

TRANSCRIPT – ISSUER TRAINING

October 5, 2010/2:00 p.m. EDT

Coordinator: Good day, ladies and gentlemen, and welcome to the HHS Issuer conference call. My name is Jess and I'll be your operator for today. At this time, all participants are in a listen-only mode. Later we will conduct a question-and-answer session. As a reminder, this conference is being recorded. I would now like to turn the conference over to your host for today, Mr. Brian James from HHS. Please proceed.

Brian James: Thank you very much. Hello, everybody. We are now into our second month of data collection for the healthcare.gov plan level presentation of insurance information to consumers. I know you guys are probably just as tired as I am in terms of, it seems like we just finished October and we're turning around very quickly. What that means quite frankly is that we are not going to be making a whole lot of significant changes in the way we've been collecting the data or presenting the data for November.

We do have proposals for how we'll be progressing with information moving forward. If you're interested in those, I would encourage you to join us on the call tomorrow because we will be addressing those. But for today, we really wanted this to be a training session to give everybody the maximum amount of time to get familiar with the CMP, or Content Management Portal tool that we're using to collect information for those plans.

I do want to mention before we turn this over to David Cordero that the HIOS window for product-level information is now open. We are collecting that information, it's going to be available and open through midnight on the 12th, so if you have not yet gone in to update your information, please do so. If you've been paying attention at all here over the last month or so, you're aware of the fact that there are three new fields, one for applications, one for denials, and one for up-rates. We know that for October, many of you had some difficulty getting that information compiled and into the tool. Some of you got everything except for that piece of the information in, and this is now a new opportunity to go in, get that information entered, and get your information available on the website.

Additionally, when you go into HIOS, one of the concerns that we've had and one of the issues that we've been trying to address is the inclusion of your HIOS issuer ID's and product ID's for the plan level information that you're entering into the CMP. When you go into HIOS, please do note what your issuer ID is and what your product ID's are. We are linking this information that you enter for your plans on the CMP back to the product-level information.

That product-level entry is where we know, yes, this is a product that is open for sale within the state, and so that is sort of our master record for linking things back and determining should this data be made available on the website for the upcoming month. So if you have new products that have come open that are marked as closed in the HIOS tool, please make sure you go in and switch their status in the opt-out field. If you have products that were open and are now closed, go in and do the same thing. Moving forward, we will hopefully be making some changes to integrate these systems a little bit more clearly, but for now I think that will work.

The main change I think from your perspective in terms of October to November is going to be the change in attestation.

You'll note that for October, if you were involved in October, we did actually adapt the attestation piece so that you are able to attest either to the accuracy of the information submitted or to the accuracy and completeness of the information as it regards the one-percent rule, okay? Please be aware moving forward, your ability to simply attest to the accuracy will be going away, but for November you still have those two options: either attest to accuracy and completeness, or just to the accuracy, knowing that you're not going to be able to reflect all the possible plan combinations that you should present. So that will remain the same.

What's going to change, and this is really due to the concerns that you have expressed to us, is that we are going to start collecting the attestation earlier so that it is clearly reflecting that you are attesting to the information as it is submitted, not to the information as it is displayed. You will have the opportunity to go through, review your information, and indicate whether you believe that information is correct and should be displayed at the tail end, but the actual attestation by CEO's and CFO's is going to be moved forward to the point where you submit your actual data.

This should make things easier for you in a number of ways. Number one is it should remove any of the ambiguity over whether we are attesting to what is being displayed on the website, as opposed to attesting to the accuracy of the data submitted. A second thing that it should allow you to do is to take the attestation with your CEO's and CFO's offline. You can present them with this information at any point, communicate to them here's what it represents, here's what we're showing, here's what the rate tables are, and get their approval that, yes, this is an accurate reflection of what we're doing, before you click on that submit button.

When you click on the submit button in the CMP tool, then that will go ahead and generate an attestation e-mail just like last time. It will go to the primary contact and they will be able to forward it through to the CEO/CFO for actual attestation, okay? I'm sure there will be additional concerns or questions about that, how other things operate, or concerns, questions, problems that are separate from how do I get data into the tool. I am going to ask that you call in tomorrow. We will be having our usually-scheduled 2 o'clock conference call to take questions, to address concerns and share information about

what's happening. I really want to be able to let David focus on this phone call on here's how to get information into the tool.

We have made some minimal changes, but for new submitters we have actually changed some templates. We've tried to implement a few different areas to make sure that we're communicating what's needed, and we have tried to eliminate some of the problem areas that people were having. So at this point I'm going to go ahead and transfer things over to David Cordero who will take you through the training in how to use the CMP. David?

Dave Cordero: Great, thank you, Brian. Just a quick note on what Brian was talking about, the attestation: We have not yet gone live with that update on the site, so you will not see that yet. I do not yet have a target date. Hopefully in the next few days we could have that implemented, so if you have any questions, you can direct them to the CMP desk. But for those – I think there's a few of you that have already submitted. If you go to CMP, you will not yet see that attestation that some – an enhancement you still need to make. So I thought I would just let you know that up front to alleviate any confusion.

In terms of what I'm going to present today, I'm really going to break this out into two pieces, because it's my understanding that there are going to be brand-new issuers coming to the CMP site for the first time, so the first half of my presentation might be something some of you have already seen. It's just a quick walk-through of the CMP screens and what the requirements are. And the second half of the presentation will be to try to provide you with some more direction as to how, for this next refresh, how you can make updates to your plans, also sharing some of the lessons learned through the last admission period on problems that you can avoid, just kind of having a walk-through of the different types of issues we encountered during the first submission.

I'm going to take you through the Content Management Portal screens. This is the website. For those of you who are coming to the site for the first time and have not yet registered (instructions). The Content Management tool is a secure site for issuers to enter their individual products. I do mention small group, but as you all know, we have delayed the small-group implementation and there will be more guidance on the details around when we will implement small group, but for now, for the

purposes of what we are submitting today, it is just the individual product.

There are seven sections that need to be completed on CMP. First we ask you to enter your portal plans – and I will go through each one of these sections in more detail. But basically when you enter your portal plans, you're basically defining the plans that you want to display on the healthcare.gov site. We're going to ask you to complete a benefit template and the benefit information page. The benefit template is a standardized format that all issuers need to utilize, and it allows us to be able to compare on an equal basis care issuer plans side by side.

We'll also ask for you to provide us with your rates in our standard rate templates and provide us with the service area that we should be quoting for each plan. We'll ask you some rating questions which are – many are geared around eligibility requirements in terms of what census we should quote for and show plans on the healthcare.gov site. We also ask that you provide some test cases so that we could validate that the rates that we programmed are in fact generating the correct pricing.

