



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Consumer Information and  
Insurance Oversight

200 Independence Avenue SW  
Washington, DC 20201

DATE: October 28, 2010

TO: Issuers of Health Insurance

FROM: Teresa DeCaro  
Web Portal Team Lead

SUBJECT: January 2011 Web Portal Refresh – Data Submission Schedule (With Corrected Dates)

Thank you for your participation and cooperation in launching the HealthCare.gov web portal's display of benefits and pricing data for the individual market. As you know, the portal began displaying these data on October 1, 2010 and will next be refreshed on November 15, 2010 for all Issuers who complied with federal regulations to submit complete and accurate data as outlined by the Office of Consumer Information and Insurance Oversight (OCIO).

Throughout the data submission and verification process, we have accumulated your comments and suggestions on how to improve the process. After reviewing Issuer feedback, we are implementing several suggestions by outlining the next portal refresh schedule one month in advance of the next data submission window, allowing a longer period of time for Issuers to make minor corrections to submitted plans, and allowing additional time for Issuers to obtain CEO/CFO attestation after the data submission window has closed. Please note that in early 2011 we will be moving to a monthly portal refresh schedule, and the windows outlined in the mid-January refresh will become significantly compressed as a result. Organizations should thus make sure they fully understand the HIOS and CMP data submission process to ensure they are prepared to engage in the monthly process. We will continue to gather Issuer feedback and implement additional improvements over time. We will be discussing these issues further in our weekly Issuer user group calls.

The next portal refresh following the November 15, 2010 update will occur on January 17, 2011. All Issuers with products that are open for enrollment on January 17 who are submitting new and revised product-level data are required to enter it into the Health Insurance Oversight System (HIOS) for the individual and small group markets. In addition, Issuers are required to submit new and revised plan-level data into the Content Management Portal (CMP) for the individual market. The remainder of this notice outlines the deadlines and timelines for submitting this data.

***December 1-10, 2010: HIOS Data Submission Window for all Issuers:*** All Issuers must update the application, denial, and up-rate data for their products using Q2 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 Wednesday, December 1, 2010 and ends on Friday, December 10.

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 up-rated applications based on the second quarter of calendar year 2010 (i.e. April 1 – June 30, 2010). In addition, enrollments should be updated as of September 30, 2010. Submissions will be suppressed from the web portal if updated denial and up-rate data are not reported. The definitions for these data elements remain unchanged; however, based on Issuer feedback, OCIIO is reviewing the application, denial and up-rate variables and will be considering whether to modify them in the future.

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

December 10<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 to Issuers to HIOS. All new and existing product data for HIOS must be submitted by 11:59 p.m. ET on Friday, December 10, 2010. Any data submitted after December 10<sup>th</sup> will not be displayed on Healthcare.gov in the January 17<sup>th</sup> refresh.

**December 1 – 10: 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 Wednesday, December 1, 2010. Issuers are required for the January refresh of the web portal to attest that submissions are accurate in order for their plans to be displayed.

Issuers submitting new plans: 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 these HIOS ID's must be obtained before the HIOS submission window closes on December 10, 2010.

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 can modify existing plans by updating their CMP plan templates and resubmitting during the CMP submission window.

December 10<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, December 10, 2010. Any data submitted after December 10<sup>th</sup> will not be displayed in the December 10<sup>th</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 to Issuers. 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 December 10<sup>th</sup> must be free of the following errors or the entire submission will fail. Errors of the following types will result in the plans associated with these submissions not being displayed on December 10, 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

**Note:** We strongly advise that 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.

**December 14<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, December 14.

*Attestation to the accuracy of data submitted:* In the previous October and November submission process, the requirement to attest to the completeness of the submission was made optional. We are going to continue this policy for the January refresh. Issuers are still 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 web portal through the Finder Verify site. Please note that OCIIO reserves the right to display plans without Issuer approval.

*December 14<sup>th</sup> Deadline:* In recognition that Issuers experienced difficulty obtaining CEO/CFO attestation before the closing of the CMP data submission window, Issuers will have two additional business days to attest to their CMP data submitted. Issuers who do not attest to the accuracy of their CMP submissions by 11:59 p.m. ET on Tuesday, December 14 will not have their plans displayed on Healthcare.gov in the January 17<sup>th</sup> refresh.

**December 11 – 30: 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 to Issuers. We will conduct quality assurance reviews on a rolling basis for all CMP plans submitted by Friday, December 10<sup>th</sup>, and will notify your organization of any errors we find by 11:59 p.m. E.T on Friday, December 17, 2010.

**Unacceptable errors:** All CMP plan data on a submission provided by December 10<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 December 17<sup>th</sup>:* For all other errors found, Issuers will be given 3 business days upon notification to make corrections, but no later than 11:59 p.m. ET on Thursday, December 30, which ever period ends first. Issuers will receive notification by 11:59 p.m. ET on Friday, December 17 if their plans are found to contain such errors.

Submissions that are not corrected within 3 business days of notification will not be displayed on January 17, 2011.

**December 18 – January 5: Issuer review and final validation:** Plans that have been submitted by December 10<sup>th</sup> and have passed all the quality review checks will be uploaded to <https://finderverify.healthcare.gov> between December 18 – January 5 on a rolling basis so that Issuers can preview and validate their data to be displayed in the November web portal refresh.

**Final Approval Required by January 7<sup>th</sup>:** All Issuers' plans will be displayed on the Finder Verify site by January 5. Issuers will be permitted to review and approve their plans by 11:59 p.m. ET on January 7, prior to displaying plans on the web portal. OCIO reserves the right to display plans that have not been approved by the organization.

**Issuer Group Calls and Trainings:**

**Weekly Issuer user group calls:** Weekly calls with the HIOS/CMP Issuer user group will continue to be held Wednesdays at 2:00 p.m. ET to provide guidance and answer questions.

**CMP trainings:** In addition, training for Issuers new to CMP and for Issuers whose submissions were not completely processed due to errors will be provided. The first CMP training will be communicated soon.

**Summary of Key Dates**

<b>December 1</b>	HIOS and CMP data submission window opens for all Issuers to submit new and revised product and plan data.
<b>December 10</b>	Last day for all Issuers to submit new and updated product data into HIOS, and new and updated plan data into CMP.
<b>December 14</b>	Last day for all Issuers to provide CEO or CFO attestation to CMP plan data.
<b>December 17</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 December 11 for all plans submitted by December 10. Issuers who have minor errors will have 3 business days to correct data upon receipt of notification, but no later than December 30, which ever period ends first. Business days do not include weekends or federal holidays such as December 24 and December 31. Issuers who have major errors will not be displayed in the January refresh.
<b>December 30</b>	Last day by which Issuers can make corrections to submissions.

<b>January 5</b>	Last day by which all plans that have passed the quality review process will be displayed on the CMP Finder Verify site.
<b>January 7</b>	Last day by which Issuers may approve plans for display on the web portal. OCIO reserves the right to display unapproved plans.
<b>January 17</b>	Healthcare.gov web portal will display new and updated plans.

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

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