

CGI TECHNOLOGIES AND SOLUTIONS, INC.

Moderator: Andrew Adrian-Karlin
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10:00 a.m. ET

Operator: Good morning my name is (Brandy) and I'll be your conference operator today. At this time, I would like to welcome everyone to the Rate and Benefit Information System User Training conference call.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there'll be a question and answer session. If you'd like to ask a question during that time, simply press star then the number one on your telephone keypad. If you would like to withdraw your questions, please press the pound key. Thank you.

(Mr. Mercer), you may begin your conference, sir.

(Mercer): Good morning, everyone. Welcome to the second of the two RBIS User Training, (user trainings), with the focus on small group. I want to thank everyone for joining us this morning.

And before I turn it over to Andrew Adrian-Karlin for the training, I want to remind everyone that there will be questions after the sessions, and we also will have our every other week small group user call – I mean a small group issuer call at 2 'clock this afternoon. So Andrew, you can go ahead.

Andrew Adrian-Karlin: Hi, everybody. For content today's training is going to be the same Friday. It's just an opportunity for those of you who couldn't attend Friday's training. First, we're going to discuss the updates to (Hyos) and then we'll go into more detail about (Arbus) for small groups and what it is.

So the current (Hyos) updates for this release. A number of enhancements have been made to (Hyos) recently and the templates should be available to enable data collection to help (Arbus). One of the additions is that there are new contacts that you can and should enter so you get additional backup data submission contact and validation contacts for each market type.

And then you're required to enter at least one attestation user so that's CEO or CFO. And then on the product level, (Hyos), is collecting product effective start date and product effective end date. And these enhancements are to assist (Arbus') data collective efforts. And you'll see how they tie in when we get into more detail about (Arbus).

So on the insured (Hyos) insured data entry form, the issuer contact information section has changed. (Inaudible) blocks to this large, single block that you see here. Each contact is now aligned and we've added four additional contacts for the increased user names that we think (Arbus) is going to require.

So for each market type and validation contact type. So data submission and validations contacts for each of the individual and small group market. You now get a second backup contact.

In addition, (Hyos) is doing all the user provisioning for (Arbus), so it's collecting your attestation contact information. So you're required to enter at least one of either your CEO or CFO contact information for them to have users created inside (Hyos).

We recommend both the CEO and CFOs information but only the entry of one is required. Because (Arbus) is not collecting effective start and effective end date, a (Hyos) will be collecting it and feeding it over to (Arbus) so that you can enter an effective start and an effective end date for your products.

Effective start date, these are both on the product level, and the effective start date is a required field. So you will be required to enter in an effective start date for products that are closed.

The effective end date is optional. So you do not need to enter it for any of your products, but obviously if you have an end date for products, we recommend you enter it.

One item of note is that the database will not automatically process product status changes to close if the refresh date is past the effective end date. If we're past the effective date, the product won't be shown, but you will still need to go into (Hyos) during the next refresh and change the product to close for the next refresh window.

And finally (Hyos) is making XML submission available. So XSD documents are available on the (Hyos) download page. For those of you that are technically inclined, you can use (inaudible) document to create XML documents through automated means for (Hyos) admission and (Hyos) is accepting XML documents.

A quick rundown of our dates. Templates have been available for (Arbus) since Monday and the (Arbus) helpdesk is online. And (Hyos) templates have been available since Monday as well. That's the 26th.

Starting October 3, that's Monday of next week, the (Hyos) submission window opens. And it closes on the 7th. So that's Friday night of next week.

On October 6, the (Arbus) pre-populated templates will become available. And then on Tuesday, the 11th the (Arbus) submission window will open and it runs through Friday the 21st. And I'll go over these dates again at the end of the presentation.

So it's a quick rundown of the (Hyos) updates for this submission window for the (Arbus) go live. And so now we're getting into the actual rate and methods information system itself.

We'll have a brief introduction, we'll discuss the (Arbus) login and home screens, the submission materials page, the individual (Arbus) templates, upload and system validations, then we'll get into the users validations, attestations, and finally we'll go through what helpdesk resources are available to you and we'll open it up for questions.

So the (Arbus) system is collecting rate and benefit information for display on healthcare.gov. Right now, (Arbus) is collecting for the small group market and later (Arbus) will be replacing CMP and collecting for the individual market – for the individual market. Access to (Arbus) is through the (Hyos) home screen and with your (Hyos) user account.

When we discuss the (Arbus) login screen, we'll get into more detail on how you access (Arbus) through (Hyos). But you must have a (Hyos) user account to access (Arbus) and your (Hyos) users will be your (Arbus) users. That's why we've added the new contacts inside (Hyos) and if those submission and validation contacts, we'll need to go into (Arbus) and submit and validate.

(Arbus) is operating very much like (Hyos). Submission, validation, and attestation must all be completed during the submission window. So during this period from the 11th to the 21st, (Arbus) should be responding much faster, because these are all automated. So when you submit, the systems validations will run automatically and you will get a response back very quickly. And then your users can go in and run their scenarios and check their product and mark them as validated or leave them as not validated if they aren't. And you can resubmit relatively rapidly.

Some of the key takeaways from this – from this training. The use of (Arbus) is necessary for small group products to display on healthcare.gov. So you must submit your products data to (Arbus) for your products discipline in healthcare.gov with the November 15 refresh.

And the (Arbus) process involves three actions. So you have to have a successful submission for your issuer, your validation user has to validate the product, and finally your attester has to attest to the data. And all three of those need to be done during the submission window.

(Arbus) is much more automated though. And it will return all errors in a submission. So when you submit, (Arbus) will start running its system validations and one of the key differences with (Hyos) is that (Hyos) will return to you a single error. (Arbus) will return you all errors on a template.

Hopefully, this means that you'll just make these changes, resubmit and your submission will be done.

And finally, finder verifies is going to be done during the window. The user validation process that I'm talking about, you can, you know, run your scenarios, you can check all your products, and you'll be able to validate and verify that the product that we have inside the system is accurate. And that will occur during the window. It must occur during the window for the products to healthcare.gov.

So the (Arbus) login screen will be accessed to the (Hyos) portal. So your users will – any new users will receive (Hyos) login information will have to go through the normal (Hyos) first login where they go and change their password. And for those of you who have previous experience with (Hyos), you'll just login to (Hyos) and actually currently available to you, you'll see a link to the rate and benefit information system.

You'll click on that link from a (Hyos) portal and you will be taken to a page with two tabs. Right now the first tab has submission of materials, which we'll discuss. And then starting on Tuesday, the 11th, you'll be able to click on the second tab and be navigated to the (Arbus) login screen.

On the (Arbus) login screen it'll look very much like this. Your user name will be pre-populated when you get there.

And for security reasons, you'll have to go and reenter your password and then enter the captcha, the number verification code, similar to the one you see here and login.

We have the standard forgot password links and as – with the (Hyos) captcha, if you have trouble with one of these captcha images, you just need to generate new image. And an updated one will be displayed.

Once you're successfully are logged in, you now get into the (Arbus) home screen. As you can see it looks very similar to (Hyos). We want this to be a familiar process to you.

So walking down the page, we have the announcements section. We recommend that you read this over on and, you know, pay attention to see if anything changes. This contains announcements that (inaudible) wants to communicate about the process about anything that's going on that you should be made aware of.

To the right, is related links. This contains a list of resources that are available to you that you might want to use that work with the (Arbus) system. Below the announcement is your issuer user association. So whichever user you've logged in with, it displays all the issuers and all the rules that you have with those issuers.

So what issuers you're responsible for and what your – what action you're responsible for with them. So you can see that with the user that I've logged in with here. Well I have access to two issuers. AJ Issuer 3 of Virginia where I'm listed as the primary small group validation and submission contact and then ABCDEF Oregon where I am the primary submission contact for the small group market. And I'm also the backup validation contacts for the small group market.

And this just gives you overview of, you know, what issuers you'll be able to access and what issuers you'll be able to, you know, do work for you or you'll need to do work for.

Finally going back up to the near top of the page, we have the four tabs for the major actions inside (Arbus). There's the submission materials tab to download submission material. There's the data upload tab to upload your data. Those two will primarily be used by submission users. There's the validate data tab for the validation user to go in and validate their data. And finally there's the attestation tab for your CEO or CFO to go in and attest to the data.

