DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-15
Baltimore, Maryland 21244-1850

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DATE: April 12, 2011

TO: Issuers of Health Insurance

CC: State Departments of Insurance Commissioners

FROM: Doug Pennington
             Division Director, Healthcare.gov Plan Finder

SUBJECT: June 2011 Plan Finder Refresh – Data Submission Schedule

Thank you for your participation and continued cooperation in the HealthCare.gov Plan Finder's data collection for the individual and small group health insurance markets.

We are in the process of obtaining authority to collect data through the Paperwork Reduction Act (PRA) of 1995. The PRA is designed to manage the burden of data collection on the public, and maximize the utility of the information collected and disseminated on behalf of the Federal government. The PRA currently under review, CMS-10320 entitled "Health Care Reform Insurance Web Portal," is available at https://www.cms.gov/PaperworkReductionActof1995/PRAL/list.asp . If you would like to comment on the PRA, please visit http://www.regulations.gov/#!submitComment;D=CMS-2011-0035-0001 . The deadline for submitting public comments is April 25, 2011.

Due to the cancellation of the April refresh, CCIIO will add language to the current Plan Finder disclaimer noting when benefits and pricing data for individual/family plans were last updated. The updated language will be available on April 20th and will state:

> *We do not list plans unless the insurer has sent us complete information and has certified that it is accurate. All insurers may update their information on a regular basis, but all displayed rates may not be current. March 2, 2011 was the last update of this information. For the most up-to-date rates, please contact the insurer.*

The next Plan Finder refresh will occur on June 22, 2011. All Issuers with open products or those that have active policies within closed products on June 22nd are required to enter new or revised product-level data into Health Insurance Oversight System (HIOS) for the individual and small group markets. Products that have not yet obtained approval from the state Department of Insurance may be entered into HIOS, but must be marked as "closed" until they have been approved.

In addition, Issuers are required to submit new or revised plan-level data into the Content Management Portal (CMP) for the individual market. As a reminder, only plans that have been approved by the state Department of Insurance should be entered into CMP.

Updated HIOS and CMP templates will be available to Issuers by Monday, May 2, 2011. Further guidance regarding template updates will be communicated in an upcoming memo to Issuers.

The remainder of this memo outlines the data submission deadlines for the June refresh.

May 16-May 20, 2011: HIOS Data Submission Window for all Issuers: All Issuers must update the application, denial, and up-rate data for their products using Q1 2011 experience; update enrollment counts; and submit any new or revised product data during the open HIOS data submission window that begins on Monday, May 16 and ends on Friday, May 20.

Updated Enrollment, Denial and Up-Rate Data Required: Please note that all Issuers must update their products' number of applications received, number of applications denied, and number of applications up-rated based on the 1st quarter of calendar year 2011 (January 1 through March 31, 2011). In addition, enrollment data should be updated as of March 31, 2011.

May 20th Deadline: It is the sole responsibility of each Issuer to submit to HIOS, by the submission deadline, accurate and error-free data in accordance to instructions provided. All new and existing product data for HIOS must be submitted by 11:59 p.m. ET on Friday, May 20th. Any data submitted after May 20th will not be displayed on Healthcare.gov in the June 22nd refresh.

May 16-May 20, 2011: CMP Data Submission Window for All Issuers: Issuers that need to submit new or updated plan data will be able to do so beginning on Monday, May 16. Issuers are required to attest that submissions are accurate in order for their plans to be displayed.

Issuers submitting new plans: As a reminder, Issuers must obtain a HIOS Issuer ID before submitting plan data into CMP if they have not already done so. In addition, Issuers with new products must obtain a HIOS Product ID for those products before submitting plans for those products into CMP. Issuers should be aware that identifying numbers must be obtained before the HIOS submission window closes on May 20th. Issuers should not submit plans into CMP that have not yet been approved by the state Department of Insurance.

Issuers modifying existing plans: Issuers may modify existing plans by updating their CMP templates and resubmitting during the open window. Please note that CMP plans that are no longer open for enrollment due to rate approvals or other product-level concerns should have their associated product marked as "closed" in HIOS prior to the closing of the data submission window on May 20th.

Updated Enrollment Data Required: All Issuers must update their plans' enrollment numbers as of March 31, 2011.

May 20th deadline for all Issuers: All new and existing plan data for CMP must be submitted by 11:59 p.m. ET on Friday, May 20th. Any data submitted after May 20th will not be displayed in the June 22nd refresh.

