



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and  
Insurance Oversight

200 Independence Avenue SW  
Washington, DC 20201

DATE: September 13, 2010

TO: Issuers of Health Insurance

FROM: Teresa DeCaro  
Web Portal Team Lead

SUBJECT: Update and Next Steps on Incomplete and Erroneous Plan Data Submitted to CMP or Copied and Updated from eHealth's Commercial Inventory

It has come to our attention that some Issuers' plan data submitted to CMP is incomplete, or was submitted or updated improperly or with errors. This memo provides notice of how the Office of Consumer Support and Insurance Oversight (OCIIO) intends to address these issues.

A notice was sent on September 3, 2010, which extended the data submission timeline to 11:59pm, on September 6, 2010, to provide Issuers with more time to submit complete and accurate plan data for products that will be open in the private individual market on October 1, 2010, to address Issuer concerns about the burden associated with providing these data by September 3, 2010.

In addition, Issuers with plan data already available in the eHealth commercial inventory, who agreed to avail themselves to the migration of their data to the federal database, were instructed that their plans would not be transferred if plan data in the existing inventory did not represent by September 8, 2010 the new provisions of the Affordable Care Act that would go into effect beginning September 23, 2010. For these plans, Issuers were instructed that after eHealth would transfer them to the federal database they would be required to enter this system and submit the required data elements that eHealth did not have in its existing commercial inventory, as Issuers are ultimately responsible for submitting the required data.

The OCIIO, in conjunction with its contractors, provided training and materials on these requirements and on the procedures and timelines that Issuers needed to meet on August 13, 24 and 31, 2010.

In the interest of displaying useful and meaningful plan data to consumers on October 1, 2010 on the [www.healthcare.gov](http://www.healthcare.gov) web portal, our contractors have been conducting quality assurance reviews of the plan data submitted through CMP before uploading these plans for the Issuer preview and certification on <http://finderverify.healthcare.gov/>, which begins September 17, 2010.

During the course of this review, our contractors have identified the following types of submission errors that, if not corrected by Tuesday, 11:59pm, September 14, 2010, will result in the plans associated with these submissions not being displayed on October 1, 2010

- 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

It is not possible for us to provide more time to correct these complex errors and still meet the October 1, 2010 launch date, so it is important for Issuers to ensure that these errors are corrected by 11:59 PM on Tuesday, September 14, 2010.

Your organization has already been notified if such errors have been found and told to provide corrections. As stated above, such corrections must be made by no later than 11:59pm, on September 14, 2010.

In addition, as already notified in August 31, 2010 guidance, plans submitted by Issuers after September 6, 2010, will not be displayed on October 1, 2010. This includes any new plans that were not included on submissions to CMP made by the required deadlines. In other words, submissions that made the September 6, 2010 deadline cannot be modified to include new plans for October 1, 2010 display. We understand that some products and plans that Issuers intend to make available in October, 2010 are awaiting approval by their respective State Departments of Insurance. We have advised that such products be included and designated as 'closed' in HIOS, and that such plans not be submitted to CMP until State requirements are met. Nonetheless, if they were not submitted to HIOS and to CMP as required by the deadlines provided then they will not display on October 1, 2010.

Other types of errors identified by our contractors include:

- Missing zip codes and county data
- Missing or inaccurately entered data points in fields provided on the benefits and / or rate tables

As these errors have been identified through the quality assurance review process, your organization has been notified and told to provide corrections within 24 hours. Except for the types of errors listed above that must be adequately addressed by 11:59 September 14, 2010, the last day for your organization to enter corrections into CMP and resubmit for data submission errors found by your organization or our contractors is 11:59pm EST on September 16, 2010. Our contractor will continue to conduct quality assurance reviews through September 16, 2010 and will notify your organization of any errors it finds, providing another 24 hours for corrections as time allows. Our contractor will process corrections of this nature on a first come first serve basis. Plans that have passed all the quality review checks plans will be uploaded to <https://finderverify.healthcare.gov> on a rolling basis, Issuers can preview the data that will display on the web portal and certify that the data they submitted is complete and accurate.

The guidance provided on September 13, 2010 about the CEO / CFO attestation process states that Issuers have been notified that beginning September 17 through September 24 Issuers may preview their data and provide attestation that the data they submitted is complete and accurate. Issuers may communicate to the CMP help desk, at [cmp-support@ehealth.com](mailto:cmp-support@ehealth.com), any errors they find through 11:59pm on September 20, 2010. Only errors related to data processing will be corrected during this window. Errors related to data submission will not be corrected; and if the CEO or CFO cannot attest to the completeness and accuracy of the data submitted because these errors cannot be corrected, then those plans will not be displayed on October 1, 2010. Please note that CEOs and CFOs do not necessarily have to preview the data to know whether the data submitted is complete and accurate.

Issuers are strongly advised that it is the sole responsibility of each Issuer to have submitted to CMP by September 6, 2010, complete and error free plan data in accordance with the

instructions provided to Issuers. Similarly it is the responsibility of Issuers whose data was copied from the existing eHealth commercial inventory to modify the terms of these plans by September 8, 2010 to reflect any changes required by the provisions under the Affordable Care Act that become effective beginning September 23, 2010.

Similarly, it is the responsibility of the Issuer, as required by the web portal regulation and further specified in sub-regulatory notice, to provide CEO or CFO certification that the data submitted is complete and accurate. If this certification is not provided then the plans will not be displayed. Issuers are strongly encouraged to preview and communicate any errors early in the September 17 – 20, 2010 preview window to provide time for data to be corrected if it is due to a processing error, and to provide time for the Issuer to re-review the data in this same window before certification is provided. Issuers that do not allow for sufficient time to re-review their data to allow for further correction before the end of September 20, 2010 may not be able to certify that the data they submitted is complete and accurate, and such plans will not be displayed.

The opportunity that the federal government is providing for corrections is intended to address its goal for the October 1, 2010 healthcare.gov web portal to display useful and meaningful information on as many plans in the private individual market as possible. The government is not required to provide extra time or resources for this activity and has applied limits on both as outlined in this memo.

<p><b>September 14</b></p>	<p>Last day for issuers to make plan and rate data corrections related to the following types of errors:</p> <ul style="list-style-type: none"> <li>• Alteration of the benefits and/or rate templates</li> <li>• Submission of multiple benefits and/or rate templates for a single plan</li> <li>• Missing benefits and/or rate templates for a plan</li> </ul>
<p><b>Now until September 17</b></p>	<p>Resubmissions for other error types will be processed on a rolling basis as time allows. When the contractor notifies the Issuer of an error, the correction must be submitted within 24 hours. Issuers who have a “clean” resubmission will have those plans posted to the <a href="http://finderverify.healthcare.gov">http://finderverify.healthcare.gov</a> on a rolling basis.</p>
<p><b>September 17 – 20</b></p>	<p>Only problems that are due to data processing will be added to the queue for correction. Data submission errors identified during this timeframe will not be added to the queue for correction for October 1, 2010 display.</p>
<p><b>September 24</b></p>	<p>Issuer CEO or CFO attestation due by 11:59 PM EDT.</p>