The (Arbus) submission materials page contains links to the user manuals. So when you're looking for the user manual, download it here. And it also contains all three of the templates for (Arbus).

So it contains the benefits, regions, and product availability template in the three formats – or in the two formats, XLS and XSB. So the XLS formats are similar to the (Hyos) template that you're familiar with.

The XSB is again an XML schema document. (Arbus) does some more support submissions in XML. And that's for those who are more technically inclined. We won't get into details on XML submissions in this training.

The benefits template is the first of the three templates that you'll be working with. I'm showing a screenshot of the Excel template here. So all these templates are available and there blank form right now through the (Hyos) portal.

Starting on October 6th, the pre-populated templates will be available and the pre-population is going to pre-populate data from (Hyos) into these templates. So for the benefits template, your issuer I.D., product smart I.D., and doctor choice will be pre-populated over, starting on again October 6th, those will be available.

When you enter data into this template, again it's an Excel format, you'll go in on your products line and you'll enter the necessary data. It contains in internal data element validations for some fields similar to (Hyos). So some fields, it'll prevent you from entering something if it's incorrect. And then once you've completed entering for all your products, you'll need to press the validate data button and that will return a complete list of any errors that this – that the template has detected that you've made.

Again similar to the (Hyos) templates you'll need to enable macros before using these Excel templates.

The template support copying and pasting. So if you take a look at the example text that I have on screen. For issuer one, two, three, four, five, their first product, I just went in and copied and pasted the data into issuer one, two, three, four, six's first product. If you look down. So we hope that makes it much easier to use.

Finally when you've completed data entry, you'll press that validate and finalize button and the system will generate a finalized template for you. This takes out all the macros.

You will not be able to upload your working file. You must upload your finalized file. If you attempt to upload your working file, the system will reject it.

And this will be true for all three of these. The benefit template contains sort of the meat of the data that you're entering. OK. It contains the detailed benefit information on these products. And I'm not going to walk through each of the data on it. If you have questions about those, please reach out to the helpdesk. They can hopefully work with you on any questions.

Also the user manual contains a detailed – a detailed glossary for each of the data elements and what they mean. Next up is the regions template. So (Arbus) collects region data differently from (Hyos). So the way that it works is that for each issuer, you need to enter region information. You define what a region number is and you define, you know, where that region number is.

So for example, for issuer one, two, three, four, five, I'd find that it has five separate regions. Its first region is ZIP code 22030 in Fairfax County. Its second region is 22033. The third region is the county- is Arlington County specifically and its fourth region is ZIP code 51061. I believe that's Washington County, Virginia.

And then it's final – final region is both ZIP code 24210 and I think (inaudible) code 51191. So a region can be multiple lines. So I could put region one to be the first two lines you see here instead. Once I have my regions defined for an issuer, I'll go into the product availability template which I'll discuss in a second. And then for each of my products for that issuer, I'll just enter what region number associated with. Hopefully, this will make it a less labor intensive process than (Hyos) has.

So for (Hyos) you have to enter all of your ZIP codes for each product, you know. So if I have ten ZIP codes, I have to enter ten ZIP codes, by cross

reference number one; ten same ZIP codes for cross reference number two. Here I just need to end those ten ZIP codes on ten lines for the (inaudible) and then they go into the product availability template.

I put down the product smart I.D., issuer I.D. and I'll just put in region number one by each of those and that associated it. The idea is that it's very labor saving. In the regions template, I can also define a region as the entire state. So if you have products that cover the whole state, just define your region as the entire state, and then you'll go into the product availability template.

The regions template is going to be pre-populated by (Hyos) with the October 6 pre-populated template. So what you'll see on October 6 will be your issuer IDs and the system will generate a region I.D. And for each unique region it finds. And it'll display the ZIP codes; they're associated with those products. The product availability template will also be pre-populated containing the tie points between the products and the region IDs that they system has generated.

So walking through the regions template itself, you'll have your issuer I.D. which you'll define or use from the pre-populated templates will be defined. The ZIP code, FIPS code, county, and state abbreviation. State abbreviations are required along with region number and issuer I.D.

ZIP code, FIPS code, and county are all optional and they let you get more granular on how you're defining a region. So, you know, obviously you can define a region on just a ZIP code business. (Inaudible) just to use the county or FIPS code. The FIPS code is a standard – a numerical standard for defining counties.

If you know what it is and you're more comfortable with, we've included it for you to use. If you don't know what it is, feel free not to use it. So you can do ZIP code, or county code individually, or you can do a combination where it will only be displayed. So in the combination of that county and that ZIP code.

So for the first line I have here, if a user – if a healthcare.gov consumer is searching for a product in ZIP code 22030, this product associated with region

one is only going to be displayed if they're in Fairfax County. We strongly recommend that you do not use both FIPS code and county code. If you do, when the system uploads it then it will only accept the FIPS code and ignore the county code.

So if there's ever a mismatch this will somewhat reject it, and just take the FIPS code instead. Another thing to know is that with the pre-populated regions template, you shouldn't need to make much if any modifications to it. If your products are defined on the ZIP code level then you don't need to enter county information. All you need to do is check to make that your ZIP codes are accurate. (Hyos) only validates that it's a five digit number. (Arbus) is validating that it's an actual ZIP code inside the actual state that's being uploaded for. And then you're done. You can validate and finalize your region template and upload it.

A quick look at the product availability template. That I described before (inaudible) geographic or region data. Inside (Arbus) is that you define a region on an issuer basis inside the region's template. And then you go to the product availability template and you just enter what region number or numbers are associated with the product.

So as you see here, you know, I've associated, you know, product IDs one, two, three, four five, one with, you know, regions one through four and then I've associated one, two, three, four, five, two with only regions two and five. I wanted to go back to the points that these are all on the issuer basis.

So as you can see, I've reused products for I.D. one, two, three, four, six or I have one, two, three, four, six, one in here and that's listing region number one but that's a distinctly different region from the region that's associated with products right I.D. one, two, three, four, five, VA 001. Go back to the regions template, one, two, three, four, six, region one is the entire state of Virginia, whereas one, two, three, four, five, regional one is only ZIP code 22030 in Fairfax County.

Product availability templates will be completely pre-populated to the same (Hyos) data that was entered. So again, you should only have to go and

review to make sure that it's accurate (inaudible) and finalized and then upload your finalized file. Once you've filled out all three templates for your issuer IDs than you'll navigate – as a submitter you'll navigate to the data upload page. The first page inside data upload is the upload file small group page.

There's some informative text at the top and then we list off the file formats that we accept. So we accept XML files, as I mentioned before, .xls, the template that I showed are all .xls. The required, validate, and finalize and the finalized file should be in .xls format. We accept (inaudible) CSV so there's a detailed process in the (inaudible) if you want to save your finalized file in a CSV format.

Please note that typically CSVs are automatically set up a computer to use commas instead of (inaudible). So you need to go through a process to change over what your system is saving that's a delimited file as if you want to upload as a (inaudible) delimited CSV. And finally we accept Zip files. Another thing with Zip files is that you need to make sure that you zip up just the files themselves and not the files inside a folder.

This system, once you upload it, when the system unzips up will only see the folder and reject them. A second point with Zip files is you can only – you can only zip up all templates at the same type. So, you know, a Zip file full of benefits templates, a Zip file full of regions templates, a Zip file (inaudible) availability templates. You can't have a Zip file with both product availability and regions.

There's a drop down. You'll have to select what template type it is. And if it sees a different template type, it going to – it just automatically assumes that it's not correct. Oh and an item to note. One of the reasons that your submissions are (Hyos) commission without coming out is important is that you need to make sure that all of your products have been populated in (Hyos).

This system automatically checks all product and insurer IDs once you upload and it will reject any product IDs that it does not find in (Hyos). So before

you upload, you need to check the box that you see on screen and to confirm that the (Hyos) product that it hasn't uploaded for those products. And then browse, and select your files to upload, and to the right of that you'll select the template type that (inaudible).

We recommend for reasons that I'll get into in a few minutes, that you upload all three templates, benefits, regions, and product availability at once for an issuer. The system can accept if you don't upload all three types at once. But it is preferable if you do. Finally once you selected your files, suppress the upload button and the system will go through a process.

