

Transcript

October 12, 2010/2:00 p.m. EDT

PRESENTATION

Coordinator: Good day, ladies and gentlemen, and welcome to the Healthcare.gov Issuer Discussion conference call. My name is Jennifer and I will be your operator for today. At this time all participants are in listen-only mode. Later, we will conduct a question and answer session. As a reminder, this conference is being recorded for replay purposes.

I would now like to turn the conference over to your host for today, Mr. Brian James, please proceed.

Brian: Good afternoon, everybody. Thank you all for joining us on the second training for the CMP data entry tool for your plan level information. I think most of what we're going to cover again today will have been content that you heard last week if you were with us, but we will again have a question and answer period at the end. So we should be able to address any new concerns that may have come up in the meantime.

I do want to remind everyone that the HIOS window closes this evening at 11:59 Eastern Standard Time. So this is your opportunity to go ahead and get all your product level data updated and into the tool. That of course means you are going to need to get the application and update data in there. To remember to go in and for those products which are approved, that you want to indicate that you are not going to be opting out, so you would select "No" in that field. That way we know that yes, this is an approved product and the plans associated with it should be displayed on the Web site.

I do want to ask as well that you check your issuer IDs and product IDs. One of the difficulties we had last month was that people, quite frankly, just aren't familiar enough with those identifiers yet, and so we had a couple of typos. There were other things that meant that we weren't able to get certain information to display. So we want to make sure that if you've gone through all this effort to get your information into us that we're actually able to get it displayed for you.

The last thing that I'll mention is that in HIOS we are asking for those URLs. The URLs that you enter in the CMP are not

actually going to be utilized for this version of the Web site and so you want to pay particular attention to the URLs that you're entering into HIOS. Those are going to be displayed and we do have a validation process that we apply to that information.

Please remember that we don't except URLs that have spaces in them. There is a list of special characters that are actually invalid characters for our purposes. Those include things like exclamation marks. I believe if you submit things with the actual HTML encoding, it should be fine, but special characters are not going to work for us.

Additionally, you should check to make sure that there are valid domain names. It should be a .com, .org, .net. And if there's any ambiguity or confusion or if you need additional guidance, please refer back to the memo that we sent out on September 2nd. That takes you through the list of things that we're checking on URLs that come into us.

Additionally, though, and since this is training for the CMP tool, I do want to just quickly remind everyone that the final deadline for submission of your initial information is Friday. Please make

sure that you are getting a valid submission by that time. And I say this because we're just under a time crunch still. We really want to be able to get ahead of the curve. We do anticipate that we'll be doing the collection in December for January that we will have a little bit better process in place for timing and taking care of issues in a timely manner. But for right now, we really need you to work with us to get the best submission, the cleanest submission possible early on.

If there is a problem, we will notify you, and you'll have 48 hours to get back to us in terms of correcting that. Those 48 hours, really what we mean by this is two business days. So if we don't communicate with you until Friday, then you would have until Tuesday of next week. The main thing though is that you don't want to wait on this. You want to get those submissions in, so that we can go ahead and get them processed in time to get everything up for the November refresh.

Finally just because there's been a lot of discussion and confusion on the issue, I do want to mention the attestation and review. You all received the memo by e-mail that mentioned how we're doing attestation upfront. We're actually asking that

when you submit the data, the data be in a form that your CEO/CFOs can test to. And when you submit the data you can then go in immediately and generate an attestation e-mail for that data.

The whole intent here is really to kind of separate the process of attesting to the accuracy and completeness of information versus did the information actually display in the way that you want it to. Clearly that's an important issue. And you will have an opportunity to indicate after a review whether or not you approve of the display of the data.

We do reserve the right to put information up on the portal that you are uncomfortable with; however, for all intents and purposes that really is not going to be an issue at this point. We need to reserve the right because we are committed by the legislation to displaying this information. But we do want to separate that out and make it clear that the legal responsibility is associated with the attestation or to the data as it's being submitted. That actually is a piece of the process that David will be going over in his training today.

