

NWX-DHHS-OS

Moderator: Brian James
August 24, 2010
1:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the question and answer session today you may press star 1 to ask a question. Today's conference is being recorded. At this time I'll turn the call over to Mr. Brian James. You may begin, sir.

Brian James: Good afternoon everyone. This is Brian James at OCIO in the Department of Health and Human Services. We're here with various representatives from the contractors as well as people from our staff here to take you through the data collection for October 1, maybe go into a little bit more detail than we were able to do during the first training that there may be some issues that people have come up that I may not be able to give you - well I'm going to try my best to answer your questions and to address the issues that we're confronting.

So I appreciate having everyone one. And if I can have the second slide that has the schedule. Okay and so, you know, I...

Woman: Oh I'm sorry, one second.

Teresa DeCaro: This is Teresa, I'm on the line.

Brian James: Hi (Terese). Okay and so for today's training essentially what I'm going to do; a rehash of the training that we had for those of you who may have missed it and possibly go into a little bit additional detail.

But what we'll be talking about is of course the product refresh through the HIOS tool, we'll go through the collection of the portal plan information through what we're calling the CMP which allows you to enter all the detailed information.

And then after I've done the high level I'm going to turn it over to David Cordero at eHealth to go through the technical training on the data entry for portal plans.

At that point what we'll do is take any questions that you may have, bring you up to date on where we stand with some of the issues and just move forward and let you guys get back to work, okay?

So if I can have Slide 3. Okay and so I wanted to start off, you know, on the product refresh. You know, we did get the initial product level information for July on both the individual and small group major medical products.

I know that we asked you to include a variety of things including association plans, including closed blocks of business. We appreciate that very much and so we're just asking for this at this point in time that you refresh that information in HIOS, check what we have for accuracy and add in any additional information that may be there.

I know that closed on Friday for the September release; that refresh is in process but we are going to be incorporating those new administrative fields that you provided us as well. This is not however going to be going out

directly on the Website; we're not going to be including the product level information as we move to the plan level information.

And so we're going to be incorporating these elements but, you know, they'll be - they're not going to be reported at the product level and in a direct fashion to consumers. Okay?

Next slide please. I did want to emphasize that we recognize that the new rules going into effect due to the Affordable Care Act for September 23 are going to create some shifts in, you know, the products that you have in the offer, the products that are approved and this varies by state, it varies by issuer.

And so we know there's an issue though around getting that information reported, not putting it off before you want it reported but having it up in time for the October release. So what we're going to do if you've not had the opportunity to get that October information in is we will be reopening the HIOS tool on August 26 and actually keeping it open through September 3.

The slide says the 2nd but we will have it open the 3rd as well. And we would like to ask that you enter all the products that will be effective in October. Okay? This information is not going to be used for the September refresh so if you know something is actually approved and open for business you do not have to mark it as an opt-out.

We did ask you to do that and for the information that you've entered previously if you want to go in and switch that field to indicate that it is no longer closed, it has been approved, this is another opportunity to do that as well. Okay?

So that's going to be available to you. If you have not gone in and refreshed your information yet this is a second opportunity to do so but please remember that you should go out to the Website and get the latest version of the submission tool so that you have all of the fields that are being required. Okay?

Next slide please. Okay portal plans, this has actually been where the largest confusion is and of course we all anticipated that; I know you anticipated it as well as HHS back when we started the collection in July.

Through our contract with eHealth we are trying to create a database containing all of the information on the more detailed plan levels that we can provide to consumers that will include their benefits and their cost structures.

We are only doing this for open blocks but we are requiring that it be linked to the reported products in the HIOS system, i.e. we want to make sure that the actual plans that we're entering into our system are for products that have been approved for sale in a given state.

We are not asking for associations at this time. I know different associations some of you are relieved you don't have to report; others of you would really like to participate and get your plans involved in this. We are going to be working on a solution to try and incorporate association information but at this time the clear direction is that we are not collecting associations. But we will be collecting for both the individual and the small group market.

Now as you know there are any number of different combinations of benefits and pricing. You can include things for a variety of different deductibles; you may have different co pay levels. And for our purposes the effect that those

change the premium calculations and offer different benefits we are asking that they be entered as different plans within the tool.

The constraint on that though is that we are only asking and requiring that you include plans that account for 1% or more of your corporate enrollment for the individual or small group market in that zip code.

In other words even though you can calculate 36,000 combinations of potentiality really all we're asking you to collect is for those plans that you've been selling and account for a significant portion of your market share. We'd like you to have those - to report those to us so that we can show them to consumers.

We wanted to give you the ability to go beyond reporting simply 1% because we really want to be able to capture those new plans that you're offering to consumers that you think are appropriate for them. And so we've left that option open so that we can collect that additional information at your request but the only requirement is for plans that account for 1% of corporate enrollment in that zip code for that market, okay?

Next slide please. The (unintelligible) requested honestly I think most of this information has made sense to everybody in terms of what we're asking. The corporate information that's appropriate for consumers we recognize that there's bit of overlap between this information and what we've been collecting in HIOS.

And we apologize for whatever duplication you perceive. The issue for us is that we know that this information may be different for you at a plan level and a product level particularly you may have multiple networks associated with a product whereas with a particular plan you only offer it through one network.

And there are similar issues to this across the board. So what we've tried to do is collect the information at the appropriate level and frankly at both levels this time around. We do intend to incorporate information from the HIOS tool, from that product level information and bring it forward.

In fact at this point since we've gone through this entire for some of you painful process of validating the URLs it is our intent at this point to incorporate the URLs from the HIOS tool as our first level of information. But we want to see are you including different levels of information for the plans and if so we want to assess do we need to continue to collect information at that level as the appropriate level of collection.

We do have a couple of additional elements that we're asking for in terms of tracking information. We have tried to take advantage of the fact that many of you are participating in the (NIIC) and their SRF data collection tool. For the SRF numbers we're really looking for the SRF number that was associated with the approval of the given plans and product.

Our understanding is that usually these are submitted as a batch so that there is one product, there is one identifier that is associated with it. But the purpose is for us to be able to make sure that we are coordinating the plan level information with the appropriate product level information.

Additionally we're asking for those HIOS IDs; those are a internal system for doing essentially very similar tasks. But, you know, the SRF numbers allow us to make sure that we're incorporating this information and as a back check on what we're doing.

We have made improvements to the geographic coverage. This is coming out of eHealth standard templates where they allow that if your geographic coverage is at the state level you can simply indicate that. The same is true for the counties, for zip codes and for combinations.

And from the reporting back I've been getting this actually seems to be working out well for you so that's a very positive benefit. Then of course we're asking for standard benefits and cost sharing. Now of course calling these things standard benefits and cost sharing might be stretching the truth a little bit because in many cases there isn't standardization in how we refer to these things.

I appreciate the patience that you've had in working with the customer service group there at eHealth as they go out to collect this information. We are asking that for fields that are identified as including an option for not covered that you include that option verbatim because we want to be able to summarize this data across multiple fields to simplify the presentation.

The suggested formats for data entry I think have worked well for most of you and we do of course allow for flexibility in those cases where it doesn't. Once we've had an opportunity to assess how well the system has worked for you we may in fact be able to make some improvements for the next iteration. But again it seems based on the reporting back that we've done a reasonable job in giving you data elements that you're actually able to fill out.

The rating information, I know some - in fact we've been very pleased to hear that for most of you the individual rating structure has worked well. That's something that eHealth had spent a lot of time on in their efforts before this. And I think they've done a good job in preparing that for your data collection.

I think they've done a good job with the small group as well. Nevertheless we recognize that there are a lot of issues involved in small group rating that are not being reflected in the current templates. Please be aware that we are evaluating our different options for how to display that information.

We know that some of you have concerns that we may not be adequately reflecting the pricing structures that you utilize. And so we want to make our best informed effort to include the proper information in a way that is going to reassure - that we're reassured and reassuring consumers that whatever estimates we give them are not grotesquely inaccurate but are actually a fair reflection of what they'll see when they - if they should come to you for a pricing quote.

There are of course a number of options for how we may be able to do that. And unfortunately I'm not going to be able to address that in today's meeting. But I do want to ask that you continue to use the data collection tool as we've requested. Go ahead and provide us the information through those templates that we've provided you.

And if you have concerns please address them to the CSR team. You can also inform us and they'll be passing that information back to us. We also want to remind you that we recognized that this would be a problem and what we're trying to do at a minimum is address the problem for future durations of the tool.

So what we're asking for is your help in determining what factors are required to improve these templates. And so eHealth has created I believe some shared space on a shared drive where you can upload those documents that you're comfortable sharing to us.

Those will be reviewed although potentially not before October 1 so that we can look into incorporating the dimensions that you utilize in our future templates. And we really believe that we're going to be able to get to a much better place in terms of providing accurate small-group quotations.

Finally I want to address the enrollment as an issue. As you know we are utilizing a 1% rule for what plans are required to report. The requirement for reporting is based on zip code because we want to get - make sure that we're getting adequate representation of the plans that are available to consumers within that zip code.

That said we recognize that making those determinations would have been a strenuous issue for some of you in time for October 1. So what we're doing is collecting the enrollment level at the - the enrollment at a plan level, okay. We are going to use that as we look at the data from the product level reporting to try and make our best estimations of how good our coverage is of what it is you're selling. Okay?

Moving forward we'll need to work on this. We recognize that this is not the best process to determine this. But we felt as it was our best ability to negotiate between the different interests and not overburden you on this issue.

I did want to make you aware that we may be incorporating this into our sorting algorithms. It is not going to be a primary sort; we're not going to go ahead and just show here's the most popular plan within your zip code. By the same token we've been working on the sorting algorithm; we'll continue to work on the sorting algorithm as we get data and can see what's being returned by these sorts we're very interested in making sure that we're giving everyone a level playing field moving forward.

There are some issues still outstanding in terms of how we're going to present this information; I don't want to misrepresent it to you. That said though what we're - we have finalized a number of the dimensions in terms of how we're going to move forward, what information we're presenting to consumers.

And I think you'll be pleased in terms of the reflection and the consistency we've gotten in that viewpoint. But for the data collection we need to make sure that we're utilizing the templates as they read so that we're able to do whatever changes and manipulations we need to at our end to make sure we're doing our best presentation. Okay?