And it does two immediate checks. It checks to make sure that it has the – your file has the right extension so it's .csv, or .xls, or .zip. And second it does a check to make sure that each file is not over 30 Megs. The system's maximum file size is 30 megabytes. If you have a file that is over 30 megabytes, please call the helpdesk and we can help you work through how to get it uploaded.

Finally once this system has finished those a notification message will appear at the top of the screen saying that you have uploaded successfully. Again, please do not close your browser until you see that message. The other page that is available to you on the data upload tab is the uploaded files small group page. This shows a full history of all the files uploaded for issuers.

Off screen to the left, you see a list of issuer IDs. And then next to that you see a file name. A note about file names. (Inaudible) automatically add the string to the front of the file name – a piece of text to the front of the file name to make it unique. So like you see here, there's all this gibberish and then there's the actual file name. It's after the last dash you see.

Next, it chose the product- there says the template type and then the submission date. So this is the way to review submissions that have been uploaded so that you can look at through them. OK. So, once your files are uploaded, they're not successfully submitted. Again, somewhat like (Hyos) the system runs a number of validations on them. So (inaudible) immediate validations the system does when you upload.

Next up, the system goes and runs, what we're calling, template validations on each individual template. So it goes into the benefits template and it checks to make sure that it's a benefits template and that all the data in there is accurate to what a benefits template should be. And that it's not violating any of those rules. For a regions template it would check all the ZIP codes and say is this ZIP code in the state? You know, is this a real ZIP code? Is county a real county? Things like that. And it does this individually for each template.

And that happens relatively rapidly after you upload, similar to (Hyos) they are in a processing queue and then the system just runs through them. Once the templates have passed that, they go and sit in a holding area and the system on a prescheduled basis every day runs cross check validations where it checks across your benefit's template, your region's template, and your product availability's template.

And what it checks for, it checks for data for an issuer. And so it says, you know, for issuer one, two, three, four, five, you know, I see that it had a product availability template tying, you know, products one to region one. In this system, is there a defined region one for this issuer? And if it doesn't see that it will send you a warning message.

And that is the reason that, you know, we strongly recommend you (inaudible) benefits, product availability, and regions template for an issuer all at once. If not you'll receive a number of warning messages telling you that, you know, that data is not available.

If that process has been successfully passed in the cross check for an issuer – have been successfully passed, then you will receive a successful notification as well as your validator receives a successful notification that basically tells them that the issuer is ready for product user validation.

Additionally the system will recognize that that issuer is ready for (attestation). If the template fails, either the individual template checks or if your issuer fails the cross checks, then the system will send all of your submitters and only your submitters an email informing them that a list of the

errors that occurred, that all errors that the system's detected, and asking for you to resubmit.

Submission is done on an issuer basis so if the system rejects, you know, data from issuer one, two, three, four, five, you might still get a successful notification for issuer one, two, three, four, six, and means that issuer one, two, three, four six has been successfully uploaded. So as you can see here, this is an example of a successful notification.

So, you'll receive all, you know, your submitters and your validators for see if this (inaudible) email telling them the issuer name and the issuer I.D. and that it successfully has been sent or has been successfully submitted to (Arbus) and informing them that validation is now available.

And then if you run into any errors inside system validation, all your submissions uses were sent an email that looks similar to this, it lists the issuer name, your issuer I.D., details about the submission time and date, and then you see in the middle of this bottom section a list of error details. So name the file submitted the template type it's submitted on, what the specific error code is, and the specific error description.

And that's going to list all the errors the system finds in the template. So it'll hopefully get them all free at once and you'll just correct them and be able to resubmit. We have a defined list of all error codes in the user manual as well. I think its Appendix B. Or it might be Appendix A.

But all your submissions do receive this and you just need to resubmit data for that issuer. You don't need to resubmit all the issuer's data that you can. But you just need to resubmit data for that issuer. So once you successfully submitted data for your issuers, the submitter process is over.

Let me move on to the validator. The validator's carrying out what would be the find or verify process right now inside the (CMP) but inside the (Arbus) system with a more automated approach. So your validators will log in, go to their home screen, they'll press the validate data tab and they'll end up on the view all products small group page.

This is one of two pages that you can be on to validate your data from. And so, you know, as they go down the page, they'll have an option to view benefit details for all issuer IDs. That's a large data dump into Excel. Very pretty, and their instructions in the user manual on, it (inaudible) it types that as a CVS file. There are instructions in the user manual.

It's converted into an Excel file and it uses the standard columns. But it has all the benefits detail for all of the validators and issuer IDs. They have a multi-select box where they can select specific issuer IDs so that one at a time, two at a time, all of them and enter and the system shows all the product info – or the product shows product info for all the products that are associated there.

They can select all the validate (inaudible) fault products that are listed as not approved. You need to move them to the validate status. In the header (inaudible) you can move them all at once or you can move them individually inside the body. And then you would submit or save to commit to those changes.

At the benefit information link that you see at the far right side is detailed per issuer – is a detailed per issuer pop up that you can select and it shows a nice looking – a nice looking table with the benefits data, similar to what you see here. So, you know, it runs downs all the benefits data for a product. And, you know, your validation is you can use that to review the benefits date.

And they have close button at the bottom of the pop up. So as I said at the first page they can validate date from. The second page is the search by scenario page. Again, you have a multi-select box to select from. Then you have the parameters somewhere to healthcare.gov. You can use this to simulate a consumer going to healthcare.gov and searching for products and what would show for your issuers. Not validation or attestation, complete obviously, but just from working the system, (inaudible) validation and attestation counted in.

You know show what would appear to consumers. So you can enter when you want coverage to start, the effective date, under the ZIP code, verify zip it'll show you radio buttons that you can select a county from.

And then you'll submit and for all the issuer IDs that you select in the top in the multi-select box, you know, you'll have that same table (inaudible) showing benefit data and showing its validation status. Again, you make a positive confirmation, you validate it, and you press submit to submit to the validations.

So once you're validator has hopefully validated affirmatively to all your – to all your product, that part of the process is complete. The validator is done. If you have products that are incorrect, you'll need to resubmit. And so walking through the resubmission process, you'll need to engage the submitter obviously. And submission is at the issuer level.

And so what will happen when you resubmit it will override all previously submitted data for an issuer. So you can't just resubmit a single product. If you were to resubmit a single product in a benefit's template, the system would go through that and then it would overwrite the benefit's data for that issuer.

Suddenly you'd only have a single product listed. So you need to resubmit all products (inaudible). You need to resubmit an entire issuer at a time. Submission is at an issuer level. Validation, however, is at the product level. So once you resubmit successfully an entire issuer, your validators are going to need to go back in and revalidate all the products that you submitted.

And so all these products are going to have their validation status reset tonight. Validated, and they'll need to go back in and make sure the data is accurate, select validate, and submit for all. Attestation, however, is much easier. Attestation will only need to be completed once per submission window through your attesters and we're at the end of the process for a testing right now.

So, attestation is unavailable to CEO or CFO until either all of your issuers have been submitted for them or have been marked that there is no data being

submitted. So, attester, your CEO or CFO, will not be able to attest your (inaudible) until all the issuers that they're associated with have submitted. For example, you know, if I'm CEO of a company that operates in Virginia and Maryland, my Virginia issuer is submitted, my Maryland issuer has not, I cannot attest.

Unless it has been marked that my Maryland issuer will not be submitting and that is (successful) to validation users. If you plan on doing that, please reach out to the helpdesk if you have any questions, we can walk you through that. But the key piece to take away here is that your attester will not get notification that it is available to attest until all of the issuers under them are available for (inaudible) at least some data uploaded.

When attestation is unavailable, they'll arrive and see this screen on the attestation tab. Once all the data has been uploaded or all the issuers marked as not submitting, or the combination thereof, both your validator and your attester will receive or validators and attesters will receive emails informing them that attestation has been made available and it gives step by step instructions for going into the system and navigating to the attestation screen.

Just (inaudible) go to the screen once it's available you can (inaudible) of legal (inaudible) that no one read through. They can go and review what issuer are they responsible for at the bottom of the screen? At the bottom of the screen you see right now there's the small group table showing that I'm responsible for these two issuers.

