February 4.

***Updated Enrollment, Denial and Up-Rate Data Required:*** Please note that all Issuers must update their products' number of applications received, number of applications denied, and number of applications up-rated based on the third quarter of calendar year 2010 (July 1 to September 30, 2010). In addition, enrollment data should be updated as of December 31, 2010.

Submissions will be suppressed from the Plan Finder if updated denial and up-rate data are not reported. The definitions for these data elements remain unchanged, however based on Issuer feedback, additional guidance has been provided for these terms:

**“Number of applications received”** refers to the total number of applications that were processed for enrollment under the product during the reference quarter, according to the schedule specified. For Plan Finder purposes, an application is a request for insurance coverage, not a method for making administrative changes (Example: a change of member’s home address.)

If an existing customer voluntarily changes plans or benefits coverage within your company, and is required to re-submit an application in order to re-enter the application or underwriting process, then that should be reported as an application.

**“Number up-rated offers”** acknowledges that actual premiums may vary widely for most products. Issuers are required to report the total number of offers issued for a product which were “up-rated,” such that the under-writing process resulted in a premium quote higher than the base rate, which represents the lowest rate available to all consumers for that product, for the reference quarter. Non-health specific factors used by the Plan Finder to modify base rates (such as smoking and age,) which may result in a higher premium are not considered determining factors when reporting the number of up-rated offers.

*Issuers New to HIOS:* Issuers not already submitting data to HIOS should contact the HIOS Help Desk at either 1-877-343-6507 or [insuranceoversight@hhs.gov](mailto:insuranceoversight@hhs.gov). The HIOS Help Desk will provide new Issuers with access and instructions on how to submit product data. Note that Issuers selling insurance in the individual market must obtain a HIOS Issuer ID *before* submitting plan-level data into CMP.

*February 4<sup>th</sup> Deadline:* Issuers are strongly advised that it is the sole responsibility of each Issuer to have submitted complete submissions in accordance with the instructions provided. All new and existing product data for HIOS must be submitted by 11:59 p.m. ET on Friday, February 4<sup>th</sup>. Any data submitted after February 4<sup>th</sup> will not be displayed on Healthcare.gov in the March 2<sup>nd</sup> refresh.

***January 31-February 4, 2011: CMP Data Submission Window for All Issuers:*** Issuers that need to submit new or updated plan data will be able to do so beginning on Monday, January 31. Issuers are required to attest that submissions are accurate in order for their plans to be displayed.

*Issuers submitting new plans:* As a reminder, Issuers must obtain a HIOS Issuer ID before submitting plan data into CMP if they have not already done so. In addition, Issuers with new products must obtain a HIOS Product ID for those products before submitting plans for those products into CMP. Issuers should be aware that identifying numbers must be obtained before the HIOS submission window closes on February 4<sup>th</sup>. Issuers should not submit plans into CMP that have not yet been approved by the state Department of Insurance.

*Issuers modifying existing plans:* Issuers should update existing CMP plans where changes made to benefits or rates have gone into effect prior to the opening of the CMP submission window. Issuers may modify existing plans by updating their CMP templates and resubmitting during the open window. Please note that CMP plans that are no longer open for enrollment due to rate approvals or other product level concerns should have their associated product marked as “closed” in HIOS prior to the closing of the data submission window on February 4<sup>th</sup>.

*Updated Enrollment Data Required:* All Issuers must update their plans' enrollment numbers as of December 31, 2010.

*February 4<sup>th</sup> deadline for all Issuers:* All new and existing plan data for CMP must be submitted by 11:59 p.m. ET on Friday, February 4<sup>th</sup>. Any data submitted after February 4<sup>th</sup> will not be displayed in the March 2<sup>nd</sup> refresh.

*Error-free submissions:* Issuers are strongly advised that it is the sole responsibility of each Issuer to have submitted to CMP by the submission deadline, complete and error free plan data in accordance with the instructions provided. While plan submissions are required to be accurate and complete, we will be reviewing submissions for errors. All CMP plan data on a submission provided by February 4<sup>th</sup> must be free of the following errors or the entire submission will fail, and plans associated with these submissions not being displayed on March 2<sup>nd</sup>:

- Alteration of the benefits and/or rate templates
- Submission of multiple benefits and/or rate templates for a single plan
- Missing benefits and/or rate templates for a plan

**Note: We strongly advise Issuers begin their process immediately after the data submission windows open and not wait until the end of the submission window to allow enough time for data entry, CEO/CFO attestation, QA, corrections of minor errors, and processing.**

*February 8<sup>th</sup> CEO/CFO Attestation Deadline for All Issuers:* All Issuers submitting new or revised plan data into CMP must provide CEO or CFO attestation to the accuracy of that data submitted by 11:59 p.m. ET on Tuesday, February 8<sup>th</sup>.