Next slide please. Okay dates, and I am going to ask you to pay a little bit of attention to this. We have an added an additional what I'm going to call a training date for next Tuesday, August 31. To be perfectly honest this is my attempt to anticipate that we may not get all of your questions answered from today's training.

And so I want to be able to have a point on the calendar where we can go through and communicate whatever remaining issues are outstanding. The help desk of course is open. You can call that help desk for any questions that you have. We do have the two different help desks for HIOS and the CMP.

Please if you have questions regarding the data collection at the product level reach out to that HIOS help desk. If you have data collection questions regarding to the portal plan level call to that CMP or send an email to their help desk and they will make sure that you get the appropriate attention to get an answer to you.

The submissions deadline of course has not changed; it is September 3. The quality assurance period for after that data is submitted though is currently

open so that if you get your data submitted to us you can actually go in and look at that information and see is it accurate, is it what I anticipated, is it moving forward with the presentation of the portal plans and the information that I anticipated.

Bear in mind that the quality assurance tool that shows you here's what was reported is not the same as the actual healthcare.gov site, okay? What we've tried to do is give you a view of your data so that you can see what is submitted as opposed to what is finally going to be the view for consumers.

That information, you know, that will be released as soon as we can do it but for now you need to go in and if you want to see your information use that quality assurance desk.

The release of the information is still scheduled for October 1. And additionally though we will be adding meetings on a weekly basis. And I apologize I should have gotten the change reflected in the slide before we brought it up but that first meeting is not going to be Wednesday, September 1, it'll be the week following. Okay?

So I don't want to overburden you with potential meetings but we do want to have that training session on Tuesday of next week then the following week we're going to start meeting with you on a regular basis. And, you know, the shift from the term training to meeting is significant in our minds.

Our intent is to be much more responsive to collecting your concerns, collecting information from you in terms of the problems you may be having or the concerns that you want to see addressed. And we're hoping to move this more from a guided presentation to a discussion with you surrounding the issues.

I think that may help to reassure some of you on your concerns. I know it will help us in making sure that we're addressing your concerns and the concerns important to the consumers. So we're pleased to see that we're able to move forward with that.

Next slide please. And this is just included if you need the additional assistance. We are asking that you go through one of the two help desks. So you have two different phone numbers that you can go through (unintelligible) email addresses you can utilize and of course we welcome your questions; we do welcome your comments as well.

If you have comments please bear in mind that we may not be as timely getting a response to you simply because we really are trying to make sure that everyone is getting their data entered into the tool. Okay?

And at this point I think what I'm going to do is turn things over to David Cordero and he'll again kind of take you through the portal, show you how you can get your information entered in and address some of the new issues that may have arisen as people move through and get their data entered. Thank you David.

David Cordero: Great, hello everybody. As Brian said I'm going to take you through the flow of entering the Content Management Portal and what exactly are the data submission requirements.

So here is the home page of the Content Management Portal, what we refer to as CMP. It's a secure site for issuers to log into and enter their initial individual and small group plan data requirements.

Underneath the username there is a link, not reflected on this page, that you would click on to register if you have not done that already and accessed this tool.

So basically there are seven sections that will need to be completed as you move through CMP. There is basically defining each of the plans that you will be entering into CMP which is the first section enter portal plans. We'll ask you to provide your benefit information into a 2003 Excel sheet for each plan.

We'll ask that you provide your rate and service area files. We have a template that will ask you some rating questions. We'll ask that you provide us with some test cases that we can use to verify that the results that the Website is generating are correct in terms of pricing.

We'll also ask for your logo and we have a template that has a common format for all issuers to complete that we call the company profile. And then lastly we'll ask for some contact information.

When you come into CMP you'll see an initial submission tab. And you can see it on the screenshot. You'll want to click on that. And the tool will ask you if you want to begin the process for your individual plans or your small group plans.

So each product line has a separate path that issuers will have to follow. As you go through and enter your requirements at any given point in time you can save your work and return later.

Issuers will be required to submit information on at least all portal plans that are open for enrollment on 10/1. And Brian went through what the

requirements are using that - using that 1% rule which he went through already so I won't go into that level of detail.

On this enter portals plan page we're basically going to ask for an issuer ID and product ID, the name of the plan, the type of the plan, the effective start and end date. And that would be really the date for the rates; the effective and end date for the rates for that plan, deductible, co-insurance, office visit, what the member enrollment is and SRF number.

The next screen - and you'll notice on the left hand side as you complete a section we will check it off for you to help you keep track of your progress. The next page we will ask you to download an Excel medical benefits template by selecting the medical benefits template link.

There is a preferred format for the benefit category definitions which we strongly encourage you to follow where possible. And again as Brian mentioned if a particular benefit category is not covered please do not change that wording and utilize the words not covered which is one of our standard definitions that are available.

Now we do allow issuers to enter freeform text into many of the fields and really the main purpose of that is to provide meaningful information at this level of the benefits to the consumers, for example, if there are any limitations for that particular benefit category it would be meaningful to bring that out in those fields.

The next page we would ask you to upload your - a PDF of your benefits brochure and exclusions and limitations. And the following page will be to provide your rate and service area files.

Now we will - when you click on the rate file link we will ask a series of a questions that you will have to answer and the responses to those questions will trigger the appropriate template that should be utilized based on the way you are rating.

If you click on the service area template then we will ask you to also provide the service area for your products whether they are broken down at the zip code level, at the county level or if you created regions we accommodate that as well. All of these templates by the way are in Excel 2003. And you should not save these templates to a higher version; it's important to know that.

As I mentioned we do collect your service area so this is the screen where we would do that. We also have some rating and eligibility questions that we're going to ask you to ensure that we are quoting appropriately based upon the census that's entered.

We'll ask that you provide us with some test cases. We recommend that you provide us with as many test cases as possible so that we can do some thorough testing. Test cases that basically encompass all the different boundaries of the service area and the different mix of demographic census that would be entered into the site we will then use those test cases to verify that the quoting engine has been programmed correctly.

We'll need your company logos and we'll ask you to complete the company profile. And then on the very last page we are going to ask you for some company contact information.

In terms of - we've had some issuers ask the question should we have a contact person register and log into CMP for every state. Basically here's our

recommendation; we encourage issuers to have one central contact person that handles the coordination of data requirements and entering them into CMP.

The templates that we have can be shared internally within the issuer to the appropriate functional areas that would be most appropriate to complete them if that is the case and then sent back to that central contact person to download and enter the data into CMP.

We - some carriers may have a - one user for individual product and another user for the small group product as there could be different individuals that represent each product. The CMP does accommodate multi-state functionality.

So for example if you are a multistate carrier and in fact you can handle this data submission through one central point you can enter CMP and enter the data submission requirements for multiple states.

Conversely if you're a multistate carrier and the information best be entered by representatives in each state the recommendation would be for a separate contact in each state to register into CMP. So we can handle either approach.

As I mentioned if - I'm sure many of you have already registered into CMP; if you have not there is the URL that you would need to access to get to that homepage. And as I mentioned there is a registration link that you would click on to begin the process.

If it is in fact your first time going into CMP we recommend that you - the first thing that you do is to print out and review the technical instructions before you begin. And again if you have any questions about the content management portal or questions related to data submission requirements there is a email address and phone number as reflected on this slide.

And that concludes my presentation. Brian, do we want to open it up for questions?

Brian James: Thanks David. Yeah, before we do just a couple additional points. I want to mention that we are going to be releasing our first version of Q&As on this. We're going - hopefully it'll be available by late tonight or first thing tomorrow morning. It's really just a matter of, you know, making sure our documents meet all the federal requirements before we get them posted.

But they're essentially ready to go. And, you know, hopefully we won't have another fire alarm in this training session like last time so that we will be taking your questions and dealing with them as best we can. Teresa DeCaro is also on the line with us so she may be helping me answer some of these questions.

And I think we're going to unfortunately need to work a little bit differently than we have in the past in terms of submitting your questions by chat. To be honest I'm not sure I'm going to be able to get those questions from chat during the call. If you enter them into the chat we will keep a log of them.

We will be utilizing those to go forward and address additional items for the Q&A. But if you have a question that you need to get answered today go ahead and get on the line and raise it with us and we'll get to you through the queue. All right? And so with that I think we're ready to start taking questions.

Coordinator: Thank you. We will now begin the question and answer session. If you would like to ask a question please press star 1, please unmute your phone and record

your name clearly. Again press star 1 to ask a question. And our first question comes from Caller 1, you may ask your question.

(Caller 1): Yes hi. We actually have two questions. One is around an Rx issue. But the other one is around an understanding of when this submission for September 3 needs to occur? It's kind of our understanding that we need to almost submit the test cases prior, validate them and then resubmit which means maybe two to three days to a week before that September 3 date we need to do our submission, validate it once that test site is created and then finalize the submission.

Brian James: Okay.

(Caller 1): Is that the correct assumption?

Brian James: No. The submission of the data - the initial submission is due by September 3. If you can get it done beforehand go through the test cases and the quality assurance then by all means we encourage you to do so. But the requirement for the initial submission is September 3.

(Caller 1): Okay. And then the second question is around an Rx issue. And I'm going to have one of my - the other folks actually word it - (Bob) or (Katie)?

(Katie): Yeah the question is is for the group business for prescription drug plans. We obviously have multiple plans to choose from. Has there been a solution as to how that information should be input into the rating template?

Brian James: Okay. Well, yeah, I'm sorry I'm trying - because the issue is complicated so I don't want to just - for a group business you have plans where the plans derived from the product have different drug options and get incorporated in

the calculation of a premium differently. Is that my - is that what you're indicating?

(Bob): Well, I mean, it's even - I mean, we have, you know, (unintelligible) we have 10 different Rx benefit options that could be paired with any of our small group plan offers. So then obviously that flows through beyond the benefit template into the rating, you know, depending on what you enter as the actual pharmacy benefit.

So in the pharmacy benefit cells what would you enter for a plan that has 10 possible Rx offers depending on what you want to choose?

Teresa DeCaro: Brian, this is Teresa. And I think, you know, we need to answer this question probably with a question. And that is so in the design of your product those prescription drug options they are riders is that right?

(Bob): Correct.

Teresa DeCaro: Okay. And so they're not really a part of your standard rate in essence?

(Bob): No they wouldn't be except for we require our small group business to take a pharmacy plan.

Teresa DeCaro: I'm sorry you require small group business to do what?

(Bob): We require our small groups products - we require that the medical be selected with an Rx. It's not an option to take the medical without Rx. So although it's rider it's also required.