I'm going to turn things over here in just a moment to David Cordero, who will take you through getting all of your information listed in the CMP. When David is complete, we'll go ahead to a question and answer period. David is here for eHealth who's the contractor on the CMP. We have a couple of individuals, Sharon Plotkin, who is with CDI who are the contractor handling the HIOS Web Portal for us. So they'll be able to answer any specific questions you have regarding these.

For policy questions, I will ask that you hold off on those until the discussion call tomorrow afternoon at 2:00. We will be taking you through things. We'll hopefully have some additional information for you then as well. And I guess at this point if it's alright, I'll turn things over to David Cordero, who will take you through the training on the tool. David?

David: Thanks, Brian. As Brian said the slides that we're going to go through are the same slides that we went through last week. I'm going to present how an issuer going to the CMP for the first time would submit their content and pricing, and then also go through some common issues that we experienced during the

first round of submissions. That will take about 20 minutes and then we'll open it up to questions and answers.

If you're looking at your screen, the first slide is a picture of where you would go to sign in to the Content Management Portal. And if you have not signed in previously and this is your first time, you would click on that register link, and you would register and create a user name and password, and then you would be able to enter the CMP using that user name and password.

There's basically seven sections that need to be completed. So you would click on the initial submission tab, you would create your request by entering your carrier name, your state, click on the individual and family product radio button, and then click submit. The first screen you'd have to complete as you enter the portal plans, basically identifying from a plan unit perspective which plans you're going to want to load onto the healthcare.gov site. We'll ask for your benefit information. So there will be a page where you can download a benefit template, which is in a common format, so that consumers can compare plans side-by-side across carriers.

The next page will ask you to provide your rates in one of several standard formats; will ask questions to help guide you to the proper format to use; will also ask for the service area that we should be quoting for your products.

The next page will be some questions that we need answered. Many of them are eligibility type questions on the family members and how we should be quoting those family members. So that template needs to be completed.

We would also like to collect test cases, so that we can verify that the rate results that we're generating are correct. We still also ask for a company logo and profile. Currently, this information is not published on the healthcare.gov site, but at this time we're still collecting it to the CMP. And then we'll ask for some contact information.

Going through each of these pages, your screen now shows a screen shot of the enter portals plan page. When you enter your plan information, you'll have to enter your issuer ID and product ID. We're also going to ask for the plan name, the type

of plan, the effective and end date, deductible co-insurance, office visit, member enrollment, and SERFF number if available.

As it relates to these fields, here's some definition, an issuer number, it's a five-digit numeric. The product ID is actually the two-digit state code and then the three-digit number, plan name, plan type is PPO, HMO, point of service, EPO, or indemnity.

Effective date, the date we should make this update effective, so please enter a current or future date. Do not provide the date the plans were first made available. On the end date, when do the plan rates expire is really what we're looking for on the end date.

The deductible, enter the single deductible amount, member co-insurance, enter the co-insurance amount. It's a numeric or N/A if there is no co-insurance. And remember on the site, we display the member liability. So for example, if it's an 80/20 plan, you would enter 20%.

The primary care office visit, on the drop down we provide these various options in an effort to try to standardize the description across carriers. However, you can enter text into this field, but there is a limitation of up to 75 characters. Member enrollment is a 6-digit numeric, and the SERFF number, which is a 13-digit alphanumeric.

On the medical benefit template, you'll click on the medical benefit template link, which will download the standardized template that we use. And again, this is in effort to try to standardize the benefits across carrier plans to the extent possible.

We are still collecting the PDF of the benefits. In other words, your benefit plan brochure in a PDF file. It is not currently published on the healthcare.gov site, but it is still something that we want to collect through CMP and that also includes the exclusions and limitations PDF.