And then I'll enter my auto text signature in the text field, top, and press the attest button next to it. Once that has been completed, the attestation screen changes to this for the rest of the submission window. So it informs that the attestation (inaudible) decision is complete. It's done and congratulations.

There is not an email being sent out verifying that attestation is completed. So, you know, if you need records here, you can capture a screen shot of the screen. If you have any further questions, or need any further verification, feel free to reach out to the helpdesk and we'll be able to, you know, work

with you to give you further confirmation that your attestation is complete if you need that.

So that wraps up sort of the three portions of the office process. So to revisit them. Your submitter needs to submit the data, it needs to pass through successful system validations, and if it doesn't, you submitters will receive emails listing all the errors. Once your (inaudible) has passed submission, then there are two things that need to happen.

Your validator needs to validate that the products are – have correct data in the system and press the validate button, submit, and once all of their issuers have had data uploaded, your attester will be informed and they'll need to go in and attest to the data. If you run into any issues with this process, or you have questions, the (Arbus) helpdesk is available 8:30 a.m., 7:30 p.m., EST, Monday through Friday.

And we have made a phone line available at 1-888-380-2107 or share an email inbox with the (Hyos) helpdesk at shredoversight@hhs.gov. We'd appreciate it if you'd mark emails to us (Arbus) in the subject line. But if you don't we should still get them because (Hyos) will pass them back to us. Please get in touch with us if you need help with anything or you have any issues with (Arbus).

Once you (inaudible) for our success at the helpdesk is that you are successfully uploading and success will get your data on healthcare.gov. Recap again, you must submit – you must for each of your issuers submit, validate, and attest for the data to be eligible to show up on healthcare.gov.

All of these actions need to be completed during the submission window for (Arbus). So unlike previous processes, (Arbus) initial window should accommodate your submitters submitting the data successfully, your validators going in and validating to the data, and your attester attesting the data, all within this submission window.

After the submission window is closed you will not be able to do any of those things. You must submit to (Hyos) first before submitting to (Arbus). The system will check your (Arbus) submissions to verify you're – to verify in

(Hyos) that the data is there. And your (Arbus) users are the same as your (Hyos) users. So it's vitally important that you submit during this (Hyos) submission window so that your attestors can register with (Hyos) and log in to (Arbus).

They are the exact same users. And then (inaudible) the station is not available to CEO or CFO until all issuers for an assessor have submitted. So they will not get the (inaudible) station their verification email until all the issuers have submitted and data is successfully in the system.

So with that, (Brian) or (Joe), do you have any comments?

(Joe): Not really, I think (Brian) wanted to run through something real quick before we went to questions. But I don't have anything personally.

(Brian): Right, yes, because again I'd like to thank Andrew for giving us a really good detailed perspective, kind of addressing the different issues that, you know, you may encounter as you work with (Arbus) in the future. But I would like to just really quickly run through what things are going to look like for October and what you're likely to encounter in kind of a best case scenario. Because frankly I think what you'll find is that in most cases it will be a best case scenario.

Currently, you have the ability to download the templates, to take a look at them, to see what's going to – what you're going to be asked to enter, and, you know, kick them around, get a feel for them, know what's going on. On October 6 though is when you'll be able to download actual pre-populated templates from the (Hyos) system. OK?

So you're going to go into (Hyos). You'll update your contact information. You'll update the start dates on your products and then, you know, the (Hyos) window will close and all that will be good. On October 6, you'll download those pre-populated templates. There's going to be three of them.

One is going to be for the regions, one is going to be for product availability, and one will be for the benefits. Andrew spent a lot of time going over regions and the availability templates because particularly when we get into

the individual products and plans, all this geographies, you know, we want to give you as much flexibility to enter things as possible with the minimum burden so that you can reuse the regions that you've defined.

But for small group, particularly for October, really those two templates, the regions and the product availability, we will have gone through (Hyos), calculated out what the regions are, and properly associated them with the products that are already there. For those already be ready to go, all the information will be entered coming out of (Hyos), your regions will be defined by ZIP code and those ZIP codes then can be used on healthcare.gov to identify the proper product.

So really the only template that you're going to need to work with and I need detail will be that benefit template. And what it'll have is in the first three columns, it'll identify the issuer name, the product code, and then the product type. So HMO, PPO, whatever. So that you can kind of make sure that, yes, these lines up with what I had and I do know what, you know, know what this product is referencing.

And then you just fill out the benefits for those products. There's one line per product. In cases where you have multiple plans that you offer on that product, there are fields that allow for flexibility in terms of covering the range of deductibles, or the range of co-pays and coinsurance that may be associated with that product.

There are new kind of categories of healthcare coverage that are related to the summary of benefits in coverage that you're going to need to be providing to consumers once they apply for insurance. But by filling out this template, we're going to – it will be deemed that you have provided that information for people who are just making inquiries, of people who are coming in and looking for general information. So ultimately by providing this template, you're going to be saving yourselves a lot of effort, a lot of, you know, unnecessary kind of burden.

Because you'll simply be able to refer consumers of small group products back to the website and they'll be able to pull up the information that meets the requirements for the summer (inaudible) benefits and coverage.

Once you've uploaded and again you click on validate and finalize, that takes care of all three templates. You would go back into (Hyos), go through the (Arbus) portal. You click on the buttons to add those three files. You click on upload. Give it a couple of hours. You should get notification that you're able to validate and the CEO or CFO will get an email – will get notice that they can go in and test.

Then go out to the website. You can – if look through things. If you're comfortable that that's what you had submitted and it should be. It should all be automated. You would then click on the validate all radio button, click on save. As soon as your attester has attested, all that information will load up to healthcare.gov.

So it's really particularly through October a very simple process. You feel out the benefits template. You click on validate and finalize on all three templates. You upload them. You validate. Your CEO attests and you're done. OK?

And so, you know, I think we've done – I think the contractors have done a good job of developing a system that really is going to have the flexibility we need moving forward. But we'll be able to simplify things, you know, for your submissions, particularly for October. OK? And with that I'm going to turn things back over to (Joe) and I believe he's going to open things up for questions.

(Joe): I sure am but we can go ahead and open up for questions at this time.

Operator: Thanks, sir. At this time, ladies and gentlemen if you'd like to ask a question, simply press star then the number one on your telephone keypad. Again that is star then the number one to ask a question. We'll pause for just a moment to compile the Q&A roster.

And your first question comes from the line of (Sherri Kennedy).

(Joe): Hi, (Sherri).

(Sherri Kennedy): Hi, hi. Good morning. So I have two questions. So there is a – on the upload screen there's a little sentence that said there'd be a delay between when we submit, and when we validate. And (Brian) just mentioned that it'd probably be a couple of hours. So once I submit or upload, is that kind of the timeframe that I'm looking at as far as when I can tell my validators to be able to go in and start looking at the data.

Male: I'm going to pass that question right over to Andrew.

Andrew Adrian-Karlin: So that's approximately the timeframe. So like I mentioned, you know, first the upload should be relatively automatic and there might be a slight delay, a couple of minutes, while the system runs through. The next set of validations, the template of old validations. And then, you know, we have a prescheduled set. I think right now the plan is something like three times a day.

That the cross check validation. The checks across the template will be running or across the templates will be running. So that's going to take a few hours probably to get notification on that. And then, you know, once your validator receives the email saying that the issuer has been successfully uploaded they're good to go. Does that answer your question?

(Sherri Kennedy): Yes. So it sounds like somewhere just so I can kind of tell my team, you know, if we submit on this day we can, you know, we're kind of probably looking at a half day, meaning a half business day or so at the latest before we can – before we'll be able to. So that's kind of the lag between the submission and the validation it sounds like.

Andrew Adrian-Karlin: Yes, at the most.

(Sherri Kennedy): Depending on when we, yes. You know, how close to the cross check we get. And so then my next question is probably a question for (Brian). On the benefits template with the total (rent) and premium is that for a certain quarter?

(Brian): Yes, for this submission, that's for quarter two. So it's going to be up till June 30. I believe its April 15 through June 30? (Inaudible).

Male: Yes, I think it's April 1.

(Brian): Yes, I think April 1 through June 30, thank you.

(Sherri Kennedy): OK, those are my questions, thank you.

Operator: Your next question comes from the line of (Stephanie Miller).