Teresa DeCaro: And you're saying that that's a state requirement?

(Bob): No that's our requirement - a company requirement.

Teresa DeCaro: Okay. This whole issue of reporting riders we are in the process of thinking through that and I think that today the questions that we get on this will help us understand whether we have an appreciation for sort of the full boundaries around this. So we're not prepared to answer this question today but it's helpful in our deliberations. And we will be providing guidance on this.

(Caller 1): You know when the guidance - because that's been one of the other questions. This question was posed about a week ago so it's at least a week old. And with the submission required by next Friday we're concerned that we may not have time to input the data too.

Teresa DeCaro: Okay I appreciate your concern.

(Caller 1): So is there an ETA on timing at all or...

Teresa DeCaro: As soon as possible which isn't really the answer that you want I know.

Coordinator: Thank you. Our next question comes from (Caller 2), you may ask your question.

(Caller 2): Yes. I have a question around the rates themselves. At Regents we have a number of filings for new rates to be effective potentially November 1. But we're not - we don't have approval on those rates yet. And the information that we would need to provide to - into the portal we wouldn't be able to provide the November 1 rates which is what we would begin quoting on October 1.

Will there be any opportunity to update the rates prior to October 1 after the September 3 deadline?

Brian James: I can answer...

Teresa DeCaro: Go ahead.

David Cordero: Okay. So yes we've heard this concern from a few other issuers. So right now we are focused on the 10/1 launch and we're looking for your October rates. And some carriers are undergoing, you know, 11/1 rate updates or 12/1 rate updates. And some issuers are, you know, update rates monthly.

By mid-September we will be sending out a communication as to how issuers can update the plans that are being entered into the portal - the portal plans. And beginning immediately after 10/1 that option will be available within CMP to communicate what the changes are and we will begin making those changes.

In the interim if someone requests an 11/1 or 12/1 date we will have some language out there that indicates that the rates are in the process of getting updated.

(Caller 2): Well we don't quote - starting October 1 we quote November 1 dates for both our small group and our individual lines of business. So what will occur is that if we provide you with the current rates there could be a significant difference between the rate that you generate on the healthcare.gov versus the rate that they would get from us based upon the fact that we would be using those new November 1 rates ourselves.

So it's, you know, the impact is both that the information that is provided on the healthcare.gov would be out of date and wouldn't be helpful to a consumer, because they would then come to us for the actual rate and it would be in some cases, you know, different significantly enough to have them wonder, you know, have you been baited and switched, you know, why would I go to one site if it's not providing the information I need.

David Cordero: Right and that would be the purpose of the disclaimer to inform the consumer. So it sounds like you don't accept the 15th of the month as an effective date so 10/15 would not be an option to be quoted?

(Caller 2): That's correct.

David Cordero: Okay so in your instance I would say under those circumstances to go ahead and submit your 11/1 rate updates. Are they available?

(Caller 2): No.

David Cordero: When will they be available?

(Caller 2): We don't know; they're in the process of being filed and approved.

David Cordero: Okay so then maybe we're back to provide us with the rates prior to 11/1 and we can show the disclaimer. So it's, you know, either we go that route or we can do the 11/1 rates if you can provide us the information by the 9/3 deadline.

Teresa DeCaro: Right.

Woman: So are you saying just provide whatever rates we can and just give the effective date of those rates even though they're going to change?

Teresa DeCaro: This is Teresa DeCaro. So what we don't want is for you submitting plans that - or, you know, the rates that have not been approved if it's required that they be approved. And, you know, and then we will be, you know, working on our end about whether and what kind of, you know, disclaimer might need to be up there to accommodate, you know, this September 23 situation.

Woman: So you're saying that if we don't have rates approved for an October 1 date then we should give you whatever rates we have approved like say January 1, 2010?

Teresa DeCaro: Is that going to be open for enrollment?

Woman: No, I mean, can we put private information out there and delay the rate upload until we have the rates available? Because right now the closes rate we would have for a November 1 effective date is a 9/1 rate that doesn't include the re-filing for (PPACA) changes.

Teresa DeCaro: Well I think we should answer this question in two parts. You should definitely be providing your product information we've asked that that be provided, you know, pre-approval and indicate that it's closed until it's, you know, been approved and it's open for enrollment.

And then, you know, I'd look for eHealth to answer the question once the product is in there and the enumeration is taken care of about submitting benefits one phase and rates of another.

David Cordero: Yeah.

Woman: Well I don't understand what you're saying. So if we - per group - we're filing some rates that we're hoping will get approved and they'll be effective 10/1. But if we're filing something by September 3 and we don't have approval yet the most recent approved rates we have are January 1, 2010 do you want the January 1, 2010 rates to be filed with you.

David Cordero: That is what we are saying. If you do not have rates for 10/1 that are approved the options are we either show your outdated rates with a disclaimer to the consumer or we just don't show your plans at all.

Now there's a separate issue there's - and I'm not sure I'm clearly understanding your position. Is it just a rate change or is it also changes to the plan to conform with healthcare reform benefit requirements?

Woman: Both.

(Caller 2): Well it's both.

David Cordero: Okay well that's a whole another animal. If you do not have your plans approved that reflect those changes by the 9/3 submission deadline then you cannot submit. And once they are approved you are welcome to submit and we will get your plans up as soon as possible but probably not by the 10/1 go-live date.

Coordinator: Thank you. Our next question comes from (Caller 3). You may ask your question.

(Caller 3): Yeah, I'll start with the simple questions first. I'm assuming that we're talking about fourth quarter rates, rates for groups to be effective October, November, December?

Brian James: Yes.

(Caller 3): Okay. Second question this - and this partly came up before. We are counting five different - and I'm just talking about groups, we're talking about 2-9, 10-50. Five different products, 55 different product options that are actively solicited; these are not riders, we're talking about variations in deductible, out of pocket drug benefit.

Is it appropriate to go to our enrollment system and say well this particular option doesn't have more than 1% enrollment statewide we're going to exclude that from the portal.

Brian James: Yes.

(Caller 3): Okay.

Brian James: That would be appropriate. You know, if it is an option that you want to show you have that ability but you are not required in that circumstance to show that combination.

Teresa DeCaro: Well I just want to clarify is your service area the state?

(Caller 3): Yeah.

Teresa DeCaro: Okay.

(Caller 3): Okay third question...

Teresa DeCaro: And we do, I mean, this is a technical distinction but I just want to be clear so, you know, 1% is measured against your total enrollment in the individual market or your total enrollment in the small group market.

((Crosstalk))

Teresa DeCaro: It's not total enrollment across all businesses?

(Caller 3): Yeah, we're kind of figuring that if it doesn't move the needle more than 1% statewide it's probably not going to move it more than 1% in any county. But we can look at it a little bit further.

The third question is the most complicated one and it deals with the rate templates and the CEO attestation. The rate templates do not fit our rate methodology. We have factors that are used in calculation of smaller group and larger group and when I say small group, 2-9 and then larger group would be 10-50 but, you know, for legal purposes they're all small group. But it's two different rating methodologies.

There's a factor there that we use for experience or duration or underwriting, 30% up, 30% down. There's a network adjustment which can be 9%-12% depending upon what network you're in. And then there's also SIC adjustments which can be down 5%, up 10%.

So we're looking at the potential that because these factors are not considered in the logic that's available in the templates we can see as much as a 30% swing up or down depending on what the rate is going to be put out by the

application. And our CEO has a problem with that. Quite frankly he can't attest to the information being correct knowing going in that it never will be.

Brian James: Yeah that - we actually appreciate that concern and it's something that we have been holding meetings on in terms of how best to address that issue.

Teresa DeCaro: So this is Teresa. And I can I just ask would you be willing to document that and send it to us?

(Caller 3): Yes.

Teresa DeCaro: You know, just as an example?

(Caller 3): Yeah I can do that.

Teresa DeCaro: Okay that'd be really helpful.

(Caller 3): Where do you want it sent?

Teresa DeCaro: Brian, where do you want this sent?

Brian James: I'll tell you what, let's go ahead and send it to the eHealth help desk that email for the CMP tool. And then I think David can make sure that that gets forwarded to me.

(Caller 3): Okay.

Brian James: Okay? And seriously we appreciate that information because that's exactly, you know, what we're talking about in terms of as we make these determinations understanding all the different dynamics is very useful.

Coordinator: And are you ready for the next question?

Brian James: I think we are. And, you know, I know I haven't given a firm answer to that question because we really are working on it. Bear with us, we will get guidance out and we are working on a system.

Coordinator: Thank you. Our next question comes from (Caller 4), you may ask your question.

Brian James: (Caller 4)?

Coordinator: Your line is open, go ahead with your question.

(Caller 4): Hi, thanks a lot. A couple questions, you mentioned earlier around - I think around the HIOS system the applications, the denials, the up-rating, the SRF number, is it a safe assumption that that was geared more towards CMP or HIOS?

Brian James: The applications, denials and up-rates are being collected in the HIOS system at a product level. They are not a piece of the CMP portal plan level collection.

(Caller 4): And where within HIOS is that located?

Brian James: I think you're going to need to go out and get the new template. I suspect you're working with the old template.

(Caller 4): You mean the prepopulated tool?

Brian James: Well the - well I'll tell you what can I turn this over to (Duane)? Are you still on the call?

(Duane): Sure, I am, I am. And I saw that in one of your slides, Brian. I think the plan is for us to capture those new date points, the up-rating in a number of applications. Those fields are going to be collected in the September timeframe. So those fields are not going to be available in the current tool.

And wouldn't be available for the extended submission window that we have planned between the 26th and the 3rd. So that - the scope of collecting that data will be the September 13 submission window which is the regularly scheduled September submission window for HIOS.

(Caller 4): Okay so we'll be able to see those fields, you know, obviously in a few weeks?

(Duane): Correct, starting on the 13th - starting around the second week of September. There will be some additional guidance from OCIHO in reference to the specific start date for September but those fields would not be available for the submission window that was discussed in the context of this training which starts on the 26th through the 3rd of September.

(Caller 4): Okay.

(Duane): Yeah.

(Caller 4): A couple other questions, a lot of talk about the 1% and I heard that it's at the plan level. If I'm looking at a particular zip code and am I looking at one particular plan and the 1% geared towards that one plan or all the plans within a particular zip code exceeding 1%?