As I mentioned earlier for the rates, we will ask a series of questions to direct you to the appropriate standardized rate template. And we also need you to complete the template to

define the service area and where we should be quoting your plans. The service area template allows you to enter zip code, county, and also if you rate by regions, it allows you to define what those regions are.

The next screen is the rating eligibility questions template, download and complete the ratings Excel Template. The information is used in the quoting process. We'll also have a template whereby you can provide us with some test cases and provide us with the correct rate result that we could use these test cases in our quality assurance process to make sure that we're quoting correctly.

And we are still collecting the company logos and company profiles, although again, they are not currently being published on the healthcare.gov site. And the last page is your company contact information.

That is kind of a quick review of what an issuer would need to do entering into the CMP for the first time to submit their content and pricing. Now I'd like to go through a little bit more detail for those issuers that are returning to CMP and they have

updates or new plans that they'd like to add. What would be the process to do that?

For adding new states or new plans, what we would recommend is that you create a new request for the new states. For the new plans, you can create a new request or I know there are some issuers that went into their existing request and added the plans that way. And that is also fine, no problem there, just make sure that you, and I'll show this in an upcoming slide, but make sure you describe when you submit exactly which plans are the new plans.

If you need to update rates or service area, you just need to go back to the original initial submission request and upload a new rate and/or service area template and resubmit. If the rate update does not apply to all plans, then highlight the new rates and resubmit. Please submit an updated rate test cases template so that we can verify the rate results. If you're just updating benefits, go back to the original initial submission request and update the benefits and highlight the changes and resubmit.

If you are making an update whereby all of your plans or a subset of your plans need to be updated with a new rating or eligibility rule. So, for example, if you have a subset of plans that we should not be quoting for a child and only applications, you would need to go back to that template, the rate questions template, and highlight the changes that you're requesting.

If you're removing plans, simply send the CMP help desk or by now you should know who your account specialist is. And by the way, if you do not, please send an e-mail to the CMP help desk and we'll make sure that an account specialist reaches out to you. But if you're removing plans, simply send an e-mail to that account specialist with the issuer name, issuer number, state, plan name, product ID, and the cancellation date, and we will handle it through the e-mail.

If you're extending rates, so let's say your rates are expiring on November 30th and you're extending those rates through December 31st, all you need to do is send an e-mail again to the account specialist with the issuer name, issuer number, state, plan name, product ID, and what the new rate end dates are.

As I mentioned in the previous slide, when you do make any of these updates, it's always a great idea to just enter in some comments and just generally describe what it is that you're updating, in short, clear and concise communication for the team that's going to be processing the content, so when you do submit, you do have an opportunity to add this comment as you can see from the screen shot.

I'm going to go through a few common errors that we did see during the last submission period. On the benefit pad, there are some issuers that do have prescription drug benefit descriptions that don't quite fit into our standard way of describing the benefit. For example, some issuers might have tiers, tier 1, 2, 3, & 4, or level 1, 2, 3, & 4.

So what we've done to try to accommodate that is we've created another field called prescription drug/other coverage. If you're going to utilize that field you must enter N/A under the standard generic brand and non-formulary fields. In fact, in the new templates that were rolled out, you cannot access the prescription drug/other coverage field unless you enter N/A into generic brand and non-formulary.

If you try entering, for example, let's say the non-formulary does meet with part of your drug prescription, we've seen some carriers try to enter a value just in that field and then try to describe the remaining benefits through the other coverage field. That is no good. What will happen is the prescription drug/other coverage field will be suppressed and all you'll see is what was entered for the non-formulary. So it's one way or the other, there's nothing in between.

Other common errors on the rate template, really some rules of the road, don't change the format of the template. Currently, we only support Excel 97, 2003. Under user type in the screen shot, each template has different user types. Don't try to create brand new user types that are contrary to what is shown in the drop down box. Do not try to create your own customized template, it will not process, only use what's in the drop down box.