We're also going to continue to ask for your logo and profile and your contact information. And I know some of you are aware of the fact that there is some duplication on what we are collecting in CMP versus what we're collecting in the HIOS tool, and at this point in time we are going to want to take a closer look at that, but at this point in time we do not want to make any changes in what we are collecting, so this is still all required.

Looking at each one of these pages in just a little bit more detail, in the enter portals plans page where each issuer will define the plan unit that we're going to be working with, what's important is that we need the HIOS issuer ID and product ID. If we do not get the correct product ID, then your plans will be suppressed and will not be able to go live on the healthcare.gov site. We do do a reconciliation with the HIOS system.

Along with this information, we're going to ask for your plan name, plan type, effective and end dates, deductible, coinsurance, office visit, member enrollment and SERFF number. If you turn to the next page, we've defined these fields in a little more detail. The issuer ID is a five-digit numeric. The product ID is going to be the first two – the two-digit state code

plus the three-digit product ID. So for example if it's Alaska, it would be AK and then whatever the three-digit number is.

Plan name, plan type – whether it's PPO, HMO, point of service, EPO or indemnity plan. The effective date. Please make sure that the effective date entered is a current or future date, so it's really not a date s to when the plan was introduced to the marketplace for example; it is when we should begin quoting that plan. The end date – and really, this end date is the date that the rates are expiring. If you in fact will discontinue marketing a plan and you do not want us to display that plan beyond a certain date, please contact the CMP helpdesk and we will have to handle that manually, to make sure we get it right.

Member coinsurance: if there is no coinsurance, please enter N/A; and also please note that when we display benefits, we display the member of liability. So for example, if the coinsurance is an 80/20 plan, we want to say 20%, not 80%.

Member enrollment, which is a six-digit numeric; and SERFF number, which is the only optional field in this data set.

Then we'll ask that you – for people coming on for the first time, we'll ask that you download the medical benefit template. And again, it's a standardized format in Excel, using Excel 97. And on the second half of my presentation, I was going to go into a few specific items to be aware of when you complete the medical benefit template, so that's to follow later.

We also would still like to collect your benefit brochures, so a pdf of your benefit brochures for each product that you are entering into the CMP. Again, the pdf of the benefit brochure, as most of you know, is currently not being utilized on the healthcare.gov site, but we still do want to continue to collect it; and again, we are evaluating and looking more closely at what the long-term approach will be, but at this point we want to still collect it.

The next page will be where the issuer would download the Excel rate template, and we will ask a series of questions to guide you to the template that will accommodate the type of rating that you have. If you still have questions as to whether it's the correct template or it doesn't seem as if there is an appropriate template based on your rating, please feel free to contact the CMP helpdesk, and by the way, all of you should

have received e-mails from an account specialist at the CMP helpdesk, introducing themselves as being a primary contact person that you can work with to answer your questions and they can help guide you through the CMP submission process and also answer any other questions that you might have.

We'll also need you to complete the service area template, so provide us with when we should quote your plans. We have the ability to identify the service area at a Zip code level, at a county level, or if your rating utilizes issuer-specific regions, please define how those regions should be broken out by either county and/or Zip code.

The rating/eligibility questions template also needs to be completed. Again, I will go into a little more detail in the second half of this presentation on a few things to be aware of, but we basically need to know under what specific conditions we should be quoting your plans. For example, if we should not be quoting child-only policies, then that should be indicated on this template.

Rate test cases, again we would like you to provide us with some specific test cases and what the correct rate result should

be so that we could verify that what we've developed is in fact pricing correctly. Company profile template, those of you who have already been onto CMP have already completed this. But for any new issuers entering onto CMP, we would like to collect your company profile. It's in a suggested format so that there's some consistency when someone is looking at various issuer profiles. Then finally we would also like your contact information.

That was kind of a quick run-through of somebody coming onto the CMP site for the first time and what they might expect in terms of what our requirements are. I would like to spend some time now talking a little bit about, for those issuers that have already been onto CMP and need to make updates to their plans that have gone live or need to make some corrections to their submissions that are still being processed and are not yet live; and also for those brand-new issuers and issuers with new plans.

If there's a brand-new issuer or brand-new plans that need to be created, we recommend that a new request is generated. If you're updating rates or service area, you would continue to go back to the initial submission request and upload a new rate in

our service area template and resubmit. If the rate update does not apply to all plans, then highlight the new rates and resubmit. Also remember to please supply an updated rate test cases template so that we can verify that the rates that have been updated have been programmed correctly.

For benefits that are being updated and just a benefit update, go back to the original initial submission tab and go into the existing request and update the current benefit template and highlight all changes that are being made in the Excel sheet. If you're making any changes to the rating questions, eligibility questions, go back to the original request and update the rate question template with all changes highlighted and resubmit. If you're removing plans, all that's required is to send the CMP helpdesk an e-mail with the issuer name, issuer number, state, plan name, product ID and cancellation date. If you're just simply extending the end date on your rates, all that needs to happen is an e-mail should be sent to the CMP helpdesk again with the issuer name, issuer number, state plan name, product ID and new end dates.

We will be opening up for questions, so if some of this is not clear we can talk about it, and as I mentioned also you each are assigned an account specialist that could also assist you.

On the next page, what is important is that when you do submit, to enter a comment as to what exactly you have updated in your resubmission. This is a great way to communicate with us to make sure that we are understanding exactly what your requirements are. You'll have the field highlighted and you'll also have a message that you can put here for processing.

I want to talk about some of the problems that we encountered during the first submission period, and all of these issues I'm going to go through did happen to multiple issuers, so these were common problems. One of them is, in the benefits template, we recognize that there are issues that have different types of prescription benefits, and in some cases some of the benefits may not exactly fit the way we have described them here in a standard manner, where we're asking for your generic prescription drugs, brand prescription drugs, and non-formulary prescription drugs.

If your prescription drug program doesn't fit into any of those three categories or doesn't fit with this approach, what we ask you to do is put N/A in each of the cells. By putting N/A in these cells, it will open up the prescription drug/other coverage. At least in the new template we are requiring that N/A be put into these three cells for generic, brand and non-formulary, and that will trigger the Excel sheet to open up the prescription drugs/other coverage.

The other coverage fields allows you the flexibility through free-form text to describe your prescription drug benefit. For example, some issuers may have prescription drugs defined in tiers or levels, so that would be one example of an Rx benefit description that doesn't fit into the standard definitions that we created. What's important here is that it's either one way or the other. I think there were some issuers that may have indicated something for generic and then for those categories that didn't fit into brand or non-formulary, they supplemented by adding more into prescription drugs. Can't do that. Can't split it up. It's either use the standard format of generic, brand and non-formulary, or use the other coverage field.