Teresa DeCaro: So Brian do you mind if I take this?

Brian James: No please.

Teresa DeCaro: All right so this is how I do the calculus in my own head and hopefully this will help, you know, exemplify what we're talking about. So if you were to take your total enrollment across every product in the individual market at a zip code level, if you said I've got, you know, 1000 beneficiaries enrolled in all of my products in the individual market in that zip code then you would attribute those enrollees to the different plans that are in that zip code.

You would array them and then you would know which ones represent 1% or more of that 1000 enrollees. And then you would do the same thing in the small group market.

How many enrollees across all of my, you know, products in the small group market are there in the zip code and then you look at the plans in the small group market available in that zip code and you array them and ask yourself the question well which ones exceed the 1%, you know, equals 1% or more of that total enrollment number in that zip code for small groups.

(Caller 4): So Plan A - for individual only Plan A in zip code, you know, 12208 does not exceed 1% but Plan A and B do exceed 1% I wouldn't list either one of them because...

Teresa DeCaro: That's - you're not required to list either one of them. You're only required to list the specific combinations of, you know, benefits - a plan as we've defined portal plan if it is representing 1% or more of the total enrollment in that zip code.

(Caller 4): Okay. And how do like HMO versus UBI factor into that?

Teresa DeCaro: It's across all of the products in the individual market is how you total enrollment. And then for a particular plan - and what - are you saying that, you know, a particular plan may be a plan, an HMO, may be a plan that's - the exact same plan with a PPO network? What are you saying there?

(Caller 4): That is what I'm saying like our HMO and our UBI are two different companies basically as we file them separately. So there could be, you know, multiple HMOs and multiple UBIs within a particular individual product, within a particular zip code.

Teresa DeCaro: Well, you know, I don't think frankly - and I would look for - we'll provide, you know, some additional guidance on this but I look for, you know, Brian and David to jump in here. When we define plans we aren't talking about networks, we're talking about combinations of benefits and pricing structures.

So, you know, I understand that when you submit your plan level information to eHealth I believe, David, this is correct, right, that they're identifying the nature of their network is that right whether it's an HMO or a PPO or something like that?

(Caller 4): Right. Yeah, actually I'm not really factoring in network as well. I'm in the same ballpark as you that it's just a plan listing of benefits.

Teresa DeCaro: Okay well then you would submit that plan if it represented 1% or more of the enrollment.

(Caller 4): Even though it's, you know, an HMO and/or UBI product? Two different companies for us.

Teresa DeCaro: Well then that doesn't make sense to me because in the system of record in HIOS you go in first as a particular issuer so whatever the different companies are that are responsible for those products that's where the journey begins.

(Caller 4): Right.

Teresa DeCaro: So if you're five different companies you've got five different issuer combinations going on in HIOS and so then this analysis is happening at the issuer product level - I'm sorry, at the issuer level, you know, when you're looking at enrollment it's issuer specific.

(Caller 4): Right and we gave to HIOS, you know, two separate files; one for HMO and one for UBI.

Teresa DeCaro: Right, okay. So then when you're counting up your total enrolment in a zip code when I say you count up your total enrollment in a zip code for the individual or small group market in your world you're doing that twice because you're two different companies.

And then you're looking at the products - I'm sorry you're looking at the 1% test against the pool of enrollment associated with your HMO firm and against the enrollment in your other firm. I mean, it sounds to me like you all experience yourselves as one firm but you're not you're two.

(Caller 4): Correct.

Teresa DeCaro: Right.

(Caller 4): We are two.

Teresa DeCaro: Right so rather than generating two total enrollment numbers for individual and small group market you're generating four, one for individual and small group for one firm and one for individual and small group for the other firm.

(Caller 4): Correct. And I'm assuming that's okay is that correct?

Teresa DeCaro: That's what we expect.

(Caller 4): Okay.

Brian James: So you're going to have two different issuer numbers and you should enter each issuer separately into CMP. You could use the same user ID but they need to be entered separately.

(Caller 4): Right, the HMO versus the UBI...

Teresa DeCaro: Yeah, I don't think that in HIOS the issuer number is going to be the same. And, you know, (Duane), you can jump in here and tell me if I've got this wrong.

(Duane): No that's correct. There'll be different - I'm assuming when you said that it's a HIOS that each firm essentially has a different issuer name stay combination so you should have two different unique issuer IDs.

(Caller 4): We do.

(Duane): Right, okay.

(Caller 4): Along the lines of CMP and keeping something closed where is it labeled within CMP to have something kept closed or is that strictly a HIOS feature?

Teresa DeCaro: That's a HIOS feature.

(Caller 4): Okay.

Teresa DeCaro: For now anyway.

(Caller 4): All right so there's no close or open, you know, yes or no, you know, opt-out Phase 1, Phase 2 features within CMP it's all strictly within HIOS?

Brian James: Right, you are only required to report plans that are open. If you have a closed line of business at a plan level - say you've got a product that has closed and open plans you are not required to report closed lines of business at a plan level.

(Caller 4): And how are you defining closed?

Brian James: That's a good question but if you are not selling the plan, if it is not available to the market then I think the answer is it should not be reported; if you are not accepting new enrollment.

(Caller 4): And my very last question and I appreciate your patience, specific to the rating templates/engine how will that work since we have community-rated products?

Brian James: I think in many respects it will end up working better because you simply enter the community rate for the different cells. And, you know, we may need to - David may need to address this but I think that is the answer isn't it?

David Cordero: Yes. Have you actually gone out there and looked at the templates yet or...

(Caller 4): Only within the screen prints provided in the...

David Cordero: Oh okay.

(Caller 4): ...the memo.

David Cordero: Yeah, you should be fine with the templates but if you have any questions you've got that number to call or email address.

(Caller 4): Because I noticed that the screen prints have like age, sex information if that's not a, you know, applicable in the community rated world we're wondering what would we put into those particular fields?

Brian James: This is a really good question and in terms of that, you know, so let's say men and women are both rated (unintelligible) your state does not allow for that division and segmentation on that factor. You just enter the same rates.

(Caller 4): And leave the other fields blank or not appropriate?

Brian James: I would think that you would enter them into both but Dave...

David Cordero: Yeah, probably the best way to make sure we get you the right answer is can you send an email to that email address and I will make sure that we get back to you right away.

(Caller 4): Absolutely.

Teresa DeCaro: Yeah and David I'd like us to send the answer to that question out to everybody because it seems to me that people in community-rated states all have the same question or should...

Brian James: I think we should incorporate it in the Q&A documents. And if - I think we're going to get that out by email as well as by posting. So I'll try to get the answer in there.

(Caller 4): I appreciate that and that's my last question.

Coordinator: Thank you. Our next question comes from (Caller 5), you may ask your question.

(Caller 5): Thank you. My question comes more in terms of some of the company profile. If I have both an individual and small group and I'm submitting the templates for both do I need to submit the company profile and the logo for each one or as long as I submit it for individual it'll pick it up on the small group side?

Brian James: What I would recommend is you just copy the same file over to the small group side.

(Caller 5): Okay. My second question comes more on the information. I was told that certain information if we approved would be copied from the eHealth Website and put in?

David Cordero: Yes.

(Caller 5): Is that still the plan? And are we still looking in terms of the CEO attestation that's required?

David Cordero: So a communication went out last Thursday with some detailed information on how we would handle the transfer and requesting your approval. Have you received that?

(Caller 5): We did and we went ahead and approved it. And I'm worried about the timing from when we're able to view the data to the timing that the CEO attestation is required.

David Cordero: Right.

Brian James: Yeah I think - and Dave you can provide her with better information possibly about the timeframes for the shift of the data or the movement of the data. In terms of the attestation I think again I'm going to beg off a little bit; we really are working on how best to address that issue.

And so again if you want to email us your concern because I hear it then I'd appreciate that and we'll incorporate that as we try to come up with the best solution for this. You know, and in terms of the timing of that data I can allow - I'll let David address that. But in terms of the attestation I think right now we're simply going to have to beg off until we have a firmer answer for you.

(Caller 5): Okay.

David Cordero: And as far as the lead time to review the site I can tell you my goal would be to specific to the data transferred from eHealth would be to at least provide a

one week lead time that - one week period that you could review what we've transferred.

(Caller 5): Okay and if that information is being transferred are we assuming then that the information on the rating engine will be transferred for those products as well /

David Cordero: Yes.

(Caller 5): Okay. That was it, thank you.

Coordinator: Thank you. Our next question comes from (Caller 6), you may ask your question.

(Caller 6): Hello, I have a couple of question also. One is about the associations; I thought I heard you say today that we should not include associations. My prior understanding was that we did not need to include them but could if we wanted. So I'm just wanting to confirm is it okay to include them or we should not include them?

Brian James: Yeah I tell you what unfortunately the - an association plan is not an association plan is not an association plan if you take my meaning. And so it sort of depends unfortunately. Can I ask what type of product it is we're referring to?

(Caller 6): It's a product in the individual market and actually it's a distribution channel in a way; we distribute some of our products that are unique to them through Farm Bureau. And people to buy those products have to be a Farm Bureau member.

Brian James: Right. And so they actually have to pay in - well normally you're buying into the Farm Bureau.

(Caller 6): Exactly, you'd have to buy - you'd have to be a Farm Bureau member which has a fee associated with it and then you could buy these. They're our products but they're all specific to Farm Bureau so there's a Farm Bureau version of one of our products.

Brian James: Right. Yeah and I tell you - unfortunately I don't think, you know, I know we have guidance on this. I don't have it in hand and so I hesitate to answer specifically. I think that...

Teresa DeCaro: I think, Brian, they're supposed to be reporting this as a product...

Brian James: Yes.

((Crosstalk))

Teresa DeCaro: ...and not as a plan.

(Caller 6): I don't know what that means.

Brian James: It means that you would send us the information into HIOS at the product level.

(Caller 6): Okay we did.

Brian James: Right and...

Teresa DeCaro: And you're indicating that it's an association.

(Caller 6): Right.

Teresa DeCaro: And that's it.

(Caller 6): And not include it on the eHealth portal at this time?

Teresa DeCaro: That's right.

(Caller 6): All right. Thank you. And then the talk about the CEO attestation at which point is that required? It's not required with this initial submittal is it? Is it more after we get a chance to review it and then that happens?

Brian James: Yeah, the attestation period will include the QA, the quality assurance period...

(Caller 6): Okay.