Do not input N/A in the cells; leave them blank if there are no values. Don't change the plan names, they are auto-populated from the enter portals plan page. So for some of you that have

been on CMP, you're probably noticing the pattern that it's the enter portal plans page that then triggers the plan names to all of the templates. And if you were to try to change the order of those plan names in any of the templates that will cause a problem in processing. And again, this was another update we made to the templates so that the plan names cannot be changed, they're only read only.

Under the rating questions, the answer column should only have one answer. If some plans have different rules then indicate this in the additional notes. So some issuers may have a subset of plans that have slightly different rules than the remainder of the plans, which you need to do. The requirement on this template is you need to create or answer all the questions in the answer column. And if you have plans that have a different response for a particular question, note that in the additional note section so that we know to program appropriately for the plans that are handled differently.

On the rate test cases, we actually had quite a few issues trying to process rate test case templates. Here are some more rules for the road. In this screen shot we show 23 test cases, but we

would recommend that issuers provide more than that, perhaps up to a hundred, so that we can cover all different types of family types and eligibility boundaries.

Complete all the appropriate columns based on the family member in that row. So, for example, you see single male as the first row, input each column related to the primary and leave all the spouse, child fields blank. The service area should cover as many different counties as possible; provide different test cases based on the different boundary eligibility conditions.

Important to note, if you provide a test case to ensure we're not quoting that census, enter zeros in the data fields. So, for example, if you want to make sure that we're not quoting child only, you would provide census with just children, and then under the rates just enter zeros and that will let us know that what you're testing is to make sure that we're not quoting. And again, the effective start dates should be a current or future date.

On the rate test cases, if you were within the rate test case template Excel file, if you were to scroll all the way to the right,

that is the area where you would enter the correct rate results for each of your plans. And it's important that the plan order not change from the way they're entered on the rate template. So the plan order on the rate template needs to be the same as the rate test cases.

Those were some of the common issues that we came across and we thought we would just show them to you. But at this point, we can open it up to any questions that you might have.

Coordinator: Ladies and gentlemen, if you do have a question (Operator Instructions). And our first question comes from the line of Caller 1, please proceed.

(Caller 1): Hello. We do not have approval on some of our most recently filed rates, so we're wondering if we need to mark them as open or closed on HIOS. I know this is a CMP training, but we have to know the answer to this by the end of the day, I thought I would fit this question in?

Brian: No, we won't allow it, of course, no. Yes, and it's a fantastic question, I'm glad to hear it. The issue is if we do not have approval for the rates of a product, so there is nothing under that product that is approved, then you should go ahead and mark it as opt out in the current HIOS structure. And then we will not be displaying that until you go in and correct it. So it would not display for the November refresh if we do not have that indication that it is open.

(Caller 1): Okay. This is actually a follow up on that. I think we have approval on the rates, just not the most recently filed ones. So it's still no? If HIOS has the older rates and we transferred those, is that still a no, because we don't have the most recently filed rates approved that we should still mark it closed?

Brian: Okay, so the question, I'll tell you what, let's take that as a two-part question.

(Caller 1): Okay.

Brian: If we have entered the most recent rates in the CMP, but we have not gotten them approved from the state, then we would want in HIOS to indicate that they are not approved. Okay?

(Caller 1): Okay.

Brian: Again, this is one of those things where we're going to need to make some changes moving forward so we can better reflect this. But the other question, if there are rates that you can be selling this product and plans at, so there are rates that you can sell it at now. And you intend to sell it at those rates for November until approval occurs, then you could in fact mark it as open and enter those rates into the CMP. However, if those rates are now expired and the new rates have not been approved or you've got rates that you do not intend to sell the product at, then you should mark them as opt out.

(Caller 1): Okay. My second question has to do with the attestation. HIOS transfers the data for us, and some of our states, we don't have product approval. So should we attest to all of our states, even though we don't have product approval on some of them

or should we just attest to the ones that have approved products?