Error-free submissions: It is the sole responsibility of each Issuer to have submitted to CMP by the submission deadline, accurate and error-free plan data in accordance with the instructions provided. All CMP plan data provided by May 20th must be free of the following errors or the entire submission will fail, and plans associated with these submissions not being displayed on June 22nd:

- Alteration of the benefits and/or rate templates
- Submission of multiple benefits and/or rate templates for a single plan
- Missing benefits and/or rate templates for a plan

Note: We strongly advise Issuers begin their process immediately after the data submission windows opens to allow enough time for data entry, CEO/CFO attestation, QA, corrections of minor errors, and processing.

May 24th CEO/CFO Attestation Deadline for All Issuers: All Issuers submitting new or revised plan data into CMP must provide CEO or CFO attestation to the accuracy of that data submitted by 11:59 p.m. ET on Tuesday, May 24th.

Attestation to the accuracy of data submitted: In previous submission processes, the requirement to attest to the completeness of the submission was made optional. We are continuing this policy for the June refresh. Issuers are required to attest to the accuracy of the data submitted. This attestation applies only to the data submitted, and not to the subsequent display of that data. As outlined in this memo, there will also be an opportunity for Issuers to review and approve their plans prior to display on the Plan Finder through the Finder Verify site. Please note that CCIIO reserves the right to display plans without Issuer approval.

May 24th Deadline: Based on Issuer feedback, companies will have two additional business days to attest to their CMP data submitted for the June refresh. Issuers that do not attest to the accuracy of their CMP submissions by 11:59 p.m. ET on Tuesday, May 24th will not have their plans displayed on Healthcare.gov in the June 22nd refresh. We strongly advise Issuers not wait until the end of this extended deadline to submit attestation in order to allow enough time for data review.

May 23-June 5: CMP data quality processing: We will conduct quality assurance reviews on a rolling basis for all CMP plans submitted by Friday, May 20th, and will notify your organization of any errors we find by 11:59 p.m. ET on Sunday, June 5th.

Notification of errors by June 5th: For all other errors found, Issuers will be given 2 business days upon notification to make corrections, but no later than 11:59 p.m. ET on Sunday, June 5th, whichever period ends first. Issuers will receive notification by 11:59 p.m. ET on Sunday, June 5th if their plans are found to contain such errors.

Submissions that are not corrected within 2 business days of notification will not be displayed on June 22.

Issuer review and final validation: CMP plans that have been submitted by May 20th and have passed all the quality review checks will be uploaded to https://finderverify.healthcare.gov on a rolling basis so Issuers may preview and approve their data to be displayed in the June Plan Finder refresh.

Final Approval Required by June 10th: All Issuers' plans will be displayed on the Finder Verify site by June 8th. Issuers will be permitted to review and approve their plans until 11:59 p.m. ET on June 10th, prior to displaying plans on the Plan Finder. CCIIO reserves the right to display plans that have not been approved by the organization.

Issuer Group Calls: Weekly User Group calls with Issuers will continue to be held every other Wednesday at 2:00 p.m. ET to provide guidance and answer questions.

Summary of Key Dates

May 16	HIOS and CMP data submission window opens for all Issuers to submit new and revised product and plan data.
May 20	Last day for all Issuers to submit new and updated product data into HIOS, and new and updated plan data into CMP.
May 24	Last day for all Issuers to provide CEO or CFO attestation to CMP plan data.
June 5	Last day by which Issuers will be notified of errors found in their plans. Quality reviews and error notification will occur on a rolling basis starting on June 5 for all plans submitted by May 20. Issuers who have minor errors will have 2 business days to correct data upon receipt of notification, but no later than June 7th, whichever period ends first. Issuers who have major errors will not be displayed in the June refresh.
June 8	Last day by which all plans that have passed the quality review process will be displayed on the CMP Finder Verify site.
June 10	Last day by which Issuers may approve plans for display on the Plan Finder. CCIIO reserves the right to display unapproved plans.
June 22	Healthcare.gov Plan Finder will display new and updated plans.

For policy questions regarding the HealthCare.gov Plan Finder, please email OCIIOPlanFinder@hhs.gov.

For technical assistance regarding product-level data submissions, please contact the HIOS Help Desk at 1-877-343-6507 or insuranceoversight@hhs.gov.

For technical assistance regarding plan-level data submissions, please contact the CMP Help Desk at 1-877-425-3708 or cmp-support@ehealth.com.