Brian James: ...so it - the hard and fast deadline is not September 3.

(Caller 6): Okay. And then is there a way to change the contact person in the portal? So like for example I signed up and registered so everything is under my name but if I want someone else to work on that or even take it over is there a way that that can be changed?

Brian James: Dave?

David Cordero: Yes so we're collecting that information on the last section, the contacts page where we...

(Caller 6): Right.

David Cordero: Whoever you put on that page is who we're going to be contacting specific to, you know, any questions we might have about your plan data submission or, you know, sending that person the request that they can now review the site in the QA environment.

(Caller 6): Okay but for to even actually log onto the portal...

David Cordero: I'm sorry?

(Caller 6): But even for like the logon where you have your username and password like could that be under another person than myself? Could I transfer that or add a person?

David Cordero: So have you actually begun entering data?

(Caller 6): Yes.

David Cordero: Okay. We do have the ability to add another user. Can you send an email to that CMP support email address?

(Caller 6): Yes.

David Cordero: And we will take care of that and get back to you.

(Caller 6): Thank you very much because - I have one more question, sorry. We have - just because we have different corporations and we operate in more than one state we ended up having five whatever - five categories that we have to enter the information for.

And I've got them all on one. When I put in the contact information on the profile for each one will people only be able to look at and validate the data on that one or will they be able to check more than one which that would be my preference but I'm not sure if that's how that works.

David Cordero: Whoever is indicated on there is who we're going to contact to validate the data.

(Caller 6): So say like we have an individual product in one state and in another state could I put two different people's names on the two different ones that they be able to look in either state or only on the state in which I put their name?

David Cordero: So are you - you are entering data for more than one state in the same...

(Caller 6): Yes.

David Cordero: ...in the same request.

(Caller 6): Yes.

David Cordero: And you want to have a different person review one state versus the other?

(Caller 6): Yes.

David Cordero: That's a great question.

Brian James: Well and the easiest solution - I don't know - and Dave knows more about the system than I do obviously. But, I mean, if you could break it into two submissions that would resolve the problem.

(Caller 6): Well we did but I'd like people to look across like I'd like - we have an individual rating person that does both states so I'll put them in both states. We have a product person I'd like to put them in both states. We have just like an overseer person to just kind of look and see is everything in there right, that's another person.

I mean, I feel like multiple people need to review the information. I'm just trying to get access to as many as possible.

Brian James: Yeah I get your point.

David Cordero: I think another alternative is you can send us an email with what your desire is in terms of which person should review each piece and, you know, when we send out the notices that the site is ready to be reviewed it's really a manual process.

(Caller 6): Okay. So send it to that CMP address that you provided?

David Cordero: Yes.

(Caller 6): Okay. Okay thank you very much.

Coordinator: Thank you. Our next question comes from (Caller 7), your may ask you question. (Caller 7) your line...

Woman: Yes we're here. Here's the question - we have actually to start with a comment about the issue of attestation and the accuracy of rates. Our individuals have rated with a health statement and the ratings can be significantly different from what the basic ratings are.

So since they're not collecting health statements online it's going to just like the various rating issues there were for small groups considering the other gentlemen who was talking about that; we had the same problem with ours with the health statements.

The rates that are quoted will be wildly different from what is actually available once the individuals provide us with their health statements.

Brian James: Yeah, no, we recognize that the premium quotes are for base premiums. They are not being represented to consumers as this is the cost you would pay. The issue for the attestation is not so much that this is an accurate reflection of what a particular consumer would get; the issue is is this an accurate reflection of the base rate that would be subject them to medical underwriting.

Woman: So then if we - if eHealth uploads our data how - is the attestation process going to be the same since they're uploading it into their engine?

Brian James: I apologize I don't understand the question.

Woman: Well we have - we had this further discussion of the eHealth offer which we received to upload our data for us directly into the HHS engine. If we have them upload the data what - will the attestation process become what?

Brian James: Well - go ahead, sorry.

David Cordero: The process will be - so we will send you - and again we will send you an email that's informing you that the plans are ready to be reviewed on the QA site. And in order for us to get those plans live we would need an - a response

back with an approval from your CEO. And that would be the case with the data transferred over from eHealth as well.

Woman: Okay that's helpful. Thank you. I'm just trying to clarify an issue that we had discussed again - discussed earlier and I apologize if it's redundant, we just want to be sure we're clear.

If our plans are not approved and since we are all of our plans change for October 1, the new things we have available because they have to include the requirements, the provisions of (PPACA), if we do not have approved plans and approved rates we are not to submit them, is that correct for September 3?

Teresa DeCaro: Yes.

Woman: I'm sorry?

Teresa DeCaro: That's correct.

Woman: That's correct so we don't submit them so no approved plans and no approved rates we don't submit them. So what happens if we, I mean, if we had them and we missed September 3 actually what is the penalty for missing September 3 with other data?

Teresa DeCaro: Well, I mean, the penalty that we have been, you know, using thus far is submission of - or I'm sorry, suppression of information, you know, demonstrating that, you know, there's an issuer in our system and, you know, that they haven't provided their information.

But I think that we haven't determined at this point, you know, what our complete submission - I'm sorry, suppression policy will be for October 1; we're working on it right now.

Woman: Okay thank you. And we have an additional question from another staff member here.

Man: Hello. My apologies again if this is redundant but I still am somewhat confused about the zip code and 1% reporting issue. My understanding at this point in time is that if we have 1% enrollment with an individual product within a particular zip code that that would be reported.

And that base is all of the individual members within the reporting area. So in our case...

Teresa DeCaro: Within the zip code.

Man: Within the zip code. So that is the denominator and as the numerator we're using total enrollment in the individual product correct?

David Cordero: Correct.

Man: Correct. So

((Crosstalk))

Teresa DeCaro: In that zip code.

Man: Within that zip code.

((Crosstalk))

Man: So the question is w have been reporting our products by state and...

Teresa DeCaro: Because the service area is by state?

Man: Is by state. If indeed - so I guess it bifurcates into a couple questions one is if indeed we have a product that does not meet any of those requirements statewide or if it only meets in one zip code statewide...

Teresa DeCaro: Then you have to report it in the zip code.

Man: In the zip code but we have been reporting statewide.

Teresa DeCaro: Right, right, you provide the plan for the service area that exists but you have to...

Man: But restricted that single...

Teresa DeCaro: No, no, no, no, wait a minute, wait a minute, I missed - I started my comment wrong. So any time a pan meets that test in any zip code then you have to report the plan.

Man: For the state.

Teresa DeCaro: And then you associate the appropriate service area with that plan.

Man: Okay.

Woman: Which would be the state.

Man: So it meets the requirement in any case then it is required...

Teresa DeCaro: Yes.

Man: ..to report for the state.

Teresa DeCaro: Yes that's correct.

Man: But restricted to those zip codes in which it's applicable?

Brian James: No.

Teresa DeCaro: No.

Brian James: There's no restriction. If you only wanted to market it and show it as available in that zip code I think you have that option...

Teresa DeCaro: Well wait a minute Brian, hold on a minute. I think that you are supposed to be representing that plan as you market it. So, you know, you shouldn't be changing the service area of a plan to...

((Crosstalk))

Teresa DeCaro: The service area that you should be reflecting should be the service area that you market that the state has approved to the extent the state approves it.

Brian James: Right.

Woman: So this is - if we have 1% - so basically that's sort of the opposite of what you just said so we're - if we are reporting on a statewide level and we - because we market on a statewide level...

Teresa DeCaro: Yes.

Woman: ...we only need to look at those plans in which we have 1% of our market share statewide is that correct?

Teresa DeCaro: No it's a zip code level test.

Woman: So it really kind of - so it's a zip code level test and then for 1% in any zip code?

Teresa DeCaro: Right. And if the plan comes up as meeting that rule in that zip code then you report the plan as the plan is marketed.

Woman: Okay thank you.

Man: Okay.

Woman: I think that's the end of our questions, thank you.

Coordinator: Thank you. Our next question comes from (Caller 8), you may ask your question.

(Caller 8): My question is for Teresa. I was looking at the memo that you sent out regarding the open period from August 26 to September 2 for the HIOS. And I just want to clarify we originally submitted the products that we have such as

PPL but like many of the earlier callers we also have plans within those products that have variations in co-pay and deductible.

And all I want to verify is whether or not I need to go back into HIOS and get a product ID for each of the variations or whether I should use the single product ID let's say for PPL for all of the different variations?

Teresa DeCaro: If the different combinations of plans all fit under a particular product you keep using the same product number.

(Caller 8): Okay so I don't need to go into HIOS and say - get a separate product ID for all the different variations that change the rating?

Teresa DeCaro: No because the schema here is that these plans are some subset of that product.

(Caller 8): Right.

Teresa DeCaro: So you just keep using the same product number over and over again to the extent that the plan is a representation of one iteration of something under that product.

(Caller 8): Okay so I can reuse those multiple times for the different variations, that's great, that's what I wanted to know. Thank you.

Coordinator: Thank you. Our next question comes from (Caller 9), you may ask your question.

(Caller 9): Yes hi. All right what we submitted for the July 1 portal launch were our plans that we had as of I guess June. And those are all grandfathered plans - I guess

I'm - we're creating new plans that will be open to the public. But right now those plans - should I go into HIOS and put them all as closed because nobody that doesn't already - isn't already on that plan can get that plan starting October 1.

Teresa DeCaro: So I think there's a couple of different - I'm sorry, qualifying questions that I have for you.

(Caller 9): Okay.

Teresa DeCaro: So are you saying that you have to modify all of your products or you're just modifying plans under a product?

(Caller 9): We're modifying our products, all of our products.

Teresa DeCaro: All right then, you know, without talking about the timeline for a second, you know, they would be new products; you need to put those in HIOS.

(Caller 9): Okay.

Teresa DeCaro: And then to the extent that for October 1 you have products in the system that will no longer be open to enrollment, you shouldn't take them out you should be representing them as closed.

(Caller 9): Okay. Because renewing - if there's a renewing group they could still roll over into that...

Teresa DeCaro: That's exactly right.

(Caller 9): Okay all right. That's my first question. All of this about a CEO attestation leaves me to believe that I've missed something big. When did - I don't think I got that email.

Teresa DeCaro: You know, can I give you I think a good piece of advice? I think everybody is concerned about this and I think folks should just wait to get guidance from us.

(Caller 9): Okay.