Brian: Yes. And again, everything within the-- And part of this, unfortunately, depends on how you entered the data. So I need to be a little bit careful here, and I may ask for back up from Dave. The issue is that the attestation right now is on the accuracy and completeness of the information, so you could actually attest for the information since the attestation is not extending backward. The question would be, though, whether you should attest. I think there the answer is—

(Caller 1): Ah yes, I think I'm—

Brian: I'm sorry; I think we're on separate lines. Dave, do you want to pipe in here, because I think the issue really is more management of the data. And if we can have attestation, but otherwise indicate that you don't want this information displayed, I think that would be the preferred way of dealing with it.

David: Yes. So ultimately we don't want to go live on the healthcare.gov site with either plans or aids that are not approved. And if you were to enter them into the CMP and we did process them as long as HIOS is updated correctly then those plans would be suppressed and would not move forward, so in that instance you could attest. I think the only downside is that we would spend time processing that information that is not approved, but more than likely it will get approved and would then be available for you for the December submission. Not sure if I'm answering the question.

(Caller 1): I think it does answer my question.

Brian: Right.

Coordinator: Our next question comes from the line of Caller 2.

(Caller 2): I may have missed a couple of the sessions, but I just want to confirm the product IDs come from HIOS. Is that correct?

Brain: That is correct.

(Caller 2): And then they're used in the CMP?

Brian: Correct. What happens is HIOS is our system to indicate whether a product is approved or not, and it does collect the high-level information. So then what we're doing in the CMP is collecting the plans that link back to those products. So if we have a plan that does not have a link back to the HIOS database it actually will not be displayed. So we need to pay particular attention to that product level information that we've entered in HIOS and make sure that our plans are being linked back to it appropriately.

(Caller 2): One more follow-up question, and maybe this is a policy question for tomorrow, but why are there two separate systems?

Brian: Well I mean well obviously--

(Caller 2): I mean—

Brian: No, no, I understand the question. The simple truth of the matter is that historically there are two different systems because we were required to proceed in a particular way that meant that we had to get up product level information as early as possible before we had plan level data collection tools available to us. The truth is that they will probably, on our end, continue to be separate systems, because it's simply a matter of our ability to kind of manage the information. However, we are making efforts to make it more seamless; we hope to have some of those in place for the December data collection. And this will get easier, but for now it's kind of where we're at and it's the best system we have.

(Caller 2): Thank you.

Brian: Yes.

David: Can I just jump in for a second; I'm getting some questions through chat or Q&A on my screen. Should I just read the question out loud so I can slip these in?

Brian: Go ahead.

David: Okay. So one person wants to know, "Can you please provide more details about the data reporting that will be expected in December?"

And Brian, I don't know if we have any more guidance on the next submission.

Brian: I'd honestly prefer to focus on the data collection for right now and make sure we get those questions answered.

In terms of December we don't have particularly-- Quite frankly, there are a number of development efforts that we are undertaking to improve the process. There will not be any significant changes in the data that is being required, but we are hoping to do some of the things, like eliminate the duplicative fields in the two systems, improve our ability to kind of control the data inputs so that there are less complications moving forward, and a variety of sort of technical fixes on that.

In terms of any actual data element changes, currently we don't anticipate any of that until early next year. Theoretically, I can't rule it out, but currently that's kind of the focus of what we're looking at.

But yes, I'd rather focus right now on making sure that people can get their data into the current tool.

David: Okay. And there's one comment I wanted to make during my presentation that I'll take the opportunity now to make, and that is if any issuers have gone into HIOS and updated or changed their product ID we need to make sure that that updated product ID gets entered into the CMP. And if you happen to be an issuer that was transferred please send me the updated product IDs so that we can ensure that those new product IDs are loaded and when we reconcile with HIOS that the reconciliation goes cleanly.

Brian: That's a good point, David. And while there shouldn't be any product IDs that change, the addition of new product IDs is one that you do want to take into account as you're entering into those systems. And I know there have been particular cases

where people were linking to product IDs that they realized later that they were not necessarily the product IDs that they should have been linking to. So as you make those corrections you do want to make those corrections in the CMP tool to point to the appropriate place in HIOS.