On the rate template, in the new templates, we've added some notes that we feel would be helpful and cause some challenges with some issuers, but don't change the format of the template. Currently we only support Excel 97, so please remember that. Do not change the values of the dropdown list. In order to get the rate template you have to answer the question that we ask, and we direct you to the appropriate template based upon your rating. We found that some issuers began creating their own user types and were not utilizing what's in the dropdown box. That will cause an error in processing. You have to utilize the specific user types that are programmed into this template.

Do not input N/A in any of the cells. Just simply leave it blank if there are no values. Do not change the plan names. They are auto-populated for the enter portal plans entry. So if you look at the sample we're looking at here, the Solo 1000 RX, it's the first plan that appears on this template, and it was the first plan you entered into the portal plans page. The second plan would be the second plan you've entered into the portal plans page. So this is all synced with the enter portal plans page. All of these templates must continue to have these plans in the same order so that we process accurately and correctly. The new templates have been updated so that these fields are read-only,

but this was a big issue for version 1 template where issuers were mixing around the columns.

Also, FYI, we provide a couple of tabs, one with a sample of how the rates should be entered. Do not change the plan names of those templates. A common problem we found with the rating questions – not so much a problem but an issue – where certain issuers, they had different rules based upon the plan. So let's say for four plans you can – there was a different age range perhaps for a family member, and maybe for other plans there was something different, or some plans will allow children-only apps and other plans don't.

If you have rules that are specific to specific plans, then please note that in the additional notes section, so under the answer column, be consistent and answer those questions for one set of plans, and then in the additional notes section, indicate what is different for the other set of plans. And we provide an example here where – what is the maximum age for a dependent who is not a full-time student. In the additional notes we say, this applies to all except their HMO plans. HMO plans allows 23 as the maximum non-student dependent age. Again,

just illustrative, but that would be how you would communicate that to us.

On the rate test cases we actually had quite a few problems processing the templates and we want to make sure that we clarify exactly how this template should be completed. In this particular screenshot we show 23 test cases, but we do recommend – and this is up to the issuer’s discretion – but we do recommend up to 100 test cases. And make sure to provide different census in your test cases. Complete the appropriate columns based upon the family member in that row.

So for example on row 10, which you can’t see the row numbers, but it’s the very first single male test case. You would input each column relating to that primary, and leave all spouse/child fields blank. The service area should cover as many different counties as possible and provide different test cases based on boundary, eligibility conditions.

It’s important to note that if you want us to test that certain scenarios do not generate a quote – for example, if you do not want your plans to quote child-only applications and you can enter census for that, but under the correct rate results just

enter zeros so we know that it should be not processed. And again, effective date should be a current or future date. Also, one last thing: the county column, please provide the county name in all capitals. If not, we will change it for you, but it would be helpful for us.

Also on this rate test cases, if you were to have scrolled over all the way to the right on the prior page in the Excel sheet, the last columns represent the correct rate results for each plan. And again, these plans will be pre-populated, the plan names, and do not change the order of these plans if you have one of the older templates.

Those are some of the lessons that I wanted to share with you, some of the challenges we faced during the last submission. I do want to mention that another lesson that we'd like to share is, do not wait until the submission deadline to submit your updates or new plans in CMP. Please submit as quickly as possible. It will ensure that we can get your updates quickly and get you feedback as quickly as possible. So to the extent that you can work with the CMP account specialist and try to get your updates done, that's great. I know that there are – I won't guess the number, but there are a number of issuers that

are very, very close to approving what's been put on the find or verify site, and there's probably just a few little tweaks that need to be made. I'd strongly recommend that you get those done right away and out of the way.

Again, if you have any questions we have the central CMP e-mail and 800 number, and you also should have gotten e-mails from your account specialists. So at this point I think we'd like to just open it up for questions.

Coordinator: Absolutely. (Instructions given.) Your first question comes from Caller 1. Please proceed.

(Caller 1): A couple of quick questions here. If we have an update let's say to a benefit template, do you want us to delete the old template and just add the new one, not leave the old one out there?

Dave Cordero: My recommendation would be if it's just a small change to the benefit template, I would just update the existing one, highlight the cells, resubmit and make sure you just put a little description in there as to in general what you've updated. If

there are significant changes, I would recommend transferring the data to the new template.

(Caller 1): Okay. When we hit submit, how are you going to know which one of our templates are updated? Are you going to out and read the CMP site for us, to look at those messages? Are you just going to upload all the templates we have out there?

Dave Cordero: We're going to read the message that you provided and then we're going to look for any cells that have been highlighted.

(Caller 1): Oh. So you'll only update the cells that are highlighted?

Dave Cordero: Yes.

(Caller 1): You can't just reload the whole template?

Dave Cordero: We could do that.

(Caller 1): Okay. So if I indicate that, you'll do that.

Dave Cordero: Yes. I'm just curious, though: If you're having just a few updates, why would you want us to update the entire template? Just for my own knowledge.

(Caller 1): Because things might have been out of order. And plus, as I was fixing it, I wasn't keeping track of everything that I was fixing. You know what I'm saying?

Dave Cordero: Right, okay, that's fine. We can just reprocess the whole template.

(Caller 1): Okay. Now, when we do this, will the data display prior to the 22nd – or the 15th, I mean?

Dave Cordero: Depending upon when you submit. I mean, if you submit this week, I would say yes.

(Caller 1): Okay. Now, when we get to the 22nd, and I'm hoping everything will be done by then, when you say 48 business hours –

W: No, no, 48 hours.

(Caller 1): Yes, 48 hours – is that business hours, or just – could it be – because that's a Friday, the 22nd.

Dave Cordero: I believe the intention was business hours. Brian, is that your understanding as well?

Brian James: To be honest with you, I think our original understanding was that it was 48 hours, but given that it is on a Friday, I think – and really, you should be the driver on this, Dave, in terms of what makes sense for the scheduling. But would it make sense to say the 26th? I don't think we want it to be 48 business hours, as in eight hours per day across the next week.

(Caller 1): What I meant is business days, in the sense that – Friday's going to be the 22nd, so you'll give us to the close of business on Tuesday?

Brian James: I think we ended up shifting the date, which is why that has gotten a little weird. But Dave, is the 26th going to work?

Dave Cordero: I need to see a calendar.

Brian James: I'll tell you what: I apologize, because we should have figured that out. Honestly, I think a date shifted on us. We will make sure we recount to people and let you know when that turnaround is going to be due. Okay? The real issue was that we wanted to give people two days from the receipt of the communication, so that you've got the 48-hour turnaround after you've heard the problem area.

(Caller 1): Okay, so you'll re-clarify that. The final question I have is, I haven't been contacted by my primary CMP person. What should I do to make sure they –

Dave Cordero: What issuer are you?

(Caller 1): Blue Cross Blue Shield of Massachusetts.

Brian James: Okay. We'll make sure somebody gets out to you.

(Caller 1): Okay. That's it, thank you.

