

DHHS#1
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11:00 a.m. EST

OPERATOR: All lines will be in a listen-only mode for today's conference. If you would like to ask a question, please press star one. Today's conference is being recorded. If you have any objections, you may disconnect at this time.

I would now like to turn the call over to Mr. Robert Gerard (ph). Sir, you may begin.

ROBERT GERARD (ph): Hi. I'm going to turn it over to our team lead, Teresa DeCaro and the next voice you'll hear will be hers.

TERESA DECARO: Thank you very much, Rob (ph).

This is Teresa DeCaro. I appreciate everybody being on the line. And as Brian Sinclair-James indicated, I'm sorry for the technology issue. We're pleased to see at this point in a very fast moving project. I want to thank everybody for their cooperation. I think it might take us a couple more weeks to get all the information that we need to actually be communicating with you all directly.

I know there's been a slowdown from NAIC and from our office that deals with, you know, state issues and I can't appreciate them more than I do. Their cooperation has been awesome. But we will get to a point pretty quickly here where we're in direct communication with you all.

And I think a couple of other things, you know, the requirements that Brian Sinclair-James is going to be talking about. This stuff is not required. It's requested in our regulation. But we really need you, and he's going to describe why. And we just look forward to having, you know, a great relationship with you all on these private sector initiatives. Some of you I worked with on the Medicare side, Medicare Parts C and D.

I wanted to also mention that to the extent that you all, you know, have time – I'm sure that you're interested, your commenting on our regulation and on our data collection as a formal matter is extremely helpful, and we welcome that feedback and we want to be in a relationship with you all where we really sort of understand and appreciate, you know, the environment that you're working in, what works, what doesn't.

So I asked you, even though I know you'll be asking questions and maybe making some comments on this call, to please, you know, provide comments through whatever vehicles you all organize through so that we understand your perspective. It's very important to us.

And with that, I'm going to turn over to Brian Sinclair-James. At the moment, the web portal team is made up of about 16 or 17 people from across the department, some of us are from the Center for Medicare & Medicaid Services, others are from other areas. And Brian Sinclair-James is from the policy group in the department called (INAUDIBLE). And thank you very much. Brian?

BRIAN SINCLAIR-JAMES: Absolutely. Thank you, Teresa. And thank you everyone for joining us this afternoon. As Teresa has mentioned, we are really appreciative. We know we haven't been able to contact anyone really directly at this point, but many of you have contributed indirectly through the groups that we've worked with.

We're hoping that we've been able to take that input to produce a better product and we're quite confident that moving forward we'll be able to use your continued input to drive this project forward and tweak and get a better portal as we move forward.

As you're all aware, the Affordable Care Act makes a number of provisions in a number of different areas, you know, and we're confident that moving forward, this is going to contribute to help and improve the

healthcare system in America. One of the more specific provisions of the bill though is that we provide an internet website through which a resident of or a small business in any state may identify affordable healthcare, insurance coverage options in that state.

And that's the aspect that we want to address specifically today. This is going to be, you know, the bill does set this up to be implemented by July 1st, 2010. As any of you who have worked in this field before know, that's an extremely aggressive schedule. And so we are going to be rolling things out in stages of increasing specificity – particularly as it regards private insurance but in the other areas as well.

We don't even have a name for the product yet, but we do have the data implementations in place, we do have the overall design for the July 1st implementation in place and we'll be looking forward to sharing more particulars about that as we move forward. Initially, though, this is going to be part of a larger website. There'll be sections in the website that will allow partners to get additional information and to contribute information to us.

There'll be general information available for those people who are trying to track the process. Affordability has been a big keyword for us. And so, we want to make sure that you can keep track of what we're doing. And then there'll be the consumer support area as well. Our portal will be eventually coming off of that consumer support section, and that's going to be our primary mechanism to try and inform people about their affordable healthcare coverage options.

If you don't – if you're not able to see the slides, I do want to give you that address again. There might have been a problem in our initial release of it. That address was [https, s for secure, ://webinar, W-E-B-I-N-A-R .cms.hhs.gov/hcr](https://webinar.W-E-B-I-N-A-R.cms.hhs.gov/hcr), for health care reform. And I'm hoping that you'll be able to see the slides. If not, we will be making those available later getting them up on the websites. And we'll try to distribute to any of who have missed through the various trade groups and others who have been working with us as well.

The statutory basis for the portal is clearly set up in the Patient Protection and Affordable Care Act. You might have heard it referred as the PPACA. But the affordable care act is actually the official name that we're moving forward as short introduction. It was enacted back in March. In Section 1103A as amended and 10102B is where we're getting the legislative statutory basis for these actions.

You can see our regulatory interpretation of them if you go out to the Federal Register, they are presented as health care reform, insurance web portal requirements, and that's in the Federal Register Volume 75, page 24470. I think you can get a lot more detailed information there that will helpfully help guide you in your efforts to interpret this. But particularly, for this initial stage, I think interpretation is going to be very straightforward.

Today's training, what I'd like to do is continue to provide you a little bit of overview on the data request, why it is we're requesting what we are. I'll be turning it over later to Ana to view our technical training on the data entry. And then hopefully, we'll be able to answer your questions in time at the end.

Let me begin just by talking very briefly about the nature of this request. In order to provide everyone with their affordable coverage options, we have to be able to go into a number of different areas, some of which we have a lot of experience with others of which we have virtually no experience on a regulatory basis.

With Medicaid and CHIP, we're planning on providing that information direct from the CMS materials and making them available to people more directly on this website so that they can see those options in a state-specific fashion that will allow them to know their availability.

I'm sure some of you have already been working with our team on that, you know. And we will be moving forward in collecting comments so that we can improve the way we present that information moving forward. The next area that we will be presenting on the portal will be the high-risk pools.

Now, we were able to reach agreement with NASCHIP early on, and they have been extraordinarily cooperative in providing us some basic information on these high-risk pools.

I do want to mention beyond that, that while our initial effort was considered to be – we want to make sure that everyone has information on eligibility. And particularly, for the July 1st rollout, that is going to continue to be our emphasis.

And so, if you looked at that instrument that we provided to NASCHIP, you'll see that we're asking about residency requirements, age limits, specific conditions that get you into the different pools, the requirement for rejection letters. We're very much focused on letting people know, "OK, is this an option for you" and then directing people to the high-risk pool administrators so that they can check on, you know, their specific eligibility and if it will work for them.

Moving forward, we do want to see if we can put more emphasis on premiums. We'll be talking with NASCHIP and with you as well on how we might be able to present that information in a meaningful way to consumers. And that's, you know, at this point where we're kind of targeting with this.

Once the – well, there's a federal team working on federal high-risk pools, they will be coordinating with NASCHIP talking about representation either through that group or somehow coordinating the presentation of that information moving forward and they'll be in charge of that process, and will be reaching out later.

Finally, in terms of private information, we're going to be pulling in part from our request to you of states, in part through whatever information NAIC will be able to pull forward and pull together for us. And in part, our real emphasis is to try and get the details from the issuers. Overall then, you can see we're really trying to minimize the burden.

For all those programs, like Medicaid and CHIP, we really want to try to pull together the things from the CMS. For the high-risk pools, we're hoping to work with the group where you're already reporting. And then in terms of that private insurance, we really do want to lay the burden where it belongs, on the issuers.

But we are going to need some assistance from you, primarily to be able to define the universe from which we're working. One of the things that we're going to be emphasizing is getting contact information for these different groups, determining from you what actual products have been licensed for issuance in your state.

This is particularly important because for the portal moving forward, we want to be able to report on what programs are actually open. We don't want to bombard consumers with a lot of information that's not useful to them. But we do need to be able to have some idea of the general market. There are a lot of (INAUDIBLE) blocks that, you know, may no longer be issuing. But some of those may be the vast majority of the consumers covered in a state.

So our ability to really move forward with this, to understand the dynamics and to reach out consumers is going to be very much dependent on our ability to achieve cooperation with you in pulling that information together. I do want to emphasize that for the portal, we will only be looking towards major medical product filings. So if there is confusion as we're moving forward, I know definitions vary widely across the states. They vary widely across the cooperative agencies working on these issues.

But our emphasis is that we want to gather the major medical product filings that we can inform consumers about. And then, finally, what we're really hoping to do is also to be able to drive consumers back to you.

In particular, some of the states, quite frankly, are already setting up systems where they are going to providing very specific information. We don't want to impinge on your ability to reach consumers through those sites. What we want to do is cooperate with you to find out, "Hey, how – this is how we'd like to deal with the consumer; how we'd like to deal with our existing sites." And then if that's where you want the consumers to go, be able to drive them there eventually.

