**CGI TECHNOLOGIES AND SOLUTIONS, INC.**

**Moderator: Joe Mercer**
**January 20, 2012**
**2:00 p.m. ET**

Operator: Good afternoon. My name is (Katrina) and I will be your conference operator today.

At this time, I want to welcome everyone to the RBIS Small Group Resubmission Training.

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

Mr. Mercer, you may begin your conference.

Joe Mercer: Thank you. Good afternoon, everyone, and welcome to our training call. As a reminder, we will have another training call Wednesday at 10 AM Eastern, and we will have our usual issuer call at – no, next Wednesday at 2 PM. As always, you can send in any other questions to the CCIIO Plan Finder e-mail or to insuranceoversight@hhs.gov.

At this time, I would like to introduce Tara Thayer, who will give the training, and then we'll have a question-and-answer session following. Thanks Tara.

Tara Thayer: Thanks Joe. As Joe said my name is Tara, and I'll be presenting today's RBIS small group training on the resubmission process that begins January the 30th.

On today's agenda, we'll be discussing the RBIS process, the resubmission process, validation requirement, attestation, we'll have some frequently asked questions, and provide you with the help desk information. Then, you'll have a chance to ask any questions that you may have.

RBIS process resubmission is much like the previous submission. RBIS is designed to automate the data submission, validation, and attestation processes. All tasks must be completed within the submission window for the data to be displayed on healthcare.gov. The steps for this resubmission are the same for the previous submission windows.

You will need to download the blank or pre-populated template, complete the template, then upload the finalized version. Your template would then undergo our internal system validations. If it passes successfully, then you'll need to validate and attest. If you're submission fails, then you'll need to correct the errors, resubmit, and once it's successful you'll need to validate and finalize.

When you login to RBIS the following data will be present. Products that are currently in production on healthcare.gov will display on the validation tab; previously submitted products that were validated successfully but not attested will display on the validation tab; new products and how this will be available only on the pre-populated templates.

If no change is need to be made since your last RBIS small group submission then resubmission is not necessary. If this is the case, you'll need to indicate that there is no data to submit. You do this by checking the little checkbox on the validated data tab that says, "You confirm there is no data to submit," then you need to validate and attest. If you do not validate and attest, your info will not display on healthcare.gov.

The resubmission process is a time for issuers to change or update any data currently in the system. You may also add new data to correct any previously filled data. If you're making updates then you'll only need to resubmit the template you're making updates to. If you're submitting new data then you need to submit all three templates at the same time or fill internal validations.

RBIS will accept resubmission of the benefits, regions and product availability templates.

Products currently in production can't be removed from the validated data tab through submission, they can only be updated. If no updates are needed, then issuer may just remove them from the templates. All edited products must be included on each submission for an issuer or they will be removed from the validated data tab. All submissions must pass system validation as with previous submissions.

Validation requirements; when you login to the validated data tab, you're going to see products that are currently shown on healthcare.gov, previously submitted products that were validated successfully but not attested, any new submissions that you're going to make in this upcoming submission window. The validation requirements are much like in the previous submissions. All products will require validation in order to display on healthcare.gov, all products will have a default validation and status of "no."

If the issuer has an in-production product and no updates to make, they just need to indicate that there is no data to submit. You do that once again by clicking the check box, verifying there is no data. Then validation and attestation will be made available. No resubmission is necessary. To remove any products that are currently in production, you sure will need to mark the item as not validated, they will be removed for the next cycle.

Attestation is required as well in order for your info to display on healthcare.gov. Attestation will become available when all issuers for a CEO or CFO have been submitted successfully or have been marked as no data to submit. As previously stated, if a product filled in a previous small group submission due to being not attested, the issuer would need to resubmit, but these products will be removed from RBIS.

OK. Here are some frequently asked questions we've either experienced or that we expect to experience in this upcoming submission window. The first one, can I use my old templates from October. No, we now have new templates. You'll need to download new templates. The new version looks

much like the old template. However they have some backend changes that now allow the template to finalize into a CSV file, like we did in individual submission.

Does each issuer ID require a separate spreadsheet for the benefit entries or can I enter them all in one spreadsheet? This is the same as the last submission windows. Each ID must be on only one sheet of each top, you can't split an ID over multiple sheets, but you can have multiple IDs on one sheet.

What will pre-populate on my benefits from product availability templates? This is – all data is going to current – that's currently in production will show so pretty much everything you submitted last (form) planned to all data for previous submissions and in a new (inaudible) data that you'll only have the product tab and IDEs.