Coordinator: Our next question is from Caller 2. Please proceed.

(Caller 2): I just wanted to let you know that we haven't gotten our e-mail for our contact person either. So I didn't know if I should send an e-mail to the helpdesk or –

Dave Cordero: I'm sorry, you're with Advantage Care?

(Caller 2): Yes, Advantage Health Solutions.

Dave Cordero: Yes; can you do that and send an e-mail to the helpdesk and they'll get back to you right away with someone.

(Caller 2): The CMP helpdesk?

Dave Cordero: Yes. And let me just mention, for anyone else out there that has not yet heard, it's possible it may have gone to a different contact person in your organization. But I would just send an e-mail to the helpdesk and they will clarify that for you.

(Caller 2): Okay, thank you.

Coordinator: Our next question is from Caller 3. Please proceed.

(Caller 3): I have a question regarding if there's changes that need to be made to our templates but the last – well, to the data that's posted with CMP currently, but that submission was all transferred information. So let's say for example we found a benefit that we needed to update. Do we have to go and make new templates? Because obviously with the transfer, we did not create templates. Do we have to create everything to submit the one change, or would we just do the benefit template and can we hit submit?

Dave Cordero: That's a great question, and we discussed it and we do have a benefit template already completed for every issuer that's been transferred. So you will not have to re-input all of that for the benefit template; you can make the specific updates to that template. But contact your account specialist to make sure it's clear to you and you can work with them directly to make that happen.

(Caller 3): Okay. So let's say we have a benefit that we need to change for this round. Because everything was transferred, we do not have any other templates. Nothing was submitted through CMP, because eHealth transferred all of our data. So would –

Dave Cordero: Right. So what I am saying is that with the transfer of the data, we also have – what was also transferred was your benefit template. And it should be identical to the template that we utilize in CMP. We can load that for you so it's already completed, and then you can go into CMP and make the updates required.

(Caller 3): Okay. So what was transferred, CMP now has those templates?

Dave Cordero: Yes. But we need to manually put it out there for you. That's why I'm recommending that you work with your account specialist.

(Caller 3): Okay. And we wouldn't have to submit everything? If we had a benefit change, it would just be that one change and get the one template loaded and change it and submit? Like we

wouldn't have to input the corporate info and the logo and the contact information? We wouldn't have to input all of that stuff for the change?

Dave Cordero: That's a really good question. I think that we will have to provide you with further guidance. I think the intent is to provide you with the source documentation for the benefits so you don't have to input all of that all over again, but you make the point about the company profile and the contact information. I would say we'll have to get back to you on that. I don't want to make any commitments at this point.

(Caller 3): Okay. And with the attestation, I just wanted to be clear: So this round, we're not giving the CFO/CEO a special link to go out and view data. We're asking them to review the data online before we hit submit, is that correct, because we're going to get an e-mail? Or does the e-mail still generate a link that they can go to the staging area?

Dave Cordero: What we are going to – the enhancement that we're going to make is that when you click on the submit button in CMP, it should trigger that e-mail automatically for attestation. The

enhancement is not yet live, and we will let you know when that is available. It will be available prior to the 15th.

(Caller 3): So the e-mail will be similar to the last attestation where they will have a link to view it in a staging site?

Dave Cordero: It will be exactly the same as the last attestation, except it happens sooner in the process. It happens when you click submit in CMP versus further downstream when we've loaded the finder-verify sites with your updates and we're looking for you to approve the information. It's not going to happen further downstream. It's going to happen upfront when you've made your updates into CMP and click on the submit button.

(Caller 3): It will go to that staging area or the test site?

Dave Cordero: That part will not change.

(Caller 3): Okay. And then that's where we can also go and audit our information. The question is, because we have so many individuals that are submitting information, but one person is actually in the CMP tool with one ID and one password, so we

were using that staging site as our place to be able to send that link to other people to audit data without giving them the password to CMP. So I just want to make sure that staging or that is still going to exist for us to be able to audit.

Dave Cordero: Yes.

(Caller 3): Perfect. Thank you so much for your help.

Coordinator: Our next question is from the line of Caller 4. Please proceed.

(Caller 4): Thank you. A few quick questions. Regarding the rating updates, is there some sort of time line, not necessarily for this update now, but let's say going forward possibly, like a rate update in January. Is there a time frame as to when the approved rates have to be uploaded into the system? If that makes any sense.

Dave Cordero: I would say as soon as they're approved and available for uploading –

(Caller 4): Is there going to be a – I'm sorry, I didn't mean to cut you off. Is there going to be a monthly update available ... CMP?

Dave Cordero: Yes. We will be doing monthly updates moving forward. We may – December is a period that we're actually looking into, whether we should really require it or not. We're trying to catch our breath. But we will be doing monthly updates. And in terms of when they need to be reported, we would ask that you do it as soon as possible, obviously, but I think the statutory limit is 30 days after the rates have been approved.

(Caller 4): Okay. Yes, absolutely, we'd want to do it as soon as possible. I have one other quick question, maybe more of a comment. In terms of the plan type, the HMO, the PPO are available. Has there been any consideration given to adding a high-deductible plan option, high-deductible health plan?

Dave Cordero: The way we've actually been handling that is through the HSA eligible. And so – because –

(Caller 4): Yes, I just don't know if a member or a consumer would know that that meant it was a high-deductible health plan necessarily.

Dave Cordero: I'm not sure that there's a clear-cut definition of high-deductible health plan. So what we've really been treating it as is by, okay, is it HSA eligible. Because I think that actually makes more sense to consumers based on the fact that, okay, yes, I can use my HSA for this. But we're certainly open to discussion, comments and advice on how to handle it.

(Caller 4): Okay. In the original phase one submission in HIOS, there was an "other" option, which we chose, and then we put in – in the comment section we put high-deductible health plan. And for us, we just felt like, you know, we have a lot of those options, and it would be helpful to have that as a choice on the dropdown box.

Dave Cordero: Yes. Really, though, you should be indicating it by type, in terms of whether it is the PPO or HMO, and then letting us know that it's HSA eligible. But by all means, if you want to send – in fact Beth Liu is going to be – is currently kind of the contact for that type of comment. And so please just let us know, and then tomorrow on the phone call if you want to raise the issue, we may be able to talk about it in a little more detail.

(Caller 4): Okay, great. Thank you.

Coordinator: Our next question is from Caller 5. Please proceed.

(Caller 5): Can you tell me, are we going to require attestation every time we have changes in a release?

Dave Cordero: Actually, are you going to be calling in tomorrow?

(Caller 5): Yes.

Brian James Okay. Let's talk about it tomorrow. I really want to focus on the training for today, and if you'll raise that tomorrow, we'll address it tomorrow.