I think you know, again, the variance can be wide. Some of you may decide that you want to work with simply the federal site. Hopefully, it'll come together nicely enough that that's a real option for everyone. But, ultimately, we are still driving towards the states – thank you, Teresa – the state exchanges.

We know that those are going to be a very important initiative. We know everyone is really excited about moving forward there. And so, we're hoping that this will lay a foundation for that effort in 2016.

OK. Now, the emphasis for today is very much going to be on the July 1st release. In fact, while we do plan on having additional information released in October, we're not going to be coming back to you for additional information for anything that we haven't asked for yet.

But the information we're going to be going for first is some general information. We do want to get contact information from you. Ultimately, with guidance on how we might want to reach out to you, where you want to send consumers.

So, do you have a website that presents a comparative private insurance of organized materials? If so, then we can send consumers to that site. If not, do you have a general consumer site on health insurance information where we can direct consumers?

We'd like to ask if your state uses community rating or if you do allow for medical underwriting. I understand that there can be some, you know, this can get to be detailed in terms of what types of community ratings certain states may use.

But in general, it seems to me that we can get at the issue of are we using community ratings across the insurance plans or are we allowing for medical underwriting which will affect all the individual premiums that an insurer can quote to the consumers. This will be important for us as we're moving forward, and later instantiations (ph) of this, being able to give consumers that premium information.

Additionally, we'd like to ask if your state has (that) online comparison tool. If so, is that where you'd like us to direct consumers? I think that's going to be a big effort moving forward. And I know many of you have been working very hard on it.

Finally, we'd like to get contact information that we're going to need both for data submission, which is what Ana Nunez- Poole will be talking about today. We want to make sure we're staying in touch with you, answering your questions and being able to reach out to you to get the information and into the tool initially.

Moving forward, we know that you'll want to make sure that your state's information is being presented correctly. And it will be a very strong emphasis of our team to provide you with the data validation tools so that you can correct any errors that we've made in presenting that information and moving forward.

In addition to the general information, we are going to be asking for information on the issuers and products that you have licensed in the state. Now, you'll notice that this information is very general, particularly now for July 1st.

Essentially though, what we'd like to obtain is the list of the issuers. We want to get that issuer's name so that we know who is actually selling insurance within the state. We'd like to get that by the type of market. So if you have a you know, issuer A, and issuer A is offering insurance products in the individual market, we'd like to know that.

If they're offering products in the small group market, we'd like to know that as well and track those separately so that we can move forward and append their information properly to that. We would like to ask who your contact is for that issuer. In part, this is to drive us forward so that we can make sure we get accurate and comprehensive coverage in your state for your consumers.

It also may be that you have different contacts than what we're being presented from the issuer themselves. In those cases if you know, the information isn't accurate or we have a problem with their information, it will allow us to use your information as a validation to be able to reach them. Finally and most importantly in some respects, we do want to try and get the number of products of major medical issuances that they offer by type. OK?

And I know that not all of you are tracking the information this way. But it is going to be important to us to understand how many fee for service products, how many do they offer in your state? We know that they are doing filings. And essentially, what we're trying to get at is those filings within the state. Some of you asked for more information from the issuers when you licensed them, others of you asked for less.

What we've tried to do is identify products to be sets of benefits that are defined in the file, in the form filings within the states. We'd like to ask that for HMOs, for PPOs, for EPOs, and in fact, for Point-of-Service plans as well. You'll notice we do have another category. I'm really hoping not to see many of those.

We have tried very much to make these groups comprehensive, and moving forward, we will be able to take those plans and products which are high deductible, are eligible for health savings accounts. You see a lot of different terminology, a lot of different names used for those types of products. But those can be spread across, you know, if you'll see those for HMOs, you'll see those for PPOs, but we're actually going to track that as a separate field later on.

From you, what we're hoping to gather is this very straightforward, very simple, you know, number of products for which they've got a form file, for the fee-for-service, HMOs, PPOs, EPOs, and Point of Service.

I want to provide you with a couple of dates. The training, obviously, is today, we did try to get out all the login information to you yesterday. And we did actually open up the tool, the health insurance oversight system which is really just the tool we're using to enter the data.

It was opened up yesterday. Hopefully, some of you have had an opportunity to look at it. We will be opening up a health desk today, so if you're going in to look at it after this meeting, you'll have a little bit more clarity, hopefully, after Anna's (ph) presentation. But you'll also be able to call in directly on the help line for any additional information.

The deadline for submissions is May 21st. And, again, you know, we are actually just making a request. We recognize that, you know, putting this information together may take some time and we will work with you definitely if we can't firmly hit that deadline. But for us to present the information accurately in a timely fashion for consumers, we really need to get that information on May 21st.

We have to have a site go up on July 1st. It's the deadline from Congress. It's not something that we really wanted. But if we can get that information by May 21st, we believe we're going to have something useful to present to consumers come that time on July 1st.

We will be opening up for validation on May 21st. We're going to have – try to have live updates as we go through so that you'll be able to see the information, check on it, and if there's a problem, let us know.

I did want to give you some overview just on what we're going to be asking the issuers. You know, this will give you a better idea I think of what our final product is going to look like. For the July 1st release, we are going to be asking them for just simple information. We're going to ask them for their contact information as well as for how consumers should be contacting them.

And we will be making that information available. We're going to ask them to list all of their products from the state form filings. That's why we need those numbers from you, is that it will allow us to check their numbers to make sure they're being comprehensive and that we've got all the information that your consumers need.

We are going to ask them for the market types and the product types in a consistent way with what we've offered to you. I know there's been some confusion over the small group market and the changes that will be coming in 2016. Some of you may be deciding that you want to change your definition to be consistent with the Affordable Care Act before that date. But our effort is not to impinge on that in any way at this point. We simply are going to ask issuers to report based on the definition that is appropriate to the state as you have defined it.

We are going to ask them whether they're open for enrollment. We know that a number of those products may have plans, may have different types that they have closed, but we are going to ask them for the number enrolled as well. This will be critically important for us later on as we're trying to give the MLRs (ph). But it's also important for us just to keep track of what's actually happening in the state, what's actually being offered to make sure that we can notify people of what their options are.

And, finally, we're going to link to the benefit summaries. Again, this is for the products in the form filings. These I believe are things that have been provided to most states. We're trying to keep a minimal requirement on what we're asking for them at this point as well.

Moving forward though, for an initial October release, we are going to be asking for additional information with more specificity. We know, again – and definitions change for all these things, but we're trying to define a set of benefits together with a set of cost-sharing options as a plan. And we are going to be asking the issuers for all plans that are open for enrollment so that we can get those on the website to present them to consumers.

We're going to ask them for more additional information of benefits to get a clearer idea of what these plans actually offer to consumers and we are going to be asking for pricing information. For that October release, we are going to try to work with an existing contractor as a pricing engine so that we can give people an idea of what their premiums will be. We're going to do our best to get the best information we can available to people in October.

And then, again, plan contact information. For those people who want to find out more about those plans, who might want to enroll in those plans, we want to give them what they need to get a hold of people. Finally, I wanted to let you know there should be other information as well.

But if you need additional assistance, you can call the health desk – and this is health – and getting information into the tools. That will be available at the 1-877-343-6507. We also have an email system setup in order to answer your questions on the data entry tool, and that is insurance oversight, I-N-S-U-R-A-N-C-E O-V-E-R-S-I-G-H-T, and that is @hhs.gov.

I appreciate your attention this afternoon. I hope I've at least been able to answer some of the questions you may have. And at this point, I'd like to turn things over back to Teresa so that she can introduce our next speaker.

DECARO: Sure. Thanks very much, Brian. You know, I was thinking, maybe what we should do is take 10 minutes to take some Q&A. You know, just to see you know if folks are clear enough, you know, before we go into the technical specifications. I'd like folks to hold any kind of technical questions until after Anna's (ph) presentation.

But if you've got any, you know, sort of more policy oriented sort of why we're doing this, the comments, I think it might be helpful to sort of hear what you're thinking about, and it might help clarify going into the technical specifications. And we can come back to policy questions at the end as well, but let's take 10 minutes to do that.

OPERATOR: If you'd like to ask a question, please press star one. To withdraw your question, press star two. Our first question comes from Jonathan Holly (ph). Your line is open.

JONATHAN HOLLY (ph): Hi, good afternoon. I actually have two questions. My first question is in – how Medicaid managed care organizations, if they're going to be responsible for feeding this information into the portal or if it's going to be left up to the states? And the reason I asked is where the benefit structure may look the same among multiple managed care organizations operating in the state where their networks are different, how that is going to be fed into the portal.