Teresa DeCaro: We understand this is an issue. We know we need to be explicit about it. And we are formulating our policy and we will send it to you and I promise. And it's obvious that it's creating some concern and some confusion.

(Caller 9): Well I didn't even know there was such a requirement I guess that's what I'm concerned about that I didn't know that - where is that requirement even first mentioned I guess? I want to make sure that I haven't missed some big communication.

Brian James: It's actually in the regulation.

(Caller 9): Oh okay.

Brian James: Right.

(Caller 9): I thought when we had our CFO as a validator for the HIOS that that satisfied that, okay.

Teresa DeCaro: Well that certainly does satisfy it on the HIOS side.

Brian James: Absolutely.

Teresa DeCaro: So anyway so just stay tuned okay?

(Caller 9): Okay. And I think I have - I'm just going to echo what everybody has said since we are creating new products that will be 10/1 we're still in the process of being approved by the state. So I guess I could get to you all for September 3 the logos, the marketing materials and that kind of thing but as far as even the benefit structure and like that will have to come as soon as it's approved by the state.

Teresa DeCaro: So what we are asking you to do because we won't be reporting products, we'll be reporting plans is for you to go on and enter your product information and show it as closed.

(Caller 9): Okay.

Teresa DeCaro: With the idea that when it is approved you'd go in and you would open it but you would open it after, you know, the September 1 release.

(Caller 9): Okay. How quickly after we enter it into HIOS will it get a product ID number?

Teresa DeCaro: (Duane), can you answer that question?

(Duane): Sure. There's a Web submission which you probably have used before so if you're submitting through the Web it's usually a - I would say between 5 and 10 minutes, typically quicker than that. But there's usually a 5 or 10 minute window before you can then either go into the interface and look at the Web report and you'll see your product IDs or you can download a refresh

prepopped file which will have all of your unique IDs for your products that you entered for your submission.

(Caller 9): All right thank you very much.

(Duane): No problem.

Coordinator: Thank you. Our next question comes from (Caller 10), you may ask your question.

(Caller 10): Hi thank you for taking my call. There's a lot of questions that you've answered here and you said that it would be posted. Do you know where will it be posted?

Brian James: The Q&A will be posted at hhs.gov/OCIIO - O-C-I-I-O. And then I forget actually there's one more...

Teresa DeCaro: Gathering information or gathering info...

Brian James: Exactly, gathering info.

(Caller 10): Thank you so much. And the second question just to clarify one of your slides was mentioned in the first training last week. If our plan does not have a SERFF number is that information required?

Brian James: No, no.

(Caller 10): We can leave that blank?

Brian James: You can. This is only for - this is only for use for those issuers who are using the system. We are not requiring people to use the SRF system but if they do use it we're requiring that they provide us those numbers just so that we can track and connect between the different products, plans and other things associated.

(Caller 10): Great. Last question again comes with - we are in the same situation as many plans in which we have new products which have been submitted to the Insurance Commissioner, has not been approved yet. They are effective 10/1. Now you said that you will be creating some kind of portal maintenance application that will be available mid September.

But again, that won't be - those updates will not reflect on the site until after 10/1 is that correct?

David Cordero: For your very first submission you would go through the initial submission tab process...

(Caller 10): Correct.

David Cordero: And once we have those plans live on the site then you would utilize another tab soon to appear within CMP that will handle any updates that you have to the existing plans to include any new plans that you may want to include alongside some of your current products.

(Caller 10): Okay just to be perfectly clear then so between September 3 and October 1 there is nothing we can do to update our plan information?

David Cordero: When are you planning on submitting the initial plans?

(Caller 10): Before September 3.

David Cordero: Before September 3? Yes, so the answer to your question is prior to 10/1 there will not be a function to handle updates it will be after 10/1. But there will be a communication going out around mid-September describing what that process will be.

(Caller 10): Okay great.

Brian James: And bear in mind as well that this is for the plan level information. For product level information we will be asking people to update their information around mid-September and you can go in and put in your new products and simply indicate that they are closed since they're not available for offer yet and haven't been approved yet.

(Caller 10): Okay so we should submit our plans on HIOS and CMP. On HIOS indicate them as closed. When we do receive approval do whatever maintenance we can and then go back on HIOS and indicate that they are now open?

Teresa DeCaro: Right but there's the distinction it's products and plans right?

(Caller 10): Yes. Okay. Thank you.

Coordinator: Thank you. Our next question comes from (Caller 11), you may ask your question.

(Caller 11): Most of my questions at this point have been answered. I do have - as everybody else is we're very concerned about the CEO attestation. I had a question from our actuaries about the SIC code.

Although you asked for it kind of in the test case template the rating engine doesn't account for that as a factor but is that something that you're going to take a look at those other conversion factors and get back to us and for right now we should submit what would be an illustrative rate but that's knowing that we're never going to - if a consumer were to call and fit all the same factors they're not going to get the same rate from us as they would through the portal?

Brian James: That's right. In fact part of the reason for asking for the SIC code in the example cases is that then we can see how far off are we. We do - we will be looking at SIC and other factors to be included in templates moving forward. We are not going to be able to implement that as a solution by October 1.

(Caller 11): Okay.

Brian James: Which is why again I want to emphasize that we are looking both at how we display information as well as how we can improve the tool moving forward. So any help you can give us on that is definitely welcome.

(Caller 11): I don't know which plan it was that was talking through their different factors that they rate up and down but I would think most of us have the same sort of situation. So as you can tell, you know, to mirror and mimic what they were saying our CEOs are very concerned about attesting to something that we know isn't going to be factual when the consumer comes to us.

Brian James: Right, no I understand.

Teresa DeCaro: This is Theresa. And, I mean, would you - if it would be helpful to us would you provide, you know, some specific examples of the, you know, the affect of the rating factors and email that to eHealth?

(Caller 11): I can certainly ask our actuaries to see if they could provide that and I'll get it over to you.

Teresa DeCaro: Okay. I mean, the idea here is that, you know, you know, a concrete example is just much easier for us to work with.

(Caller 11): Right. Okay what other questions did I have here? Let's see you covered - on the test case tool I'm assuming you - when we're providing the data for the test cases that's what you're going to be putting in - you're going to put in our rates for us then you're going to put in the census data that we provide.

And the information that - the outcome that we're expecting should match the rating templates we're supplying to you? Is that correct? Because like I said if the consumer were to come to us and we're running it through our current rate engine the result would be different. Am I...

Brian James: That is correct.

(Caller 11): Okay because my assumption and what I've told my folks is that you're testing the functionality of what we've given you versus what spits out. Even though we know it's not accurate it's accurate for your tool and that's what you're looking for?

Brian James: Yes.

(Caller 11): Okay. And I think you weren't sure about this earlier in a different question; how long is the HIOS tool going to be live or is that going to be an ongoing tool or we're not sure at this point? Because it sounds to me like we're

entering all this data and granted it's not as detailed in HIOS as it is in CMP but we're entering it in both places.

Teresa DeCaro: Hey (Duane), can you answer that?

(Duane): I - probably - yeah, I can take a stab. I mean, from my understanding the idea is that HIOS is going to remain to track the issuer and product level data. And I think Brian mentioned this but I think we're going to look at some ways to cut down on that repetition.

(Rebecca Lamb): Okay.

(Duane): But the...

Teresa DeCaro: I'm sorry, I think that the issue is how late is the window open?

(Caller 11): No, no, he's answering it.

Teresa DeCaro: Oh he is.

(Caller 11): Yeah, that was my question. So you're not sure at this point. Okay. And then like most of the folks who have mentioned on this call we had to file, get approved and everything, new plans to account for healthcare reform to be included in them. Although they're exactly the same as what we had before they now include the (PPACA) requirements.

So when I'm listing membership on the HIOS or the CMP tool am I listing the membership that I have today in those plans or, you know, since they're not available for sale, the new ones yet, and won't be until 10/1 I have no one in them right now. So which membership numbers are you looking for, what I

have in there today in our current benefit plans without the (PPACA) or tomorrow with the (PPACA)?

Teresa DeCaro: Well I have a question back to you. So in the normal course of business do you consider the enrollees in the plan that you're updating as now being enrolled in the new plan?

(Caller 11): No I would not, not until they renew.

Teresa DeCaro: But at the time of renewal then what would happen?

(Caller 11): They would be given the plan that has the new healthcare reform options in it along with maybe five other options to them. But when they pick their renewal they would be moving from one plan to the other so leaving one, moving to another.

Teresa DeCaro: So what I would really appreciate you doing and I'm sorry that, I mean, your questions are incredibly articulate and helpful - what would really be helpful to me is if you would submit that in writing and just describe to me if you would, you know, the enrollment situation.

Because I actually think that the question that you're asking has implications for everybody.

(Caller 11): Yes.

Teresa DeCaro: So I feel like we should produce a Q&A on this and what I would really appreciate you describing to me is, you know, in essence what happens to the enrollment. And to the extent that you're telling me in your situation at least that, you know, consumers get five choices that doesn't sound like the way

you all operate is that you are actually moving enrollment that the consumer has to pick right?

(Caller 11): Correct.

Teresa DeCaro: I don't know - and I apologize for my naiveté, you know, I know how this works in Medicare but can you, you know, is that an issuer policy or is that a state policy?

(Caller 11): It would be an issuer policy.

Teresa DeCaro: Okay. Anyway it would be really helpful to me if you would give that question to us in writing.

(Caller 11): Would you like it to the eHealth address as well?

Teresa DeCaro: Yeah.

(Caller 11): Okay.

Teresa DeCaro: And, you know, when you ask the question, you know, just provide an example and then we'll be sure we know what you're talking about.

(Caller 11): Okay.

Teresa DeCaro: Thank you.

(Caller 11): That was all the questions I had.

Coordinator: Thank you. The next question comes from (Caller 12), your may ask your question.

(Caller 12): The question is since the information is - that's being transferred from eHealth is coming in I believe if my understanding is correct after September 3 what information from eHealth can be leveraged for the submission that we have for 9/3?

David Cordero: So I'm not quite sure if I understand the question but what we're asking issuers to do is to submit by 9/3 any additional plan combinations that are not currently on the eHealth site that meets the requirement, the 1% requirement.

And the transfer when it occurs should be a complement to what's been entered through CMP. Does that answer your question?

(Caller 12): That did. So it is - it's additional information that's not currently out on eHealth today?

David Cordero: Correct.