David: Okay we can take the next question.

Coordinator: Okay. Thank you so much. (Operator's Instructions) Your next question comes from the line of Caller 3. Please proceed.

(Caller 3): Thank you. We've had an issue with display of our benefits, which has prevented us from attesting. We have relentlessly e-mailed the help desk over this question; we received one reply since September, which reiterated our question back to us. Other than that we've heard nothing from anyone. I was wondering what else we can do, first of all, to get a CMP specialist assigned to us.

But secondly, according to the memo that you sent with regard to the issue that we're having on the benefit display it is causing

the benefit to look hugely in error, and we fear attesting to that that it might be displayed anyway. And so I'm wondering if a solution can be offered there?

David: I think, to answer the last part of your question, although, and Brian you can correct me if I'm wrong, but HHS does reserve the right to utilize anything that was submitted if you attest, however that's not a concern with this next resubmission. We're going to be looking for your approval on what is displayed on that find or verify site before we move it forward, at least this submission coming up.

But as far as we need to get your benefits fixed, I apologize that no one has gotten back to you. If you could send an e-mail to the CMP help desk and also ask that it get forwarded to me, and we'll make sure that you get assigned an account specialist and that we start communicating with you on what you need to do.

(Caller 3): That would be helpful; I appreciate it. Just sort of to clarify, the issue that we're having is with high deductible health plans that have family only deductibles versus those with family and

individual. And the family only deductibles continue to display as zero; they're just not displaying and the site doesn't seem to make a distinguishing point of showing the difference between those plans. And so we're concerned that you'll pull up a family only plan and see a zero deductible plan with zero co-pay at a rate.

Brian: Right. And that's an issue that we will be working on moving forward. It's frankly a limitation in the system, to some degree, in terms of our ability to show some of the different types of inner penetrations of the individual and family rating structures.

In particular cases where we have not been able to resolve it what we have done is simply, for those that we cannot get to display correctly, we suppress those particular plans so that we can at least show the plans that do display correctly. This is something we're going to be paying a lot of attention to moving forward. It is something that we want to get corrected.

And I'd just like to ask, can I get your names and who you represent before we let you off the call?

(Caller 3): Certainly. I'm Jess, it's J-E-S-S like San Francisco, Clifford, like the Big Red Dog, with ahplans.com. The name is Altius Health Plans, A-L-T-I-U-S.

David: Yes. Okay.

(Caller 3): Thank you; I appreciate it.

Coordinator: Your next question comes from the line of Caller 4.

(Caller 4): Yes, we advertise with eHealth, and so for October 1st our rates transferred automatically. What exactly do we have to do to get new rates for effective dates of 12/1, 1/1, and 2/1?

David: So you need to register and get into CMP, click on the initial submission tab, you need to enter all of your plans into the portal plans page where we just look for high-level summary of the plans, along with the issue number and product ID, and then you just need to create or complete one of the rate templates.

(Caller 4): So we have to do a new initial submission?

David: Right. If you're just updating rates you don't need to enter any of the benefit information you just need to complete the rate template.

(Caller 4): But when I'm in CMP I see the status for the issuer it's status is issuer approved, and that was the one for the 10/1 update.

David: Yes, so there's a request out there that was used to attest to the plans that we transferred, but there's probably no content in that request.

(Caller 4): Yes, when I hit view and edit online content and then I go through the different things, like enter portal plans, write benefit information, there's nothing there.

David: Right. So what you can do is do you have an account specialist that was assigned to you?

(Caller 4): I'm not sure. I don't know who it is.

David: What issuer are you? What company are you?

(Caller 4): Kean Health Plan.

David: Okay. Is this Rick?

(Caller 4): Yes.

David: Okay. What we'll do is we'll have somebody get in touch with you, but basically what you need to do is you need to create a request and you need to just enter your plans and then populate the rate template and provide us with some test cases.