(Caller 5): Sure. Then I have one other question related to this: eHealth did a transfer of our plans. I have changes to both benefit descriptions and to the rates. Am I going to be able to just modify – will it be out there in the CMP for me to modify, or do I have to contact somebody?

Dave Cordero: It's David Cordero. We actually did not go live with your plans, correct?

(Caller 5): You didn't? Why? I thought that you did.

Dave Cordero: I'm sorry, I'm confusing you with someone else. So your question is, for the plans that we did transfer, and you did do the attestation for –

(Caller 5): Correct.

Dave Cordero: -- you're going to have updates to those plans.

(Caller 5): Yes. We have additional benefit description changes and we have new rates effective November 1st so like both.

Dave Cordero: Okay. So this kind of goes along the same question as CIGNA.

(Caller 5): Yes.

Dave Cordero: So we can have the benefit template, most current version, loaded into CMP. But then I need to get back to you on what other information we're going to require that you enter. You will have to enter in the new rates. But I'll provide some more guidance right away on that.

(Caller 5): Okay. And if I have new pdf's we should upload those as well now too, even though you're not displaying them?

Dave Cordero: Yes.

(Caller 5): Okay. One other question I had was, Horizon actually has two different legal entities, one for our HMO line of business and one for everything else. But I believe that everything was just entered under the main Horizon Blue Cross Blue Shield of New Jersey HIOS number. We actually have two HIOS numbers. So how do I –

Dave Cordero: Okay, another great question. There were a number of issuers that we transferred from eHealth and we were not able to separate the legal entity names because on the eHealth side it's all under the marketing name. And so moving forward, as

you begin to now process your updates through CMP, you should be submitting each legal entity name separately. So there should never be an instance through CMP where you load within the same request two different issuer numbers. They need to be separated, and then that allows us to separate the legal entities on the site.

(Caller 5): Okay. So then in this case, I should reenter everything through CMP under the two different legal entities? Is there a way to avoid some of that rework?

Dave Cordero: Yes. I think what you can do is just load the same benefit template to both, and then just delete the "who." I was going to say, delete the plans that do not apply for that particular request/legal entity.

(Caller 5): Do I just delete them out of the cells, or – I was just –

Dave Cordero: Yes.

(Caller 5): -- do anything to those templates, because –

William: Dave, this is William. It might make sense to have her deal with the person assigned to help her, to take her through the particulars of it. One thing I will let you know is that we did actually assign the appropriate HIOS ID's behind the scenes, so the product numbers are actually associated with the appropriate legal entity. But moving forward, separating those so that we can create the two different entries in eHealth is going to be important to us.

I think all the advice Dave is giving you is good. I just want to make sure that you actually work with your representative to make sure that it gets implemented.

(Caller 5): Okay. And I haven't received anything as to who my representative is. Do I call the helpdesk for that, or –

Dave Cordero: Yes, send an e-mail to the helpdesk. I can tell you that they're listening in right now, so – they're all taking notes.

(Caller 5): All right, that's all I have. Thank you very much.

Coordinator: Our next question is from Caller 6. Please proceed.

(Caller 6): I am calling wanting to know about – the rate changes we have are for January 1. We were a transfer plan. So what it sounds like is I needed to work with Luke, and for any of the plans that are waiting for contacts, I just got one just now. So they might be sending them out today, so you might be getting an e-mail shortly from your contact.

So I need to work with that person to have my benefit template put out there, or somehow given to me, that was transferred, and then the rate document and then – I can go ahead and do that now, but I would maybe submit in December for my January 1 changes, so I have nothing to change for November or December, for example.

Dave Cordero: Okay, so you're anticipating a rate update for January 1 but you don't yet have the approved new rates, so you're wondering if you should still go into CMP?

(Caller 6): Yes. Should I go ahead and get it going, and then just get it all, just so I'm done, in advance? Because rates do not go in

effect—the rate change – we've been approved but it doesn't go in effect until January 1.

Dave Cordero: Yes. My recommendation would be, if you do not have any updates for this particular submission, I would wait. Because we will be rolling out a new maintenance function which I would recommend you use for the January 1 rate update.

(Caller 6): And that might be coming right after, so we'll have time to deal with that? So we might see that in October, or would we see that in November?

Dave Cordero: It will be ready for the next submission window, yes.

(Caller 6): All right, thank you.

Coordinator: Our next question is from Caller 7. Please proceed.

(Caller 7): My question involves the last submission, and we're attesting to the information that has been submitted and to the accuracy of the information. We went through and completed all the

templates. The information validated in the system. It was loaded and then we went in and made some adjustments, based on what we were seeing, that the consumer was going to see. When we were satisfied that that was going to display properly, we went through and validated and then did the attestation, and the products were not put up. I just had a question about what would be the problem that would keep the products from displaying.

Brian James: Right. This is Brian. If you attested and your plans were still not displayed, the vast likelihood is that it is one of two things going on with the products in HIOS. Keep in mind that given what you've reported in HIOS, if you have indicated that a product is not open, we will still accept your entry of plan information. But we will not display it until it has been marked as open in HIOS.

Additionally, there was the requirement that we have the application update denial information. There were at least 13 issuers to my knowledge who had completed everything in HIOS and the CMP except for that application information. I believe we sent e-mails to all those issuers, but we did not send e-mails to all people who had their products linked to closed

products, because we recognized that as a legitimate reason why things might not display.

I would suggest that you go ahead and review your information in HIOS, because the submission window is open and you can make whatever corrections. But if you are unaware of why your information did not display and you want an official reason, please go ahead and send an e-mail to either the HIOS or the CMP helpdesk. That will get forwarded to me here at HHS and we will look up the reason and then get back to you.

(Caller 7): Okay. And I have verified that the products were marked open, and in fact the denial and the number of the contracts was loaded into HIOS.

Brian James: Okay. Without reviewing and looking at it, I really can't speak to the specifics of your situation. I have not – but if you'll send in that e-mail, I'll be able to go and look specifically at what the situation is, and I will do so.

(Caller 7): Okay, thank you.

Coordinator: Our next question is from Caller 8. Please proceed.

(Caller 8): I have a question about an earlier statement about if we don't want a plan displayed, that we don't actively mark it. We just send an e-mail and you won't display it anymore. We're all under the assumption that if we're actively enrolling but not actively marketing, we're required to display the product.

Brian James: That is correct. Yes, I'm sorry. I myself didn't mean to imply that if you're not marketing it, it can be marked as closed; and I don't think I heard anyone else imply that. But if so, I think it was just a miscommunication.

Dave Cordero: Yes, I think that was me. My intention was that if we are displaying plans on the healthcare.gov site, then we should no longer be displaying them, versus just making an update or a rate update, please let us know.

(Caller 8): Okay. And similar to a previous caller, we have two legal entities for PPO versus HMO. If we want to enter both of them under the same marketing name, is that possible? I mean, enter the legal name at the beginning, but is there anywhere to

send a note that, please market this under the overall Blue Cross name?