And my second question goes back to the high-risk pools. I know that we discussed state high-risk pools and NASCHIP reporting into the portal and working with the states. But my question is – regarding the federal high-risk pools that are going to be set up, specifically, those 19 states that have indicated that they do not want to administer it themselves and they're going to leave it up to HHS.

If HHS administers the pool through a not-for-profit agency, if that not-for-profit will be feeding this information to the portal or is the not-for-profit going to be working with NASCHIP as well.

DECARO: OK. Well, I think they're excellent questions. And, Brian, why don't we split them. I'll take the first one and you take the second one.

SINCLAIR-JAMES: OK.

DECARO: OK. All right. So, on the first question, I think the implication of what you said is that you're thinking perhaps we're going to be representing pricing and benefit information in the same sort of way for Medicaid managed care as is offered in the individual and small group private market. Is that the presumption of your question?

JONATHAN HOLLY (ph): I guess my question is more or less that – just so that I can help – so that I can understand better of what this is going to look like. It's my impression that consumers are going to be able to go to this portal and there's going to be something that we'll indicate that they're eligible for Medicaid.

If they're eligible for Medicaid, then this is the option that's available to them. And I'm just trying to differentiate in a state that's say, fee-for-service and it's like it administered through the state and it's ...

SINCLAIR-JAMES: Right.

JONATHAN HOLLY (ph): The way that it looks compared to states that are managed care and there are multiple organizations to operating.

DECARO: I see. I see. OK. All right. So it really isn't about whether – it's going to be represented in the same way as it is in the private market. What is happening right now is that we are pulling from our federal records you know, what the different approaches are at state level, and, frankly, at the sub-geographic level to the extent that that's the case.

And I think the first iteration of the web portal as it concerns Medicaid and CHIP, certainly, a person can go in at the state level and they're going to see information that is relevant to that state. And there are certain details in that information that I don't think that we can have done by July 1. But there's no question that the Medicaid and CHIP information is going to be developed and presented at a state level.

JONATHAN HOLLY (ph): OK.

DECARO: OK. Did that answer your question?

JONATHAN HOLLY (ph): It does. And I guess, what I'm trying to pinpoint down is if that information is going to be left to the responsibility of the state to feed that data in or if they're going to be looking for the individual managed care organizations to provide that data.

DECARO: The Medicaid and CHIP information is being extracted from federal records.

JONATHAN HOLLY (ph): OK.

SINCLAIR-JAMES: All right, and just to clarify. Initially – and I should have been clearer in my presentation. At least for our first couple of iterations, we are not going to actually be trying to ascertain an individual's eligibility for a given program and inform them through our website, "Yes, you are eligible for this program."

JONATHAN HOLLY (ph): Right.

SINCLAIR-JAMES: You know, and so, in cases where, you know, in the state-administered systems, we're going to be sending them to the state-administered websites or directing them in whatever manner is appropriate for them to be able to apply for benefits. We're not going to try to do that in every thing as of right now. OK?

JONATHAN HOLLY (ph): OK.

SINCLAIR-JAMES: And as to your second question, I wish I could give you a very firm answer, unfortunately, I don't have one yet. There was a meeting at the White House earlier today. There's been a variety of meetings in the background. I haven't been, you know, I actually haven't been a party to the more recent conversations. What I can tell you is that we will be working with NASCHIP to make sure that we're coordinating.

It is unclear yet how that coordination will be happening. For now, I think in terms of the state's efforts and what will be happening, we'll be coordinating through NASCHIP. We'll be working directly with those 19 states to work out the details. And unfortunately, I really can't say much more than that.

DECARO: I think what we can say, you know, in the interest of getting your comments, if you have an opinion about that, you should let us know.

SINCLAIR-JAMES: Yes, absolutely. You know, I mean, again, it is new to us in some respects. We're trying to work out the details of how to make it – make it make sense to the best possible way. Comments are definitely welcome, all right? Can we try to take another question now before handing (ph) it off to Anna?

OPERATOR: (Melissa Borelli), your line is open.

MELISSA BORELLI (ph): Hi. I have a quick question and I think you may have just answered it. But our folks here are wondering, when you get to the second phase (ph) in October and you've got the pricing information map (ph), if a consumer wants to purchase the insurance – the product that's on that page, are they going to be able to purchase that through your site or they just going to be linked to the insurer's site?

SINCLAIR-JAMES: Yes. The answer to that is really that they're going to be linked to the insurer's site.

BORELLI (ph): OK.

SINCLAIR-JAMES: But some of – you know, we are in the process and we'll be competing the contract for that piece of the portal, so exactly what it ends up looking like has yet to be determined. Nevertheless, we are not intending to become a private insurance broker. It's not our role. It's not our intent.

And so we're going to be directing people either directly to those sites or there's a possibility if people are interested in contacting insurance advisors, possibly providing them to some sort of listing of those. Final details aren't out. But no, we will not be enrolling people directly. Certainly for October, we'll be sending them out to the insurers.

BORELLI (ph): Great. I assume that was true. I just needed it clarified. Thank you.

SINCLAIR-JAMES: Absolutely.

OPERATOR: We have one more question.

ROB GERARD (ph): This is Rob Gerard (ph). There were some questions that came through the chat, through the webinar, we do have those questions noted and we will address those to you by email. I have your information here. So we just wanted to let you know your question was not being ignored ...

DECARO: Are there – are they good questions to talk about?

GERARD (ph): I can bring them up right now.

DECARO: OK. So Rob (ph), why don't you get those and we'll do that at the end of the session, OK? I'd like to get people's questions answered if it's possible up here. OK. So I'd like to introduce Ana Nunez-Poole.

And, you know, for those of you, you know, have experienced working with CMS around Part C and Part D products, Ana Nunez-Poole is a pretty significant engine in CMS around the information management system, the design and maintenance of that that we use to manage our Medicare Part C and Part D products.

And so we begged and cajoled for her to participate on this team. She's helping us think about data collection, how to approach the organization of the data. This is sort of pre-website activities. And so I'd like to introduce to you, Ana, thank you.

ANA NUNEZ-POOLE, CMS: Thank you. Thanks, Teresa.

OK. This is Ana Nunez-Poole. And the main purpose that I wanted to go over today as part of my presentation is to explain in a little more detail the data submission request that we have out to you to walk through Excel template itself that you would complete and submit to us, go over some of the timeline and help resources that are available that Brian mentioned earlier in his presentation, and then we will have an opportunity for questions as well after I finish this section of the presentation.

And as Brian mentioned before, a lot of the data that we are requesting from you through this Excel template is going to be incredibly helpful in helping us identify what we should be expecting to see from the issuers themselves when they complete their data entry into system.

So turning to the presentation that you see on your screen, the initial submission form went out either late Wednesday or early Thursday. So hopefully, most of you have seen it by now. There was a memo as well as an Excel template and a document with technical user instructions on how to complete the Excel template. And that is what you – we are requesting that you submit back to us on Friday, May 21st. Obviously, earlier would be great but definitely by Friday, May 21st would be wonderful.

We have a provided a separate email simply to accept those Excel templates from you. And that is the hios_submission@hhs.gov (ph). And that's in your presentation and we can certainly repeat that as well later on the call. But that is where we would expect to receive your Excel templates once you have completed the information that we're about to go over today.

After that date on May 21st or somewhere right around there, we will have the health information oversight system up and running and available for you to be able to validate what you have submitted to us. So we will take all the data that we receive from you on your Excel template, put it into the system and then present it back to you so that you can verify that everything you've submitted is being displayed accurately, or if you happen to see something that may have been a typo, you will have an opportunity to correct that before the data goes live on the Web portal on July 1st.

In addition, when we open up that validation feed on the health information oversight system, you will be able to see the data that the issuers in your state have submitted to us as well. So it will be a resource for you to see, not only what you've submitted and make sure that we're presenting it accurately, but you'll be able to see what the issuers are submitting in your state as well, which will then get translated over to the Web portal on July 1st.

As you complete your Excel template, we have validation rules built in and I'm going to go over that in a little more detail. But to help you get through this as quickly and efficiently as possible, as you complete the

template, you can check your work. There's a validation button and you'll be able to see if you have completed all of the cells correctly, if you're missing information, and we'll highlight that for you within the template. So before you even submit your data, you should have a fairly significant comfort level that everything is complete and appropriately filled out.

In order to use the template itself, we are (INAUDIBLE) that you use either Microsoft Excel 2003 or 2007. It does need to be one of those versions. And we – you will need to enable Macros within the Excel 2003 files. And in 2007, you'll be able to set your security settings to disable the Macros with notification.