(Stephanie Miller): Hi, are we able to use instead of the – can we use a VP as the attester? Does it have to be the CEO or the CFO?

Male: This is one of those things where you know how your organizational structure is set up. The reg indicates that it needs to be an officer of the company and identifies the CEO and CFO as those two officials. If there has been a delegation of CEO responsibilities to a VP, then that should be acceptable and you know if the situation.

I'll tell you what for particular situations where it is a complication based on the organizational structure, Stephanie go ahead and send us the email and we'll give you confirmation after we've reviewed it.

(Stephanie Miller): OK. Oh and my other question. Will these handouts be available? The presentation from today. Will this be available anywhere for us to print out?

Male: Yes, in fact, I think it's already available on the (inaudible) website. So if you go to the ccio.cms.gov, I'm forgetting the exact ...

Male: It'll be under – on the left side it'll be content requirements for healthcare.gov, and then it's under other resources.

(Stephanie Miller): OK. So what's the website again? I'm sorry. C-C ...

Male: I-I-O – .cms.gov – G-O-V.

(Stephanie Miller): Thank you.

Operator: Your next question comes from (Inaudible).

Female: Hi. I have two questions. One this is a new process for me, so I'm just wondering where do I go to find the issue or contact information so I can start entering that in?

Male: Yes, those are going to be in the (Hyos) templates, and Andrew, what's the best way for people who haven't been coming into (Hyos) yet that you would recommend they go in and figure the system out?

Andrew Adrian-Karlin: If you, well, either way I'd say reach out to the (Hyos) helpdesk. If you haven't submitted to (Hyos) before or if you aren't aware, you know, don't know the details about, you know, who's submitting for your company, I'd reach out the (Hyos) helpdesk and they should be able to step you through the initial submission process or, you know, help you find information on, you know, who you need to contact internally.

Female: OK, because I have gone through the process once. I just haven't updated contact information. It looks like we have to do a lot more this time.

Andrew Adrian-Karlin: So yes they can probably help you, you know, unlock user accounts, you know, so you can submit again and you know ...

Female: OK. OK. And my second question was. Are we going to be putting information in on associations this time? Is that a 10/7 as well?

Male: Yes, and so for association products, there's still not going to display on healthcare.gov, OK? But you do want to go ahead and enter your (Hyos) product information as rate review; we'll be using that information for your submissions for rate review.

Female: That's my last question.

Male: OK, thank you, (inaudible). And Andrew can you go ahead and bring the slide with the contact information back up in case people didn't catch the email address or phone number? Thank you.

Operator: Your next question comes from the line of (John Grocowsky).

(John Grocowsky): OK, thank you again for taking my time and taking this time for this training. A couple of quick questions on the (Arbus) templates when they're pre-populating the smoker's plans. Are we going to be pre-populating open and closed templates, or just the open ones? I know you mentioned earlier about the end date, but when you're moving them over, is open and close both going to be visible?

Male: Well there's going to be pre-populating the open templates because they are the ones that are going to be displaying on, you know, on healthcare.gov.

(John Grocowsky): So being in fact that the end date's not there, it'll use the status of closed and it will exclude it from being populated?

Male: Right. So the effective dates will be used essentially as part of the process. Open and closed. If you indicate that something is closed, it will not be processed for inclusion on healthcare.gov. So it will not be included on the templates, on the pre-populated templates that you download. The actual effective dates will be used while healthcare.gov is in operation, so that you – if you have an end date that occurs during the quarter, we will recognize that end date and that product won't display after that time.

(John Grocowsky): And then on our next refresh we'll mark it changed the status as we mentioned earlier that's not going to happen, by default, we have to go in and change the status correct?

Male: Yes, I think that is correct. Although again it wouldn't display on the website if we've passed that end effective date.

(John Grocowsky): OK. And on the start date are we looking for the actual original start date or is this a default date just to be used for viewing, so anything as a day or a couple of days before the (Hyos) submission would be suffice?

Male: Exactly. I mean the preference would be the actual open date. But we recognize that may require going back and digging through a lot of stuff that really isn't the point, you know. So if it's too much trouble to look up that

original date, it is acceptable to go ahead and use a, you know, to just default it to some point before the submission window.

(John Grocowsky): OK. And I just have two more small questions. Sorry. The second one, I guess would be is when we have our products that are marked open. If it's open or does not have an end date, then we are required to put all benefit information? So if we have an open product that we don't want displayed, we should change the status or put an end date in there correct?

Male: Well, right, so you do need to submit the benefit information for open products that are actively on sale and represent at least one percent of your membership in a ZIP code. So essentially just for purposes of, you know, making things simple. If you've got an open product that you're actively marketing, you want to go ahead and submit the benefit information.

Now do bear in mind, however, if you have a product that is open, but you are not actively marketing it, OK? So you could market it, but you are not. There is a status to enter in (Hyos) to indicate that. You would mark it as closed and then when you provide the reason for why it is closed, I forget the exact wording, but there's an open but not being actively marketed option. So if you don't want to market it, if you don't want it to display, that actually is the best way to enter the data in (Hyos).

(John Grocowsky): OK, thank you and then the last question which might be a helpdesk question is the total written premium for the (inaudible) question earlier about it being second quarter. What if the company just doesn't want to provide a data for privacy information and then send us some other discussions with (inaudible) a while ago about this total written premium. That is a required field, it sounds like, in this discussion, correct?

Male: It is a required field. That information does need to be reported to CMS. In terms of the confidentiality of that information, that particular number will not be used on healthcare.gov. It will not be displayed.

In discussions regarding any potential (foyer) requests for that information, you know, I can't guarantee what the determination of the (foyer) office are in all circumstances.

But the fact that we're not even releasing yet the information that is publicly available on rate structures should give you an indication that we're taking this very seriously.

(John Grocowsky): OK.

Male: And our full expectation, quite frankly, is that that information will not be released, you know. I don't see why we would. You are going to be given an opportunity when you go out into (Arbus). There will be a template for you to download that allows you to, you know, go in and comment. We feel these fields are confidential. You can provide your reasons for believing they are confidential.

That information will be forwarded to the office overseeing the (inaudible) requests and I have every reason to believe that that information will be treated as confidential and will not be released from CMS.

(John Grocowsky): OK, great, thank you.

Male: Absolutely.

Operator: Your next question comes from the line of (Mary Blair).

(Mary Blair): Hi, thank you for taking my question. (Brian), I'm not sure if you just answered this but the average cost per person amount, will that be displayed on plan finder for the November (inaudible)?

(Brian): Yes, the current thinking is that it will. However, we want to review that information before we make final determinations. You know, there are a number of issues that may come up that I don't want to try and anticipate beforehand. We do want to be able to provide small employers though with some idea with what the kind of average costs would be in a way that's comparable even it doesn't provide them with here's what your cost would be, you know, for policies under this product.

Particularly given that we're not doing things at a plan level but at a product level, this struck us and in our discussions with the industry groups seemed to

be kind of the best way of providing some direction together with proper messaging rather than trying to come up with a rate structure to report to the small employers.

So the current intent is that yes we will be displaying it but we will be reviewing that information before we make a final determination.

(Mary Blair): Do we have an idea of when that final determination may be made.

(Brian): Honestly, we will not make a final determination until after we have the data. So we're really not going to be able to tell you until after the window is closed. You know, we are building the templates for the website display to include it. But there will be a go, no go on that as we have with everything before we make that final determination.

(Mary Blair): OK, great. So that we can verify that this data is accurate in our validation process, the algorithm is the premium divided by the second quarter enrollment divided by three is that the algorithm to calculate the average cost?

(Brian): Right and honestly it again – this is something that we want to review and so there hasn't – again I need to see the numbers before I commit to what the algorithm would be. Again, you know, it is sort of a display issue and we to make sure that it is representing properly. The current thinking would really be is what we're going to do is take the enrollment number, multiply that by three, no; (Joe) is shaking his head ...

(Joe): Premium by three divided by enrollment.

(Brian): No. Premium divided – oh wait, premium divided by three then divided by enrollment.

(Joe): Yes, yes.

(Brian): Which is the same – mathematically is the same thing.

(Joe): Yes

(Brian): Right. OK. So it really is – we will try to adjust the overall number down so that it represents something more like a monthly cost than a quarterly cost. But again, focusing on the messaging of that is something that is still under discussion.