Dave Cordero: I don't know if, Brian, you want to take this, but I believe the direction is we want to have the proper legal name on the healthcare.gov site.

Brian James: Yes, and that is something that we can review. The legal name is something that we most definitely want to have reported to HIOS. We've actually had discussions about how best to handle that on the website display to consumers, so we welcome comment on that. And again, if it's something you bring up tomorrow, I think we can make sure we get it on our list of things to address.

(Caller 8): All right, thank you.

Coordinator: Our next question is from Caller 9. Please proceed.

(Caller 9): My first question is, on the one hand I'm hearing you say submit as soon as possible to CMP, and on the other hand I'm hearing you say that the attestation isn't ready. So for those of us that

want to upload today, how will we get that attestation e-mail generated?

Dave Cordero: You can still submit and we can process your updates and get them on the find or verify site so you're that much further ahead. And then when the enhancement, the attestation change is ready, you can go back in and handle that. I think the advantage of submitting sooner quite frankly is, as we get closer to the deadline, the queue gets longer and longer. So since the window just opened yesterday, the queue would be shorter today than it is this coming Friday versus next week.

(Caller 9): Right, I understand that. I was just wondering how we generate the attestation if –

Brian James: Right. We will be sending out the e-mails to those who submit. Our intent is to get the e-mails linked to the clicking on the submit button, and that's what we don't have ready yet. The facility is there, and so we will be reaching out to people before the 15th in order to get those attestations.

(Caller 9): Okay, thanks. The second question is, we also have the issue with, we have rates ready for 1-1-2011 through 12-31-2011. So I guess my question is, what are – a lot of consumers go out and check for the next year what the rate will be. What are they going to see if they want to check for 2011 now?

Brian James: I think the answer to that is that currently they're going to see the rates that are reflected for this period. We are not – again, we're not really a – our purpose is a little different than sites like eHealth and other vendors that are for people looking to purchase the insurance immediately and find out what they would get. We really are trying to reflect what is the current situation. So the rates that you submit for November are what's going to be displayed on the website.

Again, though, if there are better ways to handle this, where we should be forward looking, or where we might allow people to submit rates that they've gotten approved but not make active until the effective date is reached, then those are things we can consider and look into. But currently what we're doing is reflecting the rates that are – for the November, we'll be reflecting the rates that are accurate for November. That is our intent.

(Caller 9): Okay, thank you.

Coordinator: Our next question is from Caller 10. Please proceed.

(Caller 10): Just a couple of quick questions. I went out to the info-gathering site to get a hardcopy or to print a copy of the presentation and I don't see it. Do you know when that will be posted?

Brian James: Which presentation are you referring to?

(Caller 10): The slides that we just saw.

Brian James: Oh. Honestly, we need to make sure they're 508-compliant for people with disabilities. Once we review that, we'll go ahead and it shouldn't be more than 12 hours after we get them in. So they should be up – I don't know, we'll try to get them up tomorrow, and it really shouldn't be any later than two days from now. Hopefully tomorrow.

(Caller 10): Okay. One other question: We're changing roles here from submitter to validator, so the person that was submitting is no longer submitting, and I'm going to take over that responsibility. So I've sent the e-mails to the helpdesks and I've actually gone onto CMP and I have a login. But I don't see any of our files that we've submitted previously, so I'm not sure – is that something my technical assistant could help me with? Is that something quick that I might be doing wrong?

Dave Cordero: When you log into CMP, the prior request is no longer there?

(Caller 10): Correct. I'm not sure why that is –

Dave Cordero: Yes –

(Parties speaking simultaneously)

Dave Cordero: Send an e-mail to the CMP helpdesk and they can research it.

(Caller 10): Okay. I didn't know if it was an easy answer, that maybe I was doing something incorrectly, because I haven't gone onto the site as a reviewer before.

Dave Cordero: Right. And when you finally do get this resolved and get into your request, make sure you change the contact information. You mentioned an individual left that was one of the primary contacts?

(Caller 10): The submitter, yes. We –

Dave Cordero: Yes, so make sure you change – that's on the contacts page.

(Caller 10): Yes. When I went out to do that, I don't see any information.

Dave Cordero: Right. We need to resolve that first.

(Caller 10): Okay. That's all I have, thank you.

Coordinator: Our next question is from Caller 11. Please proceed.

(Caller 11): We have a question on the cloning option on the CMP. Can you tell us, if we select the clone, does it clone the issuer ID and the product ID, or is it just on the plan level that gets cloned?

Dave Cordero: The cloning is actually in the enter portals plans page. It allows you to take what you entered and replicate it in other states. Then what you need to do is, after you do that cloning, then you need to change any particulars that apply to that state. So like for example a lot of issuers may have almost identical plans in each state and therefore they can clone one set of plans and then make the appropriate updates under each state, and it saves a lot of time.

(Caller 11): Does it clone every single thing you entered, then, on that page, on that portal plan page?

Dave Cordero: Yes.

(Caller 11): Okay, thank you. We have one more question about the benefit template. We have three portal plans that we entered, and we were wondering if we can upload three different benefit

templates, or does it have to be just one template with the three columns that addresses the three portal plans?

Dave Cordero: It has to be one template that reflects the three plans.

(Caller 11): All right, thank you.

Dave Cordero: It's a good point, because that was an issue with many issuers in the first submission period, providing multiple templates. We cannot – we're set up to process a template, and if you send us more than one, we kind of don't know exactly what we need to do. So it needs to be under one template. And again, if it's a separate legal entity, then that would be a separate request and a separate template.

(Call 11): Right. Okay, thank you.

Coordinator: Our next question is from Caller 12. Please proceed.

(Caller 12): We have a couple of questions. We're one of the plans that didn't make it onto the CMP Live this time, so we have a few

clarification questions. David, one: Is it true that you've accepted our submission and that we won't have to make any other changes in the actual CMP tool?

Dave Cordero: I'm sorry, which issuer is this?

(Caller 12): We're the Montana Plan, Blue Cross Blue Shield of Montana.

Dave Cordero: Okay.

(Caller 12): We've sent our request to go ahead and re-transfer our files for us.

Dave Cordero: So we transferred your files and I believe – I'm trying to recall – you did do the attestation, but you were suppressed because of the HIOS file, I believe?

(Caller 12): Correct.

Dave Cordero: Okay. Yes, if there's nothing – no further updates that need to be made to the content and you resolved the HIOS problem,

then we're all set to move your plans forward. It's coming to me now, because we traded some e-mails. All you need to do is make sure that you've reconciled the issue with HIOS and we're good to go.

(Caller 12): Okay. We haven't quite worked out the HIOS issues, and I'm having trouble getting responses. Is this not the appropriate place to ask a question about that tool?