The technical instructions that went out with the template go into significant detail step-by-step, if you're not familiar with Excel or if you need a little assistance, step-by-step on how to enable or disable as appropriate. And obviously we have the help desk as well that can help walk you through that. But that is important for you to be able to complete the Excel file before you submit it to us.

Now, the Excel file, the template is broken up into two tabs. The first tab is just general information for your state and really contact information that will be useful to us. And then the second tab is the information that Brian went over and I'll go over it in a little bit more detail about the issuers and products that are available in your state.

So when you are completing the Excel template, please keep in mind that there are the two tabs—the general tab and then the issuer and product tab that we would ask you to complete.

What you see on your screen now is the same general tab, the first tab of the worksheet, and there is a – well, you can see at the top where they have the validation, validation finalized, and then format and print preview buttons. I'll talk about those in a little bit but that is something that you can use as you complete your data entry to double-check your work as you're going through.

In the general information section, the state name, there's a drop-down list and you merely select your state. For the underwriting status, it is a drop-down menu with a yes and a no, and that will be something that you complete for your state.

And then the next couple of boxes what – is what Brian was talking about. We're asking you to provide us with the website address of your state information. If you have a comparative tool, if you have really good information about the insurers in your state that you want us to link to, then you can select yes and enter that website address. And that is the website address that we will pass to the portal so that the portal will then link back to your state information.

If you don't necessarily have an interactive comparison tool but you do have information about the issuers in your state, then you can simply enter that general website address in those fields, and that will be available to be linked from the portal back to your state's website.

The next set of information on that general tab are the data submission and data validation contacts that we're requesting from you. The data submission contacts, we're asking for a primary and backup. The backup is optional, so you don't have to complete that but we strongly recommend that you do. And this is where we will be getting a lot of the information that we can start communicating with you directly from now on. If we need to send you additional instructions or information, we will use this information that you submit in the template.

The data validation contacts, in addition to the ones that you're submitting is – as who's doing the data submission of the template, the data validation contacts will be automatically set up into the health information oversight system come May 21st so that those users will be able to access the system on day one because we'll have their contact information already.

They will be provided with a password to get in to the system and then they will be able to validate and review the information that your state has submitted as well as what the issue is in your state have submitted about themselves. It's really important that you complete that contact information in this tab.

The next tab, the second tab in the template, is where we are asking you to provide the information about the issuers and products in your state. You will complete one row per issuer per type of market that they're in. So if you have issuer A and they're in the individual and small group market both, then you will complete two rows for that issuer.

So the first row would be issuer and the second column, you select individual and complete that row. And then the second row, you would submit issuer A and select small group market and complete the rest of that row for that issuer.

The issuer name obviously is a text field that you can type in the issuer name, the individual on the small group column is simply a drop-down, so you select whether you're completing the information for them in the individual market or the small group market. And then we are asking, as Brian mentioned earlier, for your contact at the issuer. We're going to be getting that information directly from them but we want to get information from you as well so that's easier for us to compile a complete list of contacts of the issuer so we can get this data in and validated as quickly as possible and make sure everything is complete and accurate for the July 1 website release.

The contact information obviously is just name, phone number, and email. And that's all we're asking for at this point from the issuers. The consumer – the customer service contact phone number for consumers—that is an optional field on this template. If you have a consumer phone number for that issuer that we could use, then obviously please provide it. But it is an optional field. So if you don't have it, you don't have to complete that.

And then the next couple of columns is what Brian was speaking about earlier in terms of the number of products broken out by category. So for each issuer in either the individual or small group market, you would simply complete the number of products – one, two, four, whichever it is – for each of the types listed here. And we have a separate column for the different categories—fee-per-service, HMO, PPO, EPO, and POS. And as Brian mentioned, we do have an "other" although we're hoping not to see a lot of information in that "other" column.

So as you complete the data entry into this Excel template, as I referenced before, there are the validation buttons at the top of the Excel file. And you can either wait until the end of completing your data entry or, what we recommend is that as you are completing each section, you click on that validation button. As you do that, red circles will appear in the cells that require your attention and there will be details, messages, and error messages and information to help you complete that.

So if you have skipped a required field and you hit the validate button, a red circle will appear around that cell and it will explain to you that it is a required data element. If it is something that – as a conditional, so you say, "Yes. I do have an interactive comparison tool that I would like the website address displayed for." But then in the next cell, you've forgotten to actually enter in that website address. That cell will be circled and you will see an error message that explains "You've indicated you have a website but you haven't entered the website address, please do so now."

So we've tried to build this Excel template to be as easy, user-friendly, and efficient as possible so that you can complete everything the first time and know that what you're submitting is complete and accurate.

And what you see on the screen now for those of you that have access to the presentation, you'll see that we're highlighting in case you missed it at the very top of those tabs is where you will see the validate button.

Once you have gone through and completed the data entry for all of the cells that may have red circles around them and made sure that everything is complete and accurate, then you are ready for the finalization process.

And again, at the top of the Excel spreadsheet, those tabs, you will see a button called "validate and finalize". You'll need to click on that and that will validate that all of your red circles are gone, that you have

completed every cell that is required, that what we're expecting to see in the template is complete, and then you won't have error messages anymore.

Once you hit that finalization, if there are errors, then you will get error messages so you'll know exactly what needs to be complete. But once you finalize it and everything is accurate and all the red cells are gone, then it will create a new file where you are working on this.

So whichever directory you have saved this file in, a new finalized version of this file will be created in a read-only format. And that is the file that you will need to then submit to our hios_submission@hhs.gov (ph) website. And that is – so that we know it is the validated and finalized final version of the submission that you've already done the validation, you've already corrected any errors, and we'll have the complete file for your saved information.

We do ask that you do not change the name of that finalized file. Otherwise, it will not pass our validation edits when we unload the data into the database. So we ask that you please remember to hit that validate and finalize button and send us that finalized copy of the file so that it will be easy for us to process. Otherwise, we're going to have to go back and contact you and ask you to resend us that finalized version.

You can name your working file whatever you want. But once you hit the finalized version, we want you to submit that file without changing the name and then it'll be easier and quicker for all of us to process.

And I'm sort of skipping through the slides here. I apologize this. If you're the type of person who's following slide by slide but I'm just talking through as we go.

Once your file is received by the health insurance oversight system, we will process it. We will get back to you if there are any questions or problems that we see in your data. But as I mentioned before, the system will be available online on May 21st. And the data submission and data validation contacts that you submit to us in this Excel file will be setup with user IDs and passwords. And we'll be in touch with you obviously with more information about how exactly to log in.

But you'll be able to go in and see exactly what you've submitted to us, validate that it's correct, make sure that there are no errors, before we send it over for July 1, and as I stated you'll be able to also see what the insurers in your state have submitted for themselves which will be a nice step for you to be able to verify.

As we get a little further along in the process, because of the timeframes that we're working under, we are working toward the goal of not having to deal with this kind of outside Excel template submission. That is just to really just to get us up and running for July 1. Once the health insurance oversight system is up and running and after you submit the validated data, as the next month or two – so go on, you'll be able to edit your data online.

You won't have to go through this process of updating in the Excel spreadsheet and sending it to us via email. You'll be able to go in, see what your state has submitted, and if there's a typo in the website address or your phone number has changed, you'll be able to do that directly online in the system and you will receive email confirmation that that has been completed.

So it's something to look forward to, to make everything much more efficient. But because of the timing of this project and trying to get everything in for July 1, we've had to do this Excel template upload for the initial set of data.

And as I mentioned, access to the system, we will be emailing you as the next two weeks go by. But you can at least count on, whoever you submitted as your data submission and data validation contacts in the Excel file, will be receiving emails from us with detailed information on how to access the system after May 21st. And you will have user IDs and passwords to get in and do your validation online.

And the last slide is really reiterating what Bryan had stated before, that we do have a help desk setup. It went up this morning. It is operational. And the phone number was presented on Bryan's slide, I apologize I

didn't copy it on this slide as well. But we have the email box set up, the insurance oversight at hhs.gov. We have started getting email enquiries and we are responding. And so it is up and operational. And we will assist you in any way we can to make the data entry and submission of your Excel templates as quick and efficient as possible.

So at this point, Teresa, I will turn it back to you for any other remarks. And then certainly we can open it up for more Q&A.

DECARO: Sure. Thanks so much, Ana. Well, how about we take the first two questions.

OPERATOR: OK. First question comes from Melissa Borelli (ph). Your line is open.

MELISSA BORELLI (ph): Do you want information on just full-service plans or do you want information on the specialized ones like the vision and the dental as well?

DECARO: Now, this would be major medical on plan pursuant to the, you know, definitions in the regulations. So do not include those kinds of plans.

BORELLI (ph): Thank you.