(Mary Blair): Understood. Thank you much. We're trying to prepare for what we will see in validation for our testing and develop those scripts so we'll wait until we get additional information. And this question may be more for Andrew.

For the search by scenario, where it'll be similar to what we see in healthcare.gov, in your exhibit, it was helpful, but is there a printout that we can see exactly what those values will look – or those fields will look like so that we, you know, to help us with our test scripts and preparing for testing for the validation purposes?

Andrew Adrian-Karlin: Do you mean what those parameters? Those ones that you're seeing at the top that you can enter stuff into it looks like?

(Mary Blair): We understand the parameters, but the exact display of what that search by scenario will provide back to us based on the parameters that we put into the search by scenario. So once we hit the button, what will we see populated back to us so that we can validate the results of our scenario.

Andrew Adrian-Karlin: OK, so I have the list. But not in front of me.

(Mary Blair): OK.

Andrew Adrian-Karlin: Can you send that as an email to the helpdesk and I will email it back to you.

(Mary Blair): Wonderful.

Male: And I think we have seen the – we had a copy of that screen shot, that may be something that we want to try and include in the what's on the materials that were posted to the website, Andrew.

Andrew Adrian-Karlin: OK.

Male: We want to add that as a slide, maybe. Might be one way to handle that.

Andrew Adrian-Karlin: OK.

Male: I think though for, you know, now that we – since we've got everybody on the line, I think if you see that validation scenario screen that's currently displaying, I think what we're – I think the intent to display was kind of a table based on the headers that you see at the bottom of the screen. Right?

So it'd be the issuer I.D., the production I.D., a field for validation, the production status, which indicates to you has it been attested to, has it been validated yet, the product name, and the deductible range. Does that seem correct to you Andrew?

Andrew Adrian-Karlin: I wish I could tell you a yes or no on that but I really can't recall the exact details. Not off the top of my head.

Male: OK. All right. So we'll go ahead and process that as an independent request. But for the rest of you we will try to get that slide added to the displays.

(Mary Blair): Thank you that would help us prepare for testing and the validation piece.

Male: Absolutely.

(Mary Blair): Thank you that's all.

Operator: The next question comes from the line of (Alisa Pia).

(Alisa Pia): Hi, thanks for taking my call. I have just a couple of questions. There was a mention of a product smart I.D. and I just can't recall what that is and where that information is found.

Male: Right. And so that is the smart I.D. is simply your issuer I.D. combined with the state, so a two letter abbreviation for the state and then the product I.D.

(Alisa Pia): Got you. OK.

Male: It's available in (Hyos). So (Hyos) is assigning these product (inaudible) these product smart IDs too.

(Alisa Pia): Another question I have regarding the close date. In the last submission window, I had indicated some of our small group products were closed to new business. Does that follow through? So then when I look at the new refresh, I'm not going to see those products listed and they won't list on healthcare.gov?

Male: That's correct.

(Alisa Pia): And they won't be on the pre-populated documents either?

Male: Right. When you go into (Hyos) what you'll want to do is indicate that that product is closed and select the appropriate reason. OK? And then it will not show on the downloaded template. If you don't indicate that it's closed, say you leave it as open, and just use the effective dates, it will actually display on the template. But if the closed date is outside the range of this quarter, then, you know, whatever information you put in there won't actually display on healthcare.gov.

(Alisa Pia): OK.

Male: It's actually closed. I would recommend that you mark it as closed. Mark the appropriate reason because it's less likely to generate problems and validation issues as you move forward.

(Alisa Pia): OK. That's what I had done in the last refresh. I closed it and said active but open to new enrollees.

Male: Right that should be fine.

(Alisa Pia): OK. And then the other question I have relates to those CFO attestations. Our company is currently in the process of searching for a CFO but we have an acting CFO that's been assigned by our board. Is that sufficient for the CFO attestation?

Male: It is.

(Alisa Pia): OK.

Male: And again it's really – those are for our purposes, kind of functional responsibility areas. So if those responsibilities have been delegated it is appropriate to enter the person who is acting in that capacity.

(Alisa Pia): OK. Perfect. That's all I have. Thank you so much.

Male: Thank you.

Operator: Your next question comes from the line of (Nicole Claremont).

(Nicole Claremont): Hello. I have a question, going back to the (Hyos) templates. We're seeing an issue with the way I submitted them initially. So for an example, my products, my HMO products, I have them broke out with separate product IDs by 100 percent, 80 percent, 70 percent, and then I have enrollment reported on those in that way. So is that going to cause an issue now with the (Arbus) templates where you going to report – you can report all the coinsurance in one line and then also based on the premium how you're generating that?

Male: I'm sorry. Yes, so the issue is the design for (Hyos) was always that we would have a single submission for the product as it's been reported and approved by the state. And I think one of the things that happened was because it took us so long to get to the point of adding the benefits, people did want to separate those products so they could report them separately.

The preference – the strong preference is that we should have a single product in (Hyos), right? And then reflect the range of benefits associated with it on a single line in the (Arbus) template so that is what displays on healthcare.gov. You are not the only person who is in this situation in where you sort of created separate products.

If it cannot be resolved by October, right? For whatever reason, you're having complications; it can technically continue to proceed forward through the system. However, we would strongly recommend that you contact the (Hyos)

helpdesk and work with them to get the information back into a single product within (Hyos) and then your products will display properly on healthcare.gov as we move forward.

(Nicole Claremont): And actually, if we have the resources that is what we want to do because we're having; we've been having issues all along reporting enrollment. We report it but it's very hard to report it at that level.

Male: Right.

(Nicole Claremont): So it actually would be easier to roll it to the one product. So if I contact them, they can walk through what I need to do to get the other ones closed and how I should mark them?

Male: Exactly.

(Nicole Claremont): All right, well that was my only question. Thank you.

Male: Thank you, (Nicole).

Operator: Your next question comes from the line of Grand Valley Health Plan.

Male: Good morning, thanks for taking the call. Just a couple of questions, that are probably less technical, but more big picture. I'm wondering what all of this data submission is going to end up looking like at healthcare.gov? Does anybody have a template of the end result?

Male: Yes, we have not released any sort of screen shots of here what's- it's going to look like. It will be a display very similar to what you're currently seeing for the individual in the sense that there will be, we tend to call them kind of index cards view. Where, you know, here's the high level summary and then you can click through and compare with side by side listing out the more detailed information.

It is, you know, again, you know, you're responsible for reporting the data. We're responsible for making it display properly. We will continue to work on that. In terms of the actual wording, quite frankly, all that's now going through the process of clearance and everything else.

But I think that if you look at the data as you're submitting it, and you think about it in terms of the structure of that summary of benefits and coverage, that will give you a fairly clear idea of kind of how we're planning on laying this out. So it really be, OK here's kind of the high level, cost sharing associate with this product. And then a break down where you see each of the categories in which we're collecting coverage information together with your replies or appropriate wording for the replies associated with those categories.

Male: Second question is probably more loaded then. What – it looks like it's moving forward – the system is moving forward in getting into an environment where small group can definitely be quoted, that kind of thing online. Any additional or amended timeframes and how close people think that actually generating quotes for the small group market place through healthcare.gov?

Male: Yes, and it is unlikely that we will ever generate quotes for small group products or individual products on healthcare.gov. Providing estimates of premiums, quite frankly, is something that we – or estimates of base rates is something that we would like to have done.

The response that we got from most of the insurance companies we spoke with and the industry representatives was that that was going to prove burdensome in the extreme and so this was the approach that we decided to try and utilize.

If we can come up with an approach that we feel will be representative for consumers so that it is useful without creating too much of a burden on you guys, we will re-explore that option. Do bear in mind, that in 2014 the exchange is actually come on line. That will provide a very specific market space for people to go out to actually get quoted premium rates and to enroll.

And so I don't really know that we will ever come up with a more detailed approach between now and then for healthcare.gov.

Male: OK, great. I guess just some feedback then, not necessarily in the form of question.

Male: Absolutely.

Male: I see a pretty dangerous marketing slope when we're talking about programs and quoting small group average costs given that different market places and/or different methodologies could drastically impact the average cost of – if a group went to the small group market place in trying to, you know, figure out the marketability of a plan that we would have through healthcare.gov or marketed through healthcare.gov and the end result of what their actual rating methodology would yield.