Brian James: Possibly. I'd really rather focus on the training, to make sure we get other questions regarding that. But if you're having problems with the actual HIOS tool – I'll tell you what: Let's hear the question and then we'll decide.

(Caller 12): Okay. The question was, in the HIOS tool, it's still requiring small group data for the three bullet points, the apps received, the apps denied, and up-rated apps. So we're wondering what the definitions for all of those are, and we're not able to find those in the submission tool instructions on definitions for a small group and how people reported those.

Brian James: Okay. In the FAQ it will tell you what to do with the applications. As you're aware, the denials aren't required and you can enter zeroes in those fields. In terms of the up rates, those are actually premised at the same level, so if you have an application, one application; if there are up rates based on the underwriting, to any of the policies under those, then that would be an up-rated policy.

I understand that that may end up generating high numbers. Quite frankly, though, at this point we're just interested in making sure that we're applying a consistent metric, as opposed to anything more substantive at this point, and we'll be spending a little more time focusing on that once we actually have the ability to give better detailed information on small groups.

(Caller 12): Okay. Because we just actually don't keep it by product type, because we give that back to our agent and we give them the rate – their rate group versus – is that making sense? So we don't do it by line of product, so we didn't quite know how to break that out.

Brian James: Right. You can sort of look at it at the application level and try to structure it that way. But frankly, this is information that – do your best with it, to get us the accurate information. It's not going to affect the November display in terms of small group, so it's something that we're continuing to work on.

(Caller 12): Okay. Then I wanted to clarify, there was a question asked by Sinead. She said that she didn't have any updates to her data for November or December, so she wasn't going to go into HIOS or CMP. And actually, it looks to me like the reference quarter has changed for the December refresh, and so we will all have to be making changes to our applications, product enrollment, apps received, apps denied and up-rated offers for the December refresh. We're supposed to enter data from April 1st to June 30th, so we'll all have to make change to those files, correct?

Brian James: I haven't looked at the actual schedule, but what you're saying sounds accurate to me. I've just opened the Q&A so I can see the schedule.

(Caller 12): Okay, yes. It was under the appendix B, that we have to change our reference quarters for each refresh.

Brian James: Not for each refresh. But the schedule is out there in the Q&A, and so the December refresh is refinancing the second quarter of the current year. So it is the April 1st to June 30th. Then those numbers will be good through March.

(Caller 12): Correct.

Brian James: So March of next year, you'll need to go in and refresh again. That is actually correct.

(Caller 12): Okay. That's what I have. Thank you.

Coordinator: Our next question is from Caller 13. Please proceed.

(Caller 13): I have one question that has to parts to it. If we have uploaded and attested to all the original submission data on CMP, and we have absolutely no changes for this refresh, do we need to do anything?

Dave Cordero: Not in CMP. If the CMP is correct, then we're good to go.

(Caller 13): So if that's all correct and we do nothing, our information will still display on the portal.

Dave Cordero: In terms of the CMP. You do still need to go in and make sure that all your information is accurate on HIOS.

(Caller 13): Okay. And then –

Brian James: Please send an e-mail to your account specialist just letting them know that no further changes and please move our updates forward.

(Caller 13): Okay. The second part of the question is, we don't have any changes that we need to enter at this time for HIOS or in CMP. However, there are still defects, if you will, of the way our data is being processed by eHealth on the portal. And so is somebody still working on those to fix those, or how do we make sure that those happen? Do we work with our account specialist to make that happen?

Brian James: Yes. You should resolve any outstanding defects. Work with your account specialist.

(Caller 13): All right.

Dave Cordero: It sounds like you may have made the requests already. Have you been out there to –

(Caller 13): The requests were made with our original submission. It's just that they never got any of – everything fixed by the time it went live, so there are still things not working correctly. But the data we've given you is correct.

Dave Cordero: Okay. It sounds like –

(Caller 13): And I'm not sure who my contact is, so I'll send an e-mail out to the CMP helpdesk.

Dave Cordero: Okay, thank you.

Coordinator: Our next question is from Caller 14. Please proceed.

(Caller 14): One of my questions was answered earlier, and I think a couple of comments I have would probably be best either submitted to Beth Liu. I just had some general comments, and correct me if I'm wrong, but as part of the training, I just thought it might also be helpful to maybe convey to people how information will be displayed.

One of my examples is on the RX template, on the medical benefit template, where if you entered in the information as the example on the slide demonstrated, where it was in the "other" coverage, to a consumer, if you're now looking at it from healthcare.gov perspective, it almost can look like the prescription drugs are not covered, because in the generic, brand and formulary it would say not available, even though – even in your example, you could list all of the drug coverage information in that cell. So just kind of a point there; that might be a little confusing, and so people might want to think about how they're actually entering information as it relates to how it will be displayed to the consumer.

Brian James: Yes. But also bear in mind that if you have concerns about the display, please go ahead and communicate them to us. And in

fact you're right, we're going to set up a different e-mail mailbox for these issues. But for now if you reach out to Beth Liu or you can go ahead and call in tomorrow and we can talk about those issues in terms of how we might improve the display of this information.

(Caller 14): Okay, because I think the bulk of my stuff will be best reserved for that conversation.

Coordinator: Our next question is from Caller 15. Please proceed.

(Caller 15): We had our submission in for the first deadline and whenever it was put up on the verify, there were some issues. In going back and trying to get the issues resolved, we were instructed that we had possibly submitted the wrong template. After the fact, we asked the question of both the CMP and our support specialist and have yet to receive any response back as to what the proper template was that we were supposed to use. We've e-mailed two or three times and still have yet to get a response. Exactly what do we need to do to get a problem that we don't see as actually being a problem on our side, resolved?

Dave Cordero: I apologize if nobody's gotten back to you on that. What I'd like you to do is, in order to determine the correct template to use, we'd need to see your rate file. And work with your account specialist, and if you don't know who that is, send us an e-mail and we'll let you know –

(Caller 15): We do, and we've contacted her twice as well.

Brian James: Okay. Can I ask who – I'm sorry, I missed when you call in who you represent.

(Caller 15): Blue Cross Blue Shield of Tennessee.

Brian James: Okay. Again, I think people are listening, so we'll reach out to you in terms of this issue to figure out what the best template may be. Can I ask, though, it sounds like you were saying that the template that you utilized – was it generating okay results, or not?

(Caller 15): The template we used generated okay results for everything except for our high-deductible health plans where we actually have a discounted family rate. All our other plans are based on

the individual plan; and likewise with the HDHP plans, if it's an individual applying, there's a set of rates; and if it's a family applying, there's a set of rates that are based per individual of the family, but it's a discounted rate from the standard single-person rates.

Brian James: Right.

(Caller 15): And when the find-verify site was pulling them, it was actually pulling zero dollar amounts for all of those, as well as missing all of the deductible information as well.