Now the issue here is it looks like you have monthly rate updates, so you're going to have to create a request for 12/1 and then create another rate template and another request for 1/1 and then another one for 2/1.

(Caller 4): Okay.

David: So again, the account specialist will help you with that.

(Caller 4): So the account specialist will give me a call?

David: Yes. I have your information.

(Caller 4): Okay wonderful. Thank you.

David: You're welcome.

Coordinator: Your next question comes from the line of Caller 5. Please
proceed.

(Caller 5): Hello. I think that maybe my question was answered, because
I'm getting the same issue as the earlier fellow with HHS
accounts not showing correctly, my ratings not showing
correctly.

Brian: In terms of some are family, some are family individual.

(Caller 5): Right. I mean basically when I run the list, when I run the listing of all of our plans the summary comparisons for all the family HSA plans are showing the deductible as zero instead of the actual deductible level associated with that plan. But when I go in on the single HSA plans the deductible appears to show correctly, just the family plans seem to have a problem.

David: Can I ask you a question; when did you observe this?

(Caller 5): We're just going through our check now. We started verifying yesterday.

David: So today?

(Caller 5): We started verifying yesterday and we're looking at it today, found it this morning.

David: Okay.

(Caller 5): And we sent in a note to our account specialist.

David: Did you go live on the healthcare.gov site or you're not yet live?

(Caller 5): Not yet live.

David: Okay. So during the first submission period you went in and entered information and it was pushed out to the finder verify site, and you're now going out there, looking at it, and seeing these problems. Is that the scenario?

(Caller 5): Yes. For the October deadline we hit the 75-character issue, and now we corrected the 75-character issue and if we go in and look at the finder verify site now I run into the problem I just described.

David: Okay. Do you know who your account specialist is?

(Caller 5): Yes, Luke McMahon.

David: Okay. I guess I'm not quite understanding why this can't be resolved, but let me talk to Luke and discuss your situation and we'll get back to you.

(Caller 5): Okay. Sounds great. Thank you.

Coordinator: Your next question comes from the line of Caller 6. Please proceed.

(Caller 6): Hello. We only have a closed block of conversion business and we're not offering new business. How much information do you need from us in this?

Brian: Yes, for conversion plans and for closed blocks you do not need to report to the CMP. So we don't need the plan level information on those. You do still need to go into HIOS and continue to keep that information up-to-date. Again, HIOS is sort of what we're using to keep an overall view of what's going on in the insurance market and to make sure that we are understanding and creating the correct information at the plan

level. But you are not required to enter any information through the CMP on particular health plans.

Does that answer the question?

(Caller 6): Yes. I'm really kind of confused with the two systems, because I submitted information to HIOS for two companies, Sun Life Assurance Company and also Sun Life and Health Insurance Company, and the information for Sun Life Assurance Company I think it got put onto this content management portal but the other information did not.

Brian: Yes, I'm not really sure what to say about that. Plan level information in the CMP only occurs if you enter it. If you enter information into the CMP and it links back to an open product in HIOS then it will display with the requisite provisos. So if you had an open product for one of those companies and you had entered information into the CMP associated with that product then it would display. However, if that's not the case then I'd really have to dig around, because I mean that's literally how the system works.

(Caller 6): Okay. Both companies it's closed lack of business, so maybe the information is only in HIOS. I'll have to go back and look.

Brian: Yes. And I apologize to some degree, because there can be confusion between these two. But again, the real issue is that for product level information we want to collect that even if the product is closed. And you would go into HIOS, and you're simply indicating to us here are how many people are enrolled, here are the applications that we received, is it open and closed, and that's essentially it. Then we distinguish between these products, which are the entities approved for sale at the state level, and then the actual plans where you go through and you'd find that here's the cost sharing, here's the rating structure that you would need if you were actually enrolling new people into it. And obviously, for closed products, that really is not an issue.