It costs us a huge variation in that average cost that as feedback I would be careful and the methodology or element to pull together to try to quote those values.

Male: No and I appreciate that. And one of the reasons why the messaging around the number will be carefully done is something that we're very aware of and sensitive to. It is also that something that the methodology for that is something that we may be re-exploring. In fact, I would be surprised if we don't at some point, reassess how that particular representation is happening.

You know, but again the primary purpose of this is to simply give people some idea of what the overall, you know, kind of (inaudible) effect has been in a way that's comparable between issuers within a given geographic area. So you know it's a point that we're very aware of, you know. And quite frankly if, you know, you're concerns with that you know militate or whatever that you – we provide some sort of calculated base rate.

You know, by all means let us know. You know, this approach was adopted largely on the feedback that we received from industry. And so, you know, if you feel that a different approach is possible and preferable, we'd love to hear it.

Male: OK, great. Thanks for just addressing this statement in this form. I appreciate it. No more questions.

Male: All right, thank you.

Operator: Your next question comes from the line of (Cheryl Husson).

(Cheryl Husson): Yes, thank you. I just wanted to – I have a couple of questions in regards to individual business, this is just for small group, the implementation in October, correct?

Male: Absolutely correct. We will be communicating soon regarding the schedule for the individual products. We are going to be shifting over to this system for the individual products starting probably in December, you know. And we think there's going to be a lot of benefit associated with it in terms of kind the automation that's going on.

But for October, this is strictly small group.

(Cheryl Husson): Thank you. And is the benefit template being used for small group? Is it going to be the same for individual?

Male: No, it will be different.

(Cheryl Husson): All right. And one last question, thank you. What is validation that all carriers are submitting information through this (Hyos) and your system that all carriers are submitting and all carriers are putting all actively sold policies on this system? What's the validation for that?

Male: Honestly I'm really not going to go into too much detail in terms of what we're doing for processes of validation and determinations of that. We do have a couple other sources of information regarding what is being marketed as well as who is authorized to sell. We do review that information and we do utilize it to make some determinations regarding what we're receiving and what we're not.

Currently, our general approach really is in the understanding that this is number one. It is a requirement, it is Federal law, and so in general, we're relying on goodwill. We also believe that there's a certain advantage to participating in healthcare.gov. That is driving cooperation with us to get this information in.

At the point where we feel that that may not be the case, we may take other steps. You know, there are a number of avenues that we can.

(Cheryl Husson): OK. Thank you for addressing that.

Male: We didn't cut you off. Are you there?

(Cheryl Husson): Yes, I'm here. That was the questions I had, thank you.

Operator: Your next question comes from the line of (Lynn Take).

(Lynn Take): Yes, I have a couple of questions. I think it appears that we will only have to submit one of each of the three templates, regardless of the number of issuers that we're submitting for. Is that a true statement? Or are we submitting one of each of the three templates for each issuer that we submit for?

Male: The honest – and that is one of those things where it's simple but sounds complicated. You can go either way, honestly.

(Lynn Take): OK.

Male: If you want to break it up into, you know, and do a set of templates for each issuer you can do that and submit your data that way. My kind of expectation is that most people will include all their issuers so all the different states that they represent on a single template. And you can do that.

That's the simplified approach. It just depends on, you know, literally it's the volume. Once the volume gets a little bit higher you may decide to break it up or if you have different people responsible for reporting in different areas, you may want to break it up that way.

(Lynn Take): OK, and if we combine them all onto one of each of the three templates and there would be a validation and error and issue with one of the issuers, I'm assuming that we would then resubmit the data just for that one issuer and it would only override the data for the one issuer number and then the other two issuer numbers, or multiple issuer numbers, would remain as they are in your system.

Male: That is correct.

Male: OK.

(Lynn Take): OK.

Male: Let me walk through this because it can be a little confusing. So I want to walk through it. Let's say you have three issuers and you've reported them all on one set of templates. There's a problem with a product for one of those three issuers.

The other two issuers to the extent that everything sailed through for them will get loaded in the system and the system will indicate that there's been a full submission for those two issuers.

There will be, you will receive an email, that there was a problem with the third issuer. You can, and again, it depends on how you want to do it, you can either resubmit all three issuers or you can simply resubmit the data for that one issuer who failed the test. If you submit for all three, then anything that has been marked as validated already will go back into a status of not yet validated and you'll have to validate all three issuers all over again.

But it just depends on where you are in the process, which of those approaches make the most sense for you.

(Lynn Take): OK, and then with regard to the association products, it's my understanding that as for those association products that are in there, they should be designated as association and then if it's an open block of business, we would indicate it's open.

So when you mentioned that on the 6th of October pre-populated templates would be available and you're still not displaying association or requiring the benefits and rates information for those, I'm assuming then that those association plans, if they show that they're open will not be pulled into those pre-populated templates? Or will they be?

(Brian): That is absolutely correct. They will not.

(Lynn Take): OK, that's all my questions, thank you, (Brian).

(Brian): Absolutely.

Operator: Your next question comes from the line of (Tina Thomas).

(Tina Thomas): Hi, I think you probably answered my question already in regard to association products. I know that they're not going to be displayed on healthcare.gov but do we still need to fill out all the (Arbus) template information as well as (Hyos)?

Male: No, you don't.

(Tina Thomas): OK.

Male: We need the data reported to (Hyos) in large part because again that information is going to be utilized for rate review and the NOR reporting and all that. But you do not need to report on the detailed benefit information for those products.

(Tina Thomas): OK, that's what I thought, thank you.

Male: Absolutely.

Operator: Again, if you'd like to ask a question, simply press star then the number one.

Your next question comes from the line of (Brad Carter).

(Brad Carter): Hey (Brian), this is (Brad). I might be in queue again. I wasn't sure. I was breaking through today. I want to follow up on the question that I just heard. I think that's good news that for associations that we do not need to put the RBIS template information in there. One of the questions that I have is the premium and the enrollment that would be reflected on the RBIS template for an association product (inaudible) ...

Male: Yes, but you won't be filling out any data on the RBIS templates for association products. So before you can go – there's no issues with how you calculate out those numbers. You're not going to be reporting it to us.

(Brad Carter): So let me just verify for complete understanding. We may have association products that are (inaudible); we may have association products that are closed. So I'm envisioning based on everything that I've heard thus far, that if you have an open (Hyos) product, if it's open, therefore, it will be in RBIS, but apparently since you're saying that in association just by the fact that's marked association it will not show up even in the pre-populated template at all for RBIS? Is that what you're saying?

Male: That is correct.

(Brad Carter): That is fantastic news. That is something we've been trying to get to the bottom of for weeks.

Male: Sorry if that's been unclear. But that has been the intent all along. We need the information in (Hyos) but we are not intending at this time to collect it for (Arbus).

(Brad Carter): If you got to the point, where you needed that we would need a tremendous timeline to do so. It would be very complicated, just for the record. And on another note, I wanted to ask about attestation. I noted earlier when you were talking about it that there is no email that goes out to the CFO or really I guess anybody to verify that that step is taken.

It would be great if there was but since there's not is there a way for a verifier to be able to go into the RBIS system and see that the CFO has indeed attested to it since they don't necessarily have access to that part of the module?

(Brian): Right, and so Andrew can I ask you to go ahead and fill this? Or have you dropped off?

Andrew Adrian-Karlin: No I'm still on the line. And I don't believe there is a way for the validator to go in and verify that the attester has completed their task.

(Brian): And so, OK, there is a status field which I thought was going to be populated with the attestation status. However, if that is not the case, then what we'll currently need to do is utilize the helpdesk. However, moving forward, Brad,

and for everyone, there will be notification either by email or in some other way to the validators when attestation has occurred. OK? That is something that we recognize as important for you so that you can kind of manage your CEOs and so it is something that we will keep a close eye on for October and make adjustments for in future implementations.

(Brad Carter): OK, well thank you. I'm very pleased with what I've heard today.

(Brian): Terrific, glad to hear it.

Operator: Your next question is a follow up question from the line of (Alisa Pia).

(Alisa Pia): This is just going on to what Brad had said about the validation of the attestation. After we complete the submission in the validation, is there an automatic email that goes to the CFO or CEO for attestation or do we have to manually go into the system as we have before, click a button to have it sent to them?