Brian James: It sounds – in terms of the specifics of what went a little haywire there, it may be that we need to figure out how to separate those out, because discounted rates are something that we're still not as – we don't have a good way of displaying discounts off of the rates, and so the family rates versus the individual rates may need some adaptations. But I think it's fair to say at this point we'll go ahead and make sure someone reaches out to you, to make sure we're getting that information reflected.

(Caller 15): Okay. A follow-up question on that: We have everything out on the CMP site from our prior submission. You had mentioned that some of the templates have been updated. Do we need to go out and get the new templates and upload everything under a new template, or is our information that's out there, even though it wasn't put out on find-verify in a proper format?

Dave Cordero: It sounds like everything is processed fine except for the issue of the discounted rates. I don't think it would be necessary for you to utilize those new templates just yet

(Caller 15): Okay. So basically we'll just wait to hear from you, then.

Brian James: Yes. And actually, just to let you know, this discounted rate is an issue that other issuers have brought up, and I actually want to take a closer look at this myself, so you will definitely be in touch with us – I mean, we'll be in touch with you.

(Caller 15): That sounds better. Thank you.

Coordinator: Our next question is from Caller 16. Please proceed.

(Caller 16): Our question, and I guess it was great that we followed the gentleman from Tennessee, is essentially the same question, about how do we handle discounted rates. Because the question was, could we use more than one rate template, because I think as he explained, some of our rates are based on single and family coverage, while others are based on adult/child coverage, depending on how it's put together.

Dave Cordero: What issuer were you?

(Caller 16): We are Blue Cross Blue Shield of Illinois, Texas, Oklahoma and New Mexico.

Dave Cordero: Ah, okay. Yes, I spoke to someone else in your organization about this as well. Yes, we're going to look into that.

(Caller 16): So I assume that you guys will be creating some kind of list of folks to contact or organizations to contact, and we'll be on that list?

Dave Cordero: Yes. You're already on that list.

(Caller 16): All right.

Brian James: Bear in mind that – and I try to speak advisedly – for November, we are not going to be implementing new templates, okay? Moving forward after November, we are looking into the issue of how we might be able to provide templates that reflect different rate structures with better accuracy. For November, though, we're essentially working with the templates that have been provided, and so if there's an issue of can we separate and deal with different templates for different plans, that's one issue. But in terms of for November, we're not going to actually have updated templates that would provide a different rating structure for people to use.

(Caller 16): All right. I have two quick other questions. Around the CFO or CEO attestation, how often do we have to redo that attestation? We were able to submit all four states and get our attestation completed, and we're being shown on the eHealth site, but how often will we have to have that attestation updated, essentially?

Brian James: Again, I'm going to ask – we will be providing additional guidance. We don't have the answer on that for today's call.

(Caller 16): All right. Then the last question is, we went out on Friday and we kind of looked at some of the information that was out there, and I just had a question from a technology side: What's the lowest version of IE Explorer that you guys are supporting on that eHealth site?

The reason why I ask is because we had gotten feedback from some people within our organization who had gone out to the site and were only able to pull up – when they clicked on the button for plan detail, it only pulled up like the name of the plan, the link that would take you directly to one of our external sites. There was a phone number and that was it. Normally all of the other information would be under that, probably for the next page or two, but in some cases that information didn't show for the example that was closest to me, was in the state of Illinois.

Brian James: Right, and hopefully making us aware of issues like that is terrific, and I'm actually going to ask if you could send them an e-mail, because we're trying to pull them in. I will let you know, the site does use Ajax, and therefore – it's, the particular

handling of Java in different browsers can affect the display.

We do have a set of standards here at HHS that we try to apply consistently for the display of information.

We are getting a trickle of concerns with various browsers not displaying the information completely. Additionally it could be that your browser settings are also having an effect. For example I use IE 6. I can get it, but I've got one particular configuration of settings on my browser that other people may not have –

(Caller 16): I guess that was the most concerning part, is that it seemed to be our specific information. So I could go to one of our competitors and click on their plan detail button and would get everything that I expected, because I personally am using Mozilla. So everything that I was able to see, they would be able to see it through IE 6 through our competitors' information. But for some reason, our information wasn't viewable in some cases when they click on plan detail.

Brian James: Yes, send us in those comments. They are something that we're taking seriously and we have a technical team here at HHS working on those. Unfortunately, given the exigencies,

how all this works, some people can actually get displayed a little bit better than others. Fortunately it's sort of randomized in a sense, if you will; but we definitely want to get those issues addressed, and the best way for us to be able to do that is to know that there is a problem. So yes, please, as you encounter those problems, let us know.

(Caller 16): All right, thank you.

Coordinator: Our next question is from Caller 17. Please proceed.

(Caller 17): I have a question. Our rates and plans were not approved in time for the initial upload, and they have since been approved, and I'm wondering, is eHealth going to pass that information on, or –

Dave Cordero: If you are an issuer that had approved the transfer back in August, there will be a second opportunity for those issuers that did not get live to complete the transfer. I don't have the report in front of me, but I do not believe that you are one of the issuers that approved it.

(Caller 17): How would we have been asked to approve that? Someone would have been contacted?

Dave Cordero: I can share with you what was communicated and when, offline. Why don't you send an e-mail in to the CMP helpdesk and ask them to forward the e-mail to me with your contact information.

(Caller 17): Okay, and I'm speaking with?

Dave Cordero: David Cordero.

(Caller 17): David, okay, thank you very much.

Coordinator: Our next question is from Caller 18. Please proceed.

(Caller 18): I wanted to follow up on an earlier question regarding the enrollment for the December refresh. Am I to assume that that also includes the one-percent enrollment test for the December refresh should be as of June 30th?

Brian James: Sorry – so the one-percent rule application would be based on the reference quarter, so yes. If you're providing us the information for the December refresh, that June 30th would be the date to utilize.

(Caller 18): Okay, thank you very much.

Coordinator: It looks like there are no questions in the queue.

Brian James: All right. I'd like to thank David for taking everybody through this, and I'd like to thank everyone on the line for spending the effort to get your information available to consumers in this way. We really do appreciate it, and we really do view this as a partnership that we're going to have moving forward.

I suspect that at least some of you have been seeing a variety of feedback from consumers. I know that people have been going out to the website and contacting a variety of companies, using it as a tool. We hope that it will become stronger moving forward, and we are very much confident that it will be. We are planning on beginning to address some of the different difficulties and gaps and improvements and all those things.

Moving forward, for November, we're really focused on getting just clear-cut representation and even-handed representation across those fields, so I really do appreciate everyone's involvement. We will be holding the call tomorrow at 2 o'clock. It's our standard call-in line. Please join us. Thank you very much, I appreciate you getting your data into the tool, and we'll talk to you soon.