*Attestation to the accuracy of data submitted:* In previous submission processes, the requirement to attest to the completeness of the submission was made optional. We are continuing this policy for the March refresh. Issuers are required to attest to the accuracy of the data submitted. This attestation applies only to the data submitted, and not to the subsequent display of that data. As outlined in this memo, there will also be an opportunity for Issuers to review and approve their plans prior to display on the Plan Finder through the Finder Verify site. Please note that OCIO reserves the right to display plans without Issuer approval.

*February 8<sup>th</sup> Deadline:* Based on Issuer feedback, companies will have two additional business days to attest to their CMP data submitted for the March refresh. Issuers that do not attest to the accuracy of their CMP submissions by 11:59 p.m. ET on Tuesday, February 8<sup>th</sup> will not have their plans displayed on Healthcare.gov in the March 2<sup>nd</sup> refresh. We strongly advise Issuers not wait until the end of this extended deadline to submit attestation in order to allow enough time for data review.

*February 7-13: CMP data quality processing:* Issuers are strongly advised that it is the sole responsibility of each Issuer to have submitted to HIOS and CMP, by the submission deadlines, complete and error free plan data in accordance with the instructions provided. We will conduct quality assurance reviews on a rolling basis for all CMP plans submitted by Friday, February 4<sup>th</sup>, and will notify your organization of any errors we find by 11:59 p.m. ET on Sunday, February 13<sup>th</sup>.

*Unacceptable errors:* All CMP plan data on a submission provided by February 4<sup>th</sup> must be free of the following errors or the entire submission will fail:

- Alteration of the benefits and/or rate templates
- Submission of multiple benefits and/or rate templates for a single plan
- Missing benefits and/or rate templates for a plan

*Notification of errors by February 13<sup>th</sup>*: For all other errors found, Issuers will be given 2 business days upon notification to make corrections. Issuers will receive notification by 11:59 p.m. ET on Sunday, February 13<sup>th</sup> if their plans are found to contain such errors.

Submissions that are not corrected within 2 business days of notification will not be displayed on March 2, 2011.

***February 7-18: Issuer review and final validation:*** CMP plans that have been submitted by February 4<sup>th</sup> and have passed all the quality review checks will be uploaded to <https://finderverify.healthcare.gov> on a rolling basis between February 7-16 so Issuers may preview and approve their data to be displayed in the March Plan Finder refresh.

*Final Approval Required by February 18<sup>th</sup>*: All Issuers' plans will be displayed on the Finder Verify site by February 16<sup>th</sup>. Issuers will be permitted to review and approve their plans until 11:59 p.m. ET on February 18<sup>th</sup>, prior to displaying plans on the Plan Finder. OCIO reserves the right to display plans that have not been approved by the organization.

***Issuer Group Calls:*** Weekly User Group calls with Issuers will continue to be held Wednesdays at 2:00 p.m. ET to provide guidance and answer questions.

**Summary of Key Dates**

<b>January 31</b>	HIOS and CMP data submission window opens for all Issuers to submit new and revised product and plan data.
<b>February 4</b>	Last day for all Issuers to submit new and updated product data into HIOS, and new and updated plan data into CMP.
<b>February 8</b>	Last day for all Issuers to provide CEO or CFO attestation to CMP plan data.
<b>February 13</b>	Last day by which Issuers will be notified of errors found in their plans. Quality reviews and error notification will occur on a rolling basis starting on February 7 for all plans submitted by February 4. Issuers who have minor errors will have 2 business days to correct data upon receipt of notification. Issuers who have major errors will not be displayed in the March refresh.
<b>February 16</b>	Last day by which all plans that have passed the quality review process will be displayed on the CMP Finder Verify site.
<b>February 18</b>	Last day by which Issuers may approve plans for display on the Plan Finder. OCIO reserves the right to display unapproved plans.
<b>March 2</b>	Healthcare.gov Plan Finder will display new and updated plans.

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

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

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