So we still need to collect the basic information in HIOS, but you do not need to go into the more specific information on plan level benefits and pricing that's required in CMP.

(Caller 6): Okay. So the information that was collected by HIOS, which is the information that I saw, now it's there for one company but it's not there for the other company. Do I need to check into that with HIOS?

Brian: Yes you should. One possibility, and bear in mind that if there are two different companies you will get two different HIOS ID numbers, so depending on how you're going into the system and how you're looking at it it may be there and you simply didn't see it. But I think the best direction here would be to contact the HIOS help desk and have them walk you through it.

(Caller 6): Okay. Thank you.

Brian: Of course.

David: I have a couple of questions coming in on small group, and one is related to, "Do we have any update on the timeline," and the other is, "If any of this conversation applies to small group?"

I guess the answer to that is no, we don't have any guidance yet on an exact timeline for small group, it will be some time next year, and this discussion only applies to the individual and family plans not small group.

Having said that, I guess we can take the next question.

Coordinator: Okay. Your next question comes from the line of Caller 7.
Please proceed.

(Caller 7): Hello. I was going to ask the same question about the small group. So none of this material today applies to small group and if we have small group products we don't have to do anything?

Brian: The answer is that currently we are not collecting plan level information on the small group products.

(Caller 7): But HIOS we still have to keep updating that.

Brian: Correct. Currently if you were to go out you'd see we are still putting the product level information out on the Website for those people looking for small group information. That will be the same in November, so we do need to keep updating that information. We will be coming out with additional guidance, but frankly we want to make sure we do it right, to be honest with you, so we're making sure that we've figured out the best way to collect this information and compile it. And so until we have that we're going to put you off with look for future guidance. I anticipate that that will be coming sooner rather than later, but sooner is really like in the next month to two months, it's not in the next couple of days.

(Caller 7): So can you refresh me on the deadlines for HIOS then?

Brian: HIOS the window closes tonight at 11:59 p.m. Eastern Standard Time.

(Caller 7): But then there will be another window next month?

Brian: Yes. Yes, we're doing monthly updates on HIOS. You will be able to go in and do a refresh next month under the current schedule, and so if you have changes that don't apply for November but will apply for December you will have the opportunity then.

(Caller 7): Where do I find out about those windows?

Brian: I tell you what, at this point I'm going to ask you to-- Are you receiving the memos from HIOS?

(Caller 7): Yes, the weekly memos or letters or whatever they call them.

Brian: They've generally been weekly, and so yes, if you're getting those we will be announcing the schedules. There was some issue regarding this particular window because we want to, as I said, kind of reassess and step back on the CMP. And so rather than commit to a particular schedule I'm going to ask that you keep an eye out; we will be sending out a memo.

(Caller 7): Thank you.

Brian: Thank you.

Coordinator: Your next question comes from Caller 8. Please proceed.
Caller 8, your line is open. You may proceed. Caller 8, your line is open; you may ask your question. She might have herself on mute at this time.

Brian: Okay. Jennifer, let's go ahead and take the next call. I'm sorry, Caller 8.

Coordinator: No problem. We don't have any other questions in the queue at this time.

Brian: Okay. Let's give it just one moment in case anybody has thought of anything else.

And otherwise I'd like to thank David for taking us through the tool again, I'd like to thank everyone for dialing in, and I'd like to thank everyone for getting their information to us. Things are starting to settle down, the process is starting to fall into place.

We will definitely be making improvements, but I think a lot of it is just getting a handle on the expectations that we have for each other, and I think we're starting to do so. So I appreciate the help, everyone.

And if there are no other questions, Jennifer?

Coordinator: I'm not showing any other questions in the queue at this time.

Brian: Okay. Then I think we'll call it a day and thank everyone for their time.

David: Thank you.

Coordinator: Ladies and gentlemen, that does conclude today's conference. Thank you for your participation. You may now disconnect. Have a great day.