Again, we had a lot of questions about zip codes for last submission window, so if you have air and valid zip, then that zip code may not no longer be valid. The United States Postal Service has reduced many locations, including zip codes, so it might benefit you to refer to the post office Web site, before completing your templates just to verify that your zip codes are valid. What you can do on the Web site is, search by cities, and if your city – zip code is valid it will return a valid city name, if it's invalid it will return invalid.

Can I copy and paste from one template to another? Yes, you may. However, you need to always use the "paste special value." If you do not use to "paste special value," you may undo some of the templates, formatting and then cause your template to fail internal validations.

(Barbara's) help desk will be available as same in the previous submission windows. Her hours of operation are Monday through Friday, 8:30 AM to 7:30 PM Eastern Time, will be available via phone or e-mail. Measure to our success is your success reporting, so please contact us with any questions.

And, now, I'd like to turn it back over to Andrew and Joe for any questions that you may have.

Joe Mercer: All right, thank you so much, Tara. And operator, we will accept the questions at this time.

Operator: At this time, I would like to remind everyone in order to ask a question, please press star one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster. And your first question comes from the line of (Diane Kukla).

Joe Mercer: Hi (Diane).

(Michelle): Hi, this is (Michelle for Diane).

Joe Mercer: Hi (Michelle).

(Michelle): Yes. We have a question. So if nothing is changing from our last information we entered, do we have to do anything except attest or do we need to change our enrollment numbers or?

Joe Mercer: Well, OK. So you – if your enrollment is the same, then you would not have to change anything. Correct Andrew?

Andrew Adrian-Karlin: That's my understanding. Enrollment would refer to highest...

Joe Mercer: Yes.

Andrew Adrian-Karlin: For total written premiums that's not changing, you wouldn't have to change that. And if the products are currently in production, if they're currently on healthcare.gov, all you need to do is validate and then select that for the issuers there is nothing to submit, the attestation will become available as well. So validated attest will be (offset).

(Michelle): Great, thank you.

Joe Mercer: Thank you.

Operator: Your next question comes from the line of (Linda Patriarch).

(Linda Patriarch): Hi, we have a situation where our CFO has left employment and we have not hired a new CFO. So what do I put in that position? I don't think you can leave it blank for the attestation.

Joe Mercer: Sure. You can use either your CEO or your CFO, or whoever is acting in that capacity for the company, while you fill the position.

(Linda Patriarch): OK, thank you.

Joe Mercer: Any of those people can attest.

(Linda Patriarch): OK, thank you.

Joe Mercer: Thank you.

Operator: Again to ask a question, please press star one. That is star one to ask a question at this time. And there are no further questions.

Joe Mercer: All right. Well, we had a – there were a few questions that people had that they have sent to us, and I just wanted to go ahead and let everyone know all the people who were – you know who were coming out to the call while – you know while people think of other questions today, so I'll go ahead and talk about some things.

There was a question on our call on Wednesday when somebody asked about a memo that had got from the MLRT (inaudible) CCIIO, talking about how you report small group products, whether it's (12100, 2250). We're asking you to report based on how you report to your state.

For example, if your state law has small group as (2250) so you have small group plans approved or products approved for (2250), please report those that you – you know that to you deal with your state as small group. So just use your state law and use how you report to your state to determine how you want to submit these products to us.

Another thing is we will be using the same formula we used last time with enrollment and total written premium. Last time if you'll recall, we used a median and we used – you know a standard deviation is a way to determine

the upper and lower limits which we were allowed to prevent any sort of data error or a mistake or something that was off because of the particular way we do the calculation.

I am not exactly sure the specifics of how we will do it, but I can assure you that we will let you all know how the calculations are going to go and what the range will be before we implement it.

Another thing we talked about – we have not made changes to the small group template. There is some increased functionality, so please use the most recent templates available on the Web site. But for annual max benefit, if you do not have a maximum just like we did in individual and family, you can go ahead and put nine-9s into that spot if you do not have a maximum.

And that is all the updates I have. Operator do we have any new questions since I started talking?

Operator: No sir, there are no questions.

Joe Mercer: All right, folks. Well this is a little quicker than our trainings usually are. Please remember that we can go ahead and send anything in cciioplanfinder@cms.hhs.gov or insuranceoversight@hhs.gov. And we'll be having another training at 10 AM on Wednesday with the same thing over again. But if you have any other questions you want to ask then that will be great. And, thank you all, and have a great Friday afternoon.

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

**END**