MALE: Yes. I have a question from the Washington State Insurance Commissioner. He was asking for the type of product information if this is required for all or for open products only, also those extension Medicare advantage products.

DECARO: Right, good question. Go ahead, Bryan.

SINCLAIR-JAMES: Yes. It's an excellent question. We actually are looking for – for all products. I know that that – well, the issue is simply that we need to be able to define the universe. We know that insurers in different areas have been using that designation in different ways. And so this is our intent to get a complete universe, to get a complete view to present to the consumers. For the Medicaid advantage ...

DECARO: And it has nothing to do this.

SINCLAIR-JAMES: Right. We won't be collecting that information. We're not looking for that at this point in time.

DECARO: Right. So these are products in the private individual and small group markets only.

MALE: OK. I also have a question from Aliyah (ph). Is this portal meant to be the precursor for products that will later be in the exchange?

DECARO: Wow. Well, this is a little bit of a flip answer but 2014 is a long way away. And I know everybody, including you all, you know, hurriedly trying to figure out what we need to do to be prepared for 2014. What we're doing today, and this is absolutely the case, is trying to fulfill a statutory requirement of July 1. And I think we understand where we're going for October 1 and still have a lot of work to do to execute on October 1.

And so what and where you know this thing goes? That is the vision today is what we're describing today. I mean, you all know because I'm sure it's happening in your own departments. There's a lot of work going on about what is happening. And there is an expectation if the Web portal will exist.

I mean, it's not a statutorily time-limited product. But, you know, how this may evolve, and I do think that there is an expectation for certain that it evolves in terms of the clarity and completeness and usefulness to consumers because we think that that's the statutory intent. I don't think that it is the intention that this Web portal is in some way substituting for exchanges.

SINCLAIR-JAMES: Right. And, you know, in terms of – is there a precursor, I think we can go ahead and say just because it comes before, you know. You can look at it that way. We are hoping to use this site as a way of learning more. We really do want to collect information back in terms of how it's working. And we are really hoping that it serves as an example that you can use to see, "OK. We like these features. We don't like these features" and move forward with it.

So we definitely hope that it informs future efforts. But as Teresa emphasizes (ph), no, it is not intended in any way to replace those efforts. So, hopefully, that answers the question.

MALE: Yes. Take one more question here from the chat. Jean Holiday, NCDOT, would like to know why states are being requested to submit information that is apparently being requested from insurers also, specifically the list of products being offered.

SINCLAIR-JAMES: Right. The easy answer—we're requesting it because, number one, we, you know, we can ask insurers, "Gee, are you licensed in these states?" But it is difficult to reach them, difficult to know if they're giving us that correct information unless we have the cooperation of the state in identifying what that universe is.

I can't emphasize enough how many conversations we've had about burden, about are we being reasonable, about what is it that we're really trying to accomplish and is this going to be, you know, the appropriate way to do that.

This is our best stab. And we – in conversations with NAIC (ph) in terms with the other trade groups, you know, they indicated to us that they thought that this was a good step towards moving forward, identifying the universe, so that we can gather the information we need to from those issuers. And honestly, that's kind of the situation. That's really the intent.

MALE: OK. Operator will take some questions from the line.

OPERATOR: OK, Jean Holiday (ph), your line is open. Was your question already answered?

JEAN HOLIDAY (ph): Well, the question that I posted certainly was answered. I'm just going to speak for North Carolina DOI here. In terms of identifying the number of products, if I understand the question correctly, you're asking us to find out or in some way identify every possible combination of deductibles, co-payments, co-insurance that insure markets. And at least here at North Carolina, we don't track information that way. We might attract (ph) that one product that has – or that one form approval that has dozens of combinations at the market level as one filing in.

So I guess we're a little – is what you're looking for.

SINCLAIR-JAMES: Yes. No, and I can clarify that very quickly – that we are not asking for every plan that is being offered from the states. We do not want you to make that effort. We are not going to put that kind of burden on you. We have no intent of going there. But all of those issuers have their (INAUDIBLE) plan available. We know that they're working also with the formed (ph) filings that they've done at the state level.

So what we're trying to do and what we're asking from, and I really appreciate the question because this is something we had a lot of discussion about, what we're hoping to get from you is simply the number of form filings within each of those types of health insurance offerings.

HOLIDAY (ph): Great. That definitely helps clarifying certainly something that I think will be easier to obtain.

SINCLAIR-JAMES: Right. And in fact, you know, if I can clarify, we did go through and, you know, I'm not a reg reader myself, going back and reading the legislative language is always difficult, but within in the regulation in the Federal Register, you'll find definitions of products and plan. The product is specifically a group of benefits defined by a state form filing.

HOLIDAY (ph): OK.

SINCLAIR-JAMES: A plan then works from that and talks about – it's the combination of those benefits together with cost sharing.

So you know, the issuers are going to be on the hook to try and come through with, "OK, here are all the combinations of offerings that we've got and are going to consumers with." We think that's what you want to show your citizens. So we're putting you know, – we are going to be asking them for that.

But from you, we're just trying to gather the universe within which they are offering.

HOLIDAY (ph): Thank you.

SINCLAIR-JAMES: Thank you.

OPERATOR: Next question comes from Holly Blanchard (ph). Your line is open.

HOLLY BLANCHARD (ph): Yes. Thank you. This is for Brucer Emgee (ph).

And my question is about the contacts names for the data submission contacts both for Department of Insurance and the insurers. Will that be used just primarily by HHS or will that be listed out there on the public database? Because we would want to differ who we put down depending on whether or not that would turn into a number for the general public.

SINCLAIR-JAMES: Absolutely and understood. No, that is for our ability to contact you. You know, we did ask in, for the websites where you want to direct consumers. We would, moving forward if there are phone numbers or if there are other ways of contacting, if there are things that we haven't considered in our request, we'd like you to let us know. But in terms of those phone numbers, no. Those are specifically for if we want to be able to reach you or who you would like us to reach you through.

BLANCHARD (ph): Thank you.

OPERATOR: Melissa Coleman (ph), your line is open. Melissa (ph), your line is open. Is your line muted?

MELISSA COLEMAN (ph): Yes, it was muted. I'm sorry.

Our question in South Dakota is in regard to the small group definition again. Just a clarification, the reg indicates that it should be the (INAUDIBLE) definition of 1 to 100 or 1 to 50. In our state, our definition is 2 to 50.

SINCLAIR-JAMES: OK. Yes, I understand there is some confusion over the 1 versus 2. Our intent is very – has the minimum number. Our intent and our guidance is to use the state definition of the small group for July 1.

As you move forward, as small group definitions change, you know, that will affect everything in reporting you know at future points. But at this point, what we're looking for is you know the state definitions that you are using now for July 1. That's what we're looking for.

COLEMAN (ph): OK. And then just a follow up to that, back to the major medical, you said, that all the type of product filings you're looking for. Now, South Dakota does not include your hospital surgical type products. Is that consistent with what the Web portal is looking for?

SINCLAIR-JAMES: That is consistent. Yes.

COLEMAN (ph): OK.

SINCLAIR-JAMES: We know some of those products exist out there. There are a lot of unusual products out there. We're not trying to collect information on those.

In cases where issuers have associated plans and programs, for example, if there is a you know, there's a medical plan they're offering but it also has a dental plan associated with it, they're going to have an opportunity to draw those connections. But we're not asking that from you.

COLEMAN (ph): OK. Thank you.

SINCLAIR-JAMES: Absolutely.

OPERATOR: (INAUDIBLE), your line is open.

JAMES WINNINGHAM, ARKANSAS INSURANCE DEPARTMENT: Yes. This is James Winningham, Arkansas Insurance Department.

Looking at the template, it looked like there is potentially a lot of keying there. Are those templates constructed such that we can import data into them and your validation routines would still work?

SINCLAIR-JAMES: I'm going to have to let Ana answer that one.

NUNEZ-POOLE: I don't believe it will be easy to import data into the template from an existing file. There are a lot of dropdown boxes for some of the answers that we want to keep standardized. And then there are some boxes that are text entry. So I do not believe you will be able to export from an existing file into the template.

WINNINGHAM: OK.

OPERATOR: And did that answer your question?

WINNINGHAM: Yes, that sounded like the routines probably wouldn't work if we did import where we can.

KIM (ph): And you can certainly contact the help desk for your particular situation and see if there are – there's some thing that they can do to help you with that. I just don't believe it's going to be very easy to do.

OPERATOR: OK. Next question comes from Aleck Shafer (ph). Your line's open.

ALECK SHAPER (ph): Thank you. I'm calling from Arizona.

And I have actually three questions. I hope that's all right. They all flow together.