(Caller 12): Okay thank you that did answer the question. And another question that we had is for new plans for 10/1 if there obviously is no membership zero is appropriate I would imagine for the membership entry?

Teresa DeCaro: So this is related I think to the last question or the last person who asked a question. So talk to me about what your enrollment policy is. I mean, do you work under state rules or have issuer specific policies that require consumers to select a new plan? Or do you role those enrollees over into another plan?

(Caller 12): Well as of 10/1 the plans are considered new because they've all been made healthcare reform compliance so they've all been updated. So no one is actually in any of those plans as of today; those plans are effective 10/1. So when we're looking in CMP and it's asking us for...

Teresa DeCaro: Right.

(Caller 12): ...membership we want to know if we can...

Teresa DeCaro: So what happens on December 1? Are you just moving those people into their plans or do they get a choice ?

(Caller 12): They get a choice and they can choose from plans that have been made healthcare reform compliant because 12/1 would be their renewal or their anniversary date.

Teresa DeCaro: So could I ask you to send an email and ask your question and give me your specific example of how the enrollment works in your firm?

(Caller 12): Sure.

Teresa DeCaro: So in other words let me just ask you this does your state require that you provide the choice or is that an issuer policy?

(Caller 12): The state requires that we provide choice.

Woman: It can be grandfathered into...

(Caller 12): Yeah, the only thing - the only thing that would be different is if a group would be considered grandfathered and they could remain in their existing plan. So zero is not appropriate or you want me to email you the question?

Teresa DeCaro: Yeah, I want you to email me the question.

(Caller 12): Okay.

Teresa DeCaro: Thank you.

Woman: Thank you.

Coordinator: Thank you. The next question comes from (Caller 13), you may ask your question.

(Caller 13): Hi, I had a question about the first step, enter the portal plans. We've decided we're going to enter all of our products and we have all the benefit information we need but we're still waiting on enrollment. Is it possible to download the template for the other steps such as rating and put it - enrollment in later?

David Cordero: Yeah so the CMP has the flexibility where you can, you know, complete portions of it and then come back as a returning user and continue completing the other portion. So yes I think that would be a good work flow approach to, you know, complete the sections that you're able to complete. You do need to enter the portal plans though to complete some of the other sections.

(Caller 13): But it's okay the enrollment piece doesn't auto populate in the other template so we can do that later?

David Cordero: So I'm sorry so that's actually the membership field - the membership number on the portal plans page...

(Caller 13): On the Enter the Portal page the last field, member enrollment, where we're supposed to...

David Cordero: Oh okay. So you want to know if you can move forward in the process and leave that field blank?

(Caller 13): Yeah.

David Cordero: And then come back and complete it. Oh wow. I am - hang on just one sec. I believe that you cannot; I believe it's a required field.

(Caller 13): Could we - if we put zero in there and changed it later could we do that?

David Cordero: Yeah I mean, that's - I think that's a decision you would have to make. Frankly we're not - we - prior to the request being submitted, you know, we're not policing what you're doing for lack of a better word - in the CMP tool. You will not be able to submit unless you have something in that field so as an interim measure that could be one approach you use.

(Caller 13): Okay.

Woman: I have another question from the same plan. I just want to confirm that for the individual market we have a relationship with eHealth so for those submissions we are not to do anything for the 9/3 submission until that eHealth data transfer carries over except - unless we have plans that we would like to add to the portal that eHealth doesn't currently have on the portal on their end is that correct?

David Cordero: Yes that's correct.

Woman: Okay. So with that said there are some - there is some information on the benefit template that I know today eHealth doesn't have. For instance, you know, is accumulation towards the family deductible aggregate or separate? They don't have some of that detail when they carry over so that means that after the transfer happens we need to go in and make sure - and fill in the blank space - the benefit templates?

David Cordero: No actually there are some fields that have been added for the healthcare.gov site related to out of network - some out of network questions.

Woman: True, yes.

David Cordero: And we also added a substance abuse category.

Woman: Then those - the eHealth doesn't have that benefit level of detail today.

David Cordero: They don't today but they will very soon. So the plan is to capture that on the eHealth side before we do the transfer.

Woman: So at some point eHealth will be contacting us for that benefit level detail...

David Cordero: Yes.

Woman: ...before the first or second week of September?

David Cordero: Yes sometime very shortly from now.

Woman: And will they be contacting their normal business contact at our plan or someone from this work group?

David Cordero: Their normal contact. So just to be clear we're not just adding that benefit just for the purpose of this transfer, we're adding those benefit categories on the eHealth site as well.

Woman: Okay good to know so we'll have to tell our business contact to keep a lookout for that -those questions.

David Cordero: That would be wonderful if you could do that.

(Caller 13): And one last question, for the login to CMP we have at least, you know, four different departments in terms of pricing, marketing, you know, the general company information that would be supplying information. Is it possible to have multiple logins for the same issuer and would we be able to see information across logins or do we truly need one login?

David Cordero: Well we prefer that one person be the, you know, the horseman on entering all their requirements into CMP. And then if you need to send those templates to some other department like the rating template needs to go to underwriting you can save that Excel file and forward it to that person. They can complete it, send it back to you and you can then download it into the CMP tool.

So our preference then - we think the best workflow approach would be to have one person that coordinates the completion of the tool in its entirety. And if they need additional internal support they can then take those templates out and send them to the appropriate internal staff.

We also recognize that quite often individual and small group are really handled in two different areas. So each of those individuals can register separately and submit separately.

(Caller 13): But will each of those individuals be able to see each other's information?

David Cordero: Not if they register separately, no.

(Caller 13): And what if, you know, this one person wins the lottery and leaves or gets sick or, you know, there's no, I mean, I know you're using the word preference; is there an opportunity to add additional logins?

David Cordero: Yes we can.

(Caller 13): And that's just something we need to submit through...

David Cordero: If you feel strongly that you'd like an additional login send us an email and we can accommodate that.

(Caller 13): Okay thank you.

Coordinator: Thank you. Our next question comes from (Caller 14), you may ask your question. Your line is open, please check your mute feature.

(Caller 14): We would like to defer questions at this time.

Coordinator: Thank you. And if you'd like to remove yourself from the queue you may press star 2. The next question comes from (Caller 15), you may ask your question.

(Caller 15): Thank you. We have two questions, one is in terms of the enrollment numbers that you're looking for for Phase 2. Is there a specific date? I believe for Phase 1 it was first quarter enrollment.

Brian James: It is - the collection for enrollment numbers at the plan level is for the first quarter of this year.

(Caller 15): Okay. Our second question and I do apologize it is redundant and I think it's been asked and stated several ways but it's really just for clarification purposes. Given that when you look on healthcare.gov today issuers took - there's kind of a mixed bag in terms of the approach various issuers took for listing their plans.

You've got some that have a more, you know, the higher level product family listing; there are some issuers that have a more discrete product level listing, they've listed actually at the plan level. What is your expectation going forward into Phase 2, would you expect it to be a more consistent approach or view to consumers that everybody would have it listed at the product or at the plan level, at the more detailed plan level?

Brian James: The intent is to provide the information at a detailed plan level.

(Caller 15): Okay.

Teresa DeCaro: Wait a minute, whoa, whoa, whoa. But in HIOS that is the product level.

Brian James: But we're not - I believe the question is what we're representing to consumers.

Teresa DeCaro: Oh on the Website.

(Caller 15): Yes. Yes.

Teresa DeCaro: Right.

Brian James: And that will be at the plan level.

Teresa DeCaro: Right. So - well I just want to make a point here. So HIOS is the system of record and we're interested in issuer information and product level information. And we want open products and we want closed products.

(Caller 15): Right.

Teresa DeCaro: And we'll continue to support that and need that information. And then to Brian's point what we're changing from July 1 to October 1 was the intention to represent products to now representing plan level information.

(Caller 15): Right.

Teresa DeCaro: Okay.

(Caller 15): Just want to run this scenario by you. Our plan took a very conservative approach to Phase 1 for when we completed the HIOS template. And we actually did it at what could be considered the plan level and understanding that we're going to have to provide that information again for Phase 2. Is it your recommendation that we try to roll up that information to the product level for HIOS?

Teresa DeCaro: In HIOS...

(Caller 15): Yes.

Teresa DeCaro: ...your information is required to be reported at the product level.

(Caller 15): Okay. Okay all right thank you.

Brian James: And I will apologize, we did review the information but often it is difficult to ascertain if what we're looking at are different products.

(Caller 15): Yeah.

Brian James: Right.

(Caller 15): I understand, understand. Okay, thank you.

Coordinator: Thank you. The next question comes from (Caller 16), your may ask your question.

(Caller 16): Hi. We apologize if this is a little redundant but we're kind of confused by the answers that were given. Initially it was stated that when we have - since we have benefits that haven't been approved as of October 1 or that won't be approved as of October 1 that we should not submit those.

But then we thought we heard that we could enter the information and list the plans as closed and then go back and later update them to say that they're open once they've been approved.

Teresa DeCaro: Right so in HIOS you're reporting product level information; is that something that you're familiar with?

(Caller 16): Yes.

Teresa DeCaro: Okay. You are submitting product level information in HIOS for approved or unapproved products. If they aren't approved you're representing them as closed so that they don't get, you know, put up on the September 1 release of the Website.

(Caller 16): Okay.

Teresa DeCaro: And then after September 1 you're going to go in after the products are approved and you're going to change them from closed to open for the October 1, you know, work that has to be done.

(Caller 16): Okay.

Teresa DeCaro: Plan level information you should not be submitting if it isn't approved - if your state requires that you approve it.

(Caller 16): And this is in CMP?

Teresa DeCaro: Yes.

(Caller 16): That you're talking about now.

Teresa DeCaro: That's right.

(Caller 16): So - okay. And when will we be - so once we're approved then we'll be able to go into CMP and submit or not?

Teresa DeCaro: Well there'll be, you know, opportunities to submit the information but if you haven't submitted the plans before September 3 - and David you should jump in here - then they won't be on the Website for October 1.

(Caller 16): Okay.

Teresa DeCaro: David is that a correct statement?

David Cordero: We are - the goal is to have every carrier that submits by the 9/3 deadline live on 10/1. We will continue processing and get all the other issuers that have submitted subsequent to that date live as soon as possible.

(Caller 16): So we will have an opportunity after that date to submit once we receive our approval from the state/

David Cordero: Yes.