(Brian): And again, Andrew, I'll ask you to handle it.

Andrew Adrian-Karlin: There is an email that notifies them via that attestation is available. That goes out to validators and attesters. And that just automatically – we automatically send that out at the end of each day.

(Alisa Pia): OK, all right, thank you.

(Brian): Thank you.

Operator: The next question is a follow up question from the line of (Brad Carter).

(Brad Carter): Sorry about that, (Brian). I do have a follow up question related to associations. If we set up a new association product on (Hyos) I forgot about the fact that (Hyos) requires an enrollment and that alone is also a challenge for these pieces. What do we do about that?

Can we put zero? Can we just keep the enrollment that we had and the overall product that relates to it? Or how can we handle that? Or are we going to

have to put an enrollment that's unique to the association that's been added for (Hyos)?

(Brian): Brad let me make sure that I'm understanding your question. Are you saying that you have an existing product and you're adding some new association plans to it? And they say you don't have enrollment for it yet, or you're adding an entire association product and you don't have enrollment for that entire product yet?

(Brad Carter): Honestly, it gets more complicated than either of your scenarios. But in short, you know, most carriers that offer association business will offer it to with unique benefit plans, or as you've described it, but they will also offer those same association business, your generic, your regular standard plans. So it's very problematic to pull out the associated enrollment that's connected to a given association. I used that word twice. So that's really our issue.

And so there's some overlapping issues too. Because if we pull out the enrollment that belongs to association, if we were able to identify it.

Male: Right.

(Brad Carter): We would have to pull out the associated enrollment that is not associated. Used that word again, with the association. Do you follow?

(Brian): I think I do. And so honestly, (Brad), I think it's actually (simpler) than, you know, the approach that you're taking.

If you have an association product, and let's say you offer it through multiple associations. So you have one product approved for sale to associations within the state, you adjust that offer, you make one offer to a, you know, I don't know, the Green Grocers Association, but you have another offer that's put forward to, I don't know, a shoe salesman, just to take stupid examples.

That's still for our purposes one product and the joint enrollment in all of that is associated with that one product.

(Brad Carter): Yes, well the issue that many of us might have is that most source systems would not necessarily have a flag to tell you which groups are part of which associations. So it's an extremely back room manual effort to try to tally up all of the enrollment that is connected to various associations to even add them together. So that's really the issue.

(Brian): OK, well I'll tell you what. This may be something that we want to hand via email or phone call.

(Brad Carter): Yes.

(Brian): To talk about the particulars. In general given traditionally how things were reported to the state or what it is that you are offering my understanding was that you can connect those to the product. Right?

You may not be able to break it out or you may not be able to identify in one way or another but you should have an awareness of what's approved by the state (inaudible) to those associations.

(Brad Carter): Yes, but with those same products – in many cases are also offered to non-association business and there's nothing particular about the products themselves that would allow you to readily identify those carriers whether or not they're association business or not association business.

(Brian): Correct.

(Brad Carter): Unless they're really not in the association business very much. We as a carrier are in this big time and because of that it's probably more complicated for us.

(Brian): Right. Go ahead and send us the email. This is something we have gotten at least one other inquiry regarding products that are not strictly association. Right? And so for us the distinction is not between the associations that it may be sold to but whether it's being sold as an association product right?

(Brad Carter): Right and that would not be the way that we would approach it normally in our business world. So because of that dichotomy that we've talked about it's

been difficult to figure how to do appropriately what you want. But let me just ask you this question related to it?

I heard you say something earlier about the discretion potentially that a carrier might have in deciding on what they want to show on healthcare.gov or not healthcare.gov. So I'm wondering if there's a way that we could actually avoid this whole issue by marking a product as being closed and use – but not active to new member option. And then we would have our desires. But then we'd have to put enrollment is the problem in the (Hyos) template.

(Brian): Right. Yes. Right, the real issue (Brad) is that currently the direction for reporting on products is that if it is being sold as an association, even if there may be some non-association lines, you know, associated with it, that you should mark it as an association and it will not display on healthcare.gov.

Let's not confuse the issue of closed versus open. The question of is it an association or not is complicated enough. But I was going to send me the email ...

(Brad Carter): Yes, you've got one. You have a brand new email on that just yesterday that we sent out. So and this is the second email I've sent. So I would definitely would like to talk off line.

(Brian): Right, so Andrew and I have been in communication regarding that issue. We've pulled in (Doug) and so we'll be addressing that and get back to you shortly.

(Brad Carter): That would be great. Thank you very much.

Operator: Your next question comes from the line of (Marcie Umula).

(Marcie Umula): Yes, good morning, thank you for taking my call. I have a couple of questions specific to the validation screens. My first question is will the detailed benefit information being accessible via the search by scenario flow?

(Brian): I could point this to Andrew. But I think that the answer is going to be no. Do bear in mind that you can, to review all the detailed information, you not

only have the single shot screens but you can also download it, so it will show you what was displayed to the website as a whole.

(Marcie Umula): OK. My second question is back to that prior screen and that search by scenario flow. If I validate yes to a product on in that flow, does that essentially validate that product in the view product flow, the other screen that you just showed?

(Brian): Yes, it's a single field for validation that can be (inaudible) no in either of those two places.

(Marcie Umula): OK, all right, thank you very much. That's all I have.

(Brian): All right, thank you.

Operator: Your next question is a follow up question from the line of (Nicole Claremont).

(Nicole Claremont): Hi, thank you. I have a question – another question in regards to my products. I had asked the question about my products are broke out by a 100 percent, 80 percent, 70 percent levels and I'm going to roll them up to the like just HMO product, for example. But going to the rate review, and I know you're not doing that. But is that something that now then, the people that are working on that, I need to tell them that I'm going to be changing the (Hyos) – there's going to be new (Hyos) IDs and new products.

So is that going to affect what they're doing? Or can they use the old product IDs for now and then change them later?

(Brian): Have you already submitted to rate review?

(Nicole Claremont): I don't do that but the people that are working on it; I believe, they're working on it right now. So they came down there asking questions a couple of days ago. So actually about the product IDs so ...

(Brian): Yes, OK. And so, if they have already reported using the existing product IDs then that will be an issue that we'll need to walk through and do some cross validation on.

So my recommendation would be actually to find out the status of that submission first before you do anything in (Hyos). Ultimately, the design for rate review was that if there are a number a product, or I'm sorry, a number of different rate filings that needed to be made for a single product, there can be a many to one relationship.

So it would not need to be broken out for rate review. But if they have already reported using those (Hyos) IDs then, yes, we should find that out before we do this because it may affect the way that CGI processes those when they received your request.

(Nicole Claremont): OK, well I'll get with them and ask them that question. Thank you.

(Brian): Right, thank you.

(Nicole Claremont): Yes.

Operator: And there are no further questions at this time, sir.

(Brian): OK, well I'll tell you what. It's about five minutes to the hour, I believe and I think we've addressed most of the questions.

Most of you, I hope, have had a chance to take a look at the templates. We have tried to make the process of reporting the information as simple as possible. We have provided a set of – a glossary, essentially, to identify our understanding of what those categories are.

Those categories are, you know, a little bit flexible because we understand the different issuers will be utilizing, you know, have different ways of reporting and recording these things. And we have tried to take steps to allow for some degree of flexibility in that.

This has been added to the user group, or I'm sorry what is it called? The user manual. So if you download the user manual and it's version two, it includes a section 17 which has the template data field definitions that lay out what we mean by all the different terms.

Another couple of questions that we had sort of anticipated. Again, the timeframe for reporting on both enrollment in (Hyos) and the written premiums will be quarter two, April 1st through June 30th. The deductibles and out of pocket maximums are being reported for individuals not for families. And that will be made clear on the display of information. And I think that is the largest part of what we needed to cover today.

So I greatly appreciate everybody's participation. Again, if you have any questions or concerns, please send us an email and we will do our best to get back to you. And we do have an issuer call, I believe, this afternoon, where we can go into some additional things regarding small group data collection.

Next week, we will be switching our attention to individual and focusing on that. And we'll just keep moving along.

Thanks, everybody. I hope you have a great afternoon.

Operator: This does conclude today's conference call. You may now disconnect.

END