The first one is, when we enter the issuers into the spreadsheet, do you have any sort of cut-off that relates to size or market share? We have a number of issuers who are insurers in the Arizona market who have very few members, but are still active in the – in the market.

Are you interested in picking up all of those companies? Are you interested in companies that aren't active at all in the market but still have a certificate of authority? I'm trying to figure out if there's some cut-off point for who we actually give you the data on.

SINCLAIR-JAMES: It's a really good question.

We are actually aiming to gather the universe of potential issuers. And I apologize. I'm not familiar with the Arizona in its particulars. But if the certificate of authority is associated with a particular product line that they are authorized to offer within your market, then we would like to collect that information.

I'm hoping that is not too burdensome because it really is important for us. A variety – you know, I mean the individual market is just kind of wide open in certain respects. I know in varying states it's not. But the ability to understand their dynamics is fairly critical to us at this point. And so we would really appreciate your cooperation with that.

SHAPER (ph): Well, I understand that one certainly. We can certainly do our best to get you all that data.

Do you have – this is sort of a sub-question that goes to that. Then, we do have a situation – we have situations where there are insurers who are maintaining a certificate of authority but are not allowed to be in the market for a certain number of time because they pulled out under certain circumstances. It's a guaranteed issue question.

Do you want to know that? I mean, is there a way that we can find someone who's in, say, the group market but will not be offering any plans for four years because they've just exited under certain conditions?

And if this is too technical, I apologize.

SINCLAIR-JAMES: No, no, no, no, no. I appreciate it because you know, again, there are variety of issues that, you know, we're going to have to confront as we move forward.

I may need to simply – well, actually, I've got two answers for you and I'm not sure the best.

Given that we did not really consider the question of, OK, people do have certificates of authority, but they are not operative now but will be operative in the future, we hadn't really considered that to the extent that they are authorized to provide products, in particular if they have provided them in the past, we would very much like to have that information.

SHAPER (ph): OK.

SINCLAIR-JAMES: You know, the second piece of that is that I'd really appreciate to hear more from you later so that we can go through and work out the details of that.

SHAPER (ph): Sure.

SINCLAIR-JAMES: (INAUDIBLE) it doesn't make sense. But for now, I think we need to gather that population.

SHAPER (ph): Sure. And I'd be glad to help in any way that I can in terms of fleshing some of that out.

And let me go on to my other two questions, both of which have to – it will take us back to the question of categorizing things by product. One issue is, we have some products here where form filing is not required. For example – and this is a pretty important category here – small group PPOs, by and large, those insurers do not have to file their forms with us.

So that's – do you – I'm not sure how we go about categorizing that for you since we do not know the universe of products that they have out there.

SINCLAIR-JAMES: Right. To be honest with you, I think the answer to that is, number one, technically, that won't meet the definition of what we've got in the reg. So, it is going to be a gap in what we are asking from you. However, we will try to capture that information from the private insurers themselves.

They are going to be responsible still, I believe, even with the definitions. So I think we – the way we have adopted it, they will be required to provide that information. So hopefully, we'll be able to get back to you and tell you, "OK, here are the Small Group PPOs," you know. But we'll have to move forward (INAUDIBLE) and see how it works out.

SHAPER (ph): OK.

SINCLAIR-JAMES: But in terms of you, you're off the hook.

DECARO: Well, you know I do have a question and that is, so they don't file a form? You have no information about this at all?

SHAPER (ph): Well, the way that it works is the statute makes the forms themselves subject to prior approval. But the statute gives the director the authority to exempt certain forms from filing. And all group PPO forms in Arizona, whether large or small, are exempt from filing.

DECARO: I see.

SHAPER (ph): So the forms have to – have to comply with the law, but the insurers don't have an obligation to send them to us before they start using them. The one tool we have is they do send us a report every year that tells us what forms they have not filed because they are exempt. But that is not broken down by product in any way as far as I know.

So, we'll work on it.

DECARO: Yes. You know what would also be really helpful is, you know – and I know that there's going to be a lot of these cats and dogs between now and July.

SHAPER (ph): Sure.

DECARO: I think that this – and particularly the last question – these are things that we should be collectively noodling on.

SHAPER (ph): Sure.

DECARO: And so – I mean, I would really appreciate you reaching back to us so we can sort of explore that question a little bit more, because it will be helpful to know, for example, like, well, what kind of information do you have on that report and...

SHAPER (ph): Right.

DECARO: Anyway, so if you could...

SHAPER (ph): Sure.

DECARO: ...independently contact us so we can have more conversation about this, that'd be really great.

SHAPER (ph): I would be glad to. Is there any particular – just what contact information should I use?

DECARO: Teresa, T-E-R-E-S-A .decaro, D-E-C-A-R-O, @cms.hhs.gov.

SHAPER (ph): OK.

DECARO: And when you reach out to me, would you do me a favor and like remind me?

SHAPER (ph): Sure. I'll put something in the subject line.

DECARO: OK.

SHAPER (ph): To make it obvious.

Then the last question I have is really, again, maybe just something too that we should take up in a different context. But it's along the same lines and I guess I'm going to go ahead with it because I'm sure there are other states that have a similar issue with this.

We don't, at all, associate numbers of filings with products. So we can have multiple filings that all relate to one product. And conversely, we could have an insurer that is marketing and advertising a product that the insurer pulls from a variety of forms.

So one of the things that just crossed my mind was whether you've considered, the NAIC does have a list of what they call product types that they use in connection with their electronic filing system. And maybe there's a way to tap in to the concept of the product type as opposed to the number of forms. So, I'd be happy to pursue that with you also.

DECARO: Right. You know, so a couple of comments. You know, we are aware that NAIC collects that, but we had – and we didn't spend a lot of time with NAIC on this particular point. I don't think that that helps us with what we're trying to solve. I think it's useful for other reasons.

So basically, the way we're planning on structuring like the data entry for the carriers is you know, they're going to pull up their information and they're going to see, you know, sort of an expectation on our part about how many products we expect to get information on. And you know I don't want to sort of over, you know, sell this, but I also think it has implications for a variety of other things that we have to do under health care reform you know, for purposes of trying to understand the universe.

So I expected, frankly, but I'm not sure I understand the nuance of your particular issue that this would be hard for states to do. But is it impossible or is it just manual?

SHAPER (ph): Well, probably, it's not impossible. It certainly will require some manual consideration because we would have to – we'd have to weed out types of forms. For example, we'd be weeding out application forms because I assume you know, if we literally went with every form that's been associated with a product, it would be every application, every rider. I mean, and I'm guessing that probably what you have in mind is more basic policy forms...

DECARO: Right. So...

SHAPER (ph): From which the products kind of branch.

DECARO: Right. So I think...

SHAPER (ph): But we...

DECARO: Excuse me, I'm interrupting you. Go ahead.

SHAPER (ph): No. Go ahead. I'm sorry.

DECARO: I mean, I just want to go back to you know, in the regulation and it's up on our website. It would be probably really helpful for all the people on the phone, or I hope it would be helpful for people on the phone to read the relatively short discussion in the preamble about what we mean by products because we really are talking about a collection of benefits. And so we don't want that collection represented more than once in your number.

SHAPER (ph): Right.

SINCLAIR-JAMES: Right.

SHAPER (ph): OK.

SINCLAIR-JAMES: And may be worth going back and re-exploring the NAIC product type at some point. Again, these discussions are really useful and helpful, and hopefully we can incorporate them moving forward, you know.

SHAPER (ph): Right.

SINCLAIR-JAMES: And so I do – I appreciate your bringing it up.

SHAPER (ph): OK. Thank you. I appreciate the answers to my detailed question.

OPERATOR: OK. Next up is Kelly Schultz (ph). Your line is open.

CAROL O'BRIEN (ph): Hi. This is actually Carol O'Brien (ph) in Colorado.

And you know, I'll see you Arizona and raise you one, because we don't even get any of those, the health forms here in Colorado. We're 100 percent form certification state. And the guidance that we give carriers is that they have to give us a list annually and whenever they start with new form for all forms, subscription certificates, member certificates and other evidences of coverage.

That being said, we don't necessarily – we're not even necessarily able to break it down between that, which is going to make it impossible for us to complete columns H through M on your spreadsheet with the number of products offered.

There is – there is no information short of us surveying the market place on this. We think it's a good idea of who's in the individual and small group markets, but that's really about it.

DECARO: So just to be sure that I understand, could you go back over one more time what it is that the carriers submits to you?

O'BRIEN (ph): Sure. They have to give us a list and certify that they're compliant with our laws of all policy forms, subscription certificates, membership certificates or other evidences of coverage. And those are all intermingled on that list. So we can't even identify which of these apply to which product, necessarily.