Teresa DeCaro: Right but there's not a guarantee of it being up on the Website for October 1.

(Caller 16): Okay. Thank you.

Coordinator: Thank you. Our next question comes from (Caller 17), you may ask your question.

(Caller 17): Yes, hello everybody. Some of my questions have been answered so my list is a little shorter. But I had a specific question and I had a couple of general questions. My first specific question has to do with the individual rate template - rating question template I believe.

And it asks when it was going through the template wizard if we calculated the number of children based on kind of an average or if we calculated the premium for each kid and then subsequently what our max was. And I think the choices were like basically zero, one, two or three.

So if we didn't max out the number until five kids for instance, or example, what would you recommend we do for that?

David Cordero: I'm going to have to get back to you on that one. Can you submit that question through the email we've been giving folks and we will get back to you within one day.

(Caller 17): Okay. Okay. And I guess I have two general questions. My first general question is if you're going to be sharing any sort of data or statistics on the overall - I'll call it consumer (unintelligible) do you have any statistics on how many people in total are hitting the healthcare.gov site? It would be interesting. I mean, obviously we know what traffic we're getting from a plan perspective but I just think it would be good to know how many people are hitting the site in general.

Brian James: It's a great question and I probably should have prepared those materials to share with you but I didn't. We will be holding those weekly meetings and I think that's a reasonable expectation to just keep everybody posted on what's happening.

(Caller 17): Right, that's a lot of work and I'd like to think it's providing some value.

Brian James: Agreed.

(Caller 17): So my next question is do you - and I don't think we're unique in this - but do you understand how much data you're potentially going to be getting for some of these plan submissions? And I say that because for each plan we have, you know, 12 base rates if you will because there's one for each month because we're accounting for trends.

We've got 100 location factors, 28 gender bands and four family tiers so I'm kind of talking about groups. So for any single plan that's 96,000 rates. And if we extrapolate that over the potential number of plan options if we use let's say 200 as an example that's almost 2 million rates you're going to be getting and that your system or just one plan would have to cull through.

And so if every plan has a similar number is that going to crash your system? I guess I'm just looking for some reassurance on what that's going to do in addition to the amount of work it's taking us to try and provide all those rates because today we don't actually manually calculate all those rates; we have factors built into our system so it does the math on the fly if you will. So to have to provide those 1.92 million rates is a bit of an exhaustive effort.

David Cordero: Is this for small group or individual product?

(Caller 17): Group - individual has similar concerns but because there are fewer plans it's a reduced concern.

Brian James: Right. And so again what we're asking for at this point are that you utilize the templates that we have provided. And so I don't think that you will find 1.92 million combinations in that template. Though I recognize that when you account for all the different factors that can go into ratings it's easy to come up with 1.92 million different cells.

That is part of what we're wrestling with and why we're asking for some assistance moving forward because frankly, you know, we don't anticipate that we are going to be able to perfectly reflect every factor going into a given calculation; we recognize that.

What we are looking for is a reasonable representation of what the base rates would be for an individual or a set of individuals who comprise a small group. And so, yeah, I think our best answer to that is yes we recognize the magnitude but we're trying to take steps to keep it within a reasonable framework.

And so our first effort with small groups, quite frankly, we saw as kind of a minimal approach which we're getting concerns about not having enough accuracy. We could have taken the other approach required, you know, absolute ratings tables of some type which would have given us the accuracy; that would have required you to do 1.92 million calculations.

We're trying to work through that effort and we really do appreciate the help. So if you can provide us through eHealth, you know, not necessarily a full ratings table if that's too much effort but to provide us with a set of what factors are being incorporated in these calculations and how then we will absolutely try to account for that and see the similarities to other systems that we're looking at and try to come up with a reasonable compromise.

And unfortunately I think that's the best I can give you as an answer right now. I mean, does it address the question?

(Caller 17): Yes and no. I guess if I was to provide any comment, I mean, really the healthcare.gov site in my mind is to provide kind of a baseline, right, a

comparative analysis. And so, I mean, but the real rating is really going to come from the plans.

Brian James: Right.

(Caller 17): I mean, if they want...

((Crosstalk))

Brian James: No - we fully understand that, that is going to be our communication to consumers as well.

(Caller 17): Yeah.

Brian James: We know - we are not giving quotes for the insurance products. And that is not our intent. This is an informative site for people to go out and see what their various options are and to begin to kind of compare where they should be focusing their attention.

No we recognize that this is not a - this is not going to be a quoting structure or quite frankly a pricing mechanism and enrolment feature.

(Caller 17): Yeah.

Brian James: That's not where we're moving this.

(Caller 17): Yeah so then I might recommend and we can, you know, obviously submit feedback through the Website - support line rather - to maybe just come up with maybe four different just basic 35-year old male, you know, 42-year old family of four, something of that nature.

Brian James: Right. And to be perfectly frank that is one of the suggestions that we have been looking into. You know, there are benefits and disadvantages to using that structure as well. But absolutely, that is one of the things that we're looking at. And so those recommendations are, you know, more than welcome.

And providing us with the rationale by which you came to that conclusion, i.e. when we've been asking for examples about the factors and the problems that people are running into, it allows us to sort of assess the relative benefits of those different approaches in a way that, you know, simply saying well here's what I think is a good option; that's great but we need a foundation to weigh that option against others as well.

So if you can kind of give us the parameters that you're looking at or trying to weigh that's useful to us as well. Okay?

(Caller 17): Okay.

Brian James: And I apologize folks, we're now a little bit over the hour. I'm going to say let's take one more question and I'm going to say this long enough that if somebody feels like well their question was addressed they can do the star 2 to remove themselves from the queue. But whoever is lucky number 7 gets the last question.

Coordinator: (Caller 18), your line is open.

(Caller 18): Hi. I have actually - I want to build on the questions that you just responded to regarding the rating templates. And we haven't been able to get a full plan in

so I'm not sure if these questions are going to make a lot of sense. But is it possible to get the rating templates prior to entering a plan?

Brian James: David?

David Cordero: I'm sorry so actually I had it on mute. Actually you need to enter the portal plans before you can get the rating template.

(Caller 18): Okay. That's what I thought but I just wanted to check. Now tying to what the gentlemen just asked you about sort of these huge amounts of data supporting rates we were understanding that we needed to submit sort of like a rate file. Is that true and if so what's the file format that will be required?

David Cordero: So what you might want to do is take - it sounds like you haven't gotten through CMP because you haven't entered your portal plans yet. You may want to take a look at the technical instructions that might...

(Caller 18): I did.

David Cordero: Okay.

(Caller 18): I did and it's not clear there whether or not we'll be supplying a file at all. Actually when you look at the rating template it doesn't appear that there is an opportunity to submit, you know, a very large rate file because like the gentlemen was just saying there can be many, many rate variations for...

David Cordero: Yes.

(Caller 18): ...a particular plan.

David Cordero: So what we want is for you to complete the rate template. We do not want your rate calculations or actual rate file that you folks...

(Caller 18): Okay.

Brian James: Right.

David Cordero: But what was discussed is, you know, we're looking for ways to improve the tool.

(Caller 18): Right.

David Cordero: And expand the templates and certainly all of your valuable feedback and information will help us with that endeavor.

(Caller 18): Okay. My next question has to with calculating the 1% enrollment for - there can be - do you need to use the full zip code or the first - all five digits or can you just focus your queries on just using the first three recognizing there can be members below that fourth and fifth digit?

Brian James: Yeah, I would defer to Teresa on this. Our intent and the specifics of the regulation are to use the zip code which I believe for our interpretation would be the five digits.

(Caller 18): Okay.

Teresa DeCaro: That's right.

Brian James: Yeah.

(Caller 18): That's helpful. Again a lot of these questions came from our actuary who did also read the technical spec and we're just trying to prepare as best we can.

The last question we have regarding rates is for small group we rate them on a whole group census so we don't do it on an individual by individual level. And I guess this is more like a sort of a look into the future for us. Is that - does that fit in your template structure that you've provided?

Brian James: Well I'll let Dave address this. In terms of looking - I think it does. We do certainly recognize that both those types of ratings happen. And looking forward into the future, you know, as we develop templates that a common enough thing that I anticipate we will be trying to strive for it if we don't now.

In terms of how it's reflected in the current templates though I think I'm going to ask Dave to address it.

David Cordero: Yeah and I didn't catch - could you repeat the question again? I'm sorry.

(Caller 18): No, no problem. For small group we rate them on a - like a whole group census and it's not rates that are specific at the individual level. And again looking at the sample templates we're questioning whether or not this will fit into your rate template structure and process that we'll see once we get the plans in.

David Cordero: Yeah, so I think I probably - it sounds like you're going to need to find a way to accommodate your rating into these templates.

(Caller 18): Yes just looking at the samples we have some concerns. So...

David Cordero: Right.

(Caller 18): ...we're just trying to prepare as best we can for the large amount of work that's coming.

David Cordero: Right.

(Caller 18): So does it fit into that structure or...

David Cordero: It does not appear that fits in but if you want to provide us with an email with some - maybe a sample of how you calculate your small group rates we can just take a look further.

(Caller 18): Okay. Okay that's helpful.

Teresa DeCaro: Yeah I think that would be helpful to us too David.

(Caller 18): Okay I can do that. Most of my other questions were answered already so I'm good. Thank you.

Brian James: Well I'll tell you what, I want to thank everybody for taking the time with us, for your patience with us when we're not able to give you specific answers but for your assistance in giving us a bit of feedback so that we can derive the proper answers for you.

You know, I think everybody knew going into this process that there were going to be a lot of complications that we were going to have to work our way through. You know, I personally feel like we all came together with the solution for the July 1 that worked very well. And I'm hoping we can reproduce that success for October 1 as well.

Certainly we're making a good start at it. I think we've got a very solid foundation for the individual level plans. And while we are confronting some issues with the small group rating we will develop our best approach to handling those for October 1 as well as improving the process moving forward.

So thanks everyone. Please if you do have feedback or information on these issues that you think would be useful to us by all means submit it to that help desk and we are going to do our best to keep you informed and get you the information you need.

All right? Thanks everyone. Teresa, did you have any final words?

Teresa DeCaro: That's it.

Brian James: All right, have a great afternoon everyone and we'll be talking to you next week.

Teresa DeCaro: Thank you.

Coordinator: That does conclude today's conference. Thank you all for joining, you may disconnect your lines at this time.

END