Now, we do get rate filings for all the various products, but they don't tell us when they quit writing those products. They could have initially filed the rates for a product you know 20 years ago. And so, there's not even any way to go back to the rate filings to try and kind of think of that information.

DECARO: So you're saying if you look at your rate filings, you could differentiate the way we're asking you're not collecting the information in the way exactly we were asking. But what would be missing from that is what?

O'BRIEN (ph): We wouldn't know how many products are being offered. And in the rate filings, we don't ask them to differentiate between pay for service and PPO and EPO and point of service necessarily.

I mean, that information is probably in the filing some place. But we're talking reading all of the rate filings that have ever been made for health insurance in Colorado.

SINCLAIR-JAMES: Right.

O'BRIEN (ph): We will not be able to do by May 21st.

DECARO: So they – so they do rate filings every year, right?

O'BRIEN (ph): No, not necessarily. They just have to file a rate and then if they need to just their rates, they tell us about that. And sometimes they only file factory adjustments for those.

DECARO: I see.

SINCLAIR-JAMES: Right. And I apologize because we've only got, I think, one minute left before...

O'BRIEN (ph): Sure.

SINCLAIR-JAMES: Right. It's a complicated question. And we'll definitely have to work with you to figure out a solution.

O'BRIEN (ph): OK.

SINCLAIR-JAMES: You know, I do – I appreciate it. I mean, we knew going in that there are going to be some context where you know things just don't quite make sense. There's an awful lot of variety in the market. But I appreciate the fact that you're willing to work with us to try and figure out a solution to this, because I do think it'll be useful people in the state if they understand what's going on there in that market place.

And I know you've got to handle on that in a variety of ways. But I think it'll help if we can make it consistent for people as they look at it through our site, they compare to other states, or whatever, they'll have a good view of what's going on.

O'BRIEN (ph): OK.

SINCLAIR-JAMES: All right. And so I want to thank everyone once again for participating. Sorry we cut off the last question. I'm sorry we can't take additional questions at this time. But please reach out to us either on – in terms of the tool through the specific contact information we've provided now, or you can reach us through the information that was provided in the memorandum that was sent out to everyone, and there will be additional opportunities as well as we go forward with the primary website that will be going up to support health care reform and health insurance.

DECARO: Operator, can you tell us how many more questions are in the queue?

OPERATOR: There are 11.

DECARO: Eleven?

OPERATOR: Correct.

DECARO: I'm going to put you on mute for one moment please.

OPERATOR: OK.

DECARO: OK. We're going to take 10 more minutes and then see how many questions we got through, OK?

OPERATOR: OK.

Angela Nelson (ph), your line is open.

MOLLY WHITE (ph): Hi. This is Molly White (ph) in Missouri. And my initial question already got asked. But then there was a follow up question in terms of what's the length of time that we need to look back. Our records go back five years. Do you want all five years worth of information or what are you looking for there?

SINCLAIR-JAMES: If I – OK, so it's five years in terms of – yes, I mean, honestly, I think if you've got the five years of information, that's what we want. Again, what we're really looking for, ultimately, is to provide

consumers with the information of what's currently being the – what they're – currently could become enrolled in.

And if I understand properly, if there were filings that occurred five years ago where they can still be active in the market, then we want to gather that information.

WHITE (ph): All right. Thank you.

SINCLAIR-JAMES: Thank you.

WHITE (ph): The follow up question to that was just in Missouri, we have no way of tracking what is the current product. And then we know, for a fact, that some products that were filed a decade ago, two decades ago, remain active, but we don't have those records any longer.

SINCLAIR-JAMES: Yes.

WHITE (ph): Record retention issues.

SINCLAIR-JAMES: No. I understand. I mean we know there are going to be gaps in coverage at certain points. But if we can get what you've got available, that's fantastic. It'll give us a great view of what's going on. It'll allow us to reach out to them. And you know, we will try to gather that additional information from them.

One of the things that I think works in our favor is that issuers will have an incentive to provide us with information on the plans that they've got open. They know consumers are going to be going out there. They're going to want to help us out to give a complete view, I think.

So you know, again, hopefully, we may even be able to help you out in terms of covering up what some of those gaps are.

DECARO: Next question please.

OPERATOR: Tiffany (ph) (INAUDIBLE), your line's open.

FEMALE: That's you, Tom (ph).

TOM ABEL (ph): Hello, this is Tom Abel (ph). The question that I have is because we can change it at any time after the initial template is done. My question is, are there – is there going to be a timeframe where we're going to update the information at the minimum?

I know we can update it at any time once we can edit the information. But is there going to be at least a drop dead date where we have to update the information on the system?

DECARO: That's a good question. We will be pulling the data on June 11th for the final file that goes through the Web portal for July 1. So you'll have that opportunity between May 21st and June 11th to correct any data once you're able to submit it and validate it.

And then we will be pulling the data once a month to send to the Web portal. And we will be in communication with you each month as to when that cut-off date is each month for the next month file that goes to the Web portal. So you will have an opportunity to know at what point you can correct the data up until for the next month to refresh.

FEMALE: Right. But that's an opportunity and certainly, we're looking for information to be accurate and up-to-date. But I'm pretty sure that what we're requiring is an annual update with the opportunity to update in between.

ABEL (ph): My question would be the annual update. When would, at the very least, you'd want that done?

I know a lot of states would like the opportunity to have the manning to actually check the data on a monthly basis. I don't think that's realistic in some cases with small staff and furloughs and other things that we have going on.

But the annual, what would be the date that you would look for? Is it June 1 of every year?

DECARO: You know what? It's a great question. It's a really good question.

We haven't established what our annual date is going to be because it needs to line up with a bunch of other policy work that's going on for health care reform. That's the first thing. The second thing, of course, is the truth is, the states aren't required to give us anything. But I believe that we will be establishing under the program from a federal perspective what the notion of an annual year is. But we haven't done that yet.

ABEL (ph): Thank you.

DECARO: I can tell you this. You can count on it being in 2011.

ABEL (ph): Thanks. That was my question.

FEMALE: Yes. That was a real helpful answer, wasn't it?

OPERATOR: Mary Beth, your line's open.

MARY BETH SENKEWICZ, FLORIDA OFFICE OF INSURANCE REGULATION: This is Florida Office of Insurance Regulation. I wanted to revisit a question and answer given previously in regards to whether data can be imported from one system to the spreadsheet. Did I understand you to say that we would not be able to import data from another system to fulfill this request?

DECARO: That is correct. As I said, if you have a system and you think that there's an opportunity to export that into your Excel file, you can certainly call the help desk and see if they can work with you to make it easier to do that. But there's no easy way to import data from an existing system into the Excel file.

SENKEWICZ: OK. Thank you.

OPERATOR: Cliff King (ph), your line's open.

CLIFF KING (ph): Out in Nevada, we have all forms are prior approval. And to review the – all these forms, it can take a great deal of time and effort and, frankly, expense. We would be better able to validate the information that's provided by the carriers than to create a separate list that then has to be you know, go into comparable mode. How do you view that? Just have us validate the carrier's input.

DECARO: And you would be able to notify us of what the delta is?

KING (ph): That would be a lot easier than trying to create something to – you know for us to go through all these forms. A carrier may file a form, we approve it. They never use it, we don't know that. They stop using a form, we don't know that.

DECARO: Right. But that's providing the universe, right? So then – so then the carrier provides – I mean, let's just you know assume for a minute you know that you know the universe that you would provide to us is a hundred, and what we get from the carrier is 50. So without going through this exercise, how do we know what the other 50 is? And how would you know without going through that exercise?

ABEL (ph): If it was 50, it might be doable with thousands.

DECARO: I'm just asking a question because I really do want to understand. If you were validating the carrier information, I don't understand how the profit that you have to go through to understand the Delta would be different from what we're describing here.

I'm not saying that you like it. I'm just asking how would you – how would you – how would it be different that it's more efficient because what we're after is the universe.

GLEN CHIPPY (ph): This is Glen Chippy (ph) in Nevada. What we'd be able to do once a product, a specific product, is reported and identified by a carrier you know just about all of our product system and then electronically through the (INAUDIBLE) filing system and we could – we could quickly verify that way.

But we – in order to actually you know compile and extract you know just the health benefit plans of individuals and small employer markets, those forms would be – you know I think our list would be – we'd end up with a universe that was a lot smaller than what you'd be getting from carriers.

DECARO: And you're just saying because you don't know that you could get the task accomplished?

ABEL (ph): We could have it accomplished by May 21st but not this year, May 21st of some future year.

DECARO: OK. Then I just want to be sure that I understand your CERT (ph) comment because we did have conversation with the NAIC about this. I mean, do you agree that if you were using the CERT (ph) validation, you wouldn't be identifying the universe in that process, is that right?

CHIPPY (ph): Yes, that's right. I mean, we you know we – again, we don't know you know forms that are filed and approved, that I've used, forms that are withdrawn. It would be hard for us to compile you know an accurate universe for you. But we can pretty quickly verify the specific product that's reported to you was actually filed here with the division by you know, doing a query using search if it was filed (INAUDIBLE).

DECARO: Right. So it sounds like what you're describing, you know, that kind of a verification might be useful to the extent that a carrier's filing something that you weren't recognizing, which is an important question and an important consideration. But it still leaves the question unanswered you know, are the folks that are actually proving itself you know is what we're provided with by the carrier. It's really the universe that you all think is out there.

And I think you know being part of the implication of your comment is, you all don't really know what the universe is. I mean, you could know, with a heck of a lot of work but you don't really know.

CHIPPY (ph): Well, number one, it's a moving target. It changes from year to year.

DECARO: Right, right.

CHIPPY (ph): And the competitive nature, you know, about 85% of our population is in one area, Clark County.

DECARO: Right.

CHIPPY (ph): And the bulk of what's gone on there on the last five years and what's going on today, it's a very big change in the population and in the market, the whole economy and in the competitive market place. We've got carriers down there doing things now that weren't there a year ago.

Are they being successful with it? Did they go on to the you know, they may be trying to get in to it, but if they're not being successful, we may be reporting something as being part of the universe that didn't work.

DECARO: OK. Well, I appreciate this feedback. And you know did you have some comments to make about the carrier information, Ana?

NUNEZ-POOLE: Yes. I just wanted to reiterate that once the system is operational for you so you access the user and use your passwords after May 21st, you will have the opportunity to see what the issuers are submitting to us directly on their template.

Their template looks different from yours. Obviously, we're asking for a lot more detail from them. And we will be able to give you access for the insurers in your state so that you will at least be able to see what they're submitting to us.

ABEL (ph): Yes, we will look. OK.

NUNEZ-POOLE: Thank you.

ABEL (ph): Thank you.

OPERATOR: OK. Dave Marty (ph), your line is open.

DAVE MARTY (ph): All right. Based on what you just said then, will we have the ability to export that data into a CSV or Excel format so that we would then be able to manipulate it on our end, as far the data, meaning the information the insurers upload?

DECARO: Yes. Actually, that's a really excellent question. And one of the things that we're exploring right now is what kind of you know – and frankly, this is a question we ask whenever we're doing data collection, OK? So it's not unique to this particular situation.

But you know, as a federal agency, we're always interested in whether and how we can make information that we collect available for a variety of purposes, and we are exploring that. But at the moment, the answer to the question is you shouldn't assume that's going to happen.

We're still – we don't have an answer to the question. But we know, wonder about it.

MARTY (ph): All right. And then I have a follow up question. And that is, just to continue to clarify, when you're talking about a policy type, is it – as I'm interpreting what you're saying, if a company X has a policy and inside of that policy they've filed forms that allow for multiple options, that's still a product offering that you're calling a policy versus if they actually offer three different product types with different coverages and different form filings, those would be three separate, what you're calling policies. Is that your interpretation?

DECARO: Yes, it is.

MARTY (ph): Thank you.

OPERATOR: Britney Curg (ph), you're line is open.

WINNINGHAM: Yes. It's James Winningham again from Arkansas.

Just to make sure that we do our best to get ready to provide this as well as we can, will there be a copy of this presentation, these PowerPoints online somewhere so we can make sure we haven't missed something in our own notes?

DECARO: My understanding is even the whole conversation is online. And they would access that from our website, Rob? So this would be the OCIO website. Is it helpful for us to go back over the name of the website, or people feel like that they have that down?

WINNINGHAM: I think we have that down. So the PowerPoint and the audio will be online there?

DECARO: Yes.

WINNINGHAM: Thank you.

OPERATOR: Bill McKendry (ph), your line is open.

BILL MCKENDRY (ph): Thank you. This is Bill McKendry (ph) from Illinois. When we were looking at the template, it was so small in our screen I couldn't see. You're not asking for form filing numbers in the template. You're looking simply for the number 1, 2, 3, 4...

DECARO: That's right.

MCKENDRY (ph): In terms of the number of plans they offer?

FEMALE: That's right.

MCKENDRY (ph): And following up on the last question, the type of plans, for instance, it could be a regular PPO or it could be a high deductible type plan. Those would be different plan types. And you're not getting into what we call matrix insert pages here in Illinois where you can insert something different. You're looking for the bigger picture.

DECARO: Well, I mean, the answer is that it's more – what we're asking you is more rolled up than what's in your matrix. But we still want the number the number to be – I mean, if there are two different products under that PPO, one side deductible and the other is not you know then we would want you to say two.

MCKENDRY (ph): Right. OK. Thank you very much.

OPERATOR: Jolie Deck (ph), your line is open.

JOLIE DECK (ph): You know who received the templates because we haven't seen them yet.

DECARO: We sent the templates and the instructions as well as the slide presentation out through the NAIC. I believe that they sent it to the Department of Insurance as well as to – and I apologize that I don't you know know exactly who the organizations are. There are several organizations that some of the states work with.

It's my understanding that it went out that way. And on our website, we got everything posted today that we're talking from except the Excel spreadsheet. We're having to do some more work before we can get that thing posted. But I'll tell you, if you send me an email, I will make sure that we email this to you, OK?

JOLIE DECK (ph): All right.

DECARO: Do you know how to reach me?

JOLIE DECK (ph): No, I didn't write it down.

DECARO: Oh, OK. Well, actually, why don't you remind the help desk?

NUNEZ-POOLE: Right. If you send an email to insuranceoversight@hhs.gov and just ask for the state Excel template, they can email that to you.

JOLIE DECK (ph): Thank you.

OPERATOR: Julie Hachety (ph), your line is open. Julie (ph), your line is open.

MALE: Julie (ph)?

JULIE HATCHETY (ph): Yes, we've been referring to the issuer. And the question is whether we can use the NAIC number, because I think that might be more consistent from state to state if you actually – because we all use NAIC numbers. And sometimes the companies have different variations on the name.

DECARO: Well, from the – in the issuer template, we are asking them to provide the NAIC company code along with their name. We did not include that in the state template thinking that that would be more difficult for you to obtain and use that we were just asking for the issuer name.

HATCHETY (ph): And I think at least from Maryland's perspective, most of the things that we do we rely on an NAIC number. And I don't know whether other states do the same.

DECARO: Can you hold on one second? I'll put you on mute for a second.

The issuer name field is a 30-character field. What, I guess, I would recommend is if you could put a name and a company code. If you think the name is too long then simply put the code and we can try to do the cross work (ph) ourselves. But if you don't give us some indication of the code and the name in that issuer name field, right, and I may...

HATCHETY (ph): That would be helpful.

DECARO: And then maybe for October 1, you know, we can...

NUNEZ-POOLE: Right, we can add any IP code.

DECARO: Right. And then you know as the system is more operational where they can go in and do the editing and validating, maybe we can add that field online that they could use. Instead of adding their short name, they could use the code.

NUNEZ-POOLE: All right. So did you understand that that...?

HATCHETY (ph): Yes. What we'll do is we'll give you the name as long – and the code as long as it's not too long. But if it is too long, we'll give you a truncated name.

DECARO: That will be excellent.

SINCLAIR-JAMES: Yes. I would recommend, if we can do the numbers in front of the names.

HATCHETY (ph): Yes.

SINCLAIR-JAMES: That you know, that way you're truncating the name, but it also allows for any mapping to be done to be consistent on those first digits within that field. So that would be great.

DECARO: Operator, we're going to need to go because we've got a follow up call here in 10 minutes and we need to commensurate before that call. How many questions do we have in line?

OPERATOR: Two.

DECARO: I just can't stand not doing all these questions, but I really think that we should probably end this. Could I please ask the two people that are in the queue – and I'm very sorry to do this to you. Would you please send your questions to the help desk? And that will get to us and we will provide an answer. But that's not the same thing, I understand, as everybody you know getting the answer. But we need to scoot.

I want to thank everybody, again. You know Brian already said you know fair well to folks who have just been enormously helpful to us. We hope that you find you know our technical support helpful as you all embark on this.

And I want to, again, give a special thank you to the NAIC and to NASCHIP. They've been really just amazingly cooperative and you know great colleagues as we've gotten to the place we are at this point. So thanks everybody and have a good day.

OPERATOR: I think that concludes today's conference. Everyone may disconnect at this time.

END